

Inpatient/Outpatient	Procedure Code	Procedure Description	Specialty/Service Provider	Diagnosis/Indication Description	Approved	Denied	Denial Reason	Overtured
inpatient	11006	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION; EXTERNAL GENITALIA, PERINEUM AND ABDOMINAL WALL, WITH OR WITHOUT FASCIAL CLOSURE	surgery	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	11008	REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR INFECTION (EG, FOR CHRONIC OR RECURRENT MESH INFECTION OR NECROTIZING SOFT TISSUE INFECTION) (LISTSEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	surgery	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, SEQUELA	1	0		
inpatient	11626	EXCISION, MALIGNANT LESION, INCLUDING MARGINS SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER OVER 4.0 CM	surgery	RADIATION SICKNESS, UNSPECIFIED, SEQUELA	1	0		
inpatient	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROTHESIS	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	3	0		
inpatient	11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	Surgery, Orthopedic	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	1	0		
inpatient	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Surgery, Plastic and Reconstructive	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
inpatient	13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM	Surgery, Plastic and Reconstructive	UNSPECIFIED OPEN WOUND OF UNSPECIFIED PART OF NECK, INITIAL ENCOUNTER	1	0		
inpatient	14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	Surgery, Plastic and Reconstructive	UNSPECIFIED OPEN WOUND OF UNSPECIFIED FRONT WALL OF THORAX WITH PENETRATION INTO THORACIC CAVITY, SUBSEQUENT ENCOUNTER	1	0		
inpatient	14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10.1 SQ CM TO 30.0 SQ CM	Surgery, Plastic and Reconstructive	TRANSSEXUALISM	1	0		
inpatient	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Plastic and Reconstructive	TRANSSEXUALISM	3	0		
inpatient	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Plastic and Reconstructive	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
inpatient	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Plastic and Reconstructive	UNSPECIFIED OPEN WOUND OF UNSPECIFIED FRONT WALL OF THORAX WITH PENETRATION INTO THORACIC CAVITY, SUBSEQUENT ENCOUNTER	1	0		
inpatient	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Plastic and Reconstructive	GENDER IDENTITY DISORDER, UNSPECIFIED	0	1	Medical Necessity	
inpatient	14302	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)	Surgery, Plastic and Reconstructive	TRANSSEXUALISM	3	0		
inpatient	14302	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)	Surgery, Plastic and Reconstructive	ANAL ABSCESS	1	0		
inpatient	14302	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)	Surgery, Plastic and Reconstructive	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
inpatient	14302	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)	Surgery, Plastic and Reconstructive	UNSPECIFIED OPEN WOUND OF UNSPECIFIED FRONT WALL OF THORAX WITH PENETRATION INTO THORACIC CAVITY, SUBSEQUENT ENCOUNTER	1	0		
inpatient	14302	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)	Surgery, Plastic and Reconstructive	GENDER IDENTITY DISORDER, UNSPECIFIED	0	1	Medical Necessity	

inpatient	15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ ADDITIONAL 100 SQ CM OR 1% OF BODY AREA OF INFA	Surgery	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
inpatient	15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ ADDITIONAL 100 SQ CM OR 1% OF BODY AREA OF INFA	Surgery	CONTACT WITH AND (SUSPECTED) EXPOSURE TO OTHER VIRAL COMMUNICABLE DISEASES	1	0		
inpatient	15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ ADDITIONAL 100 SQ CM OR 1% OF BODY AREA OF INFA	Surgery	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
inpatient	15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ ADDITIONAL 100 SQ CM OR 1% OF BODY AREA OF INFA	Surgery	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ ADDITIONAL 100 SQ CM OR 1% OF BODY AREA OF INFA	Surgery	PERSONAL HISTORY OF IRRADIATION	1	0		
inpatient	15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR PART THEREOF, OR EACH ADDITIO	Surgery	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	2	0		
inpatient	15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR PART THEREOF, OR EACH ADDITIO	Surgery	PERSONAL HISTORY OF IRRADIATION	1	0		
inpatient	15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR	Surgery	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	1	0		
inpatient	15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR	Surgery	PRESSURE ULCER OF SACRAL REGION, STAGE 4	1	0		
inpatient	15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR	Surgery	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	1	0		
inpatient	15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR	Surgery	PRESSURE ULCER OF SACRAL REGION, STAGE 4	1	0		
inpatient	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)	Surgery	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1	0		
inpatient	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)	Surgery	UNSPECIFIED OPEN WOUND OF UNSPECIFIED PART OF NECK, INITIAL ENCOUNTER	1	0		

inpatient	15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	1	0		
inpatient	15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN	Surgery	UNSPECIFIED OPEN WOUND OF RIGHT HAND, SUBSEQUENT ENCOUNTER	1	0		
inpatient	15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR LESS, OR ONEPERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)	Surgery	MALIGNANT NEOPLASM OF MAXILLARY SINUS	1	0		
inpatient	15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR LESS, OR ONEPERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)	Surgery	GENDER IDENTITY DISORDER, UNSPECIFIED	0	1	Medical Necessity	
inpatient	15121	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRI	Surgery	GENDER IDENTITY DISORDER, UNSPECIFIED	0	1	Medical Necessity	
inpatient	15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS	Surgery	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
inpatient	15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
inpatient	15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; 20 SQ CM OR LESS	Surgery	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
inpatient	15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; 20 SQ CM OR LESS	Surgery	TRANSSEXUALISM	2	0		
inpatient	15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; 20 SQ CM OR LESS	Surgery	RETENTION OF URINE, UNSPECIFIED	1	0		
inpatient	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; FIRST 100 SQ CM WOUND SURFACE AREA, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	Surgery	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1	0		
inpatient	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; FIRST 100 SQ CM WOUND SURFACE AREA, OR 1% OF BODY AREA O	Surgery	TRANSSEXUALISM	1	0		
inpatient	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; FIRST 100 SQ CM WOUND SURFACE AREA, OR 1% OF BODY AREA O	Surgery	GENDER IDENTITY DISORDER, UNSPECIFIED	0	1	Medical Necessity	
inpatient	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; EACH ADDITIONAL 100 SQ CM WOUND SURFACE AREA, OR PART TH	Surgery	TRANSSEXUALISM	1	0		
inpatient	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; EACH ADDITIONAL 100 SQ CM WOUND SURFACE AREA, OR PART TH	Surgery	GENDER IDENTITY DISORDER, UNSPECIFIED	0	1	Medical Necessity	

inpatient	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK WITH NAMED VASCULAR PEDICLE (IE, BUCCINATORS, GENIOGLOSSUS, TEMPORALIS, MASSETER, STERNOCLEIDOMASTOID, LEVATOR SCAPULAE)	Otolaryngology	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK WITH NAMED VASCULAR PEDICLE (IE, BUCCINATORS, GENIOGLOSSUS, TEMPORALIS, MASSETER, STERNOCLEIDOMASTOID, LEVATOR SCAPULAE)	Otolaryngology	SENSORINEURAL HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
inpatient	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery	INCISIONAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	1	0		
inpatient	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	2	0		
inpatient	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery	PARASTOMAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery	PILONIDAL CYST WITHOUT ABSCESS	1	0		
inpatient	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery	UNSPECIFIED OPEN WOUND OF UNSPECIFIED FRONT WALL OF THORAX WITH PENETRATION INTO THORACIC CAVITY, SUBSEQUENT ENCOUNTER	1	0		
inpatient	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery	OTHER SPECIFIED POSTPROCEDURAL STATES	1	0		
inpatient	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery	GENDER IDENTITY DISORDER, UNSPECIFIED	0	1	Medical Necessity	
inpatient	15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	Surgery	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1	0		
inpatient	15740	FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY NAMED AXIAL VESSEL	Surgery	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	15740	FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY NAMED AXIAL VESSEL	Surgery	TRANSSEXUALISM	2	0		
inpatient	15750	GRAFT; NEUROVASCULAR PEDICLE FLAP	surgery	TRANSSEXUALISM	1	0		
inpatient	15758	FREE FASCIAL WITH MICROVASCULAR ANATOMOSIS	surgery	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1	0		
inpatient	15758	FREE FASCIAL WITH MICROVASCULAR ANATOMOSIS	surgery	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1	0		
inpatient	15758	FREE FASCIAL WITH MICROVASCULAR ANATOMOSIS	surgery	RADIATION SICKNESS, UNSPECIFIED, SEQUELA	1	0		
inpatient	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	surgery	BENIGN NEOPLASM OF CRANIAL NERVES	3	0		
inpatient	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	surgery	BENIGN NEOPLASM OF PITUITARY GLAND	3	0		
inpatient	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	surgery	SENSORINEURAL HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
inpatient	15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS	surgery	GENDER IDENTITY DISORDER, UNSPECIFIED	0	1	Medical Necessity	
inpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1	0		
inpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		
inpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
inpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
inpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	UNSPECIFIED OPEN WOUND OF LEFT BREAST, INITIAL ENCOUNTER	1	0		

inpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	2	0		
inpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery, Plastic and Reconstructive	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG	Surgery, Plastic and Reconstructive	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
inpatient	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
inpatient	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic and Reconstructive	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1	0		
inpatient	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic and Reconstructive	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
inpatient	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic and Reconstructive	OTHER SPECIFIED DISEASES OF INTESTINE	1	0		
inpatient	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic and Reconstructive	PROSTHETIC AND OTHER IMPLANTS, MATERIALS AND ACCESSORY GENERAL- AND PLASTIC-SURGERY DEVICES ASSOCIATED WITH ADVERSE INCIDENTS	1	0		
inpatient	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic and Reconstructive	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	2	0		
inpatient	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	2	0		
inpatient	15877	SUCTION ASSISTED LIPECTOMY; TRUNK	Surgery, Plastic and Reconstructive	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	1	0		
inpatient	15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	Pediatric Plastic Surgery	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	1	0		
inpatient	15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE	surgery	PRESSURE ULCER OF SACRAL REGION, STAGE 4	1	0		
inpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
inpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		
inpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		
inpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION, UNSPECIFIED	1	0		
inpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	LEAKAGE OF BREAST PROSTHESIS AND IMPLANT, INITIAL ENCOUNTER	1	0		
inpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	ESTROGEN RECEPTOR POSITIVE STATUS (ER+)	2	0		
inpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	ENCOUNTER FOR PROPHYLACTIC REMOVAL OF BREAST	1	0		
inpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	1	0		
inpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	BREAST IMPLANT STATUS	1	0		
inpatient	19316	MASTOPEXY	surgery,	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		
inpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF ANTINEOPLASTIC CHEMOTHERAPY	1	0		
inpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		

inpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		
inpatient	19328	REMOVAL OF INTACT MAMMARY IMPLANT	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		
inpatient	19328	REMOVAL OF INTACT MAMMARY IMPLANT	Surgery, Plastic and Reconstructive	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	1	0		
inpatient	19328	REMOVAL OF INTACT MAMMARY IMPLANT	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	LEAKAGE OF BREAST PROSTHESIS AND IMPLANT, INITIAL ENCOUNTER	1	0		
inpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1	0		
inpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	3	0		
inpatient	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1	0		
inpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		
inpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	2	0		
inpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION, UNSPECIFIED	1	0		
inpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1	0		
inpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
inpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST	1	0		
inpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	LEAKAGE OF BREAST PROSTHESIS AND IMPLANT, INITIAL ENCOUNTER	1	0		
inpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1	0		
inpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1	0		
inpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
inpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	2	0		
inpatient	19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTH ETIC	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
inpatient	19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTH ETIC	Surgery, Plastic and Reconstructive	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1	0		
inpatient	19364	BREAST RECONSTRUCTION WITH FREE FLAP	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
inpatient	19364	BREAST RECONSTRUCTION WITH FREE FLAP	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	2	0		

inpatient	19364	BREAST RECONSTRUCTION WITH FREE FLAP	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	4	0		
inpatient	19364	BREAST RECONSTRUCTION WITH FREE FLAP	Surgery, Plastic and Reconstructive	BREAST IMPLANT STATUS	1	0		
inpatient	19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	Surgery, Plastic and Reconstructive	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
inpatient	19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	1	0		
inpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
inpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
inpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	1	0		
inpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1	0		
inpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	2	0		
inpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	1	0		
inpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	2	0		
inpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF ANTINEOPLASTIC CHEMOTHERAPY	1	0		
inpatient	20245	BIOPSY, BONE, OPEN; DEEP (EG, HUMERAL SHAFT, ISCHIUM, FEMORAL SHAFT)	surgery	OSTEOARTHRITIS OF HIP, UNSPECIFIED	1	0		
inpatient	20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDING REMOVAL (SEPARATE PROCEDURE)	surgery	UNSPECIFIED CONVULSIONS	1	0		
inpatient	20680	REMOVAL OF IMPLANT; DEEP, (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	Surgery, Plastic and Reconstructive	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	1	0		
inpatient	20680	REMOVAL OF IMPLANT; DEEP, (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	Surgery, Plastic and Reconstructive	ACHONDROPLASIA	1	0		
inpatient	20680	REMOVAL OF IMPLANT; DEEP, (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	Surgery, Plastic and Reconstructive	UNSPECIFIED FRACTURE OF SHAFT OF LEFT TIBIA, SUBSEQUENT ENCOUNTER FOR OPEN FRACTURE TYPE IIIA, IIIB, OR IIIC WITH DELAYED HEALING	1	0		
inpatient	20680	REMOVAL OF IMPLANT; DEEP, (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	Surgery, Plastic and Reconstructive	OTHER SPECIFIED POSTPROCEDURAL STATES	1	0		
inpatient	20694	REMOVE, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	surgery	DISPLACED BICONDYLAR FRACTURE OF RIGHT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER SPECIFIED DISEASES OF SPINAL CORD	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER SECONDARY KYPHOSIS, THORACOLUMBAR REGION	1	0		

inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, CERVICAL REGION	8	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	2	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	14	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	3	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	3	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	3	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	2	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL INSTABILITIES, LUMBAR REGION	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	RADICULOPATHY, CERVICAL REGION	5	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	RADICULOPATHY, LUMBAR REGION	7	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	3	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CERVICALGIA	2	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	LOW BACK PAIN	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	MUSCLE SPASM OF BACK	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER BURSAL CYST, UNSPECIFIED SITE	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	2	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		

inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SUBLUXATION STENOSIS OF NEURAL CANAL OF LUMBAR REGION	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF CERVICAL REGION	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CONGENITAL SPONDYLOLISTHESIS	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	Ehlers-Danlos syndrome, unspecified	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	FULL INCONTINENCE OF FECES	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	PARESTHESIA OF SKIN	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	UNSPECIFIED DISPLACED FRACTURE OF SECOND CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	UNSPECIFIED DISPLACED FRACTURE OF FIFTH CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	WEDGE COMPRESSION FRACTURE OF T9-T10 VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	WEDGE COMPRESSION FRACTURE OF FOURTH LUMBAR VERTEBRA, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	BREAKDOWN (MECHANICAL) OF INTERNAL FIXATION DEVICE OF VERTEBRAE, INITIAL ENCOUNTER	1	0		
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, CERVICAL REGION	0	1	Administrative	
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	0	1	Medical Necessity	
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSPECIFIED	0	1	Medical Necessity	
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	0	1	Medical Necessity	
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	1	Medical Necessity	
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	0	1	Medical Necessity	
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Medical Necessity	
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	0	2	Medical Necessity	
inpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	DORSALGIA, UNSPECIFIED	0	1	Medical Necessity	
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CHRONIC PAIN	1	0		
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	FOOT DROP, LEFT FOOT	1	0		

inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1	0		
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1	0		
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	8	0		
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	2	0		
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1	0		
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL INSTABILITIES, CERVICAL REGION	1	0		
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	5	0		
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	2	0		
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	LOW BACK PAIN	2	0		
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	0	1	Administrative	
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	0	1	Medical Necessity	
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	0	2	Medical Necessity	
inpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	0	1	Medical Necessity	
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	ANEMIA, UNSPECIFIED	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1	0		

inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	2	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	2	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, LUMBAR REGION	3	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, LUMBAR REGION	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPONDYLOLYSIS, LUMBAR REGION	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	4	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	2	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	3	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	2	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER SPONDYLOSIS, LUMBAR REGION	2	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, CERVICAL REGION	4	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	9	0		

inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	6	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH MYELOPATHY	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	6	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL INSTABILITIES, LUMBAR REGION	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	RADICULOPATHY, CERVICAL REGION	2	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	RADICULOPATHY, LUMBAR REGION	6	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	LOW BACK PAIN	4	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	2	0		

inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	Ehlers-Danlos syndrome, unspecified	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	UNSPECIFIED URINARY INCONTINENCE	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	WEDGE COMPRESSION FRACTURE OF T9-T10 VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPONDYLOLYSIS, LUMBOSACRAL REGION	0	1	Medical Necessity	
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	0	1	Medical Necessity	
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	0	1	Medical Necessity	
inpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
inpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1	0		
inpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1	0		
inpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
inpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	2	0		

inpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1	0		
inpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
inpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	LOW BACK PAIN	1	0		
inpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CONGENITAL SPONDYLOLISTHESIS	1	0		
inpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	0	1	Medical Necessity	
inpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CONGENITAL SPONDYLOLISTHESIS	0	1	Medical Necessity	
inpatient	20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BICORTICAL OR TRICORTICAL (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1	0		
inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1	0		
inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	3	0		
inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1	0		
inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1	0		
inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1	0		

inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL INSTABILITIES, LUMBAR REGION	1	0		
inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1	0		
inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	3	0		
inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICALGIA	1	0		
inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	LOW BACK PAIN	1	0		
inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	2	0		
inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION	1	0		
inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	0	1	Medical Necessity	
inpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
inpatient	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES, IMAGE-LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	0	1	Administrative	
inpatient	21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	Surgery, Oral & Maxillofacial	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1	0		
inpatient	21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT(SEPARATE PROCEDURE)	Surgery, Oral & Maxillofacial	MAXILLARY HYPERPLASIA	1	0		
inpatient	21060	MENISCECTOMY, TEMPOROMANDIBULAR JOINT; UNILATERAL	Surgery, Oral & Maxillofacial	MANDIBULAR HYPOPLASIA	1	0		
inpatient	21070	CORONOIDECTOMY (SEPARATE PROCEDURE);	Surgery, Oral & Maxillofacial	ARTHRALGIA OF BILATERAL TEMPOROMANDIBULAR JOINT	1	0		
inpatient	21085	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR ORAL SURGICAL SPLINT.	Surgery, Oral & Maxillofacial	MAXILLARY HYPOPLASIA	1	0		
inpatient	21120	GENIOPLASTY; ARGUMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	Surgery, Oral & Maxillofacial	GENDER IDENTITY DISORDER, UNSPECIFIED	0	1	Medical Necessity	
inpatient	21141	RECONSTRUCTION MIDFACE, LEFORT I;SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	Surgery, Oral & Maxillofacial	MANDIBULAR HYPOPLASIA	1	0		
inpatient	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Maxillofacial	MAXILLARY HYPOPLASIA	2	0		

inpatient	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Maxillofacial	MANDIBULAR HYPERPLASIA	1	0		
inpatient	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Maxillofacial	EXCESSIVE TUBEROSITY OF JAW	2	0		
inpatient	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS(INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	Surgery, Oral & Maxillofacial	MANDIBULAR HYPERPLASIA	1	0		
inpatient	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS(INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	Surgery, Oral & Maxillofacial	MALOCCLUSION, ANGLE'S CLASS II	1	0		
inpatient	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS(INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	Surgery, Oral & Maxillofacial	MALOCCLUSION, ANGLE'S CLASS III	1	0		
inpatient	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS(INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	Surgery, Oral & Maxillofacial	ARTHRALGIA OF BILATERAL TEMPOROMANDIBULAR JOINT	1	0		
inpatient	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS(INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	Surgery, Oral & Maxillofacial	CONGENITAL MALFORMATION OF SKULL AND FACE BONES, UNSPECIFIED	0	1	Medical Necessity	
inpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Maxillofacial	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		
inpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Maxillofacial	MAXILLARY HYPOPLASIA	2	0		
inpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Maxillofacial	MANDIBULAR HYPERPLASIA	1	0		
inpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Maxillofacial	MANDIBULAR HYPOPLASIA	2	0		
inpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Maxillofacial	REVERSE ARTICULATION	1	0		
inpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Maxillofacial	CONGENITAL MALFORMATION OF SKULL AND FACE BONES, UNSPECIFIED	0	1	Medical Necessity	
inpatient	21198	OSTEOTOMY, MANDIBLE, SEGMENTAL;	Surgery, Oral & Maxillofacial	BILATERAL TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED	1	0		
inpatient	21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	Surgery, Oral & Maxillofacial	MAXILLARY HYPOPLASIA	1	0		
inpatient	21235	GRAFT; EAR CARTILAGE TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	Surgery, Oral & Maxillofacial	CONDUCTIVE HEARING LOSS, UNSPECIFIED	1	0		
inpatient	21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	Surgery, Oral & Maxillofacial	MANDIBULAR HYPOPLASIA	1	0		
inpatient	21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	Surgery, Oral & Maxillofacial	CRANIOSYNOSTOSIS	1	0		
inpatient	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; 3 CM OR GREATER	Surgery, Oral & Maxillofacial	Gastro-esophageal reflux disease with esophagitis, without bleeding	1	0		
inpatient	21600	EXCISION OF RIB, PARTIAL	Surgery, General Vascular	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	2	0		
inpatient	21600	EXCISION OF RIB, PARTIAL	Surgery, General Vascular	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	2	0		
inpatient	21600	EXCISION OF RIB, PARTIAL	Surgery, General Vascular	BREAST IMPLANT STATUS	1	0		

inpatient	21602	EXCISION OF CHEST WALL TUMOR INCLUDING RIB(S); WITH PLASTIC RECONSTRUCTION; WITHOUT MEDIASTINAL LYMPHADENECTOMY	Surgery, General Vascular	PATHOLOGICAL FRACTURE, OTHER SITE, INITIAL ENCOUNTER FOR FRACTURE	1	0		
inpatient	21615	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE;	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	3	0		
inpatient	21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	3	0		
inpatient	21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN	Surgery, General Vascular	PECTUS EXCAVATUM	0	1	Medical Necessity	
inpatient	21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE) WITH THORACOSCOPY	Surgery, General Vascular	PECTUS EXCAVATUM	4	0		
inpatient	21750	CLOSURE OF MEDIAN STERNOTOMY SEPERATION WITH OR WITHOUT DEBRIDEMENT (SEPERATE PROCEDURE)	Surgery, General Vascular	MALIGNANT NEOPLASM OF THYROID GLAND	1	0		
inpatient	21899	UNLISTED PROCEDURE, NECK OR THORAX	Surgery, General Vascular	BRACHIAL PLEXUS DISORDERS	2	0		
inpatient	21899	UNLISTED PROCEDURE, NECK OR THORAX	Surgery, General Vascular	PECTUS EXCAVATUM	1	0		
inpatient	22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	Surgery, Neurological	OTHER SECONDARY SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	Surgery, Neurological	JOINT DERANGEMENT, UNSPECIFIED	1	0		
inpatient	22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	Surgery, Neurological	UNSPECIFIED KYPHOSIS, SITE UNSPECIFIED	1	0		
inpatient	22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	Surgery, Neurological	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1	0		
inpatient	22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	1	0		
inpatient	22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, LUMBAR REGION	2	0		
inpatient	22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
inpatient	22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	Surgery, Neurological	LOW BACK PAIN	1	0		
inpatient	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, LUMBAR REGION	1	0		
inpatient	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Neurological	OTHER SECONDARY SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Neurological	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Neurological	SCOLIOSIS, UNSPECIFIED	1	0		
inpatient	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
inpatient	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Neurological	LOW BACK PAIN	1	0		
inpatient	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Neurological	BURSOPATHY, UNSPECIFIED	1	0		
inpatient	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	2	0		

inpatient	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	Surgery, Neurological	UNSPECIFIED URINARY INCONTINENCE	1	0		
inpatient	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Neurological	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1	0		
inpatient	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Neurological	ADOLESCENT IDIOPATHIC SCOLIOSIS, LUMBAR REGION	3	0		
inpatient	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Neurological	OTHER IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Neurological	OTHER SECONDARY SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Neurological	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Neurological	SCOLIOSIS, UNSPECIFIED	1	0		
inpatient	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
inpatient	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Neurological	LOW BACK PAIN	2	0		
inpatient	22216	REVISE, EXTRA SPINE SEGMENT	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	22224	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	22224	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	22226	REVISE, EXTRA SPINE SEGMENT	Surgery, Neurological	OTHER IDIOPATHIC SCOLIOSIS, LUMBAR REGION	1	0		
inpatient	22226	REVISE, EXTRA SPINE SEGMENT	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	22325	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); POSTERIOR APPROACH, ONE FRACTURED VERTEBRAE OR DISLOCATED SEGMENT; LUMBAR	Surgery, Neurological	SPONDYLOLYSIS, LUMBOSACRAL REGION	1	0		
inpatient	22327	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, ONE FRACTURED VERTEBRAE OR DISLOCATED SEGMENT; THORACIC	Surgery, Neurological	WEDGE COMPRESSION FRACTURE OF T9-T10 VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG, KYPHOPLASTY), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION, INCLUSIVE OF ALL IMAGING GUIDANCE	Surgery, Neurological	WEDGE COMPRESSION FRACTURE OF T9-T10 VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	2	0		
inpatient	22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	LOW BACK PAIN	1	0		
inpatient	22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Orthopedic	OTHER ABNORMALITIES OF GAIT AND MOBILITY	0	1	Medical Necessity	
inpatient	22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORACIC OR LUMBAR, EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	LOW BACK PAIN	1	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	UNSPECIFIED CORD COMPRESSION	1	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	1	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	1	0		

inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPONDYLOLISTHESIS, CERVICAL REGION	1	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	4	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS, CERVICAL REGION	1	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	13	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	3	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	1	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	1	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	2	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	5	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL INSTABILITIES, CERVICAL REGION	2	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL INSTABILITIES, SITE UNSPECIFIED	1	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	4	0		

inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CERVICALGIA	2	0		
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	0	1	Administrative	
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	1	Medical Necessity	
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	0	1	Medical Necessity	
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	0	1	Medical Necessity	
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	0	1	Medical Necessity	
inpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	0	1	Medical Necessity	
inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	1	0		
inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, CERVICAL REGION	1	0		
inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	3	0		
inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1	0		
inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	13	0		
inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH MYELOPATHY	1	0		

inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION	1	0		
inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	2	0		
inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1	0		
inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	1	0		
inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	5	0		
inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	CERVICALGIA	1	0		
inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	PERSONAL HISTORY OF NICOTINE DEPENDENCE	1	0		
inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	0	2		Medical Necessity
inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	0	1		Medical Necessity
inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	0	1		Medical Necessity

inpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	0	1	Medical Necessity	
inpatient	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Orthopedic	ZOSTER WITHOUT COMPLICATIONS	1	0		
inpatient	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1	0		
inpatient	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1	0		
inpatient	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1	0		
inpatient	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1	0		
inpatient	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	0	1	Medical Necessity	
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	OTHER CHRONIC PAIN	1	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	1	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	FOOT DROP, LEFT FOOT	1	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	FLATBACK SYNDROME, LUMBAR REGION	1	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	OTHER IDIOPATHIC SCOLIOSIS, LUMBAR REGION	1	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	OTHER SECONDARY SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	1	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	SPONDYLOLYSIS, LUMBOSACRAL REGION	1	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, SITE UNSPECIFIED	2	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	4	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	4	0		

inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	6	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	2	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	4	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	3	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	3	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	SPINAL INSTABILITIES, LUMBOSACRAL REGION	1	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	12	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	LOW BACK PAIN	1	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	OTHER BURSAL CYST, OTHER SITE	1	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	3	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION	1	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	1	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	1	0		
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	0	1		Medical Necessity
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	1		Medical Necessity
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	3		Medical Necessity
inpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	DORSALGIA, UNSPECIFIED	0	1		Medical Necessity
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, LUMBAR REGION	1	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	OTHER SECONDARY SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	2	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	3	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	FUSION OF SPINE, CERVICAL REGION	1	0		

inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	2	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	2	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	3	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	3	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	LOW BACK PAIN	1	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	PAIN IN THORACIC SPINE	1	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	OTHER BURSAL CYST, OTHER SITE	1	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	1	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	OTHER DISPLACED FRACTURE OF FIFTH CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	0	1		Medical Necessity
inpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	DORSALGIA, UNSPECIFIED	0	1		Medical Necessity
inpatient	22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	Surgery, Neurological	OTHER SPECIFIED DISEASES OF SPINAL CORD	1	0		
inpatient	22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Neurological	OTHER SPECIFIED DISEASES OF SPINAL CORD	1	0		
inpatient	22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	4	0		
inpatient	22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Neurological	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH MYELOPATHY	1	0		
inpatient	22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Neurological	SPINAL INSTABILITIES, CERVICAL REGION	1	0		
inpatient	22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Neurological	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF CERVICAL REGION	1	0		
inpatient	22600	ARTHRODESIS, POSTERIOR OR POSTEROTLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Neurological	UNSPECIFIED DISPLACED FRACTURE OF SECOND CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		

inpatient	22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	DISORDER OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED	1	0		
inpatient	22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER SECONDARY SCOLIOSIS, THORACOLUMBAR REGION	1	0		
inpatient	22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER FORMS OF SCOLIOSIS, THORACOLUMBAR REGION	1	0		
inpatient	22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	WEDGE COMPRESSION FRACTURE OF T9-T10 VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	LUMBOSACRAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	FOOT DROP, LEFT FOOT	1	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER IDIOPATHIC SCOLIOSIS, LUMBAR REGION	1	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPONDYLOLYSIS, LUMBOSACRAL REGION	1	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPONDYLOLISTHESIS, SITE UNSPECIFIED	2	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	5	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	2	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	6	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	11	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	1	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	4	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	8	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	LOW BACK PAIN	5	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1	0		

inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	2	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION	2	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	2	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	BREAKDOWN (MECHANICAL) OF INTERNAL FIXATION DEVICE OF VERTEBRAE, INITIAL ENCOUNTER	1	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	ARTHRODESIS STATUS	1	0		
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSPECIFIED	0	1	Medical Necessity	
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	0	1	Medical Necessity	
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	0	1	Medical Necessity	
inpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER ABNORMALITIES OF GAIT AND MOBILITY	0	1	Medical Necessity	
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER SPECIFIED DISEASES OF SPINAL CORD	1	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, LUMBAR REGION	1	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER SECONDARY SCOLIOSIS, THORACOLUMBAR REGION	1	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPONDYLOLYSIS, LUMBAR REGION	1	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	3	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	2	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	2	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	2	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	2	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	2	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	6	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	3	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPINAL INSTABILITIES, CERVICAL REGION	1	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	4	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	LOW BACK PAIN	3	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	MUSCLE WEAKNESS (GENERALIZED)	1	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER BURSAL CYST, OTHER SITE	1	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF CERVICAL REGION	1	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION	1	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	UNSPECIFIED URINARY INCONTINENCE	1	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	UNSPECIFIED DISPLACED FRACTURE OF SECOND CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	WEDGE COMPRESSION FRACTURE OF T9-T10 VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		

inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER MECHANICAL COMPLICATION OF OTHER INTERNAL ORTHOPEDIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1	0		
inpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	ARTHRODESIS STATUS	1	0		
inpatient	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	2	0		
inpatient	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	2	0		
inpatient	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1	0		
inpatient	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
inpatient	22632	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1	0		
inpatient	22632	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, LUMBAR REGION	1	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOLYSIS, LUMBOSACRAL REGION	1	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	2	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	7	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	2	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	1	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	3	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1	0		

inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, SITE UNSPECIFIED	1	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	6	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	3	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACOLUMBAR REGION	1	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	2	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	SPINAL INSTABILITIES, LUMBAR REGION	1	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	4	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	1	0		

inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	FULL INCONTINENCE OF FECES	1	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	ANESTHESIA OF SKIN	1	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER MECHANICAL COMPLICATION OF OTHER INTERNAL ORTHOPEDIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	ARTHRODESIS STATUS	1	0		
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	0	1	Medical Necessity	
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	0	1	Medical Necessity	
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	SPINAL INSTABILITIES, LUMBOSACRAL REGION	0	1	Medical Necessity	
inpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
inpatient	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; EACH ADDITIONAL INTERSP	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	3	0		
inpatient	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; EACH ADDITIONAL INTERSP	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	1	0		

inpatient	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; EACH ADDITIONAL INTERSP	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; EACH ADDITIONAL INTERSP	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; EACH ADDITIONAL INTERSP	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
inpatient	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; EACH ADDITIONAL INTERSP	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	2	0		
inpatient	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; EACH ADDITIONAL INTERSP	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	2	0		
inpatient	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; EACH ADDITIONAL INTERSP	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	2	0		
inpatient	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; EACH ADDITIONAL INTERSP	Surgery, Orthopedic	UNSPECIFIED URINARY INCONTINENCE	1	0		
inpatient	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; EACH ADDITIONAL INTERSP	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	1		Medical Necessity
inpatient	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; EACH ADDITIONAL INTERSP	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	0	1		Medical Necessity
inpatient	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Pediatric Orthopedic	UNSPECIFIED KYPHOSIS, SITE UNSPECIFIED	1	0		
inpatient	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Pediatric Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1	0		
inpatient	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Pediatric Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1	0		
inpatient	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Pediatric Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	2	0		
inpatient	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Pediatric Orthopedic	OTHER SECONDARY SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Pediatric Orthopedic	JUVENILE OSTEOCHONDROSIS OF SPINE, SITE UNSPECIFIED	1	0		

inpatient	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	Pediatric Orthopedic	LOW BACK PAIN	1	0		
inpatient	22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	Pediatric Orthopedic	INFANTILE IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	Pediatric Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	2	0		
inpatient	22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	Pediatric Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, LUMBAR REGION	3	0		
inpatient	22830	EXPLORATION OF SPINAL FUSION	Surgery, Neurological	UNSPECIFIED CORD COMPRESSION	1	0		
inpatient	22830	EXPLORATION OF SPINAL FUSION	Surgery, Neurological	OTHER IDIOPATHIC SCOLIOSIS, LUMBAR REGION	1	0		
inpatient	22830	EXPLORATION OF SPINAL FUSION	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
inpatient	22830	EXPLORATION OF SPINAL FUSION	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
inpatient	22830	EXPLORATION OF SPINAL FUSION	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
inpatient	22830	EXPLORATION OF SPINAL FUSION	Surgery, Neurological	SPINAL INSTABILITIES, SITE UNSPECIFIED	1	0		
inpatient	22830	EXPLORATION OF SPINAL FUSION	Surgery, Neurological	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF CERVICAL REGION	1	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	OTHER SPECIFIED DISEASES OF SPINAL CORD	1	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	1	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	UNSPECIFIED KYPHOSIS, SITE UNSPECIFIED	1	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOLYSIS, LUMBOSACRAL REGION	1	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	7	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	3	0		

inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	FUSION OF SPINE, LUMBOSACRAL REGION	1	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	5	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	12	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	3	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACOLUMBAR REGION	1	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	5	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	10	0		

inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	LOW BACK PAIN	2	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SUBLUXATION STENOSIS OF NEURAL CANAL OF LUMBAR REGION	1	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	1	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	BREAKDOWN (MECHANICAL) OF INTERNAL FIXATION DEVICE OF VERTEBRAE, INITIAL ENCOUNTER	1	0		
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	0	1	Medical Necessity	
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	0	1	Medical Necessity	
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSPECIFIED	0	1	Medical Necessity	
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	1	Medical Necessity	
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Medical Necessity	
inpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
inpatient	22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPECIFIED DISEASES OF SPINAL CORD	1	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, LUMBAR REGION	1	0		

inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	6	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	2	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	3	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	5	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	2	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	Mid-cervical disc disorder, unspecified level	1	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	2	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	4	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL INSTABILITIES, CERVICAL REGION	1	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	8	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICALGIA	1	0		

inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	LOW BACK PAIN	3	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER DORSALGIA	1	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF CERVICAL REGION	1	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION	2	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	FULL INCONTINENCE OF FECES	1	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	UNSPECIFIED DISPLACED FRACTURE OF SECOND CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	WEDGE COMPRESSION FRACTURE OF T9-T10 VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER MECHANICAL COMPLICATION OF OTHER INTERNAL ORTHOPEDIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	ARTHRODESIS STATUS	1	0		
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
inpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
inpatient	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	UNSPECIFIED KYPHOSIS, SITE UNSPECIFIED	1	0		
inpatient	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1	0		
inpatient	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	JUVENILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1	0		

inpatient	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	2	0		
inpatient	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SECONDARY SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SECONDARY SCOLIOSIS, THORACOLUMBAR REGION	1	0		
inpatient	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	LOW BACK PAIN	3	0		
inpatient	22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	ARTHRODESIS STATUS	1	0		
inpatient	22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	UNSPECIFIED KYPHOSIS, THORACIC REGION	1	0		
inpatient	22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	INFANTILE IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	1	0		
inpatient	22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	2	0		
inpatient	22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, LUMBAR REGION	2	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CHRONIC PAIN	2	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	3	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	FOOT DROP, LEFT FOOT	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SECONDARY KYPHOSIS, THORACOLUMBAR REGION	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	FLATBACK SYNDROME, LUMBAR REGION	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	6	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	3	0		

inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	3	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	8	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	2	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	4	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	3	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	3	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	2	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	2	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL INSTABILITIES, CERVICAL REGION	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	8	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	3	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICALGIA	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	LOW BACK PAIN	2	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF CERVICAL REGION	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CONGENITAL SPONDYLOLISTHESIS	1	0		

inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	Ehlers-Danlos syndrome, unspecified	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER PROBLEMS RELATED TO LIFE MANAGEMENT DIFFICULTY	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	PERSONAL HISTORY OF NICOTINE DEPENDENCE	1	0		
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSPECIFIED	0	1	Medical Necessity	
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	0	1	Medical Necessity	
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	0	1	Medical Necessity	
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	0	1	Medical Necessity	
inpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICALGIA	0	1	Medical Necessity	
inpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1	0		
inpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	7	0		
inpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
inpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	2	0		
inpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
inpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	1	0		
inpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	Ehlers-Danlos syndrome, unspecified	1	0		
inpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER DISPLACED FRACTURE OF FIFTH CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION AT C4-C5 LEVEL	0	1	Administrative	
inpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	0	1	Medical Necessity	
inpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	PAIN IN LEFT LEG	0	1	Medical Necessity	
inpatient	22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1	0		
inpatient	22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER SECONDARY SCOLIOSIS, SITE UNSPECIFIED	1	0		

inpatient	22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SCOLIOSIS, UNSPECIFIED	1	0		
inpatient	22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
inpatient	22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	22849	REINSERTION OF SPINAL FIXATION DEVICE	Surgery, Neurological	UNSPECIFIED KYPHOSIS, SITE UNSPECIFIED	1	0		
inpatient	22849	REINSERTION OF SPINAL FIXATION DEVICE	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	1	0		
inpatient	22849	REINSERTION OF SPINAL FIXATION DEVICE	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1	0		
inpatient	22849	REINSERTION OF SPINAL FIXATION DEVICE	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
inpatient	22850	REMOVAL OF POSTERIOR INSTRUMENTATION (EG, HARRINGTON ROD)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	2	0		
inpatient	22850	REMOVAL OF POSTERIOR INSTRUMENTATION (EG, HARRINGTON ROD)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
inpatient	22850	REMOVAL OF POSTERIOR INSTRUMENTATION (EG, HARRINGTON ROD)	Surgery, Neurological	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1	0		
inpatient	22850	REMOVAL OF POSTERIOR INSTRUMENTATION (EG, HARRINGTON ROD)	Surgery, Neurological	ARTHRODESIS STATUS	1	0		
inpatient	22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	Surgery, Neurological	OTHER IDIOPATHIC SCOLIOSIS, LUMBAR REGION	1	0		
inpatient	22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	SEPSIS, UNSPECIFIED ORGANISM	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER CHRONIC PAIN	2	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	UNSPECIFIED CORD COMPRESSION	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER SPECIFIED DISEASES OF SPINAL CORD	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1	0		

inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	FOOT DROP, LEFT FOOT	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	UNSPECIFIED KYPHOSIS, SITE UNSPECIFIED	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER IDIOPATHIC SCOLIOSIS, LUMBAR REGION	2	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER SECONDARY SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	SPONDYLOLYSIS, LUMBAR REGION	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	SPONDYLOLYSIS, LUMBOSACRAL REGION	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	SPONDYLOLISTHESIS, SITE UNSPECIFIED	4	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	12	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	5	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	5	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	1	0		

inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	2	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	12	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	9	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	10	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH MYELOPATHY	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	2	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	3	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1	0		

inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	4	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	5	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACOLUMBAR REGION	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	8	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	SPINAL INSTABILITIES, SITE UNSPECIFIED	2	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	6	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	15	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	CERVICALGIA	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	LOW BACK PAIN	2	0		

inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER BURSAL CYST, UNSPECIFIED SITE	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER BURSAL CYST, OTHER SITE	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	CONGENITAL SPONDYLOLISTHESIS	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	FULL INCONTINENCE OF FECES	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	PARESTHESIA OF SKIN	1	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	ARTHRODESIS STATUS	2	0		
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	0	1		Administrative
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	SPONDYLOLYSIS, LUMBOSACRAL REGION	0	1		Medical Necessity
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	0	1		Medical Necessity
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	1		Medical Necessity
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	1		Medical Necessity

inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	0	1	Medical Necessity	
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	0	1	Medical Necessity	
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	0	1	Medical Necessity	
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	0	1	Medical Necessity	
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	0	1	Medical Necessity	
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Medical Necessity	
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	0	2	Medical Necessity	
inpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	CONGENITAL SPONDYLOLISTHESIS	0	1	Medical Necessity	
inpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1	0		
inpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1	0		
inpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		

inpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1	0		
inpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1	0		
inpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
inpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1	0		
inpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	OTHER DISPLACED FRACTURE OF SIXTH CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	0	1	Medical Necessity	
inpatient	22855	REMOVAL OF ANTERIOR INSTRUMENTATION (EG, DWYER DEVICE)	Surgery, Neurological	UNSPECIFIED CORD COMPRESSION	1	0		
inpatient	22855	REMOVAL OF ANTERIOR INSTRUMENTATION (EG, DWYER DEVICE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1	0		
inpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		

inpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1	0		
inpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	2	0		
inpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	0	1	Medical Necessity	
inpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	0	1	Medical Necessity	
inpatient	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
inpatient	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	1	Administrative	
inpatient	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE, LUMBAR	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	0	1	Medical Necessity	
inpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1	0		
inpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
inpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1	0		
inpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	CERVICALGIA	1	0		
inpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	0	1	Medical Necessity	
inpatient	22859	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH, METHYLMETHACRYLATE) TO INTERVERTEBRAL DISC SPACE OR VERTEBRAL BODY DEFECT WITHOUT INTERBODY ARTHRODESIS, EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		

inpatient	22859	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH, METHYLMETHACRYLATE) TO INTERVERTEBRAL DISC SPACE OR VERTEBRAL BODY DEFECT WITHOUT INTERBODY ARTHRODESIS, EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	22867	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SINGLE LEVEL	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
inpatient	22899	UNLISTED PROCEDURE, SPINE	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1	0		
inpatient	22899	UNLISTED PROCEDURE, SPINE	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
inpatient	22899	UNLISTED PROCEDURE, SPINE	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	22899	UNLISTED PROCEDURE, SPINE	Surgery, Orthopedic	LOW BACK PAIN	1	0		
inpatient	23395	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE	Surgery, Orthopedic	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
inpatient	23405	TENOMYOTOMY, SHOULDER AREA; SINGLE TENDON	Surgery, Orthopedic	BRACHIAL PLEXUS DISORDERS	1	0		
inpatient	23430	TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	1	0		
inpatient	23430	TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS	Surgery, Orthopedic	DISPLACED FRACTURE OF GREATER TUBEROSITY OF LEFT HUMERUS, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION	1	0		
inpatient	23430	TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS	Surgery, Orthopedic	OTHER DISPLACED FRACTURE OF UPPER END OF LEFT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER	1	0		
inpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, LEFT SHOULDER	1	0		
inpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	7	0		
inpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	5	0		
inpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	1	0		
inpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	1	0		
inpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	IDIOPATHIC ASEPTIC NECROSIS OF LEFT HUMERUS	1	0		
inpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	OTHER SPECIFIED FRACTURE OF LEFT PUBIS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	UNSPECIFIED DISPLACED FRACTURE OF SURGICAL NECK OF LEFT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	3-PART FRACTURE OF SURGICAL NECK OF LEFT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	DISPLACED FRACTURE OF GREATER TUBEROSITY OF LEFT HUMERUS, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION	1	0		
inpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	OTHER DISPLACED FRACTURE OF UPPER END OF RIGHT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	0	1	Medical Necessity	
inpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	0	1	Medical Necessity	
inpatient	23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	Surgery, Orthopedic	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		

inpatient	23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	Surgery, Orthopedic	MECHANICAL LOOSENING OF UNSPECIFIED INTERNAL PROSTHETIC JOINT, SUBSEQUENT ENCOUNTER	1	0		
inpatient	23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	Surgery, Orthopedic	OTHER DISPLACED FRACTURE OF UPPER END OF RIGHT HUMERUS, SEQUELA	1	0		
inpatient	23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	Surgery, Orthopedic	OTHER MECHANICAL COMPLICATION OF OTHER INTERNAL ORTHOPEDIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1	0		
inpatient	24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	Surgery, Orthopedic	ACHONDROPLASIA	1	0		
inpatient	27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	Surgery, Orthopedic	UNSPECIFIED DISLOCATION OF RIGHT PATELLA, INITIAL ENCOUNTER	1	0		
inpatient	27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	Surgery, Orthopedic	UNSPECIFIED DISLOCATION OF RIGHT PATELLA, INITIAL ENCOUNTER	1	0		
inpatient	27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED HIP	1	0		
inpatient	27071	PARTIAL EXCISION, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR, (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCESS); DEEP (SUBFASCIAL OR INTRAMUSCULAR)	Surgery, Orthopedic	OTHER CHRONIC OSTEOMYELITIS, LEFT THIGH	1	0		
inpatient	27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	Anesthesiology	CONGENITAL DISLOCATION OF LEFT HIP, UNILATERAL	1	0		
inpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	ATROPHY OF THYROID (ACQUIRED)	1	0		
inpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	1	0		
inpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	13	0		
inpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	4	0		
inpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL OSTEOARTHRITIS RESULTING FROM HIP DYSPLASIA, LEFT HIP	1	0		
inpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF HIP	1	0		
inpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	FAMILY HISTORY OF ARTHRITIS	1	0		
inpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	0	1	Administrative	
inpatient	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Free Standing Imaging Center	PAIN IN RIGHT HIP	1	0		
inpatient	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Free Standing Imaging Center	DISLOCATION OF INTERNAL LEFT HIP PROsthESIS, INITIAL ENCOUNTER	1	0		
inpatient	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Free Standing Imaging Center	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	1	0		
inpatient	27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	Surgery, Orthopedic	CONGENITAL DISLOCATION OF LEFT HIP, UNILATERAL	1	0		
inpatient	27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	Surgery, Orthopedic	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER	1	0		
inpatient	27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL FIXATION AND/OR CAST	Surgery, Orthopedic	SPASTIC DIPLEGIC CEREBRAL PALSY	1	0		
inpatient	27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL FIXATION AND/OR CAST	Surgery, Orthopedic	UNSPECIFIED SUBLUXATION OF LEFT HIP, INITIAL ENCOUNTER	1	0		
inpatient	27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL FIXATION AND/OR CAST	Surgery, Orthopedic	UNSPECIFIED DISLOCATION OF RIGHT PATELLA, INITIAL ENCOUNTER	1	0		
inpatient	27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (HEYMAN TYPE PROCEDURE)	Surgery, Orthopedic	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER	1	0		
inpatient	27269	OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD	Surgery, Orthopedic	FRACTURE OF UNSPECIFIED PART OF NECK OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		

inpatient	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	Surgery, Orthopedic	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	2	0		
inpatient	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	Surgery, Orthopedic	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	0	1	Medical Necessity	
inpatient	27280	ARTHRODESIS, OPEN, SACROILIAC JOINT, INCLUDING OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	Surgery, Orthopedic	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	Surgery, Orthopedic	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER	1	0		
inpatient	27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	Surgery, Orthopedic	STEM CELLS TRANSPLANT STATUS	1	0		
inpatient	27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	Surgery, Orthopedic	STRAIN OF MUSCLE, FASCIA AND TENDON OF RIGHT HIP, INITIAL ENCOUNTER	0	1	Administrative	
inpatient	27365	RADICAL RESECTION OF TUMOR, FEMUR OR KNEE	Surgery, Orthopedic	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1	0		
inpatient	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET PROCEDURE)	Surgery, Neurological	UNSPECIFIED SUBLUXATION OF RIGHT PATELLA, INITIAL ENCOUNTER	1	0		
inpatient	27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (EG, CAMPBELL, GOLDWAITE TYPE PROCEDURE)	Surgery, Orthopedic	UNSPECIFIED DISLOCATION OF RIGHT PATELLA, INITIAL ENCOUNTER	1	0		
inpatient	27425	LATERAL RETINACULAR RELEASE OPEN	Surgery, Orthopedic	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	1	0		
inpatient	27427	RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	Surgery, Orthopedic	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	1	0		
inpatient	27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	Surgery, Orthopedic	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	1	0		
inpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	2	0		
inpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	9	0		
inpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	6	0		
inpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	PAIN IN LEFT KNEE	1	0		
inpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	0	1	Administrative	
inpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	0	1	Medical Necessity	
inpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	0	1	Medical Necessity	
inpatient	27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR GENU VALGUS (KNOCK-KNEE)); BEFORE EPIPHYSEAL CLOSURE	Surgery, Orthopedic	PAIN IN RIGHT KNEE	1	0		
inpatient	27466	OSTEOPLASTY, FEMUR; LENGTHENING	Surgery, Orthopedic	PAIN IN RIGHT HIP	1	0		
inpatient	27475	ARREST, EPIPHYSEAL, ANY METHOD, (EPIPHYDIODESIS); DISTAL FEMUR	Surgery, Orthopedic	SPASTIC DIPLEGIC CEREBRAL PALSY	1	0		
inpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	LOOSE BODY IN RIGHT ANKLE	1	0		
inpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	DISPLACED FRACTURE OF LATERAL CONDYLE OF LEFT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	MECHANICAL LOOSENING OF INTERNAL RIGHT KNEE PROSTHETIC JOINT, INITIAL ENCOUNTER	1	0		
inpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	OTHER MECHANICAL COMPLICATION OF INTERNAL LEFT KNEE PROSTHESIS, INITIAL ENCOUNTER	1	0		
inpatient	27488	REMOVAL OF KNEE PROSTHESIS, INCLUDING TOTAL KNEEPROSTHESIS, METHYLMETHACRYLATE WITH OR WITHOUT INSERTION OF SPACER, KNEE	Free Standing Imaging Center	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL JOINT PROSTHESIS, INITIAL ENCOUNTER	1	0		
inpatient	27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYL METHACRYLATE, FEMUR	Surgery, Orthopedic	PAIN IN RIGHT HIP	1	0		

inpatient	27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR EXTENSION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Surgery, Orthopedic	DISPLACED COMMINUTED FRACTURE OF SHAFT OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
inpatient	27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Surgery, Orthopedic	DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
inpatient	27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Surgery, Orthopedic	DISPLACED BICONDYLAR FRACTURE OF UNSPECIFIED TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL FIXATION	Surgery, Orthopedic	DISPLACED BICONDYLAR FRACTURE OF RIGHT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)	Surgery, Orthopedic	STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	27606	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA	Surgery, Orthopedic	CONGENITAL DISLOCATION OF LEFT HIP, UNILATERAL	1	0		
inpatient	27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE PROCEDURE)	Surgery, Orthopedic	OTHER SPECIFIED ARTHRITIS, RIGHT ANKLE AND FOOT	1	0		
inpatient	27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	Surgery, Orthopedic	SPASTIC DIPLEGIC CEREBRAL PALSY	1	0		
inpatient	27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	Surgery, Orthopedic	OTHER SPECIFIED ARTHRITIS, RIGHT ANKLE AND FOOT	1	0		
inpatient	27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	1	0		
inpatient	27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	1	0		
inpatient	27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	Surgery, Orthopedic	OTHER LONG TERM (CURRENT) DRUG THERAPY	1	0		
inpatient	27705	OSTEOTOMY; TIBIA	Surgery, Orthopedic	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	1	0		
inpatient	27709	OSTEOTOMY; TIBIA AND FIBULA	Surgery, Orthopedic	OTHER SPECIFIED ACQUIRED DEFORMITIES OF RIGHT LOWER LEG	1	0		
inpatient	27880	AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	Surgery, Orthopedic	GANGRENE, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	27880	AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	Surgery, Orthopedic	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	1	0		
inpatient	27899	UNLISTED PROCEDURE, LEG OR ANKLE	Surgery, Orthopedic	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	1	0		
inpatient	28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS	Surgery, Orthopedic	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	1	0		
inpatient	28285	CORRECTION HAMMERTOE; (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL PHALANGECTOMY)	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	0	1	Medical Necessity	
inpatient	28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE) WITHOR WITHOUT INTERNAL FIXATION	Surgery, Orthopedic	SPASTIC DIPLEGIC CEREBRAL PALSY	1	0		
inpatient	28305	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (EG, FOWLER TYPE)	Surgery, Orthopedic	SPASTIC DIPLEGIC CEREBRAL PALSY	1	0		
inpatient	29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG;	Surgery, Orthopedic	UNSPECIFIED SUBLUXATION OF LEFT HIP, INITIAL ENCOUNTER	1	0		
inpatient	29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR.	Surgery, Orthopedic	PRESENCE OF LEFT ARTIFICIAL SHOULDER JOINT	1	0		
inpatient	29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	Surgery, Orthopedic	UNSPECIFIED SUBLUXATION OF RIGHT PATELLA, INITIAL ENCOUNTER	1	0		
inpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED HIP	1	0		
inpatient	30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP	Surgery, Plastic and Reconstructive	GENDER IDENTITY DISORDER, UNSPECIFIED	0	1	Medical Necessity	
inpatient	31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	Surgery, Oral & Maxillofacial	MALIGNANT NEOPLASM OF MAXILLARY SINUS	1	0		
inpatient	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL-SEPARATE PROCEDURE	Otolaryngology	CLEFT PALATE, UNSPECIFIED	1	0		
inpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER RESPIRATORY ORGANS	1	0		
inpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER RESPIRATORY ORGANS	1	0		
inpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER RESPIRATORY ORGANS	1	0		
inpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER RESPIRATORY ORGANS	1	0		

inpatient	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; SPHENOID REGION	Otolaryngology	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
inpatient	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; SPHENOID REGION	Otolaryngology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1	0		
inpatient	31525	LARYNGOSCOPY DIRECT; DIAGNOSTIC, EXCEPT NEWBORN	Otolaryngology	MALIGNANT NEOPLASM OF MAXILLARY SINUS	1	0		
inpatient	31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1	0		
inpatient	31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1	0		
inpatient	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (S EPARATE PROCEDURE)	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1	0		
inpatient	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (S EPARATE PROCEDURE)	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	1	0		
inpatient	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (S EPARATE PROCEDURE)	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT BRONCHUS OR LUNG	1	0		
inpatient	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (S EPARATE PROCEDURE)	Surgery, Thoracic Cardiovascular	NONTOXIC MULTINODULAR GOITER	1	0		
inpatient	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (S EPARATE PROCEDURE)	Surgery, Thoracic Cardiovascular	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	1	0		
inpatient	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (S EPARATE PROCEDURE)	Surgery, Thoracic Cardiovascular	OTHER PNEUMOTHORAX	2	0		
inpatient	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (S EPARATE PROCEDURE)	Surgery, Thoracic Cardiovascular	OTHER SPECIFIED PLEURAL CONDITIONS	1	0		
inpatient	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (S EPARATE PROCEDURE)	Surgery, Thoracic Cardiovascular	SEQUESTRATION OF LUNG	1	0		
inpatient	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (S EPARATE PROCEDURE)	Surgery, Thoracic Cardiovascular	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1	0		
inpatient	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (S EPARATE PROCEDURE)	Surgery, Thoracic Cardiovascular	SOLITARY PULMONARY NODULE	3	0		
inpatient	31640	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH EXCISION OF TUMOR	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
inpatient	31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	Surgery, Thoracic Cardiovascular	OTHER SPECIFIED DISEASES OF UPPER RESPIRATORY TRACT	1	0		
inpatient	31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC	Surgery, Thoracic Cardiovascular	OTHER DISEASES OF MEDIASTINUM, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLEURA	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	1	0		
inpatient	32100	THORACOTOMY; WITH EXPLORATION	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1	0		

inpatient	32100	THORACOTOMY; WITH EXPLORATION	Surgery, Thoracic Cardiovascular	OTHER DISORDERS OF LUNG	1	0		
inpatient	32100	THORACOTOMY; WITH EXPLORATION	Surgery, Thoracic Cardiovascular	OTHER DISEASES OF STOMACH AND DUODENUM	1	0		
inpatient	32100	THORACOTOMY; WITH EXPLORATION	Surgery, Thoracic Cardiovascular	NEUROFIBROMATOSIS, TYPE 1	1	0		
inpatient	32100	THORACOTOMY; WITH EXPLORATION	Surgery, Thoracic Cardiovascular	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1	0		
inpatient	32310	PLEURECTOMY; PARIETAL (SEPARATE PROCEDURE)	Surgery, General Vascular	OTHER PNEUMOTHORAX	1	0		
inpatient	32440	REMOVAL OF LUNG, PNEUMONECTOMY	Surgery, General Vascular	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
inpatient	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)	Pediatric Surgery	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
inpatient	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)	Pediatric Surgery	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT BRONCHUS OR LUNG	1	0		
inpatient	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)	Pediatric Surgery	BENIGN CARCINOID TUMOR OF THE BRONCHUS AND LUNG	1	0		
inpatient	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)	Pediatric Surgery	SOLITARY PULMONARY NODULE	2	0		
inpatient	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE) , INITIAL	Surgery, Thoracic Cardiovascular	BENIGN CARCINOID TUMOR OF THE BRONCHUS AND LUNG	1	0		
inpatient	32507	THORACOTOMY; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
inpatient	32560	INSTILLATION, VIA CHEST TUBE/CATHETER, AGENT FOR PLEURODESIS (EG , TALC FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)	Surgery, Thoracic Cardiovascular	OTHER PNEUMOTHORAX	1	0		
inpatient	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS, PERICARDIAL SAC, MEDIASTINAL OR PLEURAL SPACE, WITHOUT BIOPSY	Surgery, Thoracic Cardiovascular	OTHER DISORDERS OF LUNG	1	0		
inpatient	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH BIOPSY	Surgery, Thoracic Cardiovascular	OTHER DISEASES OF MEDIASTINUM, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG, WEDGE, INCISIONAL), UNILATERAL	Surgery, Thoracic Cardiovascular	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	1	0		
inpatient	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG, WEDGE, INCISIONAL), UNILATERAL	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF RECTUM	1	0		
inpatient	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG, WEDGE, INCISIONAL), UNILATERAL	Surgery, Thoracic Cardiovascular	SOLITARY PULMONARY NODULE	1	0		
inpatient	32652	THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTRAINTRAPLEURAL PNEUMONOLYSIS	Surgery, Thoracic Cardiovascular	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	1	0		
inpatient	32652	THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTRAINTRAPLEURAL PNEUMONOLYSIS	Surgery, Thoracic Cardiovascular	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	32655	THORACOSCOPY, SURGICAL; WITH RESECTION-PLICATION OF BULLAE, INCLUDES ANY PLEURAL PROCEDURE WHEN PERFORMED	Surgery, Thoracic Cardiovascular	OTHER PNEUMOTHORAX	2	0		
inpatient	32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR OR MASS	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1	0		
inpatient	32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR OR MASS	Surgery, Thoracic Cardiovascular	NEOPLASM OF UNCERTAIN BEHAVIOR OF MEDIASTINUM	1	0		
inpatient	32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR OR MASS	Surgery, Thoracic Cardiovascular	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER SPECIFIED SITES	1	0		
inpatient	32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR OR MASS	Surgery, Thoracic Cardiovascular	OTHER DISEASES OF MEDIASTINUM, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR OR MASS	Surgery, Thoracic Cardiovascular	CONGENITAL CYST OF MEDIASTINUM	1	0		

inpatient	32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY (SINGLE LOBE)	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT BRONCHUS OR LUNG	1	0		
inpatient	32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY (SINGLE LOBE)	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
inpatient	32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY (SINGLE LOBE)	Surgery, Thoracic Cardiovascular	SEQUESTRATION OF LUNG	1	0		
inpatient	32666	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL	Surgery, Thoracic Cardiovascular	SOLITARY PULMONARY NODULE	1	0		
inpatient	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	SOLITARY PULMONARY NODULE	1	0		
inpatient	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL OF A SINGLE LUNG SEGMENT (SEGMENTECTOMY)	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
inpatient	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL OF A SINGLE LUNG SEGMENT (SEGMENTECTOMY)	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
inpatient	32673	THORACOSCOPY, SURGICAL; WITH RESECTION OF THYMUS, UNILATERAL OR BILATERAL	Surgery, Thoracic Cardiovascular	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	2	0		
inpatient	32674	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
inpatient	32674	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT BRONCHUS OR LUNG	1	0		
inpatient	32674	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	SOLITARY PULMONARY NODULE	1	0		
inpatient	32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	Surgery, Thoracic Cardiovascular	OTHER DISORDERS OF LUNG	1	0		
inpatient	32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	Surgery, Thoracic Cardiovascular	PATHOLOGICAL FRACTURE, OTHER SITE, INITIAL ENCOUNTER FOR FRACTURE	1	0		
inpatient	32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	Surgery, Thoracic Cardiovascular	CONGENITAL SCOLIOSIS DUE TO CONGENITAL BONY MALFORMATION	1	0		
inpatient	32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	Surgery, Thoracic Cardiovascular	CONGENITAL MALFORMATION SYNDROMES PREDOMINANTLY INVOLVING LIMBS	1	0		
inpatient	33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	Surgery, Thoracic Cardiovascular	ATRIAL SEPTAL DEFECT	1	0		
inpatient	33202	INSERTION OF EPICARDIAL ELECTRODE(S); OPEN INCISION (EG, THORACO TOMY, MEDIAN STERNOTOMY, SUBXIPHOID APPROACH)	Surgery, Thoracic Cardiovascular	BRADYCARDIA, UNSPECIFIED	1	0		
inpatient	33241	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY	Cardiovascular Disease	EBSTEIN'S ANOMALY	1	0		
inpatient	33340	PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH ENDOCARDIAL IMPLANT, INCLUDING FLUOROSCOPY, TRANSSEPTAL PUNCTURE, CATHETER PLACEMENT(S), LEFT ATRIAL ANGIOGRAPHY, LEFT ATRIAL APPENDAGE ANGIOGRAPHY, WHEN PERFORMED, AND RADIOLOGICAL SUP	Surgery, Thoracic Cardiovascular	PAROXYSMAL ATRIAL FIBRILLATION	3	0		
inpatient	33340	PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH ENDOCARDIAL IMPLANT, INCLUDING FLUOROSCOPY, TRANSSEPTAL PUNCTURE, CATHETER PLACEMENT(S), LEFT ATRIAL ANGIOGRAPHY, LEFT ATRIAL APPENDAGE ANGIOGRAPHY, WHEN PERFORMED, AND RADIOLOGICAL SUP	Surgery, Thoracic Cardiovascular	Other persistent atrial fibrillation	1	0		
inpatient	33340	PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH ENDOCARDIAL IMPLANT, INCLUDING FLUOROSCOPY, TRANSSEPTAL PUNCTURE, CATHETER PLACEMENT(S), LEFT ATRIAL ANGIOGRAPHY, LEFT ATRIAL APPENDAGE ANGIOGRAPHY, WHEN PERFORMED, AND RADIOLOGICAL SUP	Surgery, Thoracic Cardiovascular	UNSPECIFIED ATRIAL FIBRILLATION	1	0		

inpatient	33361	TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; PERCUTANEOUS FEMORAL ARTERY APPROACH	Surgery, Thoracic Cardiovascular	NONRHEUMATIC AORTIC (VALVE) STENOSIS	2	0		
inpatient	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; SIMPLE (IE, VALVOTOMY, DEBRIDEMENT, DEBULKING, AND/OR SIMPLE COMMISSURAL RESUSPENSION)	Surgery, Thoracic Cardiovascular	CARDIOMEGALY	1	0		
inpatient	33405	REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STENTLESS VALVE	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1	0		
inpatient	33405	REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STENTLESS VALVE	Surgery, Thoracic Cardiovascular	NONRHEUMATIC AORTIC (VALVE) STENOSIS	6	0		
inpatient	33405	REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STENTLESS VALVE	Surgery, Thoracic Cardiovascular	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	4	0		
inpatient	33405	REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STENTLESS VALVE	Surgery, Thoracic Cardiovascular	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	1	0		
inpatient	33406	REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALVE (FREEHAND)	Surgery, Thoracic Cardiovascular	NONRHEUMATIC AORTIC (VALVE) STENOSIS	1	0		
inpatient	33406	REPLACEMENT, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALVE (FREEHAND)	Surgery, Thoracic Cardiovascular	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	1	0		
inpatient	33415	RESECTION OR INCISION OF SUBVALVULAR AORTIC STENOSIS	Surgery, Thoracic Cardiovascular	NONRHEUMATIC AORTIC (VALVE) STENOSIS	1	0		
inpatient	33418	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSEPTAL PUNCTURE WHEN PERFORMED; INITIAL PROSTHESIS	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	3	0		
inpatient	33419	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSEPTAL PUNCTURE WHEN PERFORMED; ADDITIONAL PROSTHESIS(ES) DURING SAME SESSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	2	0		
inpatient	33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1	0		
inpatient	33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING	Surgery, Thoracic Cardiovascular	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	1	0		
inpatient	33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL RECONSTRUCTION WITH OR WITHOUT RING	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1	0		
inpatient	33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) STENOSIS	1	0		
inpatient	33465	VALVULOPLASTY OR VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS; REPLACEMENT	Surgery, Thoracic Cardiovascular	EBSTEIN'S ANOMALY	1	0		
inpatient	33468	TRICUSPID VALVE REPOSITIONING AND PPLICATION FOR EBSTEIN ANOMALY	Surgery, Thoracic Cardiovascular	EBSTEIN'S ANOMALY	1	0		
inpatient	33475	REPLACEMENT, PULMONARY VALVE	Surgery, Thoracic Cardiovascular	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	1	0		
inpatient	33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT COMMISSUROTOMY	Surgery, Thoracic Cardiovascular	ATELECTASIS	1	0		
inpatient	33502	REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY LIGATION	Surgery, Thoracic Cardiovascular	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	1	0		
inpatient	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	4	0		
inpatient	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) STENOSIS	1	0		
inpatient	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	Surgery, Thoracic Cardiovascular	NONRHEUMATIC AORTIC (VALVE) STENOSIS	1	0		
inpatient	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	Surgery, Thoracic Cardiovascular	SUPRAVENTRICULAR TACHYCARDIA	1	0		

inpatient	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	Surgery, Thoracic Cardiovascular	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	1	0		
inpatient	33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	3	0		
inpatient	33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	NONRHEUMATIC AORTIC (VALVE) STENOSIS	1	0		
inpatient	33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	SUPRAVENTRICULAR TACHYCARDIA	1	0		
inpatient	33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	1	0		
inpatient	33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	4	0		
inpatient	33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) STENOSIS	1	0		
inpatient	33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1	0		
inpatient	33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FIVE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	1	0		
inpatient	33530	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) STENOSIS	1	0		
inpatient	33530	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
inpatient	33530	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	EBSTEIN'S ANOMALY	1	0		
inpatient	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic Cardiovascular	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	1	0		
inpatient	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	14	0		
inpatient	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic Cardiovascular	NONRHEUMATIC AORTIC (VALVE) STENOSIS	1	0		
inpatient	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	Surgery, Thoracic Cardiovascular	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	1	0		
inpatient	33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY ARTERIAL GRAFTS	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1	0		
inpatient	33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM; WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT PATCH	Surgery, Thoracic Cardiovascular	ATRIAL SEPTAL DEFECT	2	0		
inpatient	33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM; WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT PATCH	Surgery, Thoracic Cardiovascular	EBSTEIN'S ANOMALY	1	0		
inpatient	33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY VENOUS DRAINAGE	Surgery, Thoracic Cardiovascular	PARTIAL ANOMALOUS PULMONARY VENOUS CONNECTION	2	0		
inpatient	33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIRECTIONAL GLENN PROCEDURE)	Surgery, Thoracic Cardiovascular	EBSTEIN'S ANOMALY	1	0		
inpatient	33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIRECTIONAL GLENN PROCEDURE)	Surgery, Thoracic Cardiovascular	PRESENCE OF OTHER CARDIAC IMPLANTS AND GRAFTS	1	0		
inpatient	33824	PATENT DUCTUS ARTERIOSUS; DIVISION, 18 YEARS AND OLDER	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		

inpatient	33858	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDES VALVE SUSPENSION, WHEN PERFORMED; FOR AORTIC DISSECTION	Surgery, Thoracic Cardiovascular	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
inpatient	33859	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDES VALVE SUSPENSION, WHEN PERFORMED; FOR AORTIC DISEASE OTHER THAN DISSECTION (EG, ANEURYSM)	Surgery, Thoracic Cardiovascular	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
inpatient	33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH AORTIC ROOT REPLACEMENT USING VALVED CONDUIT AND CORONARY RECONSTRUCTION (EG, BENTALL)	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1	0		
inpatient	33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH AORTIC ROOT REPLACEMENT USING VALVED CONDUIT AND CORONARY RECONSTRUCTION (EG, BENTALL)	Surgery, Thoracic Cardiovascular	NONRHEUMATIC AORTIC (VALVE) STENOSIS	4	0		
inpatient	33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH AORTIC ROOT REPLACEMENT USING VALVED CONDUIT AND CORONARY RECONSTRUCTION (EG, BENTALL)	Surgery, Thoracic Cardiovascular	CARDIOMEGALY	1	0		
inpatient	33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH AORTIC ROOT REPLACEMENT USING VALVED CONDUIT AND CORONARY RECONSTRUCTION (EG, BENTALL)	Surgery, Thoracic Cardiovascular	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
inpatient	33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH AORTIC ROOT REPLACEMENT USING VALVED CONDUIT AND CORONARY RECONSTRUCTION (EG, BENTALL)	Surgery, Thoracic Cardiovascular	AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT RUPTURE	1	0		
inpatient	33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH AORTIC ROOT REPLACEMENT USING VALVED CONDUIT AND CORONARY RECONSTRUCTION (EG, BENTALL)	Surgery, Thoracic Cardiovascular	THORACIC AORTIC ECTASIA	1	0		
inpatient	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOLATION AND CONTROL OF THE ARCH VESSELS, BEVELED OPEN DISTAL AORTIC ANASTOMOSIS EXTENDING UNDER ONE OR MORE OF THE ARCH VESSELS, AND TOTALCIRCULATORY ARREST OR ISOLATED CEREBRAL PERFUSION (LIST SEPARATELY IN ADDITION TO	Surgery, Thoracic Cardiovascular	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
inpatient	33880	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, INTRAMURAL HEMATOMA, OR TRAUMATIC DISRUPTION); INVOLVING COVERAGE OF LEFT SUBCLAVIAN ARTERY ORIGIN, INITIAL ENDOPROSTHESIS PLUS DESCENDING THORAC	Surgery, Thoracic Cardiovascular	DISSECTION OF THORACOABDOMINAL AORTA	1	0		
inpatient	33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, INTRAMURAL HEMATOMA, OR TRAUMATIC DISRUPTION); NOT INVOLVING COVERAGE OF LEFT SUBCLAVIAN ARTERY ORIGIN, INITIAL ENDOPROSTHESIS PLUS DESCENDING THO	Surgery, Thoracic Cardiovascular	DISSECTION OF THORACOABDOMINAL AORTA	1	0		
inpatient	33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT	Surgery, Thoracic Cardiovascular	PRESENCE OF OTHER CARDIAC IMPLANTS AND GRAFTS	1	0		
inpatient	33999	UNLISTED PROCEDURE, CARDIAC SURGERY	Surgery, Thoracic Cardiovascular	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1	0		
inpatient	34401	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	1	0		
inpatient	34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD.	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	1	0		
inpatient	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	Surgery, Thoracic Cardiovascular	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1	0		
inpatient	34701	ENDOVASCULAR REPAIR OF INFRARENAL AORTA BY DEPLOYMENT OF AN AORTO-AORTIC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, ALL ENDOGRAFT EXTE	Surgery, Thoracic Cardiovascular	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	3	0		
inpatient	34710	DELAYED PLACEMENT OF DISTAL OR PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR ILIAC ANEURYSM, FALSE ANEURYSM, DISSECTION, ENDOLEAK, OR ENDOGRAFT MIGRATION, INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL	Surgery, Plastic and Reconstructive	LEAKAGE OF AORTIC (BIFURCATION) GRAFT (REPLACEMENT), INITIAL ENCOUNTER	1	0		

inpatient	34812	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS, BY GROIN INCISION, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
inpatient	35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	Surgery, Thoracic Cardiovascular	ANEURYSM OF ILIAC ARTERY	1	0		
inpatient	35221	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	Surgery, Thoracic Cardiovascular	CELIAC ARTERY COMPRESSION SYNDROME	1	0		
inpatient	35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	Surgery, Thoracic Cardiovascular	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	Surgery, Thoracic Cardiovascular	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
inpatient	35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPASS	Surgery, Thoracic Cardiovascular	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
inpatient	35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID,	Surgery, Thoracic Cardiovascular	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	2	0		
inpatient	35301	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID,	Surgery, Thoracic Cardiovascular	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1	0		
inpatient	35566	BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	Surgery, Thoracic Cardiovascular	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, RIGHT LEG	1	0		
inpatient	35566	BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	Surgery, Thoracic Cardiovascular	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1	0		
inpatient	35585	IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	Surgery, Thoracic Cardiovascular	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, RIGHT LEG	1	0		
inpatient	35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	2	0		
inpatient	35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	Surgery, Thoracic Cardiovascular	DISSECTION OF THORACOABDOMINAL AORTA	1	0		
inpatient	35656	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	Surgery, Thoracic Cardiovascular	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, LEFT LEG	1	0		
inpatient	35656	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	Surgery, Thoracic Cardiovascular	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, BILATERAL LEGS	1	0		
inpatient	35656	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	Surgery, Thoracic Cardiovascular	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1	0		
inpatient	35661	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	Surgery, Thoracic Cardiovascular	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG	1	0		
inpatient	35666	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	Surgery, Thoracic Cardiovascular	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, RIGHT LEG	1	0		
inpatient	35666	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	Surgery, Thoracic Cardiovascular	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1	0		
inpatient	35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR,) ARTERY; NECK (EG, CAROTID, SUBCLAVIAN)	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
inpatient	35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR,) ARTERY; NECK (EG, CAROTID, SUBCLAVIAN)	Surgery, Thoracic Cardiovascular	BRACHIAL PLEXUS DISORDERS	3	0		
inpatient	35703	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; LOWER EXTREMITY (EG, COMMON FEMORAL, DEEP FEMORAL, SUPERFICIAL FEMORAL, POPLI TEAL, TIBIAL, PERONEAL	Surgery, Thoracic Cardiovascular	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
inpatient	35703	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; LOWER EXTREMITY (EG, COMMON FEMORAL, DEEP FEMORAL, SUPERFICIAL FEMORAL, POPLI TEAL, TIBIAL, PERONEAL	Surgery, Thoracic Cardiovascular	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		

inpatient	36200	INTRODUCTION OF CATHETER, AORTA	Surgery, Thoracic Cardiovascular	OCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	1	0		
inpatient	36200	INTRODUCTION OF CATHETER, AORTA	Surgery, Thoracic Cardiovascular	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
inpatient	36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE THORACIC OR BRACHEOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	Surgery, Thoracic Cardiovascular	CEREBRAL ANEURYSM, NONRUPTURED	1	0		
inpatient	36221	NON-SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID, VERTEBRAL, AND/OR INTRACRANIAL VESSELS, UNILATERAL OR BILATERAL, AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE C	Surgery, Thoracic Cardiovascular	OCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	1	0		
inpatient	36222	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY OF THE IPSILATERAL EXTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE	Surgery, Thoracic Cardiovascular	OCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	1	0		
inpatient	36223	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE	Surgery, Thoracic Cardiovascular	OCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	1	0		
inpatient	36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID AND CE	Surgery, Thoracic Cardiovascular	OCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	1	0		
inpatient	36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL INTRACRANIAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID AND CE	Surgery, Thoracic Cardiovascular	CEREBRAL ANEURYSM, NONRUPTURED	2	0		
inpatient	36226	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL VERTEBRAL CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, INCLUDES ANGIOGRAPHY OF THE CERVICOCEREBRAL ARCH, WHEN PERFORMED	Surgery, Thoracic Cardiovascular	CEREBRAL ANEURYSM, NONRUPTURED	1	0		
inpatient	36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL EXTERNAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1	0		
inpatient	36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL EXTERNAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	CEREBRAL ANEURYSM, NONRUPTURED	1	0		
inpatient	36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL EXTERNAL CAROTID CIRCULATION AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	UNSPECIFIED CONVULSIONS	1	0		
inpatient	36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS, INDIRECT	Surgery, Vascular	OBSTRUCTIVE HYDROCEPHALUS	1	0		
inpatient	36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	Surgery, Vascular	OBSTRUCTIVE HYDROCEPHALUS	1	0		
inpatient	36556	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; AGE 5 YO OR OLDER	Cardiovascular Disease	MALIGNANT NEOPLASM OF RETROPERITONEUM	1	0		
inpatient	36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER	Cardiovascular Disease	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	1	0		

inpatient	36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER	Cardiovascular Disease	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1	0		
inpatient	36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER	Cardiovascular Disease	OTHER DISEASES OF STOMACH AND DUODENUM	1	0		
inpatient	36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION	Cardiovascular Disease	MALIGNANT NEOPLASM OF RECTUM	1	0		
inpatient	36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION	Cardiovascular Disease	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1	0		
inpatient	36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		
inpatient	36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION	Cardiovascular Disease	DISPROPORTION OF RECONSTRUCTED BREAST	1	0		
inpatient	36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION	Cardiovascular Disease	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	1	0		
inpatient	36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); PERCUTANEOUS	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1	0		
inpatient	36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); CUTDOWN	Cardiovascular Disease	SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE, UNSPECIFIED	1	0		
inpatient	37215	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, OPEN OR PERCUTANEOUS, INCLUDING ANGIOPLASTY, WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; WITH DISTAL EMBOLIC PROTECTION	Cardiovascular Disease	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	1	0		
inpatient	37215	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, OPEN OR PERCUTANEOUS, INCLUDING ANGIOPLASTY, WHEN PERFORMED, AND RADIOLOGICAL SUPERVISION AND INTERPRETATION; WITH DISTAL EMBOLIC PROTECTION	Cardiovascular Disease	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1	0		
inpatient	37221	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL STENT PLACEMENT (S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	Cardiovascular Disease	ANEURYSM OF ILIAC ARTERY	1	0		
inpatient	37226	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL STENT PLACEMENT (S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	Cardiovascular Disease	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1	0		
inpatient	37230	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	Cardiovascular Disease	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1	0		
inpatient	37242	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; ARTERIAL, OTHER THAN HEMORRHAGE OR TUMOR (EG, CONGENITAL OR ACQUIRE)	Cardiovascular Disease	SUPRAVENTRICULAR TACHYCARDIA	1	0		
inpatient	37242	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION; ARTERIAL, OTHER THAN HEMORRHAGE OR TUMOR (EG, CONGENITAL OR ACQUIRE)	Cardiovascular Disease	THORACOABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
inpatient	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	Surgery, Vascular	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
inpatient	38100	SPLENECTOMY (SEPARATE PROCEDURE); TOTAL	surgery	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1	0		
inpatient	38102	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PROCEDURE (LIST IN ADDITION TO CODE FOR PRIMARY PROCEDURE).	surgery	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1	0		
inpatient	38120	LAPAROSCOPY, SURGICAL, SPLENECTOMY	surgery	SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	38220	DIAGNOSTIC BONE MARROW; ASPIRATION(S)	Hematology/Oncology	OTHER SECONDARY SCOLIOSIS, LUMBAR REGION	1	0		

inpatient	38220	DIAGNOSTIC BONE MARROW; ASPIRATION(S)	Hematology/Oncology	FUSION OF SPINE, LUMBOSACRAL REGION	1	0		
inpatient	38220	DIAGNOSTIC BONE MARROW; ASPIRATION(S)	Hematology/Oncology	RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	38240	HEMATOPOIETIC PROGENITOR CELL (HPC); ALLOGENEIC TRANSPLANTATION PER DONOR	Hematology/Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	38240	HEMATOPOIETIC PROGENITOR CELL (HPC); ALLOGENEIC TRANSPLANTATION PER DONOR	Hematology/Oncology	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1	0		
inpatient	38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	Hematology/Oncology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	3	0		
inpatient	38381	SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	surgery	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
inpatient	38500	BIOPSY OR EXCISION OF LYMPH NODE(S);OPEN, SUPERFICIAL (SEPARATE PROCEDURE)	surgery	SOLITARY PULMONARY NODULE	1	0		
inpatient	38525	BIOPSY OR EXCISION OF LYMPH NODE(S);OPEN, DEEP AXILLARY NODE(S)	surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
inpatient	38525	BIOPSY OR EXCISION OF LYMPH NODE(S);OPEN, DEEP AXILLARY NODE(S)	surgery	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		
inpatient	38525	BIOPSY OR EXCISION OF LYMPH NODE(S);OPEN, DEEP AXILLARY NODE(S)	surgery	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1	0		
inpatient	38525	BIOPSY OR EXCISION OF LYMPH NODE(S);OPEN, DEEP AXILLARY NODE(S)	surgery	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1	0		
inpatient	38530	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN,INTERNAL MAMMARY NODE((SEPARATE PROCEDURE)	surgery	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
inpatient	38530	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN,INTERNAL MAMMARY NODE((SEPARATE PROCEDURE)	surgery	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	2	0		
inpatient	38530	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN,INTERNAL MAMMARY NODE((SEPARATE PROCEDURE)	surgery	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC	surgery	OTHER OVARIAN CYST, LEFT SIDE	1	0		
inpatient	38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC	surgery	PELVIC AND PERINEAL PAIN	1	0		
inpatient	38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL (AORTIC AND/OR SPLENIC)	surgery	LEIOMYOMA OF UTERUS, UNSPECIFIED	1	0		
inpatient	38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL (AORTIC AND/OR SPLENIC)	surgery	OTHER OVARIAN CYST, LEFT SIDE	1	0		
inpatient	38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	surgery	MALIGNANT NEOPLASM OF PROSTATE	3	0		
inpatient	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	surgery	MALIGNANT NEOPLASM OF PROSTATE	15	0		
inpatient	38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	surgery	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
inpatient	38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	surgery	MALIGNANT NEOPLASM OF ENDOMETRIUM	2	0		
inpatient	38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	surgery	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	2	0		
inpatient	38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	surgery	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
inpatient	38700	SUPRAHYOID LYMPHADENECTOMY;	surgery	UNSPECIFIED OPEN WOUND OF UNSPECIFIED PART OF NECK, INITIAL ENCOUNTER	1	0		
inpatient	38720	CERVICAL LYMPHADENECTOMY (COMPLETE);	surgery	LOCALIZED SWELLING, MASS AND LUMP, NECK	1	0		
inpatient	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Otolaryngology/Facial Plastic Surgery	MALIGNANT NEOPLASM OF BASE OF TONGUE	1	0		
inpatient	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Otolaryngology/Facial Plastic Surgery	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1	0		

inpatient	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Otolaryngology/Facial Plastic Surgery	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1	0		
inpatient	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Otolaryngology/Facial Plastic Surgery	MALIGNANT NEOPLASM OF MAXILLARY SINUS	1	0		
inpatient	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Otolaryngology/Facial Plastic Surgery	MALIGNANT NEOPLASM OF THYROID GLAND	1	0		
inpatient	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Otolaryngology/Facial Plastic Surgery	BENIGN NEOPLASM OF PAROTID GLAND	1	0		
inpatient	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Otolaryngology/Facial Plastic Surgery	NONTOXIC MULTINODULAR GOITER	1	0		
inpatient	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Otolaryngology/Facial Plastic Surgery	LOCALIZED SWELLING, MASS AND LUMP, HEAD	1	0		
inpatient	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Otolaryngology/Facial Plastic Surgery	UNSPECIFIED OPEN WOUND OF UNSPECIFIED PART OF NECK, INITIAL ENCOUNTER	1	0		
inpatient	38746	THORACIC LYMPHADENECTOMY BY THORACOTOMY, MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
inpatient	38746	THORACIC LYMPHADENECTOMY BY THORACOTOMY, MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Surgery, Thoracic Cardiovascular	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
inpatient	38746	THORACIC LYMPHADENECTOMY BY THORACOTOMY, MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Surgery, Thoracic Cardiovascular	BENIGN NEOPLASM OF THYMUS	1	0		
inpatient	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL, PERIPANCREATIC, WITH OR WITHOUT PARA-AORTIC AND VENA CAVAL NODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	surgery	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	1	0		
inpatient	38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPARATE PROCEDURE)	surgery	MALIGNANT NEOPLASM OF GLANS PENIS	1	0		
inpatient	38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPARATE PROCEDURE)	surgery	MALIGNANT NEOPLASM OF PELVIS	1	0		
inpatient	38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPARATE PROCEDURE)	surgery	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1	0		
inpatient	38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES (SEPARATE PROCEDURE);	surgery	MALIGNANT NEOPLASM OF GLANS PENIS	1	0		
inpatient	38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES (SEPARATE PROCEDURE);	surgery	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1	0		
inpatient	38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES (SEPARATE PROCEDURE);	surgery	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
inpatient	38780	RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING PELVIC, AORTIC, AND RENAL NODES (SEPARATE PROCEDURE)	surgery	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
inpatient	38790	INJECTION PROCEDURE; LYMPHANGIOGRAPHY	surgery	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
inpatient	38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE	Radiology	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
inpatient	38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	surgery	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
inpatient	38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	surgery	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		

inpatient	38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NO DE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE, WHEN PERFORMED (L IST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	surgery	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NO DE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE, WHEN PERFORMED (L IST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	surgery	OTHER BENIGN MAMMARY DYSPLASIAS OF UNSPECIFIED BREAST	1	0		
inpatient	39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMINAL, PARALYTIC OR NONPARALYTIC	Surgery, Thoracic	DISORDERS OF DIAPHRAGM	1	0		
inpatient	39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMINAL, PARALYTIC OR NONPARALYTIC	Surgery, Thoracic	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMINAL, PARALYTIC OR NONPARALYTIC	Surgery, Thoracic	OTHER CONGENITAL MALFORMATIONS OF DIAPHRAGM	1	0		
inpatient	39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMINAL, PARALYTIC OR NONPARALYTIC	Surgery, Thoracic	SOLITARY PULMONARY NODULE	1	0		
inpatient	39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	Surgery, Thoracic	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1	0		
inpatient	39599	UNLISTED PROCEDURE, DIAPHRAGM	Surgery, Thoracic	CELIAC ARTERY COMPRESSION SYNDROME	1	0		
inpatient	39599	UNLISTED PROCEDURE, DIAPHRAGM	Surgery, Thoracic	DISORDERS OF DIAPHRAGM	1	0		
inpatient	39599	UNLISTED PROCEDURE, DIAPHRAGM	Surgery, Thoracic	OTHER CONGENITAL MALFORMATIONS OF DIAPHRAGM	1	0		
inpatient	41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	otolaryngology	MALIGNANT NEOPLASM OF BASE OF TONGUE	1	0		
inpatient	41130	GLOSSECTOMY; HEMIGLOSSECTOMY	otolaryngology	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1	0		
inpatient	41153	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAHYOID NECK DISSECTION	otolaryngology	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1	0		
inpatient	41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR RESECTION, AND RADICAL NECK DISSECTION (COMMANDO TYPE)	otolaryngology	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1	0		
inpatient	42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	otolaryngology	CLEFT PALATE, UNSPECIFIED	1	0		
inpatient	42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	otolaryngology	CLEFT HARD AND SOFT PALATE WITH BILATERAL CLEFT LIP	1	0		
inpatient	42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE	otolaryngology	BENIGN NEOPLASM OF PAROTID GLAND	1	0		
inpatient	42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	Otolaryngology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		
inpatient	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	Otolaryngology	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
inpatient	42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; WITHOUT CLOSURE	Otolaryngologist	LOCALIZED SWELLING, MASS AND LUMP, HEAD	1	0		
inpatient	42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)	Otolaryngologist	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
inpatient	42890	LIMITED PHARYNGECTOMY	Otolaryngologist	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
inpatient	43107	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH PHARYNGOGASTROSTOMY OR CERVICAL ESOPHAGOGASTROSTOMY, WITH OR WITHOUT PYLOROPLASTY (TRANSHIATAL)	surgery, thoracic	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
inpatient	43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, WITH OR WITHOUT PROXIMAL GASTRECTOMY; WITH THORACIC ESOPHAGOGASTROSTOMY, WITH OR WITHOUT PYLOROPLASTY (IVOR LEWIS)	surgery, thoracic	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
inpatient	43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, WITH OR WITHOUT PROXIMAL GASTRECTOMY; WITH THORACIC ESOPHAGOGASTROSTOMY, WITH OR WITHOUT PYLOROPLASTY (IVOR LEWIS)	surgery, thoracic	MALIGNANT NEOPLASM OF CARDIA	1	0		
inpatient	43122	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITHOUT PROXIMAL GASTRECTOMY; WITH ESOPHAGOGASTROSTOMY, WITH OR WITHOUT PYLOROPLASTY	surgery, thoracic	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		

inpatient	43123	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITHOUT PROXIMAL GASTRECTOMY; WITH COLON INTERPOSITION OR SMALL INTESTINE RECONSTRUCTION, INCLUDING INTESTINE MOBILIZATION, PREPARATION, AND ANASTOMOSIS(ES)	surgery, thoracic	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
inpatient	43191	ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN PERFORMED (SEPARATE PROCEDURE)	surgery, thoracic	NONTOXIC MULTINODULAR GOITER	1	0		
inpatient	43200	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	surgery, thoracic	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
inpatient	43200	ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	surgery, thoracic	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
inpatient	43235	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	surgery, thoracic	MALIGNANT NEOPLASM OF DUODENUM	1	0		
inpatient	43246	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DIRECTED PLACEMENT OF PERCUTANEOUS GASTROSTOMY TUBE	surgery, thoracic	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	1	0		
inpatient	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTOMY (HELLER TYPE), WITH FUNDOPLASTY, WHEN PERFORMED	surgery, thoracic	ACHALASIA OF CARDIA	1	0		
inpatient	43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURES)	surgery, thoracic	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT IMPLANTATION OF MESH	surgery, thoracic	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1	0		
inpatient	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT IMPLANTATION OF MESH	surgery, thoracic	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		
inpatient	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT IMPLANTATION OF MESH	surgery, thoracic	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	2	0		
inpatient	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT IMPLANTATION OF MESH	surgery, thoracic	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	3	0		
inpatient	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITH IMPLANTATION OF MESH	surgery, thoracic	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1	0		
inpatient	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITH IMPLANTATION OF MESH	surgery, thoracic	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	5	0		
inpatient	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGMENTATION DEVICE	surgery, thoracic	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1	0		
inpatient	43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS	surgery, thoracic	ACHALASIA OF CARDIA	1	0		
inpatient	43332	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT NEONATAL; WITHOUT IMPLANTATION OF MESH OR OTHER PROSTHESIS	surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	2	0		
inpatient	43620	GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY	surgery	MALIGNANT CARCINOID TUMOR OF THE STOMACH	1	0		
inpatient	43620	GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY	surgery	Gastro-esophageal reflux disease with esophagitis, without bleeding	1	0		
inpatient	43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	surgery	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
inpatient	43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	surgery	MALIGNANT CARCINOID TUMOR OF THE STOMACH	1	0		
inpatient	43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	surgery	ULCER OF ESOPHAGUS WITHOUT BLEEDING	1	0		
inpatient	43622	GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE	surgery	MALIGNANT CARCINOID TUMOR OF THE STOMACH	1	0		
inpatient	43631	GASTRECTOMY, PARTIAL, DISTAL, WITH GASTRODUODENOSTOMY	surgery	MALIGNANT CARCINOID TUMOR OF THE STOMACH	1	0		
inpatient	43632	GASTRECTOMY, PARTIAL, DISTAL, WITH GASTROJEJUNOSTOMY	surgery	MALIGNANT CARCINOID TUMOR OF THE STOMACH	1	0		
inpatient	43632	GASTRECTOMY, PARTIAL, DISTAL, WITH GASTROJEJUNOSTOMY	surgery	Gastro-esophageal reflux disease with esophagitis, without bleeding	1	0		
inpatient	43633	GASTRECTOMY, PARTIAL, DISTAL, WITH ROUX-EN-Y RECONSTRUCTION	surgery	MALIGNANT CARCINOID TUMOR OF THE STOMACH	1	0		
inpatient	43633	GASTRECTOMY, PARTIAL, DISTAL, WITH ROUX-EN-Y RECONSTRUCTION	surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	3	0		
inpatient	43633	GASTRECTOMY, PARTIAL, DISTAL, WITH ROUX-EN-Y RECONSTRUCTION	surgery	EPIGASTRIC PAIN	1	0		

inpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	2	0		
inpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	3	0		
inpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
inpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	ESOPHAGITIS, UNSPECIFIED	2	0		
inpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	UNSPECIFIED CHRONIC GASTRITIS WITHOUT BLEEDING	1	0		
inpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	BODY MASS INDEX (BMI) 40.0-44.9, ADULT	1	0		
inpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	0	1	Administrative	
inpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MILD COGNITIVE IMPAIRMENT, SO STATED	0	1	Administrative	
inpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	0	2	Administrative	
inpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	BODY MASS INDEX (BMI) 40.0-44.9, ADULT	0	1	Administrative	
inpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	BODY MASS INDEX (BMI) 45.0-49.9, ADULT	0	1	Administrative	
inpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	0	1	Medical Necessity	
inpatient	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150 CM OR LESS)	Surgery	SECONDARY MULTIPLE ARTHRITIS	0	1	Medical Necessity	
inpatient	43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDURE)	Surgery	FEEDING DIFFICULTIES	1	0		
inpatient	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	BENIGN CARCINOID TUMOR OF UNSPECIFIED SITE	1	0		
inpatient	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1	0		
inpatient	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	2	0		
inpatient	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	ACUTE DILATATION OF STOMACH	1	0		
inpatient	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	OTHER DISEASES OF STOMACH AND DUODENUM	1	0		
inpatient	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
inpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	OTHER MECHANICAL COMPLICATION OF OTHER GASTROINTESTINAL PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1	0		
inpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	1	0		
inpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	13	0		
inpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		
inpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
inpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1	0		

inpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	ARTHROPATHY, UNSPECIFIED	1	0		
inpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	NAUSEA	1	0		
inpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	BODY MASS INDEX (BMI) 40.0-44.9, ADULT	1	0		
inpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	BODY MASS INDEX (BMI) 45.0-49.9, ADULT	1	0		
inpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	0	1	Administrative	
inpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	ESSENTIAL (PRIMARY) HYPERTENSION	0	1	Administrative	
inpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	OTHER ABNORMAL GLUCOSE	0	1	Administrative	
inpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	0	3	Medical Necessity	
inpatient	43800	PYLOROPLASTY	Surgery	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
inpatient	43830	GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDURE)	Surgery	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
inpatient	43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILEOSTOMY AND ILEOILEOSTOMY (50 TO 100CM COMMON CHANNELL)TO LIMIT ABSORPTION (BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	0	1	Administrative	
inpatient	43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GASTRECTOMY OR INTESTINE RESECTION; WITHOUT VAGOTOMY	Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1	0		
inpatient	44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) FOR ACUTE BOWEL OBSTRUCTION (SEPARATE PROCEDURE)	Surgery	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
inpatient	44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) FOR ACUTE BOWEL OBSTRUCTION (SEPARATE PROCEDURE)	Surgery	PERITONEAL ADHESIONS (POSTPROCEDURAL) (POSTINFECTION)	1	0		
inpatient	44015	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTENAL ALIMENTATION, INTRAOPERATIVE, ANY METHOD (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
inpatient	44015	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTENAL ALIMENTATION, INTRAOPERATIVE, ANY METHOD (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery	INTRAHEPATIC BILE DUCT CARCINOMA	1	0		
inpatient	44015	TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTENAL ALIMENTATION, INTRAOPERATIVE, ANY METHOD (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery	OTHER DISEASES OF STOMACH AND DUODENUM	1	0		
inpatient	44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	Surgery	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1	0		
inpatient	44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	Surgery	Gastro-esophageal reflux disease with esophagitis, without bleeding	1	0		
inpatient	44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	Surgery	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS	Surgery	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1	0		
inpatient	44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1	0		
inpatient	44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	Surgery	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1	0		
inpatient	44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	Surgery	TRANSSEXUALISM	1	0		
inpatient	44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	Surgery	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		

inpatient	44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
inpatient	44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	Surgery	POLYP OF COLON	1	0		
inpatient	44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	Surgery	VESICOINTESTINAL FISTULA	1	0		
inpatient	44143	COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)	Surgery	ACCIDENTAL PUNCTURE AND LACERATION OF A GENITOURINARY SYSTEM ORGAN OR STRUCTURE DURING OTHER PROCEDURE	1	0		
inpatient	44144	COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATION OF MUCOFISTULA	Surgery	UNSPECIFIED INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1	0		
inpatient	44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	MALIGNANT NEOPLASM OF RECTUM	1	0		
inpatient	44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	OTHER INTESTINAL OBSTRUCTION UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1	0		
inpatient	44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
inpatient	44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY	Surgery	MALIGNANT NEOPLASM OF RECTUM	1	0		
inpatient	44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY	Surgery	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	1	0		
inpatient	44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY	Surgery	MALIGNANT NEOPLASM OF RETROPERITONEUM	1	0		
inpatient	44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY	Surgery	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1	0		
inpatient	44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY	Surgery	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1	0		
inpatient	44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY	Surgery	NEOPLASM OF UNCERTAIN BEHAVIOR OF COLON	1	0		
inpatient	44160	COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY	Surgery	CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION	1	0		
inpatient	44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	Surgery	CELIAC ARTERY COMPRESSION SYNDROME	1	0		
inpatient	44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	Surgery	MALIGNANT NEOPLASM OF SIGMOID COLON	1	0		
inpatient	44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	Surgery	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1	0		
inpatient	44188	LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY	Surgery	COLOSTOMY STATUS	1	0		
inpatient	44202	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RESECTION AND ANASTOMOSIS	Surgery	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1	0		
inpatient	44202	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RESECTION AND ANASTOMOSIS	Surgery	CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION	1	0		
inpatient	44202	LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RESECTION AND ANASTOMOSIS	Surgery	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	1	0		
inpatient	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	MALIGNANT NEOPLASM OF ASCENDING COLON	2	0		
inpatient	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	MALIGNANT NEOPLASM OF TRANSVERSE COLON	2	0		
inpatient	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	MALIGNANT NEOPLASM OF DESCENDING COLON	1	0		
inpatient	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	MALIGNANT NEOPLASM OF SIGMOID COLON	3	0		
inpatient	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	3	0		
inpatient	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	MALIGNANT NEOPLASM OF RECTUM	1	0		
inpatient	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	MALIGNANT CARCINOID TUMOR OF THE RECTUM	1	0		
inpatient	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1	0		
inpatient	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION	1	0		
inpatient	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS	1	0		
inpatient	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1	0		
inpatient	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	6	0		

inpatient	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	2	0		
inpatient	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	2	0		
inpatient	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	POLYP OF COLON	2	0		
inpatient	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	UNSPECIFIED HEMORRHOIDS	1	0		
inpatient	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	VESICOINTESTINAL FISTULA	1	0		
inpatient	44204	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH ANASTOMOSIS	Surgery	ENCOUNTER FOR ATTENTION TO COLOSTOMY	1	0		
inpatient	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery	MALIGNANT NEOPLASM OF CECUM	1	0		
inpatient	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery	MALIGNANT NEOPLASM OF ASCENDING COLON	1	0		
inpatient	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1	0		
inpatient	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery	BENIGN NEOPLASM OF APPENDIX	1	0		
inpatient	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery	BENIGN NEOPLASM OF DESCENDING COLON	1	0		
inpatient	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	1	0		
inpatient	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1	0		
inpatient	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	1	0		
inpatient	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1	0		
inpatient	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
inpatient	44205	LAPAROSCOPY, SURGICAL;COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	Surgery	OTHER SPECIFIED DISEASES OF INTESTINE	1	0		
inpatient	44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)	Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
inpatient	44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)	Surgery	POLYP OF COLON	1	0		
inpatient	44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)	Surgery	OTHER SPECIFIED DISEASES OF INTESTINE	1	0		
inpatient	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	MALIGNANT NEOPLASM OF DESCENDING COLON	1	0		
inpatient	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	MALIGNANT NEOPLASM OF SIGMOID COLON	2	0		
inpatient	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	2	0		
inpatient	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	MALIGNANT NEOPLASM OF RECTUM	5	0		
inpatient	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	BENIGN NEOPLASM OF SIGMOID COLON	1	0		
inpatient	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	BENIGN NEOPLASM OF COLON, UNSPECIFIED	2	0		

inpatient	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	OTHER INTESTINAL OBSTRUCTION UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1	0		
inpatient	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1	0		
inpatient	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	3	0		
inpatient	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	12	0		
inpatient	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	DIVERTICULOSIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	2	0		
inpatient	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	3	0		
inpatient	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	VESICOINTESTINAL FISTULA	1	0		
inpatient	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	ENDOMETRIOSIS OF INTESTINE	2	0		
inpatient	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	Surgery	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER PARTS OF DIGESTIVE TRACT	1	0		
inpatient	44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	Surgery	SEPSIS, UNSPECIFIED ORGANISM	1	0		
inpatient	44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	Surgery	MALIGNANT NEOPLASM OF SIGMOID COLON	1	0		
inpatient	44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	Surgery	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1	0		
inpatient	44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	Surgery	OTHER PARTIAL INTESTINAL OBSTRUCTION	1	0		
inpatient	44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	Surgery	OTHER SPECIFIED DISEASES OF INTESTINE	1	0		
inpatient	44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	Surgery	COLOSTOMY STATUS	1	0		
inpatient	44210	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH ILEOSTOMY OR ILEOPROCTOSTOMY	Surgery	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1	0		
inpatient	44210	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH ILEOSTOMY OR ILEOPROCTOSTOMY	Surgery	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	1	0		
inpatient	44210	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH ILEOSTOMY OR ILEOPROCTOSTOMY	Surgery	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1	0		
inpatient	44210	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH ILEOSTOMY OR ILEOPROCTOSTOMY	Surgery	OTHER CONSTIPATION	1	0		
inpatient	44211	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY,	Surgery	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1	0		
inpatient	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery	MALIGNANT NEOPLASM OF TRANSVERSE COLON	1	0		
inpatient	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery	MALIGNANT NEOPLASM OF DESCENDING COLON	1	0		
inpatient	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery	ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS	1	0		

inpatient	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery	OTHER INTESTINAL OBSTRUCTION UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1	0		
inpatient	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery	DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
inpatient	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
inpatient	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
inpatient	44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	Surgery	MALIGNANT NEOPLASM OF RECTUM	1	0		
inpatient	44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	Surgery	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1	0		
inpatient	44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
inpatient	44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	Surgery	ENCOUNTER FOR ATTENTION TO COLOSTOMY	2	0		
inpatient	44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	Surgery	COLOSTOMY STATUS	1	0		
inpatient	44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	Surgery	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	1	0		
inpatient	44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	Surgery	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
inpatient	44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	Surgery	MALIGNANT NEOPLASM OF RECTUM	1	0		
inpatient	44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	Surgery	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1	0		
inpatient	44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	Surgery	DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
inpatient	44314	REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN DEPTH)	Surgery	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	1	0		
inpatient	44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY	Surgery	MALIGNANT CARCINOID TUMOR OF THE RECTUM	1	0		
inpatient	44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY	Surgery	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
inpatient	44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY	Surgery	FULL INCONTINENCE OF FECES	1	0		
inpatient	44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY	Surgery	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1	0		
inpatient	44346	REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA	Surgery	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	44346	REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA	Surgery	PARASTOMAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery , Colon & Rectal	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1	0		
inpatient	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery , Colon & Rectal	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1	0		
inpatient	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery , Colon & Rectal	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	2	0		
inpatient	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery , Colon & Rectal	ENCOUNTER FOR ATTENTION TO COLOSTOMY	2	0		
inpatient	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery , Colon & Rectal	ILEOSTOMY STATUS	1	0		

inpatient	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery , Colon & Rectal	COLOSTOMY STATUS	1	0		
inpatient	44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL	Surgery , Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	1	0		
inpatient	44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL	Surgery , Colon & Rectal	CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER COMPLICATION	1	0		
inpatient	44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL	Surgery , Colon & Rectal	ENTEROSTOMY MALFUNCTION	1	0		
inpatient	44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL	Surgery , Colon & Rectal	ILEOSTOMY STATUS	1	0		
inpatient	44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL	Surgery , Colon & Rectal	COLOSTOMY STATUS	1	0		
inpatient	44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORECTAL ANASTOMOSIS (EG, CLOSURE OF HARTMANN TYPE PROCEDURE)	Surgery , Colon & Rectal	NEOPLASM OF UNSPECIFIED BEHAVIOR OF DIGESTIVE SYSTEM	1	0		
inpatient	44800	EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTERIC DUCT	surgery, pediatric	MECKEL'S DIVERTICULUM (DISPLACED) (HYPERTROPHIC)	1	0		
inpatient	44950	APPENDECTOMY;	surgery	MALIGNANT NEOPLASM OF SIGMOID COLON	1	0		
inpatient	44950	APPENDECTOMY;	surgery	OTHER CONSTIPATION	1	0		
inpatient	44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	0	1	Administrative	
inpatient	44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	surgery	OTHER CONSTIPATION	1	0		
inpatient	45112	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE, ONE OR TWO STAGES	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1	0		
inpatient	45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	gastroenterology	MALIGNANT NEOPLASM OF DESCENDING COLON	1	0		
inpatient	45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	gastroenterology	MALIGNANT NEOPLASM OF RECTUM	1	0		
inpatient	45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	gastroenterology	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1	0		
inpatient	45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	gastroenterology	MALIGNANT NEOPLASM OF SIGMOID COLON	1	0		
inpatient	45378	COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	gastroenterology	MALIGNANT NEOPLASM OF SIGMOID COLON	1	0		
inpatient	45395	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	Surgery, Colon & Rectal	MALIGNANT NEOPLASM OF RECTUM	2	0		
inpatient	45397	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANAL ANASTOMOSIS), WITH CREATION OF COLONIC RESERVOIR (EG, J-POUCH), WITH DIVERTING ENTEROSTOMY, WHEN PERFORMED	Surgery, Colon & Rectal	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	1	0		
inpatient	45397	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANAL ANASTOMOSIS), WITH CREATION OF COLONIC RESERVOIR (EG, J-POUCH), WITH DIVERTING ENTEROSTOMY, WHEN PERFORMED	Surgery, Colon & Rectal	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	1	0		
inpatient	45399	UNLISTED PROCEDURE, COLON	Surgery, Colon & Rectal	TRANSSEXUALISM	1	0		
inpatient	45400	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	Surgery, Colon & Rectal	RECTAL PROLAPSE	1	0		
inpatient	45540	PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH	Surgery, Colon & Rectal	RECTAL PROLAPSE	1	0		
inpatient	45550	PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGMOID RESECTION, ABDOMINAL APPROACH	Surgery, Colon & Rectal	RECTOCELE	1	0		

inpatient	46230	EXCISION OF MULTIPLE EXTERNAL PAPILLAE OR TAGS, ANUS	Surgery, Colon & Rectal	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	gastroenterology	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1	0		
inpatient	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	gastroenterology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		
inpatient	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	gastroenterology	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
inpatient	47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	surgery	MALIGNANT NEOPLASM OF RECTUM	1	0		
inpatient	47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	surgery	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	3	0		
inpatient	47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	surgery	NEOPLASM OF UNCERTAIN BEHAVIOR OF LIVER, GALLBLADDER AND BILE DUCTS	1	0		
inpatient	47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	surgery	OTHER SPECIFIED DISEASES OF LIVER	1	0		
inpatient	47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	surgery	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	1	0		
inpatient	47125	HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	surgery	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
inpatient	47130	HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	surgery	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
inpatient	47135	LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE	surgery	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	1	0		
inpatient	47300	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	surgery	OTHER SPECIFIED DISEASES OF LIVER	1	0		
inpatient	47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	surgery	LIVER CELL CARCINOMA	1	0		
inpatient	47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	surgery	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
inpatient	47380	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	surgery	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
inpatient	47380	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	surgery	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
inpatient	47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1	0		
inpatient	47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	surgery	POSTMENOPAUSAL BLEEDING	1	0		
inpatient	47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	0	1	Administrative	
inpatient	47600	CHOLECYSTECTOMY;	surgery	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1	0		
inpatient	47600	CHOLECYSTECTOMY;	surgery	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
inpatient	47600	CHOLECYSTECTOMY;	surgery	CALCULUS OF BILE DUCT WITH CHRONIC CHOLECYSTITIS WITHOUT OBSTRUCTION	1	0		
inpatient	47600	CHOLECYSTECTOMY;	surgery	BILIARY ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION	1	0		
inpatient	48150	PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH DUODENECTOMY, PARTIAL GASTRECTOMY, CHOLEDOCHOENTEROSTOMY AND GASTROJEJUNOSTOMY (WHIPPLE-TYPE PROCEDURE); WITH PANCREATOJEJUNOSTOMY	surgery	MALIGNANT NEOPLASM OF DUODENUM	1	0		
inpatient	48150	PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH DUODENECTOMY, PARTIAL GASTRECTOMY, CHOLEDOCHOENTEROSTOMY AND GASTROJEJUNOSTOMY (WHIPPLE-TYPE PROCEDURE); WITH PANCREATOJEJUNOSTOMY	surgery	INTRAHEPATIC BILE DUCT CARCINOMA	2	0		
inpatient	48150	PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH DUODENECTOMY, PARTIAL GASTRECTOMY, CHOLEDOCHOENTEROSTOMY AND GASTROJEJUNOSTOMY (WHIPPLE-TYPE PROCEDURE); WITH PANCREATOJEJUNOSTOMY	surgery	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BILIARY TRACT	1	0		
inpatient	48150	PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH DUODENECTOMY, PARTIAL GASTRECTOMY, CHOLEDOCHOENTEROSTOMY AND GASTROJEJUNOSTOMY (WHIPPLE-TYPE PROCEDURE); WITH PANCREATOJEJUNOSTOMY	surgery	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	1	0		
inpatient	48150	PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH DUODENECTOMY, PARTIAL GASTRECTOMY, CHOLEDOCHOENTEROSTOMY AND GASTROJEJUNOSTOMY (WHIPPLE-TYPE PROCEDURE); WITH PANCREATOJEJUNOSTOMY	surgery	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	4	0		
inpatient	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOENTEROSTOMY AND DUODENOJEJUNOSTOMY (PYLORUS-SPARING, WHIPPLE-TYPE PROCEDURE); WITH PANCREATOJEJUNOSTOMY	surgery	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	1	0		
inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	MALIGNANT NEOPLASM OF RETROPERITONEUM	1	0		

inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1	0		
inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	MALIGNANT NEOPLASM OF ENDOMETRIUM	1	0		
inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1	0		
inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	SECONDARY CARCINOID TUMORS OF DISTANT LYMPH NODES	1	0		
inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	LEIOMYOMA OF UTERUS, UNSPECIFIED	1	0		
inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT OVARY	1	0		
inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	NEOPLASM OF UNCERTAIN BEHAVIOR OF PERITONEUM	1	0		
inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	Gastro-esophageal reflux disease with esophagitis, without bleeding	1	0		
inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1	0		
inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	ENDOMETRIOSIS OF OVARY	1	0		
inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	OTHER OVARIAN CYST, RIGHT SIDE	1	0		
inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	OTHER OVARIAN CYST, LEFT SIDE	1	0		
inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	OTHER SPECIFIED CONDITIONS ASSOCIATED WITH FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	1	0		
inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	RIGHT LOWER QUADRANT PAIN	1	0		
inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	2	0		
inpatient	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY (SEPARATE PROCEDURE)	surgery	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMORS	surgery	MALIGNANT NEOPLASM OF RETROPERITONEUM	1	0		
inpatient	49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMORS	surgery	OTHER SPECIFIED CONDITIONS ASSOCIATED WITH FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	1	0		
inpatient	49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMORS	surgery	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1	0		
inpatient	49204	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS 5.1-10.0	surgery	LEIOMYOMA OF UTERUS, UNSPECIFIED	1	0		
inpatient	49205	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0	surgery	LEIOMYOMA OF UTERUS, UNSPECIFIED	1	0		
inpatient	49205	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0	surgery	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF UTERUS	1	0		
inpatient	49205	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0	surgery	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1	0		
inpatient	49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	surgery	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	surgery	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
inpatient	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	surgery	OTHER DISEASES OF STOMACH AND DUODENUM	1	0		
inpatient	49321	LAPAROSCOPY, SURGICAL; WITH BIOSY (SINGLE OR MULTIPLE)	surgery	LIVER CELL CARCINOMA	1	0		
inpatient	49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF TUNNELED INTRAPERITONEAL CATHETER	surgery	END STAGE RENAL DISEASE	1	0		
inpatient	49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	surgery	MALIGNANT NEOPLASM OF ENDOMETRIUM	1	0		
inpatient	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Surgery	MALIGNANT NEOPLASM OF APPENDIX	1	0		
inpatient	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Surgery	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
inpatient	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1	0		
inpatient	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Surgery	INCISIONAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	1	0		
inpatient	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Surgery	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Surgery	PARASTOMAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Surgery	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Surgery	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, SEQUELA	1	0		
inpatient	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Surgery	COLOSTOMY STATUS	1	0		

inpatient	49561	REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	Surgery	OTHER CONSTIPATION	1	0		
inpatient	49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Surgery	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	2	0		
inpatient	49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Surgery	BREAST IMPLANT STATUS	1	0		
inpatient	49566	REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	Surgery	INCISIONAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	1	0		
inpatient	49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF DEBRIDEMENT FOR NECROTIZING SOFT TISSUE INFECTION(LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR)	Surgery	MALIGNANT NEOPLASM OF APPENDIX	1	0		
inpatient	49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF DEBRIDEMENT FOR NECROTIZING SOFT TISSUE INFECTION(LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR)	Surgery	INCISIONAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	2	0		
inpatient	49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF DEBRIDEMENT FOR NECROTIZING SOFT TISSUE INFECTION(LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR)	Surgery	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF DEBRIDEMENT FOR NECROTIZING SOFT TISSUE INFECTION(LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR)	Surgery	PARASTOMAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	2	0		
inpatient	49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF DEBRIDEMENT FOR NECROTIZING SOFT TISSUE INFECTION(LIST SEPARATELY IN ADDITION TO CODE FOR THE INCISIONAL OR VENTRAL HERNIA REPAIR)	Surgery	BREAST IMPLANT STATUS	1	0		
inpatient	49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER;REDUCIBLE	Surgery	LEFT LOWER QUADRANT PAIN	1	0		
inpatient	49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER;REDUCIBLE	Surgery	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
inpatient	49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	Surgery	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	49904	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECTS)	Surgery	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
inpatient	49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	Surgery	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1	0		
inpatient	49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	Surgery	PARASTOMAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, LITHOTRIPSY, STENTING OR BASKET EXTRACTION; OVER 2 CM	Urology	HYDRONEPHROSIS WITH RENAL AND URETERAL CALCULOUS OBSTRUCTION	1	0		
inpatient	50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, LITHOTRIPSY, STENTING OR BASKET EXTRACTION; OVER 2 CM	Urology	CALCULUS OF KIDNEY	2	0		
inpatient	50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, LITHOTRIPSY, STENTING OR BASKET EXTRACTION; OVER 2 CM	Urology	CALCULUS OF URETER	1	0		
inpatient	50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RIB RESECTION;	Urology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1	0		
inpatient	50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RIB RESECTION;	Urology	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	1	0		
inpatient	50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RIB RESECTION;	Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1	0		
inpatient	50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; RADICAL, WITH REGIONAL LYMPHADENECTOMY	Urology	MALIGNANT NEOPLASM OF RETROPERITONEUM	1	0		
inpatient	50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; RADICAL, WITH REGIONAL LYMPHADENECTOMY	Urology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	2	0		

inpatient	50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; RADICAL, WITH REGIONAL LYMPHADENECTOMY	Urology	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	1	0		
inpatient	50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; RADICAL, WITH REGIONAL LYMPHADENECTOMY	Urology	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	1	0		
inpatient	50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; RADICAL, WITH REGIONAL LYMPHADENECTOMY	Urology	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	1	0		
inpatient	50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; RADICAL, WITH REGIONAL LYMPHADENECTOMY	Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1	0		
inpatient	50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INCISION	Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1	0		
inpatient	50240	NEPHRECTOMY, PARTIAL	Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	4	0		
inpatient	50360	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT; EXCLUDING DONOR AND RECIPIENT NEPHRECTOMY	Urology	CHRONIC KIDNEY DISEASE, STAGE 5	1	0		
inpatient	50360	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT; EXCLUDING DONOR AND RECIPIENT NEPHRECTOMY	Urology	END STAGE RENAL DISEASE	4	0		
inpatient	50365	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY	Urology	END STAGE RENAL DISEASE	1	0		
inpatient	50432	PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION	Urology	CALCULUS OF KIDNEY	1	0		
inpatient	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Urology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1	0		
inpatient	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Urology	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED KIDNEY	1	0		
inpatient	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Urology	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	1	0		
inpatient	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Urology	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
inpatient	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	6	0		
inpatient	50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	Urology	OTHER OBSTRUCTIVE DEFECTS OF RENAL PELVIS AND URETER	1	0		
inpatient	50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES, AND ADRENALECTOMY)	Urology	MALIGNANT NEOPLASM OF RETROPERITONEUM	1	0		
inpatient	50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES, AND ADRENALECTOMY)	Urology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1	0		
inpatient	50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES, AND ADRENALECTOMY)	Urology	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	1	0		
inpatient	50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES, AND ADRENALECTOMY)	Urology	BENIGN NEOPLASM OF UNSPECIFIED KIDNEY	2	0		
inpatient	50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES, AND ADRENALECTOMY)	Urology	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1	0		
inpatient	50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE, REMOVAL OF REGIONAL LYMPH NODES, AND ADRENALECTOMY)	Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	3	0		
inpatient	50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY	Urology	BENIGN NEOPLASM OF UNSPECIFIED KIDNEY	2	0		
inpatient	50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY	Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1	0		
inpatient	50548	LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY	Urology	MALIGNANT NEOPLASM OF LEFT RENAL PELVIS	1	0		
inpatient	50548	LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY	Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1	0		

inpatient	50695	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; NEW ACCESS, WITH SEPARA	Urology	CALCULUS OF KIDNEY	1	0		
inpatient	50715	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITONEAL FIBROSIS;	Urology	ENDOMETRIOSIS OF OVARY	1	0		
inpatient	50780	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER	Urology	OTHER FEMALE URINARY-GENITAL TRACT FISTULAE	1	0		
inpatient	50785	URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP	Urology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1	0		
inpatient	50785	URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP	Urology	UNSPECIFIED INJURY OF URETER, INITIAL ENCOUNTER	1	0		
inpatient	50820	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS (BRICKER OPERATION)	Urology	STRESS INCONTINENCE (FEMALE) (MALE)	1	0		
inpatient	51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHET	Urology	MALIGNANT NEOPLASM OF PROSTATE	6	0		
inpatient	51525	CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARATE PROCEDURE)	Urology	ANEMIA, UNSPECIFIED	1	0		
inpatient	51555	CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, DIFFICULT LOCATION)	Urology	MALIGNANT NEOPLASM OF SIGMOID COLON	1	0		
inpatient	51570	CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)	Urology	STRESS INCONTINENCE (FEMALE) (MALE)	1	0		
inpatient	51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING INTESTINE ANASTOMOSIS;	Urology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1	0		
inpatient	51595	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING BOWEL ANASTOMOSIS; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBTURATOR NODES	Urology	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1	0		
inpatient	51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE	Urology	VESICOINTESTINAL FISTULA	1	0		
inpatient	51900	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	Urology	VESICOVAGINAL FISTULA	1	0		
inpatient	51960	ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS	Urology	CONGENITAL MALFORMATION OF INTESTINE, UNSPECIFIED	1	0		
inpatient	51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	Urology	MALIGNANT NEOPLASM OF PROSTATE	1	0		
inpatient	51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	Urology	PROLAPSE OF VAGINAL VAULT AFTER HYSTERECTOMY	1	0		
inpatient	52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	Urology	UNSPECIFIED DYSPAREUNIA	1	0		
inpatient	52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	Urology	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1	0		
inpatient	52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;	Urology	MALIGNANT NEOPLASM OF RETROPERITONEUM	1	0		
inpatient	52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;	Urology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1	0		
inpatient	52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL OF THE FOLLOWING: URETHRAL MEATOTOMY, URETHRAL DILATION, INTERNAL URETHROTOMY, LYSIS OF URETHROVAGINAL SEPTAL FIBROSIS, LATERAL INCISIONS OF THE BLADDER NECK, AND FULGURATION	Urology	RADICULOPATHY, CERVICAL REGION	1	0		
inpatient	52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	Urology	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	1	0		
inpatient	52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	Urology	CALCULUS OF URETER	1	0		
inpatient	52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	Urology	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1	0		
inpatient	53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	Surgery, Plastic and Reconstructive	GENDER IDENTITY DISORDER, UNSPECIFIED	0	1	Medical Necessity	

inpatient	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE, FOR RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA	Surgery, Plastic and Reconstructive	RETENTION OF URINE, UNSPECIFIED	1	0		
inpatient	53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	Surgery, Plastic and Reconstructive	TRANSSEXUALISM	3	0		
inpatient	53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	Surgery, Plastic and Reconstructive	GENDER IDENTITY DISORDER, UNSPECIFIED	1	0		
inpatient	53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	Surgery, Plastic and Reconstructive	TRANSSEXUALISM	1	0		
inpatient	54125	AMPUTATION OF PENIS; COMPLETE	Surgery, Plastic and Reconstructive	TRANSSEXUALISM	4	0		
inpatient	54125	AMPUTATION OF PENIS; COMPLETE	Surgery, Plastic and Reconstructive	GENDER IDENTITY DISORDER, UNSPECIFIED	0	1	Medical Necessity	
inpatient	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH;	Surgery, Plastic and Reconstructive	TRANSSEXUALISM	4	0		
inpatient	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH;	Surgery, Plastic and Reconstructive	GENDER IDENTITY DISORDER, UNSPECIFIED	0	1	Medical Necessity	
inpatient	55150	RESECTION OF SCROTUM	Urology	GENDER IDENTITY DISORDER, UNSPECIFIED	0	1	Medical Necessity	
inpatient	55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY)	Urology	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	1	0		
inpatient	55810	PROSTATECTOMY, PERINEAL RADICAL;	Urology	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	1	0		
inpatient	55845	PROSTATECTOMY, RETROPUBIC RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBTURATOR NODES	Urology	MALIGNANT NEOPLASM OF PROSTATE	1	0		
inpatient	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	MALIGNANT NEOPLASM OF PROSTATE	23	0		
inpatient	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING, INCLUDES ROBOTIC ASSISTANCE, WHEN PERFORMED	Urology	OTHER CONGENITAL MALFORMATIONS OF DIAPHRAGM	1	0		
inpatient	55970	INTERSEX SURGERY; MALE TO FEMALE	Surgery, Plastic and Reconstructive	TRANSSEXUALISM	1	0		
inpatient	56634	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	1	0		
inpatient	56805	CLITOROPLASTY FOR INTERSEX STATE	Surgery, Plastic and Reconstructive	TRANSSEXUALISM	1	0		
inpatient	56805	CLITOROPLASTY FOR INTERSEX STATE	Surgery, Plastic and Reconstructive	GENDER IDENTITY DISORDER, UNSPECIFIED	1	0		
inpatient	56805	CLITOROPLASTY FOR INTERSEX STATE	Surgery, Plastic and Reconstructive	GENDER IDENTITY DISORDER, UNSPECIFIED	0	1	Medical Necessity	
inpatient	56810	PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)	Surgery, Plastic and Reconstructive	GENDER IDENTITY DISORDER, UNSPECIFIED	0	1	Medical Necessity	
inpatient	57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY, INCLUDING CYSTOURETHROSCOPY, WHEN PERFORMED	Obstetrics & Gynecology	STRESS INCONTINENCE (FEMALE) (MALE)	1	0		
inpatient	57270	REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)	Obstetrics & Gynecology	PROLAPSE OF VAGINAL VAULT AFTER HYSTERECTOMY	1	0		
inpatient	57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	Obstetrics & Gynecology	RECTOCELE	1	0		
inpatient	57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	Surgery, Plastic and Reconstructive	TRANSSEXUALISM	2	0		
inpatient	57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	Surgery, Plastic and Reconstructive	GENDER IDENTITY DISORDER, UNSPECIFIED	0	1	Medical Necessity	

inpatient	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDROME	Obstetrics & Gynecology	TRANSSEXUALISM	1	0		
inpatient	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDROME	Obstetrics & Gynecology	GENDER IDENTITY DISORDER, UNSPECIFIED	1	0		
inpatient	57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	Obstetrics & Gynecology	MYOSITIS, UNSPECIFIED	1	0		
inpatient	57700	CERCLAGE OF UTERINE CERVIX, NON-OBSTETRICAL	Obstetrics & Gynecology	INCOMPETENCE OF CERVIX UTERI	1	0		
inpatient	58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1	0		
inpatient	58140	MYOMECTOMY, EXCISION OF FIBROID TUMORS OF UTERUS, 1 TO 4 INTRAMURAL MYOMA(S) WITH TOTAL WEIGHT OR 250 GRAMS OR LESS AND/OR REMOVAL OF SURFACE MYOMAS; ABDOMINAL APPROACH	Obstetrics & Gynecology	INTRAMURAL LEIOMYOMA OF UTERUS	2	0		
inpatient	58140	MYOMECTOMY, EXCISION OF FIBROID TUMORS OF UTERUS, 1 TO 4 INTRAMURAL MYOMA(S) WITH TOTAL WEIGHT OR 250 GRAMS OR LESS AND/OR REMOVAL OF SURFACE MYOMAS; ABDOMINAL APPROACH	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	9	0		
inpatient	58140	MYOMECTOMY, EXCISION OF FIBROID TUMORS OF UTERUS, 1 TO 4 INTRAMURAL MYOMA(S) WITH TOTAL WEIGHT OR 250 GRAMS OR LESS AND/OR REMOVAL OF SURFACE MYOMAS; ABDOMINAL APPROACH	Obstetrics & Gynecology	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	1	0		
inpatient	58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL WEIGHT GREATER THAN 250 GRAMS, ABDOMINAL APPROACH	Obstetrics & Gynecology	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSPECIFIED	1	0		
inpatient	58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL WEIGHT GREATER THAN 250 GRAMS, ABDOMINAL APPROACH	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	4	0		
inpatient	58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL WEIGHT GREATER THAN 250 GRAMS, ABDOMINAL APPROACH	Obstetrics & Gynecology	ANEMIA, UNSPECIFIED	1	0		
inpatient	58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL WEIGHT GREATER THAN 250 GRAMS, ABDOMINAL APPROACH	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	1	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF LEFT OVARY	1	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSPECIFIED	4	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	SUBMUCOUS LEIOMYOMA OF UTERUS	1	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	INTRAMURAL LEIOMYOMA OF UTERUS	5	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	SUBSEROSAL LEIOMYOMA OF UTERUS	3	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	16	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT OVARY	1	0		

inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	POLYP OF CORPUS UTERI	1	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF UTERUS	1	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	6	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	2	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	EXCESSIVE BLEEDING IN THE PREMENOPAUSAL PERIOD	1	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	6	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	DYSMENORRHEA, UNSPECIFIED	1	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	POSTMENOPAUSAL BLEEDING	1	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	ACUTE ABDOMEN	1	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	PELVIC AND PERINEAL PAIN	4	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	4	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	RIGHT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	1	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
inpatient	58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S);	Obstetrics & Gynecology	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF OVARY	1	0		
inpatient	58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF ENDOMETRIUM	1	0		
inpatient	58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING (BIOPSY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S)	Obstetrics & Gynecology	HYPERTROPHY OF UTERUS	1	0		
inpatient	58262	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	Obstetrics & Gynecology	OTHER OVARIAN CYST, RIGHT SIDE	1	0		
inpatient	58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY; WITH REPAIR OF ENTEROCELE	Obstetrics & Gynecology	STRESS INCONTINENCE (FEMALE) (MALE)	1	0		
inpatient	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING (BIOPSY), WITH REMOVAL OF TUBE(S) AND OVARY(S), IF PERFORMED	Obstetrics & Gynecology	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	1	0		
inpatient	58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	Obstetrics & Gynecology	DYSMENORRHEA, UNSPECIFIED	1	0		
inpatient	58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	2	0		

inpatient	58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250	Obstetrics & Gynecology	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
inpatient	58571	LAPS TOTAL HYSTERECTOMY 250 G/< W TUBE/OVAR	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF ENDOMETRIUM	1	0		
inpatient	58571	LAPS TOTAL HYSTERECTOMY 250 G/< W TUBE/OVAR	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1	0		
inpatient	58571	LAPS TOTAL HYSTERECTOMY 250 G/< W TUBE/OVAR	Obstetrics & Gynecology	ENDOMETRIOSIS OF UTERUS	1	0		
inpatient	58571	LAPS TOTAL HYSTERECTOMY 250 G/< W TUBE/OVAR	Obstetrics & Gynecology	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	2	0		
inpatient	58571	LAPS TOTAL HYSTERECTOMY 250 G/< W TUBE/OVAR	Obstetrics & Gynecology	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
inpatient	58571	LAPS TOTAL HYSTERECTOMY 250 G/< W TUBE/OVAR	Obstetrics & Gynecology	ELEVATED CANCER ANTIGEN 125 [CA 125]	1	0		
inpatient	58571	LAPS TOTAL HYSTERECTOMY 250 G/< W TUBE/OVAR	Obstetrics & Gynecology	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	1	0		
inpatient	58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS > 250	Obstetrics & Gynecology	PELVIC AND PERINEAL PAIN	1	0		
inpatient	58573	LAPAROSCOPY TOT HYSTERECTOMY > 250 G W TUBE	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF ENDOMETRIUM	2	0		
inpatient	58573	LAPAROSCOPY TOT HYSTERECTOMY > 250 G W TUBE	Obstetrics & Gynecology	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	0	1	Medical Necessity	
inpatient	58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1	0		
inpatient	58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)	Obstetrics & Gynecology	ENDOMETRIAL HYPERPLASIA, UNSPECIFIED	1	0		
inpatient	58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)	Obstetrics & Gynecology	OTHER SPECIFIED CONDITIONS ASSOCIATED WITH FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	2	0		
inpatient	58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)	Obstetrics & Gynecology	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1	0		
inpatient	58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)	Obstetrics & Gynecology	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
inpatient	58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1	0		
inpatient	58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF SIGMOID COLON	1	0		
inpatient	58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1	0		
inpatient	58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	2	0		
inpatient	58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Obstetrics & Gynecology	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT OVARY	1	0		
inpatient	58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Obstetrics & Gynecology	OTHER NONINFLAMMATORY DISORDERS OF OVARY, FALLOPIAN TUBE AND BROAD LIGAMENT	1	0		
inpatient	58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Obstetrics & Gynecology	RIGHT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	1	0		
inpatient	58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	Obstetrics & Gynecology	PELVIC AND PERINEAL PAIN	1	0		

inpatient	58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	Obstetrics & Gynecology	CUTANEOUS ABSCESS OF ABDOMINAL WALL	1	0		
inpatient	58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	Obstetrics & Gynecology	OTHER OVARIAN CYST, RIGHT SIDE	1	0		
inpatient	58943	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN TUBAL OR PERITONEAL MALIGNANCY, WITH PARA-AORTIC AND PELVIC LYMPH NODE BIOPSIES, PERITONEAL WASHINGS, PERITONEAL BIOPSIES, DIAPHRAGMATIC ASSESSMENTS, WITH OR WITHOUT SALPINGECTOMY(S), W	Obstetrics & Gynecology	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
inpatient	58950	RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1	0		
inpatient	58950	RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY	Obstetrics & Gynecology	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
inpatient	58951	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY; WITH TOTAL ABDOMINAL HYSTERECTOMY, PELVIC AND LIMITED PARA-AORTIC LYMPHADENECTOMY	Obstetrics & Gynecology	HYPERTROPHY OF UTERUS	1	0		
inpatient	58951	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY; WITH TOTAL ABDOMINAL HYSTERECTOMY, PELVIC AND LIMITED PARA-AORTIC LYMPHADENECTOMY	Obstetrics & Gynecology	OTHER SPECIFIED CONDITIONS ASSOCIATED WITH FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	1	0		
inpatient	58951	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY; WITH TOTAL ABDOMINAL HYSTERECTOMY, PELVIC AND LIMITED PARA-AORTIC LYMPHADENECTOMY	Obstetrics & Gynecology	PELVIC AND PERINEAL PAIN	1	0		
inpatient	58951	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY; WITH TOTAL ABDOMINAL HYSTERECTOMY, PELVIC AND LIMITED PARA-AORTIC LYMPHADENECTOMY	Obstetrics & Gynecology	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
inpatient	58952	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY; WITH RADICAL DISSECTION FOR DEBULKING (IE, RADICAL EXCISION OR DESTRUCTION, INTR-ABDOMINAL OR RETROPERITONEAL TUMORS)	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1	0		
inpatient	58952	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY; WITH RADICAL DISSECTION FOR DEBULKING (IE, RADICAL EXCISION OR DESTRUCTION, INTR-ABDOMINAL OR RETROPERITONEAL TUMORS)	Obstetrics & Gynecology	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
inpatient	58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	1	0		
inpatient	58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING	Obstetrics & Gynecology	OTHER OVARIAN CYST, LEFT SIDE	1	0		
inpatient	58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING	Obstetrics & Gynecology	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1	0		
inpatient	58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING	Obstetrics & Gynecology	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
inpatient	58954	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING; WITH PELVIC LYMPHADENECTOMY AND LIMITED PARA-AORTIC LYMPHADENECTOMY	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1	0		
inpatient	58954	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULKING; WITH PELVIC LYMPHADENECTOMY AND LIMITED PARA-AORTIC LYMPHADENECTOMY	Obstetrics & Gynecology	HYPERTROPHY OF UTERUS	1	0		
inpatient	58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY FOR MALIGNANCY	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF ENDOMETRIUM	1	0		
inpatient	58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY FOR MALIGNANCY	Obstetrics & Gynecology	LEIOMYOMA OF UTERUS, UNSPECIFIED	1	0		

inpatient	58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY FOR MALIGNANCY	Obstetrics & Gynecology	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
inpatient	58957	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL TUMORS), WITH OMENTECTOMY, IF PERFORMED;	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	1	0		
inpatient	58957	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL TUMORS), WITH OMENTECTOMY, IF PERFORMED;	Obstetrics & Gynecology	HYPERTROPHY OF UTERUS	1	0		
inpatient	58957	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPERITONEAL TUMORS), WITH OMENTECTOMY, IF PERFORMED;	Obstetrics & Gynecology	ELEVATED CANCER ANTIGEN 125 [CA 125]	1	0		
inpatient	58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY (SECOND LOOK), WITH OR WITHOUT OMENTECTOMY, PERITONEAL WASHING, BIOPSY OF ABDOMINAL AND PELVIC PERITONEUM, DIAPHRAGMATIC ASSESSMENT WITH PELVIC AND LIMITED PARA-AORTIC	Obstetrics & Gynecology	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	1	0		
inpatient	58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM NONOBSTETRICAL	Obstetrics & Gynecology	TRANSSEXUALISM	1	0		
inpatient	59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS) DELIVERY INCLUDING POSTPARTUM CARE	Obstetrics & Gynecology	SUPERVISION OF ELDERLY MULTIGRAVIDA, THIRD TRIMESTER	1	0		
inpatient	60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	Otolaryngologist	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1	0		
inpatient	60240	THYROIDECTOMY, TOTAL OR COMPLETE	Otolaryngologist	NONTOXIC MULTINODULAR GOITER	1	0		
inpatient	60240	THYROIDECTOMY, TOTAL OR COMPLETE	Otolaryngologist	LOCALIZED SWELLING, MASS AND LUMP, NECK	1	0		
inpatient	60240	THYROIDECTOMY, TOTAL OR COMPLETE	Otolaryngologist	THYROTOXICOSIS WITH DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM	0	1	Medical Necessity	
inpatient	60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTION	Otolaryngologist	MALIGNANT NEOPLASM OF THYROID GLAND	1	0		
inpatient	60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK DISSECTION	Otolaryngologist	MALIGNANT NEOPLASM OF THYROID GLAND	1	0		
inpatient	60521	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITHOUT RADICAL MEDIASTINAL DISSECTION (SEPARATE PROCEDURE)	Otolaryngologist	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	1	0		
inpatient	60522	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH RADICAL MEDIASTINAL DISSECTION (SEPARATE PROCEDURE)	Otolaryngologist	BENIGN NEOPLASM OF THYMUS	1	0		
inpatient	60540	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LUMBAR OR DORSAL (SEPARATE PROCEDURE)	endocrinology	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	1	0		
inpatient	60650	LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LUMBAR OR DORSAL	endocrinology	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1	0		
inpatient	60650	LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LUMBAR OR DORSAL	endocrinology	OTHER PRIMARY HYPERALDOSTERONISM	1	0		
inpatient	61210	BURR HOLE(S); FOR IMPLANTING VENTRICULAR CATHETER, RESERVOIR, EEG ELECTRODE(S), PRESSURE RECORDING DEVICE, OR OTHER CEREBRAL MONITORING DEVICE (SEPARATE PROCEDURE)	Surgery, Neurological	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	1	0		
inpatient	61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	Surgery, Neurological	DISORDER OF BRAIN, UNSPECIFIED	1	0		
inpatient	61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF MEDULLA AND SPINAL CORD, WITH OR WITHOUT DURAL GRAFT (EG, ARNOLD-CHIARI MALFORMATION)	Surgery, Neurological	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	1	0		

inpatient	61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINENCTOMY FOR DECOMPRESSION OF MEDULLA AND SPINAL CORD, WITH OR WITHOUT DURAL GRAFT (EG, ARNOLD-CHIARI MALFORMATION)	Surgery, Neurological	COMPRESSION OF BRAIN	4	0		
inpatient	61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINENCTOMY FOR DECOMPRESSION OF MEDULLA AND SPINAL CORD, WITH OR WITHOUT DURAL GRAFT (EG, ARNOLD-CHIARI MALFORMATION)	Surgery, Neurological	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1	0		
inpatient	61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINENCTOMY FOR DECOMPRESSION OF MEDULLA AND SPINAL CORD, WITH OR WITHOUT DURAL GRAFT (EG, ARNOLD-CHIARI MALFORMATION)	Surgery, Neurological	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	1	0		
inpatient	61500	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL	Surgery, Neurological	DISORDER OF BONE, UNSPECIFIED	1	0		
inpatient	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	MALIGNANT NEOPLASM OF TEMPORAL LOBE	1	0		
inpatient	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	3	0		
inpatient	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	SECONDARY MALIGNANT NEOPLASM OF BRAIN	2	0		
inpatient	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1	0		
inpatient	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1	0		
inpatient	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1	0		
inpatient	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	OTHER SPECIFIED DISORDERS OF BRAIN	3	0		
inpatient	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA	Surgery, Neurological	DISORDER OF BRAIN, UNSPECIFIED	2	0		
inpatient	61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA, SUPRATENTORIAL	Surgery, Neurological	BENIGN NEOPLASM OF CEREBRAL MENINGES	1	0		
inpatient	61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA, SUPRATENTORIAL	Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	3	0		
inpatient	61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA, SUPRATENTORIAL	Surgery, Neurological	BENIGN NEOPLASM OF BRAIN, UNSPECIFIED	1	0		
inpatient	61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA, SUPRATENTORIAL	Surgery, Neurological	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1	0		
inpatient	61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; EXCEPT MENINGIOMA, CEREBELLOPONTINE ANGLE TUMOR, OR MIDLINE TUMOR AT BASE OF SKULL	Surgery, Neurological	BENIGN NEOPLASM OF CRANIAL NERVES	3	0		
inpatient	61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; EXCEPT MENINGIOMA, CEREBELLOPONTINE ANGLE TUMOR, OR MIDLINE TUMOR AT BASE OF SKULL	Surgery, Neurological	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
inpatient	61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; EXCEPT MENINGIOMA, CEREBELLOPONTINE ANGLE TUMOR, OR MIDLINE TUMOR AT BASE OF SKULL	Surgery, Neurological	OTHER PHAKOMATOSES, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; EXCEPT MENINGIOMA, CEREBELLOPONTINE ANGLE TUMOR, OR MIDLINE TUMOR AT BASE OF SKULL	Surgery, Neurological	LOCALIZED SWELLING, MASS AND LUMP, HEAD	1	0		
inpatient	61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; CEREBELLOPONTINE ANGLE TUMOR	Surgery, Neurological	BENIGN NEOPLASM OF CRANIAL NERVES	4	0		

inpatient	61524	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR FENESTRATION OF CYST	Surgery, Neurological	OTHER SPECIFIED ENDOCRINE DISORDERS	1	0		
inpatient	61526	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR;	Surgery, Neurological	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	61530	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBINED WITH MIDDLE/POSTERIOR FOSSA CRANIOTOMY	Surgery, Neurological	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	61536	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF CEREBRAL EPILEPTOGENIC FOCUS, WITH ELECTROCORTICOGRAPHY DURING SURGERY (INCLUDES REMOVAL OF ELECTRODE ARRAY)	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL APPROACH, NONSTEREOTACTIC	Surgery	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
inpatient	61550	CRANIECTOMY FOR CRANIOSTENOSIS; SINGLE SUTURE	Surgery, Neurological	CRANIOSYNOSTOSIS	2	0		
inpatient	61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSIS (EG, CLOVERLEAF SKULL); RECONTOURING WITH MULTIPLE OSTEOTOMIES AND BONE AUTOGRAFTS (EG, BARREL-STAVE PROCEDURE) (INCLUDES OBTAINING GRAFTS)	Surgery, Neurological	CRANIOSYNOSTOSIS	1	0		
inpatient	61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ETHMOIDECTOMY, SPENOIDECTOMY, WITHOUT MAXILLECTOMY OR ORBITAL EXENTERATION	Surgery, Neurological	BENIGN NEOPLASM OF BRAIN, INFRATENTORIAL	1	0		
inpatient	61591	INFRATEMPORAL POST-AURICULAR PAPROACH TO MIDDLE CRANIAL FOSSA (INTERNAL AUDITORY MEATUS, PETROUS APEX, TENTORIUM, CAVERNOURS SINUS, PARASELLAR AREA, INFRATEMPORAL FOSSA) INCLUDING MASTOIDECTOMY, RESECTION OF SIGMOID SINUS, WITH OR WITHOUT DECOMPRESSION A	Surgery, Neurological	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING MASTOIDECTOMY, DECOMPRESSION OF SIGMOID SINUS AND/OR FACIAL NERVE, WITH OR WITHOUT MOBILIZATION	Surgery, Neurological	BENIGN NEOPLASM OF BRAIN, UNSPECIFIED	1	0		
inpatient	61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING MASTOIDECTOMY, DECOMPRESSION OF SIGMOID SINUS AND/OR FACIAL NERVE, WITH OR WITHOUT MOBILIZATION	Surgery, Neurological	CONDUCTIVE HEARING LOSS, UNSPECIFIED	1	0		
inpatient	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING LABYRINTHECTOMY, DECOMPRESSION, WITH OR WITHOUT MIBILIZATION OF FACIAL NERVE AND/OR PETROUS CAROTID ARTERY	Surgery, Neurological	BENIGN NEOPLASM OF CRANIAL NERVES	2	0		
inpatient	61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM, INCLUDING LIGATION OF SUPERIOR PETROSAL SINUS AND/OR SIGMOID SINUS	Surgery, Neurological	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM, INCLUDING LIGATION OF SUPERIOR PETROSAL SINUS AND/OR SIGMOID SINUS	Surgery, Neurological	SENSORINEURAL HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	2	0		
inpatient	61613	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR CAROTID-CAVERNOUS FISTULA BY DISSECTION WITHIN CAVERNOUS SINUS	Surgery, Neurological	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	61615	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN, FORAMEN MAGNUM, OR C1- C3 VERTEBRAL BODIES; EXTRADURAL	Surgery, Neurological	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	61616	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN, FORAMEN MAGNUM, OR C1- C3 VERTEBRAL BODIES; INTRADURAL, INCLUDING DURAL REPAIR, WITH OR WITHOUT GRAFT	Surgery, Neurological	BENIGN NEOPLASM OF BRAIN, UNSPECIFIED	1	0		
inpatient	61616	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN, FORAMEN MAGNUM, OR C1- C3 VERTEBRAL BODIES; INTRADURAL, INCLUDING DURAL REPAIR, WITH OR WITHOUT GRAFT	Surgery, Neurological	BENIGN NEOPLASM OF CRANIAL NERVES	2	0		

inpatient	61616	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN, FORAMEN MAGNUM, OR C1- C3 VERTEBRAL BODIES; INTRADURAL, INCLUDING DURAL REPAIR, WITH OR WITHOUT GRAFT	Surgery, Neurological	SENSORINEURAL HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	2	0		
inpatient	61618	SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIAL FOSSA FOLLOWING SURGERY OF THE SKULL BASE; BY FREE TISSUE GRAFT (EG, PERICRANIUM, FASCIA, TENSOR FASCIA LATA, ADIPOSE TISSUE, HOMOLOGOUS OR SYNTHETIC GRAFTS)	Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
inpatient	61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCULAR MALFORMATION), PERCUTANEOUS, ANY METHOD; CENTRAL NERVOUS SYSTEM (INTRACRANIAL, SPINAL CORD)	Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1	0		
inpatient	61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCULAR MALFORMATION), PERCUTANEOUS, ANY METHOD; CENTRAL NERVOUS SYSTEM (INTRACRANIAL, SPINAL CORD)	Surgery, Neurological	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM UNSPECIFIED INTRACRANIAL ARTERY	1	0		
inpatient	61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCULAR MALFORMATION), PERCUTANEOUS, ANY METHOD; CENTRAL NERVOUS SYSTEM (INTRACRANIAL, SPINAL CORD)	Surgery, Neurological	CEREBRAL ANEURYSM, NONRUPTURED	2	0		
inpatient	61624	TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCULAR MALFORMATION), PERCUTANEOUS, ANY METHOD; CENTRAL NERVOUS SYSTEM (INTRACRANIAL, SPINAL CORD)	Surgery, Neurological	OTHER MALFORMATIONS OF CEREBRAL VESSELS	1	0		
inpatient	61635	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRACRANIAL (EG, ATHEROSCLEROTIC STENOSIS), INCLUDING BALLOON ANGIOPLASTY, IF PERFORMED	Surgery, Neurological	CEREBRAL ATHEROSCLEROSIS	1	0		
inpatient	61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SIMPLE	Surgery, Neurological	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	1	0		
inpatient	61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, COMPLEX	Surgery, Neurological	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	1	0		
inpatient	61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULATION	Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1	0		
inpatient	61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULATION	Surgery, Neurological	CEREBRAL ANEURYSM, NONRUPTURED	1	0		
inpatient	61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTICAL) ARTERIES	Surgery, Neurological	CEREBRAL ANEURYSM, NONRUPTURED	1	0		
inpatient	61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTICAL) ARTERIES	Surgery, Neurological	MOYAMOYA DISEASE	2	0		
inpatient	61735	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING AND RECORDING TECHNIQUES, SINGLE OR MULTIPLE STAGES; SUBCORTICAL STRUCTURE(S) OTHER THAN GLOBUS PALLIDUS OR THALAMUS	Surgery, Neurological	UNSPECIFIED CONVULSIONS	1	0		
inpatient	61750	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR INTRACRANIAL LESION;	Surgery, Neurological	DISORDER OF BRAIN, UNSPECIFIED	1	0		
inpatient	61751	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR INTRACRANIAL LESION; WITH COMPUTED TOMOGRAPHY AND/OR MAGNETIC RESONANCE GUIDANCE	Surgery, Neurological	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1	0		
inpatient	61751	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR INTRACRANIAL LESION; WITH COMPUTED TOMOGRAPHY AND/OR MAGNETIC RESONANCE GUIDANCE	Surgery, Neurological	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	3	0		
inpatient	61760	STEROTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LONG TERM SEIZURE MONITORING	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	61760	STEROTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LONG TERM SEIZURE MONITORING	Surgery, Neurological	OTHER EPILEPSY, INTRACTABLE, WITH STATUS EPILEPTICUS	1	0		

inpatient	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1	0		
inpatient	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
inpatient	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	BENIGN NEOPLASM OF CEREBRAL MENINGES	1	0		
inpatient	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	3	0		
inpatient	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	BENIGN NEOPLASM OF CRANIAL NERVES	2	0		
inpatient	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	BENIGN NEOPLASM OF PITUITARY GLAND	6	0		
inpatient	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	2	0		
inpatient	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	OBSTRUCTIVE HYDROCEPHALUS	1	0		
inpatient	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	HYDROCEPHALUS, UNSPECIFIED	1	0		
inpatient	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	COMPRESSION OF BRAIN	1	0		
inpatient	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	OTHER SPECIFIED DISORDERS OF BRAIN	1	0		
inpatient	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	1	0		
inpatient	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	LOCALIZED SWELLING, MASS AND LUMP, HEAD	1	0		
inpatient	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	UNSPECIFIED CONVULSIONS	2	0		
inpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1	0		
inpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC EDURE)	Surgery	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1	0		
inpatient	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1	0		
inpatient	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1	0		
inpatient	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	2	0		
inpatient	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	SPINAL STENOSIS, LUMBOSACRAL REGION	1	0		
inpatient	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1	0		
inpatient	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	RADICULOPATHY, LUMBAR REGION	1	0		

inpatient	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	LOW BACK PAIN	1	0		
inpatient	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	UNSPECIFIED DISPLACED FRACTURE OF SECOND CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY IN SUBCORTICAL SITE (EG, THALAMUS, GLOBUS PALLIDUS, SUBTHALAMIC NUCLEUS, PERIVENTRICULAR, PERIAQUEDUCTAL GRAY), WITH USE OF INTRAOPERATIV	Surgery, Neurological	PARKINSON'S DISEASE	2	0		
inpatient	61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	Surgery, Neurological	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	61885	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO A SINGLE ELECTRODE ARRAY	Surgery, Neurological	PARKINSON'S DISEASE	1	0		
inpatient	62120	REPAIR OF ENCEPHALOCELE, INCLUDING CRANIOPLASTY	Surgery, Neurological	ENCEPHALOCELE, UNSPECIFIED	1	0		
inpatient	62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	Surgery, Neurological	SENSORINEURAL HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	2	0		
inpatient	62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	Surgery, Neurological	NONTRAUMATIC SUBDURAL HEMORRHAGE, UNSPECIFIED	1	0		
inpatient	62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	Surgery, Neurological	CEREBRAL INFARCTION, UNSPECIFIED	1	0		
inpatient	62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	Surgery, Neurological	ENCEPHALOCELE, UNSPECIFIED	1	0		
inpatient	62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	Surgery, Neurological	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	1	0		
inpatient	62147	CRANIOPLASTY WITH AUTOGRAFT(INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5CM DIAMETER	Surgery, Neurological	OTHER ACQUIRED DEFORMITY OF HEAD	1	0		
inpatient	62164	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACEMENT OF EXTERNAL VENTRICULAR CATHETER FOR DRAINAGE	Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1	0		
inpatient	62164	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACEMENT OF EXTERNAL VENTRICULAR CATHETER FOR DRAINAGE	Surgery, Neurological	OTHER SPECIFIED DISORDERS OF BRAIN	1	0		
inpatient	62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANS-SPHENOIDAL APPROACH	Surgery , Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	5	0		
inpatient	62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANS-SPHENOIDAL APPROACH	Surgery , Neurological	NEOPLASM OF UNCERTAIN BEHAVIOR OF CEREBRAL MENINGES	1	0		
inpatient	62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANS-SPHENOIDAL APPROACH	Surgery , Neurological	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	2	0		
inpatient	62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANS-SPHENOIDAL APPROACH	Surgery , Neurological	PITUITARY-DEPENDENT CUSHING'S DISEASE	1	0		
inpatient	62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANS-SPHENOIDAL APPROACH	Surgery , Neurological	CHRONIC RHINITIS	1	0		
inpatient	62201	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE; STEREOTACTIC METHOD	Surgery, Neurological	MALFORMATIONS OF AQUEDUCT OF SYLVIVUS	1	0		
inpatient	62220	CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR	Surgery, Neurological	BENIGN INTRACRANIAL HYPERTENSION	1	0		
inpatient	62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, -OTHER TERMINUS	Surgery, Neurological	OBSTRUCTIVE HYDROCEPHALUS	1	0		
inpatient	62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, -OTHER TERMINUS	Surgery, Neurological	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS	1	0		
inpatient	62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, -OTHER TERMINUS	Surgery, Neurological	HYDROCEPHALUS, UNSPECIFIED	2	0		
inpatient	62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, -OTHER TERMINUS	Surgery, Neurological	BENIGN INTRACRANIAL HYPERTENSION	1	0		
inpatient	62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, -OTHER TERMINUS	Surgery, Neurological	COMPRESSION OF BRAIN	1	0		
inpatient	62258	REMOVAL OF COMPLETE CERBROSPINAL FLUID SHUNT SYSTEM; WITH REPLACEMENT BY SIMILAR OR OTHER SHUNT AT SAME OPERATION	Surgery, Neurological	OBSTRUCTIVE HYDROCEPHALUS	2	0		
inpatient	62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CERBROSPINAL FLUID (BY NEEDLE OR CATHETER)	Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	2	0		

inpatient	62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CERBROSPINAL FLUID (BY NEEDLE OR CATHETER)	Surgery, Neurological	PITUITARY-DEPENDENT CUSHING'S DISEASE	1	0		
inpatient	62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CERBROSPINAL FLUID (BY NEEDLE OR CATHETER)	Surgery, Neurological	COMPRESSION OF BRAIN	1	0		
inpatient	63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH DECOMPRESSION OF CAUDIA EQUINA AND NERVE ROOTS SPONDYLOLISTHESIS, LUMBAR(GILL TYPE PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
inpatient	63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH DECOMPRESSION OF CAUDIA EQUINA AND NERVE ROOTS SPONDYLOLISTHESIS, LUMBAR(GILL TYPE PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
inpatient	63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH DECOMPRESSION OF CAUDIA EQUINA AND NERVE ROOTS SPONDYLOLISTHESIS, LUMBAR(GILL TYPE PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL OR CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY, OR DISKECTOMY, (EG, SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1	0		
inpatient	63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL OR CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY, OR DISKECTOMY, (EG, SPINAL STENOSIS), MORE THAN 2 VERTEBRAL SEGMENTS; LUMBAR	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
inpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	DISEASE OF SPINAL CORD, UNSPECIFIED	1	0		
inpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
inpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	2	0		
inpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	2	0		
inpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	4	0		
inpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	2	0		
inpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	LUMBAGO WITH SCIATICA, LEFT SIDE	1	0		
inpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	0	1	Medical Necessity	

inpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Orthopedic	SPONDYLOLYSIS, LUMBOSACRAL REGION	1	0		
inpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Orthopedic	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
inpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
inpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	1	Medical Necessity	
inpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
inpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
inpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	4	0		
inpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1	0		
inpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	3	0		
inpatient	63044	LAMINOTOMY (HEMILAMINECTOMY), W/ DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISK, REEXPLORATION, SINGLE INTERSPACE; E/ADDTNAL LUMBARL	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
inpatient	63044	LAMINOTOMY (HEMILAMINECTOMY), W/ DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISK, REEXPLORATION, SINGLE INTERSPACE; E/ADDTNAL LUMBARL	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
inpatient	63044	LAMINOTOMY (HEMILAMINECTOMY), W/ DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISK, REEXPLORATION, SINGLE INTERSPACE; E/ADDTNAL LUMBARL	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1	0		
inpatient	63044	LAMINOTOMY (HEMILAMINECTOMY), W/ DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISK, REEXPLORATION, SINGLE INTERSPACE; E/ADDTNAL LUMBARL	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	1	0		
inpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	3	0		
inpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	1	0		

inpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, HIGH CERVICAL REGION	1	0		
inpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1	0		
inpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF CERVICAL REGION	1	0		
inpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	UNSPECIFIED DISPLACED FRACTURE OF SECOND CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	FRACTURE OF NECK, UNSPECIFIED, SEQUELA	1	0		
inpatient	63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL OR LATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; THORACIC	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACOLUMBAR REGION	1	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	HYPERLIPIDEMIA, UNSPECIFIED	1	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	LUMBOSACRAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER SPECIFIED DISORDERS OF CENTRAL NERVOUS SYSTEM	1	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, LUMBAR REGION	2	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOLYSIS, LUMBAR REGION	1	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	3	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, THORACOLUMBAR REGION	1	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	7	0		

inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	2	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, SACRAL AND SACROCOCCYGEAL REGION	1	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSPECIFIED	1	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER SPONDYLOSIS, LUMBAR REGION	2	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, SITE UNSPECIFIED	1	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	10	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	8	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	1	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	5	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	2	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	7	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	10	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	LOW BACK PAIN	2	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	MUSCLE WEAKNESS (GENERALIZED)	1	0		

inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOLYSIS, LUMBOSACRAL REGION	0	1	Medical Necessity	
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	0	1	Medical Necessity	
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	1	Medical Necessity	
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Medical Necessity	
inpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL OR LATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	DISEASE OF SPINAL CORD, UNSPECIFIED	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL OR LATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	FOOT DROP, RIGHT FOOT	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL OR LATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER IDIOPATHIC SCOLIOSIS, LUMBAR REGION	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL OR LATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER FORMS OF SCOLIOSIS, THORACOLUMBAR REGION	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL OR LATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPONDYLOLYSIS, SITE UNSPECIFIED	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL OR LATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL OR LATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	3	0		

inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPONDYLOLISTHESIS, SACRAL AND SACROCOCCYGEAL REGION	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	3	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	5	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	6	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, HIGH CERVICAL REGION	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	2	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	3	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	3	0		

inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	7	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	LOW BACK PAIN	2	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF CERVICAL REGION	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	FULL INCONTINENCE OF FECES	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	UNSPECIFIED DISPLACED FRACTURE OF SECOND CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	WEDGE COMPRESSION FRACTURE OF FOURTH LUMBAR VERTEBRA, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER MECHANICAL COMPLICATION OF OTHER INTERNAL ORTHOPEDIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	ARTHRODESIS STATUS	1	0		
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	0	1		Medical Necessity
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	1		Medical Necessity

inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSPECIFIED	0	1	Medical Necessity	
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Medical Necessity	
inpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
inpatient	63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS; WITH RECONSTRUCTION OF THE POSTERIOR BONY ELEMENTS (INCLUDING THE APPLICATION OF BRIDGING BONE GRAFT AND NON-SEGMENTAL FIXATION DEVICES(E,G.WIRE,SUTURE	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1	0		
inpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
inpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1	0		
inpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
inpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	2	0		
inpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	63057	TRANSPEDICULAR APPROACH FOR DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK); EACH ADDITIONAL SEGMENT, THORACIC OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	63057	TRANSPEDICULAR APPROACH FOR DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK); EACH ADDITIONAL SEGMENT, THORACIC OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	MUSCLE SPASM OF BACK	1	0		
inpatient	63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERVICAL, SINGLE INTERSPACE	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1	0		
inpatient	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Orthopedic	ANEMIA, UNSPECIFIED	1	0		

inpatient	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	2	0		
inpatient	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Orthopedic	OTHER SPONDYLOSIS, CERVICAL REGION	1	0		
inpatient	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1	0		
inpatient	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1	0		
inpatient	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1	0		
inpatient	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	0	1	Medical Necessity	
inpatient	63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, EACH SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1	0		
inpatient	63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, EACH SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, EACH SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER DISPLACED FRACTURE OF FIFTH CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, EACH SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	0	1	Medical Necessity	
inpatient	63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROACH FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA OR NERVE ROOT(S), LOWER THORACIC, LUMBAR, OR SACRAL; SINGLE SEGMENT	Surgery, Orthopedic	LOW BACK PAIN	1	0		
inpatient	63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROACH FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA OR NERVE ROOT(S), LOWER THORACIC, LUMBAR, OR SACRAL; SINGLE SEGMENT	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	2	0		
inpatient	63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROACH WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA OR NERVE ROOT(S), LOWER THORACIC, LUMBAR, OR SACRAL; EACH ADDITIONAL SEGMENT (LIST SEPARATELY	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1	0		

inpatient	63173	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL OR PLEURAL SPACE	Surgery, Neurological	SYRINGOMYELIA AND SYRINGOBULBIA	1	0		
inpatient	63190	LAMINECTOMY FOR RHIZOTOMY; MORE THAN TWO SEGMENTS	Surgery, Neurological	CRAMP AND SPASM	1	0		
inpatient	63200	LAMINECTOMY, FOR RELEASE OF TETHERED SPINAL CORD, LUMBAR	Surgery, Neurological	BENIGN LIPOMATOUS NEOPLASM OF OTHER SITES	1	0		
inpatient	63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; CERVICAL	Surgery, Neurological	OTHER SPECIFIED DISEASES OF SPINAL CORD	1	0		
inpatient	63265	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; CERVICAL	Surgery, Neurological	OTHER SPECIFIED DISEASES OF SPINAL CORD	1	0		
inpatient	63267	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1	0		
inpatient	63267	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
inpatient	63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; CERVICAL	Surgery, Neurological	OTHER SPECIFIED DISEASES OF SPINAL CORD	1	0		
inpatient	63276	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, THORACIC	Surgery, Neurological	NEOPLASM OF UNCERTAIN BEHAVIOR OF SPINAL CORD	1	0		
inpatient	63276	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, THORACIC	Surgery, Neurological	SYRINGOMYELIA AND SYRINGOBULBIA	1	0		
inpatient	63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	Surgery, Neurological	NEOPLASM OF UNCERTAIN BEHAVIOR OF SPINAL CORD	1	0		
inpatient	63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	Surgery, Neurological	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1	0		
inpatient	63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, LUMBAR	Surgery, Neurological	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1	0		
inpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	CHRONIC PAIN SYNDROME	1	0		
inpatient	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	Surgery, Neurological	CHRONIC PAIN SYNDROME	1	0		
inpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Surgery, Neurological	FOOT DROP, LEFT FOOT	1	0		
inpatient	63710	DURAL GRAFT, SPINAL	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	Surgery, Neurological	OBSTRUCTIVE HYDROCEPHALUS	1	0		
inpatient	64420	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; INTERCOSTAL NERVE, SINGLE LEVEL	Surgery, Neurological	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
inpatient	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) BILATERAL; BY INJECTIONS (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	Anesthesiology	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
inpatient	64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)	Neurology	DISORDERS OF DIAPHRAGM	1	0		
inpatient	64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR	Neurology	DISORDERS OF DIAPHRAGM	1	0		
inpatient	64620	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE	Neurology	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	1	0		
inpatient	64620	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE	Neurology	PECTUS EXCAVATUM	1	0		
inpatient	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACHIAL PLEXUS	Neurology	BRACHIAL PLEXUS DISORDERS	3	0		
inpatient	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; LUMBAR PLEXUS	Neurology	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION	Neurology	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	2	0		
inpatient	64862	SUTURE OF; LUMBAR PLEXUS	Neurology	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	Neurology	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
inpatient	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	Neurology	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT (INCLUDES HARVEST OF VEIN GRAFT), EACH NERVE	Neurology	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		

inpatient	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT (INCLUDES HARVEST OF VE IN GRAFT), EACH NERVE	Neurology	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
inpatient	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT (INCLUDES HARVEST OF VE IN GRAFT), EACH NERVE	Neurology	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1	0		
inpatient	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT (INCLUDES HARVEST OF VE IN GRAFT), EACH NERVE	Neurology	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
inpatient	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT (INCLUDES HARVEST OF VE IN GRAFT), EACH NERVE	Neurology	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE)	Neurology	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
inpatient	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE)	Neurology	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
inpatient	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH ADDITIONAL STRAND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Neurology	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	2	0		
inpatient	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	Neurology	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	Neurology	CRANIOSYNOSTOSIS	1	0		
inpatient	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	Neurology	Perineural cyst	0	1	Medical Necessity	
inpatient	69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA	Otolaryngology	OTORRHEA, BILATERAL	1	0		
inpatient	69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA;	Otolaryngology	UNSPECIFIED EUSTACHIAN TUBE DISORDER, BILATERAL	1	0		
inpatient	69502	MASTOIDECTOMY; COMPLETE	Otolaryngology	BENIGN NEOPLASM OF PAROTID GLAND	1	0		
inpatient	69535	RESECTION TEMPORAL BONE, EXTERNAL APPROACH	Otolaryngology	ARTHRALGIA OF BILATERAL TEMPOROMANDIBULAR JOINT	1	0		
inpatient	69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH INTACT OR RECONSTRUCTED CANAL WALL, WITH OSSICULAR CHAIN RECONSTRUCTION	Otolaryngology	CHOLESTEATOMA OF TYMPANUM, RIGHT EAR	1	0		
inpatient	69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	Otolaryngology	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	Otolaryngology	SENSORINEURAL HEARING LOSS, BILATERAL	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	5	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF CRANIAL NERVES	5	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	BENIGN NEOPLASM OF PITUITARY GLAND	3	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	2	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPECIFIED ENDOCRINE DISORDERS	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPECIFIED DISORDERS OF BRAIN	2	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	DISORDER OF BRAIN, UNSPECIFIED	2	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SENSORINEURAL HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CEREBRAL ANEURYSM, NONRUPTURED	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		

inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	2	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	LOW BACK PAIN	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	ENCEPHALOCELE, UNSPECIFIED	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CRAMP AND SPASM	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	UNSPECIFIED DISPLACED FRACTURE OF SECOND CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	2	0		
inpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLYSIS, LUMBOSACRAL REGION	0	1	Medical Necessity	
inpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1	0		
inpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) STENOSIS	0	1	Medical Necessity	
inpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	PARESTHESIA OF SKIN	1	0		
inpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) STENOSIS	0	1	Medical Necessity	
inpatient	74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	radiology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1	0		

inpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	NONRHEUMATIC AORTIC (VALVE) STENOSIS	0	1	Medical Necessity	
inpatient	75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL; SUPERVISION AND INTERPRETATION ONLY	Hospital	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1	0		
inpatient	75820	VENOGRAPHY, EXTREMITY, UNILATERAL; SUPERVISION AND INTERPRETATION ONLY	Hospital	BRACHIAL PLEXUS DISORDERS	1	0		
inpatient	75894	TRANSCATHETER THERAPY, EMBOLIZATION (EG, PARTICULATE OR LIQUID), INCLUDING ANGIOGRAPHY; SUPERVISION AND INTERPRETATION ONLY	Hospital	CEREBRAL ANEURYSM, NONRUPTURED	1	0		
inpatient	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	Radiology	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		
inpatient	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	Radiology	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
inpatient	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	Radiology	PERSONAL HISTORY OF OTHER VENOUS THROMBOSIS AND EMBOLISM	1	0		
inpatient	76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	Radiology	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
inpatient	76775	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED	Radiology	UNSPECIFIED ASTHMA, UNCOMPLICATED	1	0		
inpatient	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	Surgery, Neurological	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1	0		
inpatient	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	Surgery, Neurological	CRAMP AND SPASM	1	0		
inpatient	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	Surgery, Neurological	UNSPECIFIED CONVULSIONS	1	0		
inpatient	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1	0		
inpatient	78195	LYMPHATICS AND LYMPH NODES IMAGING	Radiation Oncology	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1	0		
inpatient	88331	PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, WITH FROZEN SECTION(S), SINGLE SPECIMEN.	laboratory	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	1	0		
inpatient	92242	FLUORESCIN ANGIOGRAPHY AND INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) PERFORMED AT THE SAME PATIENT ENCOUNTER WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	Cardiovascular Disease	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	1	0		
inpatient	92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; EXTERNAL	Cardiovascular Disease	PAROXYSMAL ATRIAL FIBRILLATION	1	0		
inpatient	93303	THANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMOLIES; COMPLETE	Cardiovascular Disease	ANEURYSM OF HEART	1	0		
inpatient	93312	ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M MODE RECORDING) TRANSESOPHAGEAL; INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION AND REPORT	Cardiovascular Disease	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	2	0		
inpatient	93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLUDING PROBE PLACEMENT, REAL TIME 2-DIMENSIONAL IMAGE ACQUISITION AND INTERPRETATION LEADING TO ONGOING (CONTINUOUS) ASSESSMENT OF (DYNAMICALLY CHANGING) CARDIAC PUMPING FUNCTION AND TO	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) STENOSIS	1	0		
inpatient	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODE FOR ECHOCARDIOGRAPHIC IMAGING); COMPLETE	Cardiovascular Disease	SUPRAVENTRICULAR TACHYCARDIA	1	0		
inpatient	93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY)	Cardiovascular Disease	SUPRAVENTRICULAR TACHYCARDIA	1	0		
inpatient	93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ), FOR MONITORING PURPOSES	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1	0		
inpatient	93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Free Standing Imaging Center	ANEURYSM OF HEART	1	0		

inpatient	93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH EXISTING SEPTAL OPENING, WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Cardiovascular Disease	SUPRAVENTRICULAR TACHYCARDIA	1	0		
inpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	TOXIC ENCEPHALOPATHY	1	0		
inpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	UNSPECIFIED CONVULSIONS	5	0		
inpatient	95712	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	neurology	TOXIC ENCEPHALOPATHY	1	0		
inpatient	95712	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	neurology	UNSPECIFIED CONVULSIONS	1	0		
inpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	neurology	UNSPECIFIED CONVULSIONS	1	0		
inpatient	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	neurology	UNSPECIFIED CONVULSIONS	4	0		
inpatient	95718	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OF EEG RECORDING WITH VIDEO	neurology	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1	0		
inpatient	95718	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OF EEG RECORDING WITH VIDEO	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITH STATUS EPILEPTICUS	1	0		
inpatient	95718	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OF EEG RECORDING WITH VIDEO	neurology	SYNCOPE AND COLLAPSE	1	0		
inpatient	95718	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OF EEG RECORDING WITH VIDEO	neurology	UNSPECIFIED CONVULSIONS	2	0		

inpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1	0		
inpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	AUTISTIC DISORDER	1	0		
inpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITH STATUS EPILEPTICUS	1	0		
inpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	3	0		
inpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	EPILEPTIC SPASMS, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	2	0		
inpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	OTHER HYDROCEPHALUS	1	0		

inpatient	95720	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	1	0		
inpatient	95720	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	OTHER AMNESIA	1	0		
inpatient	95720	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	UNSPECIFIED CONVULSIONS	10	0		
inpatient	95720	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	0	1	Medical Necessity	
inpatient	95720	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	0	1	Medical Necessity	
inpatient	95720	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	UNSPECIFIED CONVULSIONS	0	1	Medical Necessity	
inpatient	95724	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	neurology	ALTERED MENTAL STATUS, UNSPECIFIED	2	0		
inpatient	95726	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 84 HOURS OF EEG RE	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	95816	ELECTROENCEPHALOGRAPH (EEG) INCLUDING RECORDING AWAKE AND DROWSY	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	95829	ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)	Neurology	OTHER EPILEPSY, INTRACTABLE, WITH STATUS EPILEPTICUS	1	0		
inpatient	95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS.	orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	0	2	Medical Necessity	
inpatient	95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS.	Pediatric Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
inpatient	95867	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL	Neurology	BENIGN NEOPLASM OF BRAIN, UNSPECIFIED	1	0		
inpatient	95867	NEEDLE ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL	Neurology	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY; COMPLETE, FIVE OR MORE MUSCLES STUDIED, INNERVATED BY THREE OR MORE NERVES OR FOUR OR MORE SPINAL LE	Neurology	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
inpatient	95911	NERVE CONDUCTION STUDIES; 9-10 STUDIES	Neurology	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
inpatient	95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY ONE METHOD	Neurology	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		

inpatient	95938	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	Pediatric Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
inpatient	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS	Pediatric Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
inpatient	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	BENIGN NEOPLASM OF CRANIAL NERVES	2	0		
inpatient	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SENSORINEURAL HEARING LOSS, BILATERAL	1	0		
inpatient	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
inpatient	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILEIN THE OPERATING ROOM, PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	BENIGN NEOPLASM OF BRAIN, UNSPECIFIED	1	0		
inpatient	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILEIN THE OPERATING ROOM, PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILEIN THE OPERATING ROOM, PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
inpatient	95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES, TO PROVOKE SEIZURES OR IDENTIFY VITAL BRAIN STRUCTURES; INITIAL HOUR OF ATTENDANCEBY A PHYSICIAN OR OTHER QUALIFIED HEALTH	Neurology	BENIGN NEOPLASM OF CEREBRAL MENINGES	1	0		
inpatient	95965	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY (EG, EPILEPTIC CEREBRAL CORTEX LOCALIZATION)	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	95966	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC FIELDS, SINGLE MODALITY (EG, SENSORY, MOTOR, LANGUAGE, OR VISUAL CORTEX LOCALIZATION)	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC FIELDS, EACH ADDITIONAL MODALITY (EG, SENSORY, MOTOR, LANGUAGE, OR VISUAL CORTEX LOCALIZATION)	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AN	neuropsychologist	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AN	neuropsychologist	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		

inpatient	96138	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN, TWO OR MORE TESTS, ANY METHOD; FIRST 30 MINUTES	neuropsychologist	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	96139	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN, TWO OR MORE TESTS, ANY METHOD; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	neuropsychologist	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	Hospital	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		
inpatient	96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	Hospital	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	5	0		
inpatient	96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	Hospital	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	2	0		
inpatient	96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	Hospital	OBSTRUCTIVE HYDROCEPHALUS	1	0		
inpatient	96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	Hospital	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEINS OF RIGHT UPPER EXTREMITY	1	0		
inpatient	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Hospital	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		
inpatient	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Hospital	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	5	0		
inpatient	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Hospital	MALIGNANT NEOPLASM OF GLANS PENIS	1	0		
inpatient	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Hospital	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Hospital	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Hospital	OBSTRUCTIVE HYDROCEPHALUS	1	0		
inpatient	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Hospital	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1	0		
inpatient	96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC	Rheumatology	OBSTRUCTIVE HYDROCEPHALUS	1	0		
inpatient	96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG	Rheumatology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER GENITOURINARY ORGAN	1	0		
inpatient	96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG	Rheumatology	OBSTRUCTIVE HYDROCEPHALUS	1	0		
inpatient	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Rheumatology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1	0		
inpatient	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Rheumatology	MALIGNANT NEOPLASM OF GLANS PENIS	1	0		
inpatient	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Rheumatology	UNSPECIFIED B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
inpatient	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Rheumatology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1	0		
inpatient	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Rheumatology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER GENITOURINARY ORGAN	2	0		
inpatient	96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	Rheumatology	OBSTRUCTIVE HYDROCEPHALUS	1	0		
inpatient	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Rheumatology	UNSPECIFIED B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		

inpatient	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Rheumatology	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Rheumatology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER GENITOURINARY ORGAN	2	0		
inpatient	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Rheumatology	OBSTRUCTIVE HYDROCEPHALUS	1	0		
inpatient	96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Rheumatology	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1	0		
inpatient	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Rheumatology	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		
inpatient	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Rheumatology	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
inpatient	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Rheumatology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	5	0		
inpatient	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Rheumatology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1	0		
inpatient	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Rheumatology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	5	0		
inpatient	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Rheumatology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Rheumatology	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Rheumatology	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	2	0		
inpatient	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Rheumatology	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1	0		
inpatient	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Rheumatology	AUTISTIC DISORDER	1	0		
inpatient	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Rheumatology	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEINS OF RIGHT UPPER EXTREMITY	1	0		
inpatient	96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN 8 HOURS), REQUIRING USE OF A PORTABLE OR IMPLANTABLE PUMP	Rheumatology	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	2	0		

inpatient	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Rheumatology	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		
inpatient	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Rheumatology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	4	0		
inpatient	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Rheumatology	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Rheumatology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1	0		
inpatient	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Rheumatology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER GENITOURINARY ORGAN	2	0		
inpatient	96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO 1 HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Rheumatology	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1	0		
inpatient	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE,EACH ADDITIONAL HOUR UP TO 8 HOURS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Neurology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1	0		
inpatient	96446	CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWELLING PORT OR CATHETER	Neurology	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1	0		
inpatient	96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING SPINAL PUNCTURE	Neurology	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SYSTEMIC (EG, INTRAVENOUS, INTRA-ARTERIAL)	vendor	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1	0		
inpatient	96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SYSTEMIC (EG, INTRAVENOUS, INTRA-ARTERIAL)	vendor	FAMILY HISTORY OF ASTHMA AND OTHER CHRONIC LOWER RESPIRATORY DISEASES	1	0		
inpatient	96549	UNLISTED CHEMOTHERAPY PROCEDURE	Neurology	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1	0		
inpatient	97129	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (EG, MANAGING TIME OR SC	psychologist	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT MIDDLE CEREBRAL ARTERY	1	0		
inpatient	97129	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (EG, MANAGING TIME OR SC	psychologist	FRONTAL LOBE AND EXECUTIVE FUNCTION DEFICIT FOLLOWING NONTRAUMATIC SUBARACHNOID HEMORRHAGE	1	0		
inpatient	97605	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DURABLE MEDICAL EQUIPMENT (DME), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE AREA LESS T	vendor	UNSPECIFIED OPEN WOUND OF RIGHT HAND, SUBSEQUENT ENCOUNTER	1	0		
inpatient	98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED	Osteopathic Physician	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED	Osteopathic Physician	BENIGN NEOPLASM OF CRANIAL NERVES	2	0		

inpatient	99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF	hospitalist	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF	hospitalist	HYPO-OSMOLALITY AND HYPONATREMIA	1	0		
inpatient	99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF	hospitalist	OTHER OVARIAN CYST, RIGHT SIDE	1	0		
inpatient	99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF	hospitalist	COVID-19	1	0		
inpatient	99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF	hospitalist	PERSON INJURED IN COLLISION BETWEEN OTHER SPECIFIED MOTOR VEHICLES (TRAFFIC), INITIAL ENCOUNTER	1	0		
inpatient	99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATIO	hospitalist	MALIGNANT NEOPLASM OF MAXILLARY SINUS	1	0		
inpatient	99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATIO	hospitalist	AUTISTIC DISORDER	1	0		
inpatient	99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATIO	hospitalist	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATIO	hospitalist	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATIO	hospitalist	EPILEPTIC SPASMS, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	hospitalist	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1	0		
inpatient	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	hospitalist	MALIGNANT NEOPLASM OF GLANS PENIS	1	0		

inpatient	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	hospitalist	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	hospitalist	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER GENITOURINARY ORGAN	1	0		
inpatient	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	hospitalist	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	1	0		
inpatient	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	hospitalist	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	hospitalist	EPILEPTIC SPASMS, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	hospitalist	VENTRICULAR TACHYCARDIA	1	0		
inpatient	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	hospitalist	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEINS OF RIGHT UPPER EXTREMITY	1	0		
inpatient	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	hospitalist	UNSPECIFIED CONVULSIONS	1	0		
inpatient	99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSEDINTERVAL HISTORY; A PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR O	hospitalist	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF MODE	hospitalist	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF MODE	hospitalist	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF MODE	hospitalist	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		

inpatient	99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF MODE	hospitalist	EPILEPTIC SPASMS, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF MODE	hospitalist	TRANSIENT ALTERATION OF AWARENESS	1	0		
inpatient	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY.	hospitalist	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1	0		
inpatient	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY.	hospitalist	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1	0		
inpatient	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY.	hospitalist	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
inpatient	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY.	hospitalist	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	1	0		
inpatient	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY.	hospitalist	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY.	hospitalist	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER GENITOURINARY ORGAN	1	0		
inpatient	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY.	hospitalist	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY.	hospitalist	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY.	hospitalist	EPILEPTIC SPASMS, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY.	hospitalist	OBSTRUCTIVE HYDROCEPHALUS	1	0		

inpatient	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY.	hospitalist	TRANSIENT ALTERATION OF AWARENESS	1	0		
inpatient	99235	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT INCLUDING ADMISSION AND DISCHARGE ON THE SAME DATE, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY	hospitalist	PREGNANCY RELATED CONDITIONS, UNSPECIFIED, UNSPECIFIED TRIMESTER	1	0		
inpatient	99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS (THIS CODE IS TO BE UTILIZED BY THE PHYSICIAN TO REPORT ALL SERVICES PROVIDED TO A PATIENT ON THE DATE OF DISCHARGE, OTHER THAN THE INITIAL DATE OF INPATIENT STATUS. TO REPORT SERVICES TO A PATIENT WH	hospitalist	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS (THIS CODE IS TO BE UTILIZED BY THE PHYSICIAN TO REPORT ALL SERVICES PROVIDED TO A PATIENT ON THE DATE OF DISCHARGE, OTHER THAN THE INITIAL DATE OF INPATIENT STATUS.	hospitalist	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS (THIS CODE IS TO BE UTILIZED BY THE PHYSICIAN TO REPORT ALL SERVICES PROVIDED TO A PATIENT ON THE DATE OF DISCHARGE, OTHER THAN THE INITIAL DATE OF INPATIENT STATUS.	hospitalist	EPILEPTIC SPASMS, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS (THIS CODE IS TO BE UTILIZED BY THE PHYSICIAN TO REPORT ALL SERVICES PROVIDED TO A PATIENT ON THE DATE OF DISCHARGE, OTHER THAN THE INITIAL DATE OF INPATIENT STATUS.	hospitalist	UNSPECIFIED LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD	1	0		
inpatient	99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES (THIS CODE IS TO BE UTILIZED BY THE PHYSICIAN TO REPORT ALL SERVICES PROVIDED TO A PATIENT ON THE DATE OF DISCHARGE, IF OTHER THAN THE INITIAL DATE OF INPATIENT STATUS.	hospitalist	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER GENITOURINARY ORGAN	1	0		
inpatient	99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES (THIS CODE IS TO BE UTILIZED BY THE PHYSICIAN TO REPORT ALL SERVICES PROVIDED TO A PATIENT ON THE DATE OF DISCHARGE, IF OTHER THAN THE INITIAL DATE OF INPATIENT STATUS.	hospitalist	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	1	0		
inpatient	99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES (THIS CODE IS TO BE UTILIZED BY THE PHYSICIAN TO REPORT ALL SERVICES PROVIDED TO A PATIENT ON THE DATE OF DISCHARGE, IF OTHER THAN THE INITIAL DATE OF INPATIENT STATUS.	hospitalist	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES (THIS CODE IS TO BE UTILIZED BY THE PHYSICIAN TO REPORT ALL SERVICES PROVIDED TO A PATIENT ON THE DATE OF DISCHARGE, IF OTHER THAN THE INITIAL DATE OF INPATIENT STATUS.	hospitalist	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES (THIS CODE IS TO BE UTILIZED BY THE PHYSICIAN TO REPORT ALL SERVICES PROVIDED TO A PATIENT ON THE DATE OF DISCHARGE, IF OTHER THAN THE INITIAL DATE OF INPATIENT STATUS.	hospitalist	EPILEPTIC SPASMS, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIANS	hospitalist	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIANS	hospitalist	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIANS	hospitalist	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		

inpatient	99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIANS	hospitalist	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	99255	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSIC	hospitalist	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY.	Emergency Medicine	ALTERED MENTAL STATUS, UNSPECIFIED	1	0		
inpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Transition of Care Request	CONDUCTIVE HEARING LOSS, UNSPECIFIED	1	0		
inpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Transition of Care Request	SPONDYLOLYSIS, LUMBAR REGION	1	0		
inpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Transition of Care Request	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER	1	0		
inpatient	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Transition of Care Request	RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	A0999	UNLISTED AMBULANCE SERVICE	Ambulance	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	0	1	Medical Necessity	
inpatient	DAA	Detoxification	Hospital	ALCOHOL DEPENDENCE, UNCOMPLICATED	1	0		
inpatient	DAR	Drug & Alcohol Rehabilitation	Hospital	METHYLENETETRAHYDROFOLATE REDUCTASE DEFICIENCY	1	0		
inpatient	DAR	Drug & Alcohol Rehabilitation	Hospital	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	1	0		
inpatient	DRG	DRG Rate	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	1	0		
inpatient	DRG	DRG Rate	Hospital	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	2	0		
inpatient	DRG	DRG Rate	Hospital	MALIGNANT NEOPLASM OF SIGMOID COLON	1	0		
inpatient	DRG	DRG Rate	Hospital	MALIGNANT NEOPLASM OF RECTUM	1	0		
inpatient	DRG	DRG Rate	Hospital	INTRAHEPATIC BILE DUCT CARCINOMA	1	0		
inpatient	DRG	DRG Rate	Hospital	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	1	0		
inpatient	DRG	DRG Rate	Hospital	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
inpatient	DRG	DRG Rate	Hospital	MALIGNANT NEOPLASM OF RETROPERITONEUM	1	0		
inpatient	DRG	DRG Rate	Hospital	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	3	0		
inpatient	DRG	DRG Rate	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
inpatient	DRG	DRG Rate	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
inpatient	DRG	DRG Rate	Hospital	MALIGNANT NEOPLASM OF LEFT OVARY	1	0		
inpatient	DRG	DRG Rate	Hospital	MALIGNANT NEOPLASM OF PROSTATE	3	0		
inpatient	DRG	DRG Rate	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	1	0		
inpatient	DRG	DRG Rate	Hospital	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
inpatient	DRG	DRG Rate	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
inpatient	DRG	DRG Rate	Hospital	SECONDARY CARCINOID TUMORS OF DISTANT LYMPH NODES	1	0		
inpatient	DRG	DRG Rate	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1	0		
inpatient	DRG	DRG Rate	Hospital	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	DRG	DRG Rate	Hospital	LEIOMYOMA OF UTERUS, UNSPECIFIED	4	0		
inpatient	DRG	DRG Rate	Hospital	BENIGN NEOPLASM OF CRANIAL NERVES	2	0		
inpatient	DRG	DRG Rate	Hospital	BENIGN NEOPLASM OF PITUITARY GLAND	2	0		
inpatient	DRG	DRG Rate	Hospital	NEOPLASM OF UNSPECIFIED BEHAVIOR OF DIGESTIVE SYSTEM	1	0		

inpatient	DRG	DRG Rate	Hospital	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	1	0		
inpatient	DRG	DRG Rate	Hospital	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	1	0		
inpatient	DRG	DRG Rate	Hospital	OTHER SPECIFIED ENDOCRINE DISORDERS	1	0		
inpatient	DRG	DRG Rate	Hospital	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	3	0		
inpatient	DRG	DRG Rate	Hospital	TRANSSEXUALISM	1	0		
inpatient	DRG	DRG Rate	Hospital	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	DRG	DRG Rate	Hospital	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		
inpatient	DRG	DRG Rate	Hospital	HYDROCEPHALUS, UNSPECIFIED	1	0		
inpatient	DRG	DRG Rate	Hospital	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
inpatient	DRG	DRG Rate	Hospital	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	3	0		
inpatient	DRG	DRG Rate	Hospital	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1	0		
inpatient	DRG	DRG Rate	Hospital	VENTRICULAR TACHYCARDIA	1	0		
inpatient	DRG	DRG Rate	Hospital	CEREBRAL INFARCTION, UNSPECIFIED	1	0		
inpatient	DRG	DRG Rate	Hospital	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	2	0		
inpatient	DRG	DRG Rate	Hospital	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
inpatient	DRG	DRG Rate	Hospital	CELIAC ARTERY COMPRESSION SYNDROME	1	0		
inpatient	DRG	DRG Rate	Hospital	CHRONIC PULMONARY EDEMA	1	0		
inpatient	DRG	DRG Rate	Hospital	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	1	0		
inpatient	DRG	DRG Rate	Hospital	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1	0		
inpatient	DRG	DRG Rate	Hospital	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	1	0		
inpatient	DRG	DRG Rate	Hospital	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1	0		
inpatient	DRG	DRG Rate	Hospital	OTHER DISEASES OF STOMACH AND DUODENUM	1	0		
inpatient	DRG	DRG Rate	Hospital	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	DRG	DRG Rate	Hospital	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	DRG	DRG Rate	Hospital	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	DRG	DRG Rate	Hospital	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	2	0		
inpatient	DRG	DRG Rate	Hospital	OTHER CONSTIPATION	1	0		
inpatient	DRG	DRG Rate	Hospital	POLYP OF COLON	1	0		
inpatient	DRG	DRG Rate	Hospital	PRESSURE ULCER OF SACRAL REGION, STAGE 4	1	0		
inpatient	DRG	DRG Rate	Hospital	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER	1	0		
inpatient	DRG	DRG Rate	Hospital	ARTHROPATHY, UNSPECIFIED	1	0		
inpatient	DRG	DRG Rate	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	8	0		
inpatient	DRG	DRG Rate	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	3	0		
inpatient	DRG	DRG Rate	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	2	0		
inpatient	DRG	DRG Rate	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	8	0		
inpatient	DRG	DRG Rate	Hospital	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1	0		
inpatient	DRG	DRG Rate	Hospital	PAIN IN RIGHT KNEE	1	0		
inpatient	DRG	DRG Rate	Hospital	JUVENILE IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1	0		
inpatient	DRG	DRG Rate	Hospital	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	1	0		
inpatient	DRG	DRG Rate	Hospital	SPONDYLOLYSIS, LUMBOSACRAL REGION	1	0		
inpatient	DRG	DRG Rate	Hospital	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
inpatient	DRG	DRG Rate	Hospital	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
inpatient	DRG	DRG Rate	Hospital	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1	0		
inpatient	DRG	DRG Rate	Hospital	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	DRG	DRG Rate	Hospital	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
inpatient	DRG	DRG Rate	Hospital	SPINAL STENOSIS, CERVICAL REGION	2	0		

inpatient	DRG	DRG Rate	Hospital	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	3	0		
inpatient	DRG	DRG Rate	Hospital	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	2	0		
inpatient	DRG	DRG Rate	Hospital	SPINAL STENOSIS, LUMBOSACRAL REGION	1	0		
inpatient	DRG	DRG Rate	Hospital	SPONDYLOPATHY, UNSPECIFIED	1	0		
inpatient	DRG	DRG Rate	Hospital	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1	0		
inpatient	DRG	DRG Rate	Hospital	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	3	0		
inpatient	DRG	DRG Rate	Hospital	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	3	0		
inpatient	DRG	DRG Rate	Hospital	RADICULOPATHY, CERVICAL REGION	2	0		
inpatient	DRG	DRG Rate	Hospital	CALCULUS OF KIDNEY	1	0		
inpatient	DRG	DRG Rate	Hospital	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	2	0		
inpatient	DRG	DRG Rate	Hospital	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
inpatient	DRG	DRG Rate	Hospital	OTHER OVARIAN CYST, RIGHT SIDE	1	0		
inpatient	DRG	DRG Rate	Hospital	OTHER SPECIFIED CONDITIONS ASSOCIATED WITH FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	1	0		
inpatient	DRG	DRG Rate	Hospital	BILIOUS VOMITING OF NEWBORN	1	0		
inpatient	DRG	DRG Rate	Hospital	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF BRAIN	1	0		
inpatient	DRG	DRG Rate	Hospital	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	1	0		
inpatient	DRG	DRG Rate	Hospital	OTHER MALFORMATIONS OF CEREBRAL VESSELS	1	0		
inpatient	DRG	DRG Rate	Hospital	PECTUS EXCAVATUM	1	0		
inpatient	DRG	DRG Rate	Hospital	OTHER PHAKOMATOSES, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	DRG	DRG Rate	Hospital	EPIGASTRIC PAIN	1	0		
inpatient	DRG	DRG Rate	Hospital	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1	0		
inpatient	DRG	DRG Rate	Hospital	LOCALIZED SWELLING, MASS AND LUMP, NECK	1	0		
inpatient	DRG	DRG Rate	Hospital	ALTERED MENTAL STATUS, UNSPECIFIED	1	0		
inpatient	DRG	DRG Rate	Hospital	OTHER MALAISE	1	0		
inpatient	DRG	DRG Rate	Hospital	UNSPECIFIED CONVULSIONS	4	0		
inpatient	DRG	DRG Rate	Hospital	SOLITARY PULMONARY NODULE	1	0		
inpatient	DRG	DRG Rate	Hospital	UNSPECIFIED OPEN WOUND OF ORAL CAVITY, INITIAL ENCOUNTER	1	0		
inpatient	DRG	DRG Rate	Hospital	DISPLACED UNSPECIFIED CONDYLE FRACTURE OF LOWER END OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	DRG	DRG Rate	Hospital	COVID-19	1	0		
inpatient	DRG	DRG Rate	Hospital	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
inpatient	DRG	DRG Rate	Hospital	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	0	1		Administrative
inpatient	DRG	DRG Rate	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	0	1		Administrative
inpatient	DRG	DRG Rate	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	0	1		Administrative
inpatient	DRG	DRG Rate	Hospital	POLYCYSTIC OVARIAN SYNDROME	0	1		Medical Necessity
inpatient	E0748	OSTEOGENIC STIMULATOR , NONINVASIVE, SPINAL APPLICATIONS	DME	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	G0453	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY), PER PATIENT, (ATTENTION DIRECTED EXCLUSIVELY TO ONE PATIENT) EACH 15 MINUTES (LIST IN ADDITION TO PRIMARY CODE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
inpatient	ICU	Intensive Care Unit	Hospital	SEPSIS, UNSPECIFIED ORGANISM	1	0		
inpatient	ICU	Intensive Care Unit	Hospital	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	2	0		
inpatient	ICU	Intensive Care Unit	Hospital	OTHER SPECIFIED DEGENERATIVE DISEASES OF BASAL GANGLIA	1	0		
inpatient	ICU	Intensive Care Unit	Hospital	COMPRESSION OF BRAIN	1	0		
inpatient	ICU	Intensive Care Unit	Hospital	CEREBRAL ANEURYSM, NONRUPTURED	1	0		
inpatient	ICU	Intensive Care Unit	Hospital	PNEUMOTHORAX, UNSPECIFIED	1	0		

inpatient	ICU	Intensive Care Unit	Hospital	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1	0		
inpatient	ICU	Intensive Care Unit	Hospital	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1	0		
inpatient	ICU	Intensive Care Unit	Hospital	OSTEOMYELITIS OF VERTEBRA, LUMBAR REGION	1	0		
inpatient	ICU	Intensive Care Unit	Hospital	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	1	0		
inpatient	ICU	Intensive Care Unit	Hospital	END STAGE RENAL DISEASE	1	0		
inpatient	ICU	Intensive Care Unit	Hospital	UNSPECIFIED INJURY AT UNSPECIFIED LEVEL OF CERVICAL SPINAL CORD, INITIAL ENCOUNTER	1	0		
inpatient	ICU	Intensive Care Unit	Hospital	COVID-19	3	0		
inpatient	ICU	Intensive Care Unit	Hospital	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	0	1	Medical Necessity	
inpatient	ICU	Intensive Care Unit	Hospital	SKIN TRANSPLANT STATUS	0	1	Medical Necessity	
inpatient	J0894	INJECTION, DECITABINE, 1 MG	Hematology/Oncology	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEINS OF RIGHT UPPER EXTREMITY	1	0		
inpatient	J1095	INJECTION, DEXAMETHASONE 9 PERCENT, INTRAOCULAR, 1 MICROGRAM	Ophthalmology	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	1	0		
inpatient	J1095	INJECTION, DEXAMETHASONE 9 PERCENT, INTRAOCULAR, 1 MICROGRAM	Ophthalmology	BILIOUS VOMITING OF NEWBORN	1	0		
inpatient	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	Ophthalmology	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	Ophthalmology	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	1	0		
inpatient	J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	Ophthalmology	OBSTRUCTIVE HYDROCEPHALUS	1	0		
inpatient	J1442	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	Oncology, Medical	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
inpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER GENITOURINARY ORGAN	1	0		
inpatient	J3262	INJECTION, TOCILIZUMAB, 1 MG	Rheumatology	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
inpatient	J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)	Hospital	OBSTRUCTIVE HYDROCEPHALUS	1	0		
inpatient	J8540	DEXAMETHASONE, ORAL, 0.25 MG	Rheumatology	ADVERSE EFFECT OF ANTINEOPLASTIC AND IMMUNOSUPPRESSIVE DRUGS, INITIAL ENCOUNTER	1	0		
inpatient	J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
inpatient	J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	4	0		
inpatient	J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	Hematology/Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
inpatient	J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	Hematology/Oncology	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
inpatient	J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	Hematology/Oncology	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	1	0		
inpatient	J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	Hematology/Oncology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	Hematology/Oncology	OBSTRUCTIVE HYDROCEPHALUS	1	0		
inpatient	J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	Hematology/Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	2	0		
inpatient	J9025	INJECTION, AZACITIDINE, 1 MG	Hematology/Oncology	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	J9040	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	Oncology, Medical	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER GENITOURINARY ORGAN	1	0		
inpatient	J9045	INJECTION, CARBOPLATIN, 50 MG	Oncology, Medical	OBSTRUCTIVE HYDROCEPHALUS	1	0		
inpatient	J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF GLANS PENIS	1	0		
inpatient	J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	Oncology, Medical	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	Oncology, Medical	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER GENITOURINARY ORGAN	1	0		
inpatient	J9065	INJECTION, CLADRIBINE, PER 1 MG	Oncology, Medical	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1	0		

inpatient	J9070	CYCLOPHOSPHAMIDE, 100 MG	Oncology, Medical	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1	0		
inpatient	J9070	CYCLOPHOSPHAMIDE, 100 MG	Oncology, Medical	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
inpatient	J9070	CYCLOPHOSPHAMIDE, 100 MG	Oncology, Medical	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	1	0		
inpatient	J9070	CYCLOPHOSPHAMIDE, 100 MG	Oncology, Medical	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	J9070	CYCLOPHOSPHAMIDE, 100 MG	Oncology, Medical	OBSTRUCTIVE HYDROCEPHALUS	1	0		
inpatient	J9100	INJECTION, CYTARABINE, 100 MG	Oncology, Medical	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1	0		
inpatient	J9100	INJECTION, CYTARABINE, 100 MG	Oncology, Medical	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	J9100	INJECTION, CYTARABINE, 100 MG	Oncology, Medical	BILIOUS VOMITING OF NEWBORN	1	0		
inpatient	J9100	INJECTION, CYTARABINE, 100 MG	Oncology, Medical	ADVERSE EFFECT OF ANTINEOPLASTIC AND IMMUNOSUPPRESSIVE DRUGS, INITIAL ENCOUNTER	1	0		
inpatient	J9100	INJECTION, CYTARABINE, 100 MG	Oncology, Medical	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1	0		
inpatient	J9153	INJECTION, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE	Hematology/Oncology	BILIOUS VOMITING OF NEWBORN	1	0		
inpatient	J9153	INJECTION, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE	Hematology/Oncology	ADVERSE EFFECT OF ANTINEOPLASTIC AND IMMUNOSUPPRESSIVE DRUGS, INITIAL ENCOUNTER	1	0		
inpatient	J9181	INJECTION, ETOPOSIDE, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	5	0		
inpatient	J9181	INJECTION, ETOPOSIDE, 10 MG	Oncology, Medical	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE	1	0		
inpatient	J9181	INJECTION, ETOPOSIDE, 10 MG	Oncology, Medical	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
inpatient	J9181	INJECTION, ETOPOSIDE, 10 MG	Oncology, Medical	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	1	0		
inpatient	J9181	INJECTION, ETOPOSIDE, 10 MG	Oncology, Medical	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	J9181	INJECTION, ETOPOSIDE, 10 MG	Oncology, Medical	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER GENITOURINARY ORGAN	1	0		
inpatient	J9208	INJECTION, IFOSFAMIDE, 1 GRAM	Oncology, Medical	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		
inpatient	J9208	INJECTION, IFOSFAMIDE, 1 GRAM	Oncology, Medical	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	5	0		
inpatient	J9208	INJECTION, IFOSFAMIDE, 1 GRAM	Oncology, Medical	MALIGNANT NEOPLASM OF GLANS PENIS	1	0		
inpatient	J9208	INJECTION, IFOSFAMIDE, 1 GRAM	Oncology, Medical	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE	1	0		
inpatient	J9209	INJECTION, MESNA, 200 MG	Oncology, Medical	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1	0		
inpatient	J9250	METHOTREXATE SODIUM MTX 2CC OR 5MG	Oncology, Medical	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
inpatient	J9250	METHOTREXATE SODIUM MTX 2CC OR 5MG	Oncology, Medical	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1	0		
inpatient	J9250	METHOTREXATE SODIUM MTX 2CC OR 5MG	Oncology, Medical	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	J9260	METHOTREXATE SODIUM MTX 2CC OR 50MG	Oncology, Medical	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
inpatient	J9260	METHOTREXATE SODIUM MTX 2CC OR 50MG	Oncology, Medical	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1	0		
inpatient	J9260	METHOTREXATE SODIUM MTX 2CC OR 50MG	Oncology, Medical	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	J9260	METHOTREXATE SODIUM MTX 2CC OR 50MG	Oncology, Medical	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	2	0		
inpatient	J9260	METHOTREXATE SODIUM MTX 2CC OR 50MG	Oncology, Medical	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1	0		
inpatient	J9267	INJECTION, PACLITAXEL, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF GLANS PENIS	1	0		
inpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
inpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	UNSPECIFIED B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
inpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
inpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	1	0		
inpatient	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Hematology/Oncology	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		
inpatient	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Hematology/Oncology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	5	0		
inpatient	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Hematology/Oncology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1	0		

inpatient	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Hematology/Oncology	MEDIAStINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
inpatient	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Hematology/Oncology	MEDIAStINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	1	0		
inpatient	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Hematology/Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	2	0		
inpatient	J9370	VINCRIStINE SULFATE (ONCOVIN) 1MG/1ML (1ML VIAL)	Hematology/Oncology	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1	0		
inpatient	L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION, PREFABRICATED, OFF-THE-SHELF	Otolaryngology/Facial Plastic Surgery	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE	DME Vendor	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
inpatient	L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF	DME Vendor	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	1	0		
inpatient	L8614	COCHLEAR DEVICE/SYSTEM	DME Vendor	SENSORINEURAL HEARING LOSS, BILATERAL	1	0		
inpatient	MAT	Maternity	Hospital	OTHER UTERINE INERTIA	1	0		
inpatient	MAT	Maternity	Hospital	ENCOUNTER FOR EXAMINATION OF BLOOD PRESSURE WITHOUT ABNORMAL FINDINGS	1	0		
inpatient	MED	Medical	Hospital	SEPSIS, UNSPECIFIED ORGANISM	6	0		
inpatient	MED	Medical	Hospital	CANDIDAL STOMATITIS	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF DUODENUM	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF CECUM	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF ASCENDING COLON	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF TRANSVERSE COLON	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF DESCENDING COLON	2	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF SIGMOID COLON	2	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	3	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF RECTUM	3	0		
inpatient	MED	Medical	Hospital	LIVER CELL CARCINOMA	1	0		
inpatient	MED	Medical	Hospital	INTRAHEPATIC BILE DUCT CARCINOMA	2	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	3	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	2	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT BRONCHUS OR LUNG	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF RETROPERITONEUM	1	0		

inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	6	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	3	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	4	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF ENDOMETRIUM	4	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	2	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF GLANS PENIS	2	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF PROSTATE	9	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	4	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF LEFT RENAL PELVIS	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF TEMPORAL LOBE	2	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	3	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF THYROID GLAND	1	0		
inpatient	MED	Medical	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	3	0		
inpatient	MED	Medical	Hospital	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
inpatient	MED	Medical	Hospital	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	4	0		
inpatient	MED	Medical	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
inpatient	MED	Medical	Hospital	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	2	0		
inpatient	MED	Medical	Hospital	MALIGNANT CARCINOID TUMOR OF THE STOMACH	1	0		
inpatient	MED	Medical	Hospital	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
inpatient	MED	Medical	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1	0		
inpatient	MED	Medical	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1	0		
inpatient	MED	Medical	Hospital	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
inpatient	MED	Medical	Hospital	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
inpatient	MED	Medical	Hospital	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	1	0		
inpatient	MED	Medical	Hospital	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	2	0		
inpatient	MED	Medical	Hospital	SOLITARY PLASMACYTOMA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	MED	Medical	Hospital	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	2	0		
inpatient	MED	Medical	Hospital	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	4	0		
inpatient	MED	Medical	Hospital	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	5	0		
inpatient	MED	Medical	Hospital	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	1	0		
inpatient	MED	Medical	Hospital	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1	0		
inpatient	MED	Medical	Hospital	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1	0		
inpatient	MED	Medical	Hospital	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	BENIGN NEOPLASM OF PAROTID GLAND	1	0		
inpatient	MED	Medical	Hospital	BENIGN NEOPLASM OF DESCENDING COLON	1	0		

inpatient	MED	Medical	Hospital	BENIGN NEOPLASM OF COLON, UNSPECIFIED	3	0		
inpatient	MED	Medical	Hospital	BENIGN LIPOMATOUS NEOPLASM OF OTHER SITES	1	0		
inpatient	MED	Medical	Hospital	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSPECIFIED	3	0		
inpatient	MED	Medical	Hospital	SUBMUCOUS LEIOMYOMA OF UTERUS	1	0		
inpatient	MED	Medical	Hospital	INTRAMURAL LEIOMYOMA OF UTERUS	3	0		
inpatient	MED	Medical	Hospital	LEIOMYOMA OF UTERUS, UNSPECIFIED	23	0		
inpatient	MED	Medical	Hospital	BENIGN NEOPLASM OF UNSPECIFIED KIDNEY	1	0		
inpatient	MED	Medical	Hospital	BENIGN NEOPLASM OF LEFT KIDNEY	1	0		
inpatient	MED	Medical	Hospital	BENIGN NEOPLASM OF CEREBRAL MENINGES	1	0		
inpatient	MED	Medical	Hospital	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	2	0		
inpatient	MED	Medical	Hospital	BENIGN NEOPLASM OF BRAIN, INFRATENTORIAL	1	0		
inpatient	MED	Medical	Hospital	BENIGN NEOPLASM OF CRANIAL NERVES	6	0		
inpatient	MED	Medical	Hospital	BENIGN NEOPLASM OF PITUITARY GLAND	3	0		
inpatient	MED	Medical	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	1	0		
inpatient	MED	Medical	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF COLON	1	0		
inpatient	MED	Medical	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF MEDIASTINUM	1	0		
inpatient	MED	Medical	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER RESPIRATORY ORGANS	1	0		
inpatient	MED	Medical	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT OVARY	1	0		
inpatient	MED	Medical	Hospital	BENIGN CARCINOID TUMOR OF UNSPECIFIED SITE	1	0		
inpatient	MED	Medical	Hospital	BENIGN CARCINOID TUMOR OF THE BRONCHUS AND LUNG	1	0		
inpatient	MED	Medical	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	1	0		
inpatient	MED	Medical	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	1	0		
inpatient	MED	Medical	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF CEREBRAL MENINGES	1	0		
inpatient	MED	Medical	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF SPINAL CORD	1	0		
inpatient	MED	Medical	Hospital	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1	0		
inpatient	MED	Medical	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
inpatient	MED	Medical	Hospital	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER GENITOURINARY ORGAN	2	0		
inpatient	MED	Medical	Hospital	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	4	0		
inpatient	MED	Medical	Hospital	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	3	0		
inpatient	MED	Medical	Hospital	IRON DEFICIENCY ANEMIA, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	HB-SS DISEASE WITH ACUTE CHEST SYNDROME	1	0		
inpatient	MED	Medical	Hospital	ANEMIA, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	THROMBOCYTOPENIA, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	NONTOXIC MULTINODULAR GOITER	1	0		
inpatient	MED	Medical	Hospital	AUTOIMMUNE THYROIDITIS	1	0		
inpatient	MED	Medical	Hospital	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	1	0		
inpatient	MED	Medical	Hospital	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1	0		
inpatient	MED	Medical	Hospital	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	1	0		
inpatient	MED	Medical	Hospital	OTHER PRIMARY HYPERALDOSTERONISM	1	0		
inpatient	MED	Medical	Hospital	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION	1	0		
inpatient	MED	Medical	Hospital	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	5	0		
inpatient	MED	Medical	Hospital	DRUG-INDUCED OBESITY	1	0		
inpatient	MED	Medical	Hospital	MIXED HYPERLIPIDEMIA	1	0		
inpatient	MED	Medical	Hospital	DEHYDRATION	2	0		

inpatient	MED	Medical	Hospital	HYPO-OSMOLALITY AND HYPONATREMIA	1	0		
inpatient	MED	Medical	Hospital	ACIDOSIS	1	0		
inpatient	MED	Medical	Hospital	HYPERKALEMIA	1	0		
inpatient	MED	Medical	Hospital	FLUID OVERLOAD, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	ALCOHOL DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED	2	0		
inpatient	MED	Medical	Hospital	TRANSSEXUALISM	2	0		
inpatient	MED	Medical	Hospital	EXPRESSIVE LANGUAGE DISORDER	1	0		
inpatient	MED	Medical	Hospital	AUTISTIC DISORDER	1	0		
inpatient	MED	Medical	Hospital	PARKINSON'S DISEASE	2	0		
inpatient	MED	Medical	Hospital	MULTIPLE SCLEROSIS	2	0		
inpatient	MED	Medical	Hospital	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	MED	Medical	Hospital	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITH STATUS EPILEPTICUS	1	0		
inpatient	MED	Medical	Hospital	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	2	0		
inpatient	MED	Medical	Hospital	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	MED	Medical	Hospital	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITH STATUS EPILEPTICUS	1	0		
inpatient	MED	Medical	Hospital	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	4	0		
inpatient	MED	Medical	Hospital	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	MED	Medical	Hospital	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	MED	Medical	Hospital	OTHER EPILEPSY, INTRACTABLE, WITH STATUS EPILEPTICUS	1	0		
inpatient	MED	Medical	Hospital	EPILEPTIC SPASMS, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
inpatient	MED	Medical	Hospital	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	1	0		
inpatient	MED	Medical	Hospital	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	3	0		
inpatient	MED	Medical	Hospital	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		
inpatient	MED	Medical	Hospital	BRACHIAL PLEXUS DISORDERS	2	0		
inpatient	MED	Medical	Hospital	LUMBOSACRAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	MED	Medical	Hospital	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	2	0		
inpatient	MED	Medical	Hospital	CHRONIC PAIN SYNDROME	1	0		
inpatient	MED	Medical	Hospital	OBSTRUCTIVE HYDROCEPHALUS	2	0		
inpatient	MED	Medical	Hospital	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS	1	0		
inpatient	MED	Medical	Hospital	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	MED	Medical	Hospital	BENIGN INTRACRANIAL HYPERTENSION	1	0		
inpatient	MED	Medical	Hospital	METABOLIC ENCEPHALOPATHY	1	0		
inpatient	MED	Medical	Hospital	COMPRESSION OF BRAIN	4	0		
inpatient	MED	Medical	Hospital	OTHER SPECIFIED DISORDERS OF BRAIN	4	0		

inpatient	MED	Medical	Hospital	DISORDER OF BRAIN, UNSPECIFIED	3	0		
inpatient	MED	Medical	Hospital	SYRINGOMYELIA AND SYRINGOBULBIA	1	0		
inpatient	MED	Medical	Hospital	ACUTE INFARCTION OF SPINAL CORD (EMBOLIC) (NONEMBOLIC)	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED CORD COMPRESSION	1	0		
inpatient	MED	Medical	Hospital	OTHER SPECIFIED DISEASES OF SPINAL CORD	1	0		
inpatient	MED	Medical	Hospital	DISEASE OF SPINAL CORD, UNSPECIFIED	3	0		
inpatient	MED	Medical	Hospital	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED CORNEAL ULCER, LEFT EYE	1	0		
inpatient	MED	Medical	Hospital	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
inpatient	MED	Medical	Hospital	OTHER FORMS OF ANGINA PECTORIS	1	0		
inpatient	MED	Medical	Hospital	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE	2	0		
inpatient	MED	Medical	Hospital	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	3	0		
inpatient	MED	Medical	Hospital	ACUTE ISCHEMIC HEART DISEASE, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	13	0		
inpatient	MED	Medical	Hospital	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1	0		
inpatient	MED	Medical	Hospital	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS	1	0		
inpatient	MED	Medical	Hospital	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	1	0		
inpatient	MED	Medical	Hospital	SEPTIC PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	1	0		
inpatient	MED	Medical	Hospital	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	3	0		
inpatient	MED	Medical	Hospital	PULMONARY HYPERTENSION, UNSPECIFIED	2	0		
inpatient	MED	Medical	Hospital	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	2	0		
inpatient	MED	Medical	Hospital	NONRHEUMATIC AORTIC (VALVE) STENOSIS	6	0		
inpatient	MED	Medical	Hospital	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	2	0		
inpatient	MED	Medical	Hospital	NONRHEUMATIC PULMONARY VALVE INSUFFICIENCY	1	0		
inpatient	MED	Medical	Hospital	OTHER HYPERTROPHIC CARDIOMYOPATHY	1	0		
inpatient	MED	Medical	Hospital	ATRIOVENTRICULAR BLOCK, COMPLETE	1	0		
inpatient	MED	Medical	Hospital	PAROXYSMAL ATRIAL FIBRILLATION	3	0		
inpatient	MED	Medical	Hospital	Other persistent atrial fibrillation	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED ATRIAL FIBRILLATION	4	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE	1	0		
inpatient	MED	Medical	Hospital	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	1	0		
inpatient	MED	Medical	Hospital	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	1	0		
inpatient	MED	Medical	Hospital	HEART FAILURE, UNSPECIFIED	3	0		
inpatient	MED	Medical	Hospital	OTHER NONTRAUMATIC SUBARACHNOID HEMORRHAGE	1	0		
inpatient	MED	Medical	Hospital	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	2	0		
inpatient	MED	Medical	Hospital	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	OTHER CEREBRAL INFARCTION	1	0		
inpatient	MED	Medical	Hospital	CEREBRAL INFARCTION, UNSPECIFIED	5	0		
inpatient	MED	Medical	Hospital	OCCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	1	0		
inpatient	MED	Medical	Hospital	OCCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	1	0		
inpatient	MED	Medical	Hospital	CEREBRAL ANEURYSM, NONRUPTURED	4	0		
inpatient	MED	Medical	Hospital	CEREBRAL ATHEROSCLEROSIS	1	0		
inpatient	MED	Medical	Hospital	MOYAMOYA DISEASE	2	0		
inpatient	MED	Medical	Hospital	OTHER CEREBROVASCULAR DISEASE	1	0		

inpatient	MED	Medical	Hospital	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, UNSPECIFIED EXTREMITY	1	0		
inpatient	MED	Medical	Hospital	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, LEFT LEG	1	0		
inpatient	MED	Medical	Hospital	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, RIGHT LEG	1	0		
inpatient	MED	Medical	Hospital	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, BILATERAL LEGS	1	0		
inpatient	MED	Medical	Hospital	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, UNSPECIFIED EXTREMITY	1	0		
inpatient	MED	Medical	Hospital	DISSECTION OF THORACOABDOMINAL AORTA	1	0		
inpatient	MED	Medical	Hospital	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	2	0		
inpatient	MED	Medical	Hospital	AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT RUPTURE	1	0		
inpatient	MED	Medical	Hospital	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	CELIAC ARTERY COMPRESSION SYNDROME	2	0		
inpatient	MED	Medical	Hospital	THORACIC AORTIC ECTASIA	1	0		
inpatient	MED	Medical	Hospital	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF LOWER EXTREMITY, BILATERAL	1	0		
inpatient	MED	Medical	Hospital	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF UNSPECIFIED LOWER EXTREMITY	1	0		
inpatient	MED	Medical	Hospital	CHRONIC EMBOLISM AND THROMBOSIS OF RIGHT SUBCLAVIAN VEIN	1	0		
inpatient	MED	Medical	Hospital	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	MED	Medical	Hospital	GANGRENE, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	MED	Medical	Hospital	PNEUMONIA DUE TO SARS-ASSOCIATED CORONAVIRUS	1	0		
inpatient	MED	Medical	Hospital	PNEUMONIA, UNSPECIFIED ORGANISM	9	0		
inpatient	MED	Medical	Hospital	ACUTE BRONCHITIS, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	CYST AND MUCCOCELE OF NOSE AND NASAL SINUS	1	0		
inpatient	MED	Medical	Hospital	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	2	0		
inpatient	MED	Medical	Hospital	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1	0		
inpatient	MED	Medical	Hospital	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	3	0		
inpatient	MED	Medical	Hospital	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	1	0		
inpatient	MED	Medical	Hospital	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	4	0		
inpatient	MED	Medical	Hospital	OTHER DISORDERS OF LUNG	1	0		
inpatient	MED	Medical	Hospital	OTHER DISEASES OF MEDIASTINUM, NOT ELSEWHERE CLASSIFIED	3	0		
inpatient	MED	Medical	Hospital	DISORDERS OF DIAPHRAGM	2	0		
inpatient	MED	Medical	Hospital	Gastro-esophageal reflux disease with esophagitis, without bleeding	2	0		
inpatient	MED	Medical	Hospital	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	4	0		
inpatient	MED	Medical	Hospital	ACHALASIA OF CARDIA	1	0		
inpatient	MED	Medical	Hospital	ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITH PERFORATION	1	0		
inpatient	MED	Medical	Hospital	OTHER DISEASES OF STOMACH AND DUODENUM	1	0		
inpatient	MED	Medical	Hospital	ACUTE APPENDICITIS WITH LOCALIZED PERITONITIS, WITHOUT PERFORATION OR GANGRENE	1	0		
inpatient	MED	Medical	Hospital	ACUTE APPENDICITIS WITH PERFORATION AND LOCALIZED PERITONITIS, WITH ABSCESS	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED ACUTE APPENDICITIS	1	0		

inpatient	MED	Medical	Hospital	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, RECURRENT	1	0		
inpatient	MED	Medical	Hospital	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	MED	Medical	Hospital	PARASTOMAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	MED	Medical	Hospital	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	2	0		
inpatient	MED	Medical	Hospital	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	5	0		
inpatient	MED	Medical	Hospital	CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION	2	0		
inpatient	MED	Medical	Hospital	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	1	0		
inpatient	MED	Medical	Hospital	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	1	0		
inpatient	MED	Medical	Hospital	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	2	0		
inpatient	MED	Medical	Hospital	ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS	1	0		
inpatient	MED	Medical	Hospital	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	2	0		
inpatient	MED	Medical	Hospital	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	2	0		
inpatient	MED	Medical	Hospital	INTUSSUSCEPTION	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1	0		
inpatient	MED	Medical	Hospital	OTHER PARTIAL INTESTINAL OBSTRUCTION	1	0		
inpatient	MED	Medical	Hospital	OTHER INTESTINAL OBSTRUCTION UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	2	0		
inpatient	MED	Medical	Hospital	ILEUS, UNSPECIFIED	2	0		
inpatient	MED	Medical	Hospital	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	4	0		
inpatient	MED	Medical	Hospital	DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
inpatient	MED	Medical	Hospital	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	9	0		
inpatient	MED	Medical	Hospital	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING	1	0		
inpatient	MED	Medical	Hospital	DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	2	0		
inpatient	MED	Medical	Hospital	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	2	0		
inpatient	MED	Medical	Hospital	DIVERTICULOSIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
inpatient	MED	Medical	Hospital	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	6	0		
inpatient	MED	Medical	Hospital	OUTLET DYSFUNCTION CONSTIPATION	1	0		
inpatient	MED	Medical	Hospital	OTHER CONSTIPATION	1	0		
inpatient	MED	Medical	Hospital	ANAL ABSCESS	1	0		
inpatient	MED	Medical	Hospital	RECTAL PROLAPSE	2	0		
inpatient	MED	Medical	Hospital	HEMORRHAGE OF ANUS AND RECTUM	2	0		
inpatient	MED	Medical	Hospital	POLYP OF COLON	2	0		
inpatient	MED	Medical	Hospital	OTHER SPECIFIED DISEASES OF INTESTINE	2	0		
inpatient	MED	Medical	Hospital	PERITONEAL ABSCESS	2	0		
inpatient	MED	Medical	Hospital	PERITONEAL ADHESIONS (POSTPROCEDURAL) (POSTINFECTION)	1	0		
inpatient	MED	Medical	Hospital	CALCULUS OF BILE DUCT WITH CHRONIC CHOLECYSTITIS WITHOUT OBSTRUCTION	1	0		
inpatient	MED	Medical	Hospital	ACUTE CHOLECYSTITIS	1	0		
inpatient	MED	Medical	Hospital	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSPECIFIED	3	0		

inpatient	MED	Medical	Hospital	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	5	0		
inpatient	MED	Medical	Hospital	CUTANEOUS ABSCESS OF ABDOMINAL WALL	1	0		
inpatient	MED	Medical	Hospital	CELLULITIS OF LEFT UPPER LIMB	1	0		
inpatient	MED	Medical	Hospital	CELLULITIS OF LEFT LOWER LIMB	2	0		
inpatient	MED	Medical	Hospital	CELLULITIS OF UNSPECIFIED PART OF LIMB	2	0		
inpatient	MED	Medical	Hospital	CELLULITIS OF FACE	1	0		
inpatient	MED	Medical	Hospital	CELLULITIS OF OTHER SITES	1	0		
inpatient	MED	Medical	Hospital	CELLULITIS, UNSPECIFIED	2	0		
inpatient	MED	Medical	Hospital	PILONIDAL CYST WITHOUT ABSCESS	1	0		
inpatient	MED	Medical	Hospital	PRESSURE ULCER OF SACRAL REGION, STAGE 4	1	0		
inpatient	MED	Medical	Hospital	RHEUMATOID ARTHRITIS, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT KNEE	1	0		
inpatient	MED	Medical	Hospital	OTHER SPECIFIED ARTHRITIS, RIGHT ANKLE AND FOOT	1	0		
inpatient	MED	Medical	Hospital	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	1	0		
inpatient	MED	Medical	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	40	0		
inpatient	MED	Medical	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	32	0		
inpatient	MED	Medical	Hospital	UNILATERAL OSTEOARTHRITIS RESULTING FROM HIP DYSPLASIA, LEFT HIP	1	0		
inpatient	MED	Medical	Hospital	OSTEOARTHRITIS OF HIP, UNSPECIFIED	2	0		
inpatient	MED	Medical	Hospital	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	5	0		
inpatient	MED	Medical	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	22	0		
inpatient	MED	Medical	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	27	0		
inpatient	MED	Medical	Hospital	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF KNEE	1	0		
inpatient	MED	Medical	Hospital	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	5	0		
inpatient	MED	Medical	Hospital	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1	0		
inpatient	MED	Medical	Hospital	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	1	0		
inpatient	MED	Medical	Hospital	VARUS DEFORMITY, NOT ELSEWHERE CLASSIFIED, RIGHT KNEE	1	0		
inpatient	MED	Medical	Hospital	FOOT DROP, LEFT FOOT	1	0		
inpatient	MED	Medical	Hospital	OTHER ACQUIRED DEFORMITIES OF RIGHT FOOT	1	0		
inpatient	MED	Medical	Hospital	UNEQUAL LIMB LENGTH (ACQUIRED), RIGHT FEMUR	1	0		
inpatient	MED	Medical	Hospital	OTHER SPECIFIED ACQUIRED DEFORMITIES OF RIGHT LOWER LEG	1	0		
inpatient	MED	Medical	Hospital	OTHER INSTABILITY, RIGHT KNEE	1	0		
inpatient	MED	Medical	Hospital	PAIN IN UNSPECIFIED JOINT	1	0		
inpatient	MED	Medical	Hospital	PAIN IN RIGHT SHOULDER	1	0		
inpatient	MED	Medical	Hospital	PAIN IN RIGHT HIP	2	0		
inpatient	MED	Medical	Hospital	PAIN IN LEFT HIP	1	0		
inpatient	MED	Medical	Hospital	PAIN IN RIGHT KNEE	2	0		
inpatient	MED	Medical	Hospital	PAIN IN LEFT KNEE	4	0		
inpatient	MED	Medical	Hospital	STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	MED	Medical	Hospital	MAXILLARY HYPOPLASIA	1	0		
inpatient	MED	Medical	Hospital	MANDIBULAR HYPOPLASIA	2	0		
inpatient	MED	Medical	Hospital	REVERSE ARTICULATION	1	0		
inpatient	MED	Medical	Hospital	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	OTHER SECONDARY KYPHOSIS, THORACOLUMBAR REGION	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED KYPHOSIS, SITE UNSPECIFIED	2	0		
inpatient	MED	Medical	Hospital	INFANTILE IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1	0		
inpatient	MED	Medical	Hospital	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	3	0		
inpatient	MED	Medical	Hospital	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	2	0		

inpatient	MED	Medical	Hospital	ADOLESCENT IDIOPATHIC SCOLIOSIS, LUMBAR REGION	1	0		
inpatient	MED	Medical	Hospital	OTHER IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	OTHER IDIOPATHIC SCOLIOSIS, LUMBAR REGION	1	0		
inpatient	MED	Medical	Hospital	OTHER SECONDARY SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	OTHER SECONDARY SCOLIOSIS, THORACOLUMBAR REGION	1	0		
inpatient	MED	Medical	Hospital	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	SPONDYLOLYSIS, LUMBAR REGION	1	0		
inpatient	MED	Medical	Hospital	SPONDYLOLISTHESIS, SITE UNSPECIFIED	2	0		
inpatient	MED	Medical	Hospital	SPONDYLOLISTHESIS, LUMBAR REGION	11	0		
inpatient	MED	Medical	Hospital	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	3	0		
inpatient	MED	Medical	Hospital	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	2	0		
inpatient	MED	Medical	Hospital	INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), SITE UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	4	0		
inpatient	MED	Medical	Hospital	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	1	0		
inpatient	MED	Medical	Hospital	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	2	0		
inpatient	MED	Medical	Hospital	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	2	0		
inpatient	MED	Medical	Hospital	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	2	0		
inpatient	MED	Medical	Hospital	OTHER SPONDYLOSIS, LUMBAR REGION	3	0		
inpatient	MED	Medical	Hospital	SPINAL STENOSIS, SITE UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	SPINAL STENOSIS, CERVICAL REGION	10	0		
inpatient	MED	Medical	Hospital	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	6	0		
inpatient	MED	Medical	Hospital	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	12	0		
inpatient	MED	Medical	Hospital	SPINAL STENOSIS, LUMBOSACRAL REGION	1	0		
inpatient	MED	Medical	Hospital	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	2	0		
inpatient	MED	Medical	Hospital	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	1	0		
inpatient	MED	Medical	Hospital	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	MED	Medical	Hospital	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION	1	0		
inpatient	MED	Medical	Hospital	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
inpatient	MED	Medical	Hospital	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	2	0		
inpatient	MED	Medical	Hospital	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	3	0		
inpatient	MED	Medical	Hospital	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1	0		
inpatient	MED	Medical	Hospital	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1	0		
inpatient	MED	Medical	Hospital	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1	0		
inpatient	MED	Medical	Hospital	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	4	0		
inpatient	MED	Medical	Hospital	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION	1	0		
inpatient	MED	Medical	Hospital	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACOLUMBAR REGION	1	0		
inpatient	MED	Medical	Hospital	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	5	0		
inpatient	MED	Medical	Hospital	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	3	0		
inpatient	MED	Medical	Hospital	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	MED	Medical	Hospital	RADICULOPATHY, CERVICAL REGION	4	0		
inpatient	MED	Medical	Hospital	RADICULOPATHY, LUMBAR REGION	14	0		
inpatient	MED	Medical	Hospital	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
inpatient	MED	Medical	Hospital	CERVICALGIA	2	0		
inpatient	MED	Medical	Hospital	LUMBAGO WITH SCIATICA, LEFT SIDE	1	0		
inpatient	MED	Medical	Hospital	LOW BACK PAIN	3	0		
inpatient	MED	Medical	Hospital	PAIN IN THORACIC SPINE	2	0		
inpatient	MED	Medical	Hospital	MUSCLE WEAKNESS (GENERALIZED)	1	0		

inpatient	MED	Medical	Hospital	OTHER BURSAL CYST, UNSPECIFIED SITE	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	1	0		
inpatient	MED	Medical	Hospital	PATHOLOGICAL FRACTURE, HIP, UNSPECIFIED, INITIAL ENCOUNTER FOR FRACTURE	1	0		
inpatient	MED	Medical	Hospital	OTHER ACUTE OSTEOMYELITIS, RIGHT FEMUR	1	0		
inpatient	MED	Medical	Hospital	OTHER CHRONIC OSTEOMYELITIS, LEFT THIGH	1	0		
inpatient	MED	Medical	Hospital	IDIOPATHIC ASEPTIC NECROSIS OF LEFT HUMERUS	1	0		
inpatient	MED	Medical	Hospital	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	3	0		
inpatient	MED	Medical	Hospital	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	3	0		
inpatient	MED	Medical	Hospital	OSTEONECROSIS DUE TO DRUGS, RIGHT FEMUR	1	0		
inpatient	MED	Medical	Hospital	OSTEONECROSIS DUE TO DRUGS, LEFT FEMUR	2	0		
inpatient	MED	Medical	Hospital	DISORDER OF BONE, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	3	0		
inpatient	MED	Medical	Hospital	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	3	0		
inpatient	MED	Medical	Hospital	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF CERVICAL REGION	1	0		
inpatient	MED	Medical	Hospital	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	1	0		
inpatient	MED	Medical	Hospital	TUBULO-INTERSTITIAL NEPHRITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	2	0		
inpatient	MED	Medical	Hospital	ACUTE KIDNEY FAILURE, UNSPECIFIED	3	0		
inpatient	MED	Medical	Hospital	END STAGE RENAL DISEASE	1	0		
inpatient	MED	Medical	Hospital	CALCULUS OF KIDNEY	2	0		
inpatient	MED	Medical	Hospital	CALCULUS OF URETER	2	0		
inpatient	MED	Medical	Hospital	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	7	0		
inpatient	MED	Medical	Hospital	URINARY TRACT INFECTION, SITE NOT SPECIFIED	1	0		
inpatient	MED	Medical	Hospital	STRESS INCONTINENCE (FEMALE) (MALE)	1	0		
inpatient	MED	Medical	Hospital	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMPTOMS	1	0		
inpatient	MED	Medical	Hospital	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
inpatient	MED	Medical	Hospital	DISPROPORTION OF RECONSTRUCTED BREAST	1	0		
inpatient	MED	Medical	Hospital	OTHER ENDOMETRIOSIS	1	0		
inpatient	MED	Medical	Hospital	CYSTOCELE, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	VESICOVAGINAL FISTULA	1	0		
inpatient	MED	Medical	Hospital	OTHER FEMALE URINARY-GENITAL TRACT FISTULAE	1	0		
inpatient	MED	Medical	Hospital	OTHER OVARIAN CYST, RIGHT SIDE	1	0		
inpatient	MED	Medical	Hospital	OTHER NONINFLAMMATORY DISORDERS OF OVARY, FALLOPIAN TUBE AND BROAD LIGAMENT	1	0		
inpatient	MED	Medical	Hospital	POLYP OF CORPUS UTERI	1	0		
inpatient	MED	Medical	Hospital	ENDOMETRIAL HYPERPLASIA, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF UTERUS	1	0		
inpatient	MED	Medical	Hospital	INCOMPETENCE OF CERVIX UTERI	1	0		
inpatient	MED	Medical	Hospital	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	5	0		
inpatient	MED	Medical	Hospital	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	2	0		
inpatient	MED	Medical	Hospital	EXCESSIVE BLEEDING IN THE PREMENOPAUSAL PERIOD	1	0		
inpatient	MED	Medical	Hospital	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	2	0		
inpatient	MED	Medical	Hospital	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	5	0		
inpatient	MED	Medical	Hospital	SECONDARY DYSMENORRHEA	1	0		
inpatient	MED	Medical	Hospital	DYSMENORRHEA, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	OTHER SPECIFIED CONDITIONS ASSOCIATED WITH FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	2	0		

inpatient	MED	Medical	Hospital	POSTMENOPAUSAL BLEEDING	2	0		
inpatient	MED	Medical	Hospital	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA, UNSPECIFIED TRIMESTER	1	0		
inpatient	MED	Medical	Hospital	SEVERE PRE-ECLAMPSIA, COMPLICATING THE PUERPERIUM	1	0		
inpatient	MED	Medical	Hospital	OTHER SPECIFIED PREGNANCY RELATED CONDITIONS, UNSPECIFIED TRIMESTER	1	0		
inpatient	MED	Medical	Hospital	PREGNANCY RELATED CONDITIONS, UNSPECIFIED, UNSPECIFIED TRIMESTER	1	0		
inpatient	MED	Medical	Hospital	MATERNAL CARE FOR LOW TRANSVERSE SCAR FROM PREVIOUS CESAREAN DELIVERY	1	0		
inpatient	MED	Medical	Hospital	MATERNAL CARE FOR UNSPECIFIED TYPE SCAR FROM PREVIOUS CESAREAN DELIVERY	2	0		
inpatient	MED	Medical	Hospital	DECREASED FETAL MOVEMENTS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED	2	0		
inpatient	MED	Medical	Hospital	POLYHYDRAMNIOS, THIRD TRIMESTER, NOT APPLICABLE OR UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	LABOR AND DELIVERY COMPLICATED BY OTHER EVIDENCE OF FETAL STRESS	1	0		
inpatient	MED	Medical	Hospital	FEEDING PROBLEM OF NEWBORN, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	ENCEPHALOCELE, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	1	0		
inpatient	MED	Medical	Hospital	ATRIAL SEPTAL DEFECT	4	0		
inpatient	MED	Medical	Hospital	CONGENITAL TRICUSPID STENOSIS	1	0		
inpatient	MED	Medical	Hospital	EBSTEIN'S ANOMALY	2	0		
inpatient	MED	Medical	Hospital	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	1	0		
inpatient	MED	Medical	Hospital	CONGENITAL SUBAORTIC STENOSIS	1	0		
inpatient	MED	Medical	Hospital	PATENT DUCTUS ARTERIOSUS	1	0		
inpatient	MED	Medical	Hospital	PARTIAL ANOMALOUS PULMONARY VENOUS CONNECTION	1	0		
inpatient	MED	Medical	Hospital	SEQUESTRATION OF LUNG	1	0		
inpatient	MED	Medical	Hospital	CONGENITAL CYST OF MEDIASTINUM	1	0		
inpatient	MED	Medical	Hospital	CLEFT PALATE, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	CLEFT HARD AND SOFT PALATE WITH BILATERAL CLEFT LIP	1	0		
inpatient	MED	Medical	Hospital	CONGENITAL MALFORMATION OF INTESTINE, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	OTHER SPECIFIED CONGENITAL DEFORMITIES OF HIP	2	0		
inpatient	MED	Medical	Hospital	CONGENITAL DEFORMITY OF HIP, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	PECTUS EXCAVATUM	4	0		
inpatient	MED	Medical	Hospital	CRANIOSYNOSTOSIS	4	0		
inpatient	MED	Medical	Hospital	CONGENITAL SPONDYLOLISTHESIS	1	0		
inpatient	MED	Medical	Hospital	CONGENITAL SCOLIOSIS DUE TO CONGENITAL BONY MALFORMATION	1	0		
inpatient	MED	Medical	Hospital	OTHER CONGENITAL MALFORMATIONS OF DIAPHRAGM	1	0		
inpatient	MED	Medical	Hospital	Ehlers-Danlos syndrome, unspecified	1	0		
inpatient	MED	Medical	Hospital	ACCESSORY BREAST	1	0		
inpatient	MED	Medical	Hospital	TACHYCARDIA, UNSPECIFIED	2	0		
inpatient	MED	Medical	Hospital	DYSPNEA, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	SHORTNESS OF BREATH	4	0		
inpatient	MED	Medical	Hospital	WHEEZING	1	0		
inpatient	MED	Medical	Hospital	OTHER CHEST PAIN	1	0		
inpatient	MED	Medical	Hospital	CHEST PAIN, UNSPECIFIED	6	0		
inpatient	MED	Medical	Hospital	RIGHT UPPER QUADRANT PAIN	1	0		
inpatient	MED	Medical	Hospital	PELVIC AND PERINEAL PAIN	3	0		
inpatient	MED	Medical	Hospital	RIGHT LOWER QUADRANT PAIN	2	0		
inpatient	MED	Medical	Hospital	LEFT LOWER QUADRANT PAIN	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED ABDOMINAL PAIN	5	0		

inpatient	MED	Medical	Hospital	VOMITING, UNSPECIFIED	4	0		
inpatient	MED	Medical	Hospital	NAUSEA WITH VOMITING, UNSPECIFIED	2	0		
inpatient	MED	Medical	Hospital	FULL INCONTINENCE OF FECES	1	0		
inpatient	MED	Medical	Hospital	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	3	0		
inpatient	MED	Medical	Hospital	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
inpatient	MED	Medical	Hospital	DIARRHEA, UNSPECIFIED	2	0		
inpatient	MED	Medical	Hospital	HYPOESTHESIA OF SKIN	1	0		
inpatient	MED	Medical	Hospital	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	1	0		
inpatient	MED	Medical	Hospital	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1	0		
inpatient	MED	Medical	Hospital	CRAMP AND SPASM	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	1	0		
inpatient	MED	Medical	Hospital	UNSTEADINESS ON FEET	1	0		
inpatient	MED	Medical	Hospital	NIHSS SCORE 0	1	0		
inpatient	MED	Medical	Hospital	FACIAL WEAKNESS	1	0		
inpatient	MED	Medical	Hospital	RETENTION OF URINE, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED COMA	1	0		
inpatient	MED	Medical	Hospital	ALTERED MENTAL STATUS, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	DIZZINESS AND GIDDINESS	1	0		
inpatient	MED	Medical	Hospital	FEVER, UNSPECIFIED	5	0		
inpatient	MED	Medical	Hospital	PAIN, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	WEAKNESS	1	0		
inpatient	MED	Medical	Hospital	SYNCOPE AND COLLAPSE	2	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED CONVULSIONS	7	0		
inpatient	MED	Medical	Hospital	ANOREXIA	1	0		
inpatient	MED	Medical	Hospital	FEEDING DIFFICULTIES	1	0		
inpatient	MED	Medical	Hospital	SYSTEMIC INFLAMMATORY RESPONSE SYNDROME (SIRS) OF NON-INFECTIOUS ORIGIN WITHOUT ACUTE ORGAN DYSFUNCTION	2	0		
inpatient	MED	Medical	Hospital	SEVERE SEPSIS WITHOUT SEPTIC SHOCK	3	0		
inpatient	MED	Medical	Hospital	SEVERE SEPSIS WITH SEPTIC SHOCK	1	0		
inpatient	MED	Medical	Hospital	ILLNESS, UNSPECIFIED	1	0		
inpatient	MED	Medical	Hospital	BACTEREMIA	1	0		
inpatient	MED	Medical	Hospital	SOLITARY PULMONARY NODULE	3	0		
inpatient	MED	Medical	Hospital	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED FRACTURE OF FACIAL BONES, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	MED	Medical	Hospital	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS GREATER THAN 24 HOURS WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL WITH PATIENT SURVIVING, SUBSEQUENT ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	TRAUMATIC SUBARACHNOID HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED DISPLACED FRACTURE OF SECOND CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED DISPLACED FRACTURE OF FIFTH CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	MED	Medical	Hospital	WEDGE COMPRESSION FRACTURE OF T9-T10 VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	MED	Medical	Hospital	MULTIPLE FRACTURES OF RIBS, UNSPECIFIED SIDE, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		

inpatient	MED	Medical	Hospital	WEDGE COMPRESSION FRACTURE OF FOURTH LUMBAR VERTEBRA, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
inpatient	MED	Medical	Hospital	OTHER SPECIFIED FRACTURE OF LEFT PUBIS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED INJURY OF URETER, INITIAL ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	DISPLACED FRACTURE OF NECK OF SCAPULA, RIGHT SHOULDER, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	MED	Medical	Hospital	3-PART FRACTURE OF SURGICAL NECK OF RIGHT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	MED	Medical	Hospital	3-PART FRACTURE OF SURGICAL NECK OF LEFT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	MED	Medical	Hospital	OTHER DISPLACED FRACTURE OF UPPER END OF RIGHT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	MED	Medical	Hospital	OTHER DISPLACED FRACTURE OF UPPER END OF RIGHT HUMERUS, SEQUELA	1	0		
inpatient	MED	Medical	Hospital	DISPLACED SIMPLE SUPRACONDYLAR FRACTURE WITHOUT INTERCONDYLAR FRACTURE OF UNSPECIFIED HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED OPEN WOUND OF RIGHT HAND, SUBSEQUENT ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	FRACTURE OF UNSPECIFIED CARPAL BONE, RIGHT WRIST, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	MED	Medical	Hospital	COMPLETE TRAUMATIC METACARPOPHALANGEAL AMPUTATION OF UNSPECIFIED FINGER, INITIAL ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	FRACTURE OF UNSPECIFIED PART OF NECK OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED INTRACAPSULAR FRACTURE OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	MED	Medical	Hospital	DISPLACED SPIRAL FRACTURE OF SHAFT OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
inpatient	MED	Medical	Hospital	DISPLACED FRACTURE OF LATERAL CONDYLE OF LEFT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED FRACTURE OF UNSPECIFIED FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED FRACTURE OF LEFT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	MED	Medical	Hospital	DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED FRACTURE OF LOWER END OF LEFT TIBIA, INITIAL ENCOUNTER FOR OPEN FRACTURE TYPE I OR II	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED FRACTURE OF SHAFT OF LEFT FIBULA, SUBSEQUENT ENCOUNTER FOR OPEN FRACTURE TYPE IIIA, IIIB, OR IIIC WITH DELAYED HEALING	1	0		
inpatient	MED	Medical	Hospital	DISPLACED TRIMALLEOLAR FRACTURE OF LEFT LOWER LEG, INITIAL ENCOUNTER FOR OPEN FRACTURE TYPE I OR II	1	0		
inpatient	MED	Medical	Hospital	UNSPECIFIED DISLOCATION OF RIGHT PATELLA, INITIAL ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	POISONING BY UNSPECIFIED DRUGS, MEDICAMENTS AND BIOLOGICAL SUBSTANCES, INTENTIONAL SELF-HARM, INITIAL ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	RADIATION SICKNESS, UNSPECIFIED, SEQUELA	1	0		
inpatient	MED	Medical	Hospital	OTHER EARLY COMPLICATIONS OF TRAUMA, INITIAL ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	DISRUPTION OF WOUND, UNSPECIFIED, INITIAL ENCOUNTER	2	0		

inpatient	MED	Medical	Hospital	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NOT ELSEWHERE CLASSIFIED, INITIAL ENCOUNTER	2	0		
inpatient	MED	Medical	Hospital	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NOT ELSEWHERE CLASSIFIED, SUBSEQUENT ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	LEAKAGE OF AORTIC (BIFURCATION) GRAFT (REPLACEMENT), INITIAL ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	DISLOCATION OF INTERNAL LEFT HIP PROsthESIS, INITIAL ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	INSTABILITY OF INTERNAL RIGHT KNEE PROsthESIS, SUBSEQUENT ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	MECHANICAL LOOSENING OF INTERNAL RIGHT KNEE PROsthETIC JOINT, INITIAL ENCOUNTER	2	0		
inpatient	MED	Medical	Hospital	MECHANICAL LOOSENING OF INTERNAL LEFT KNEE PROsthETIC JOINT, INITIAL ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	MECHANICAL LOOSENING OF UNSPECIFIED INTERNAL PROsthETIC JOINT, INITIAL ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	MECHANICAL LOOSENING OF UNSPECIFIED INTERNAL PROsthETIC JOINT, SUBSEQUENT ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	PERIPROsthETIC OSTEOLYSIS OF INTERNAL PROsthETIC LEFT KNEE JOINT, INITIAL ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	OTHER MECHANICAL COMPLICATION OF INTERNAL LEFT KNEE PROsthESIS, INITIAL ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	OTHER MECHANICAL COMPLICATION OF UNSPECIFIED INTERNAL JOINT PROsthESIS, INITIAL ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL RIGHT KNEE PROsthESIS, SEQUELA	2	0		
inpatient	MED	Medical	Hospital	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL JOINT PROsthESIS, INITIAL ENCOUNTER	3	0		
inpatient	MED	Medical	Hospital	PAIN DUE TO INTERNAL ORTHOPEDIC PROsthETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	PAIN DUE TO INTERNAL ORTHOPEDIC PROsthETIC DEVICES, IMPLANTS AND GRAFTS, SUBSEQUENT ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL PROsthETIC DEVICES, IMPLANTS AND GRAFTS, SEQUELA	1	0		
inpatient	MED	Medical	Hospital	FAILED OR DIFFICULT INTUBATION, INITIAL ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	VAPING-RELATED DISORDER	1	0		
inpatient	MED	Medical	Hospital	COVID-19	11	0		
inpatient	MED	Medical	Hospital	PERSON INJURED IN UNSPECIFIED MOTOR-VEHICLE ACCIDENT, TRAFFIC, INITIAL ENCOUNTER	1	0		
inpatient	MED	Medical	Hospital	ENCOUNTER FOR ADMINISTRATIVE EXAMINATIONS, UNSPECIFIED	5	0		
inpatient	MED	Medical	Hospital	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF OVARY	1	0		
inpatient	MED	Medical	Hospital	CONTACT WITH AND (SUSPECTED) EXPOSURE TO OTHER VIRAL COMMUNICABLE DISEASES	2	0		
inpatient	MED	Medical	Hospital	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1	0		
inpatient	MED	Medical	Hospital	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	1	0		
inpatient	MED	Medical	Hospital	ENCOUNTER FOR ATTENTION TO COLOSTOMY	4	0		
inpatient	MED	Medical	Hospital	ENCOUNTER FOR OTHER SPECIFIED SURGICAL AFTERCARE	1	0		
inpatient	MED	Medical	Hospital	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	3	0		
inpatient	MED	Medical	Hospital	OTHER PROBLEMS RELATED TO LIFE MANAGEMENT DIFFICULTY	1	0		
inpatient	MED	Medical	Hospital	OTHER LONG TERM (CURRENT) DRUG THERAPY	1	0		
inpatient	MED	Medical	Hospital	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	1	0		

inpatient	MED	Medical	Hospital	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	7	0		
inpatient	MED	Medical	Hospital	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	1	0		
inpatient	MED	Medical	Hospital	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	2	0		
inpatient	MED	Medical	Hospital	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	1	0		
inpatient	MED	Medical	Hospital	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	3	0		
inpatient	MED	Medical	Hospital	PERSONAL HISTORY OF ANTINEOPLASTIC CHEMOTHERAPY	3	0		
inpatient	MED	Medical	Hospital	PERSONAL HISTORY OF IRRADIATION	1	0		
inpatient	MED	Medical	Hospital	COLOSTOMY STATUS	5	0		
inpatient	MED	Medical	Hospital	HEART TRANSPLANT STATUS	1	0		
inpatient	MED	Medical	Hospital	PRESENCE OF OTHER VASCULAR IMPLANTS AND GRAFTS	1	0		
inpatient	MED	Medical	Hospital	PRESENCE OF LEFT ARTIFICIAL SHOULDER JOINT	1	0		
inpatient	MED	Medical	Hospital	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	1	0		
inpatient	MED	Medical	Hospital	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	2	0		
inpatient	MED	Medical	Hospital	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	1	0		
inpatient	MED	Medical	Hospital	ARTHRODESIS STATUS	1	0		
inpatient	MED	Medical	Hospital	PRESENCE OF CEREBROSPINAL FLUID DRAINAGE DEVICE	1	0		
inpatient	MED	Medical	Hospital	BREAST IMPLANT STATUS	1	0		
inpatient	MED	Medical	Hospital	OTHER SPECIFIED POSTPROCEDURAL STATES	1	0		
inpatient	MED	Medical	Hospital	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	0	1	Administrative	
inpatient	MED	Medical	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	0	5	Administrative	
inpatient	MED	Medical	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	0	4	Administrative	
inpatient	MED	Medical	Hospital	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	0	1	Administrative	
inpatient	MED	Medical	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	0	4	Administrative	
inpatient	MED	Medical	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	0	4	Administrative	
inpatient	MED	Medical	Hospital	PAIN IN LEFT KNEE	0	1	Administrative	
inpatient	MED	Medical	Hospital	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
inpatient	MED	Medical	Hospital	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	1	Administrative	
inpatient	MED	Medical	Hospital	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	0	2	Administrative	
inpatient	MED	Medical	Hospital	BODY MASS INDEX (BMI) 45.0-49.9, ADULT	0	1	Administrative	
inpatient	MED	Medical	Hospital	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	0	1	Administrative	
inpatient	MED	Medical	Hospital	THYROTOXICOSIS WITH DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	GENDER IDENTITY DISORDER, UNSPECIFIED	0	2	Medical Necessity	
inpatient	MED	Medical	Hospital	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	MONOPLÉGIA OF LOWER LIMB AFFECTING UNSPECIFIED SIDE	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	NONRHEUMATIC AORTIC (VALVE) STENOSIS	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	PAROXYSMAL ATRIAL FIBRILLATION	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	VIRAL PNEUMONIA, UNSPECIFIED	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	0	7	Medical Necessity	
inpatient	MED	Medical	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	0	7	Medical Necessity	
inpatient	MED	Medical	Hospital	VARUS DEFORMITY, NOT ELSEWHERE CLASSIFIED, LEFT KNEE	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	1	Medical Necessity	

inpatient	MED	Medical	Hospital	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	SPINAL STENOSIS, CERVICAL REGION	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	OTHER CERVICAL DISC DISPLACEMENT, MID-CERVICAL REGION, UNSPECIFIED LEVEL	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	2	Medical Necessity	
inpatient	MED	Medical	Hospital	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	RADICULOPATHY, LUMBOSACRAL REGION	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	HYPERTROPHY OF UTERUS	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	PECTUS EXCAVATUM	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	UNSPECIFIED CONVULSIONS	0	1	Medical Necessity	
inpatient	MED	Medical	Hospital	COVID-19	0	1	Medical Necessity	
inpatient	MEN	Mental Health	Hospital	PSYCHOTIC DISORDER WITH DELUSIONS DUE TO KNOWN PHYSIOLOGICAL CONDITION	1	0		
inpatient	MEN	Mental Health	Hospital	UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION	1	0		
inpatient	MEN	Mental Health	Hospital	BIPOLAR DISORDER, CURRENT EPISODE MIXED, UNSPECIFIED	1	0		
inpatient	MEN	Mental Health	Hospital	ANXIETY DISORDER, UNSPECIFIED	1	0		
inpatient	MEN	Mental Health	Hospital	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	1	0		
inpatient	NEO	Neonatal Intensive Care	Hospital	PRETERM NEWBORN, GESTATIONAL AGE 28 COMPLETED WEEKS	1	0		
inpatient	NEO	Neonatal Intensive Care	Hospital	TRANSIENT TACHYPNEA OF NEWBORN	1	0		
inpatient	REH	Rehabilitation	Hospital	SEPSIS DUE TO METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS	1	0		
inpatient	REH	Rehabilitation	Hospital	SEPSIS, UNSPECIFIED ORGANISM	1	0		
inpatient	REH	Rehabilitation	Hospital	WEST NILE VIRUS INFECTION WITH ENCEPHALITIS	1	0		
inpatient	REH	Rehabilitation	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	1	0		
inpatient	REH	Rehabilitation	Hospital	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	1	0		
inpatient	REH	Rehabilitation	Hospital	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF MULTIPLE SITES	1	0		
inpatient	REH	Rehabilitation	Hospital	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	1	0		
inpatient	REH	Rehabilitation	Hospital	NEOPLASM OF UNSPECIFIED BEHAVIOR OF UNSPECIFIED SITE	1	0		
inpatient	REH	Rehabilitation	Hospital	ANTINEOPLASTIC CHEMOTHERAPY INDUCED PANCYTOPENIA	1	0		
inpatient	REH	Rehabilitation	Hospital	TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE	1	0		
inpatient	REH	Rehabilitation	Hospital	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	1	0		
inpatient	REH	Rehabilitation	Hospital	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	1	0		
inpatient	REH	Rehabilitation	Hospital	WERNICKE'S ENCEPHALOPATHY	1	0		
inpatient	REH	Rehabilitation	Hospital	ACIDOSIS	2	0		
inpatient	REH	Rehabilitation	Hospital	HYPERKALEMIA	1	0		
inpatient	REH	Rehabilitation	Hospital	CATATONIC DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION	1	0		
inpatient	REH	Rehabilitation	Hospital	ACUTE DISSEMINATED ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED	1	0		
inpatient	REH	Rehabilitation	Hospital	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM	1	0		

inpatient	REH	Rehabilitation	Hospital	OTHER SEIZURES	1	0		
inpatient	REH	Rehabilitation	Hospital	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	2	0		
inpatient	REH	Rehabilitation	Hospital	GUILLAIN-BARRE SYNDROME	2	0		
inpatient	REH	Rehabilitation	Hospital	CRITICAL ILLNESS MYOPATHY	6	0		
inpatient	REH	Rehabilitation	Hospital	OTHER SPECIFIED MYOPATHIES	1	0		
inpatient	REH	Rehabilitation	Hospital	MYOPATHY, UNSPECIFIED	3	0		
inpatient	REH	Rehabilitation	Hospital	PARAPLEGIA, UNSPECIFIED	1	0		
inpatient	REH	Rehabilitation	Hospital	QUADRIPLEGIA, C1-C4 INCOMPLETE	1	0		
inpatient	REH	Rehabilitation	Hospital	CAUDA EQUINA SYNDROME	1	0		
inpatient	REH	Rehabilitation	Hospital	ENCEPHALOPATHY, UNSPECIFIED	3	0		
inpatient	REH	Rehabilitation	Hospital	METABOLIC ENCEPHALOPATHY	2	0		
inpatient	REH	Rehabilitation	Hospital	OTHER ENCEPHALOPATHY	1	0		
inpatient	REH	Rehabilitation	Hospital	CEREBRAL EDEMA	1	0		
inpatient	REH	Rehabilitation	Hospital	ESSENTIAL (PRIMARY) HYPERTENSION	4	0		
inpatient	REH	Rehabilitation	Hospital	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITH HEART FAILURE AND STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE	1	0		
inpatient	REH	Rehabilitation	Hospital	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	1	0		
inpatient	REH	Rehabilitation	Hospital	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	3	0		
inpatient	REH	Rehabilitation	Hospital	PULMONARY HYPERTENSION DUE TO LUNG DISEASES AND HYPOXIA	1	0		
inpatient	REH	Rehabilitation	Hospital	SUPRAVENTRICULAR TACHYCARDIA	1	0		
inpatient	REH	Rehabilitation	Hospital	UNSPECIFIED ATRIAL FIBRILLATION	1	0		
inpatient	REH	Rehabilitation	Hospital	HEART FAILURE, UNSPECIFIED	1	0		
inpatient	REH	Rehabilitation	Hospital	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE IN CEREBELLUM	1	0		
inpatient	REH	Rehabilitation	Hospital	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	2	0		
inpatient	REH	Rehabilitation	Hospital	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	3	0		
inpatient	REH	Rehabilitation	Hospital	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBRAL ARTERY	2	0		
inpatient	REH	Rehabilitation	Hospital	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT ANTERIOR CEREBRAL ARTERY	1	0		
inpatient	REH	Rehabilitation	Hospital	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT ANTERIOR CEREBRAL ARTERY	1	0		
inpatient	REH	Rehabilitation	Hospital	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBRAL ARTERY	2	0		
inpatient	REH	Rehabilitation	Hospital	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT MIDDLE CEREBRAL ARTERY	3	0		
inpatient	REH	Rehabilitation	Hospital	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT ANTERIOR CEREBRAL ARTERY	1	0		
inpatient	REH	Rehabilitation	Hospital	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CEREBELLAR ARTERY	1	0		
inpatient	REH	Rehabilitation	Hospital	CEREBRAL INFARCTION, UNSPECIFIED	12	0		
inpatient	REH	Rehabilitation	Hospital	OCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	1	0		
inpatient	REH	Rehabilitation	Hospital	OTHER CEREBROVASCULAR DISEASE	4	0		
inpatient	REH	Rehabilitation	Hospital	CEREBROVASCULAR DISEASE, UNSPECIFIED	1	0		
inpatient	REH	Rehabilitation	Hospital	FRONTAL LOBE AND EXECUTIVE FUNCTION DEFICIT FOLLOWING NONTRAUMATIC SUBARACHNOID HEMORRHAGE	1	0		
inpatient	REH	Rehabilitation	Hospital	APRAXIA FOLLOWING OTHER NONTRAUMATIC INTRACRANIAL HEMORRHAGE	1	0		
inpatient	REH	Rehabilitation	Hospital	OTHER SPEECH AND LANGUAGE DEFICITS FOLLOWING CEREBRAL INFARCTION	1	0		

inpatient	REH	Rehabilitation	Hospital	HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING LEFT NON-DOMINANT SIDE	1	0		
inpatient	REH	Rehabilitation	Hospital	HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING UNSPECIFIED SIDE	2	0		
inpatient	REH	Rehabilitation	Hospital	FACIAL WEAKNESS FOLLOWING CEREBRAL INFARCTION	1	0		
inpatient	REH	Rehabilitation	Hospital	APHASIA FOLLOWING OTHER CEREBROVASCULAR DISEASE	1	0		
inpatient	REH	Rehabilitation	Hospital	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, RIGHT LEG	1	0		
inpatient	REH	Rehabilitation	Hospital	SEPTIC ARTERIAL EMBOLISM	1	0		
inpatient	REH	Rehabilitation	Hospital	ARTERIOVENOUS FISTULA, ACQUIRED	1	0		
inpatient	REH	Rehabilitation	Hospital	ACUTE EMBOLISM AND THROMBOSIS OF DEEP VEINS OF LEFT UPPER EXTREMITY	1	0		
inpatient	REH	Rehabilitation	Hospital	PNEUMONIA DUE TO SARS-ASSOCIATED CORONAVIRUS	1	0		
inpatient	REH	Rehabilitation	Hospital	PNEUMONIA, UNSPECIFIED ORGANISM	2	0		
inpatient	REH	Rehabilitation	Hospital	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1	0		
inpatient	REH	Rehabilitation	Hospital	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1	0		
inpatient	REH	Rehabilitation	Hospital	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	1	0		
inpatient	REH	Rehabilitation	Hospital	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1	0		
inpatient	REH	Rehabilitation	Hospital	UNSPECIFIED CIRRHOSIS OF LIVER	1	0		
inpatient	REH	Rehabilitation	Hospital	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	1	0		
inpatient	REH	Rehabilitation	Hospital	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1	0		
inpatient	REH	Rehabilitation	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	2	0		
inpatient	REH	Rehabilitation	Hospital	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1	0		
inpatient	REH	Rehabilitation	Hospital	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	1	0		
inpatient	REH	Rehabilitation	Hospital	RADICULOPATHY, CERVICAL REGION	1	0		
inpatient	REH	Rehabilitation	Hospital	RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	REH	Rehabilitation	Hospital	MUSCLE WEAKNESS (GENERALIZED)	3	0		
inpatient	REH	Rehabilitation	Hospital	OTHER MUSCLE SPASM	1	0		
inpatient	REH	Rehabilitation	Hospital	ACUTE KIDNEY FAILURE WITH TUBULAR NECROSIS	1	0		
inpatient	REH	Rehabilitation	Hospital	DYSPNEA, UNSPECIFIED	1	0		
inpatient	REH	Rehabilitation	Hospital	ACUTE RESPIRATORY DISTRESS	1	0		
inpatient	REH	Rehabilitation	Hospital	NAUSEA WITH VOMITING, UNSPECIFIED	1	0		
inpatient	REH	Rehabilitation	Hospital	DYSPHAGIA, UNSPECIFIED	1	0		
inpatient	REH	Rehabilitation	Hospital	UNSPECIFIED JAUNDICE	1	0		
inpatient	REH	Rehabilitation	Hospital	OTHER ABNORMALITIES OF GAIT AND MOBILITY	1	0		
inpatient	REH	Rehabilitation	Hospital	REPEATED FALLS	1	0		
inpatient	REH	Rehabilitation	Hospital	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	1	0		
inpatient	REH	Rehabilitation	Hospital	PAIN, UNSPECIFIED	1	0		
inpatient	REH	Rehabilitation	Hospital	WEAKNESS	3	0		
inpatient	REH	Rehabilitation	Hospital	OTHER MALAISE	4	0		
inpatient	REH	Rehabilitation	Hospital	AGE-RELATED PHYSICAL DEBILITY	1	0		
inpatient	REH	Rehabilitation	Hospital	UNSPECIFIED CONVULSIONS	1	0		
inpatient	REH	Rehabilitation	Hospital	SEVERE SEPSIS WITH SEPTIC SHOCK	1	0		
inpatient	REH	Rehabilitation	Hospital	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1	0		
inpatient	REH	Rehabilitation	Hospital	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1	0		

inpatient	REH	Rehabilitation	Hospital	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SEQUELA	1	0		
inpatient	REH	Rehabilitation	Hospital	TRAUMATIC SUBDURAL HEMORRHAGE WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER	1	0		
inpatient	REH	Rehabilitation	Hospital	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1	0		
inpatient	REH	Rehabilitation	Hospital	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SEQUELA	1	0		
inpatient	REH	Rehabilitation	Hospital	UNSPECIFIED INTRACRANIAL INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1	0		
inpatient	REH	Rehabilitation	Hospital	UNSPECIFIED DISPLACED FRACTURE OF SECOND CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	REH	Rehabilitation	Hospital	UNSPECIFIED DISPLACED FRACTURE OF SIXTH CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	REH	Rehabilitation	Hospital	CENTRAL CORD SYNDROME AT C6 LEVEL OF CERVICAL SPINAL CORD, SUBSEQUENT ENCOUNTER	1	0		
inpatient	REH	Rehabilitation	Hospital	OTHER INCOMPLETE LESION AT UNSPECIFIED LEVEL OF CERVICAL SPINAL CORD, SUBSEQUENT ENCOUNTER	1	0		
inpatient	REH	Rehabilitation	Hospital	FRACTURE OF ONE RIB, UNSPECIFIED SIDE, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	REH	Rehabilitation	Hospital	UNSPECIFIED FRACTURE OF RIGHT ACETABULUM, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	REH	Rehabilitation	Hospital	UNSPECIFIED INJURY TO L3 LEVEL OF LUMBAR SPINAL CORD, SEQUELA	1	0		
inpatient	REH	Rehabilitation	Hospital	DISPLACED FRACTURE OF NECK OF UNSPECIFIED METACARPAL BONE, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	REH	Rehabilitation	Hospital	FRACTURE OF UNSPECIFIED PART OF NECK OF UNSPECIFIED FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	REH	Rehabilitation	Hospital	DISPLACED INTERTROCHANTERIC FRACTURE OF LEFT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	REH	Rehabilitation	Hospital	UNSPECIFIED INJURY OF UNSPECIFIED QUADRICEPS MUSCLE, FASCIA AND TENDON, SUBSEQUENT ENCOUNTER	1	0		
inpatient	REH	Rehabilitation	Hospital	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN UNSPECIFIED HIP AND KNEE, INITIAL ENCOUNTER	1	0		
inpatient	REH	Rehabilitation	Hospital	UNSPECIFIED FRACTURE OF RIGHT PATELLA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
inpatient	REH	Rehabilitation	Hospital	UNSPECIFIED FRACTURE OF LEFT PATELLA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	REH	Rehabilitation	Hospital	DISPLACED BICONDYLAR FRACTURE OF RIGHT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
inpatient	REH	Rehabilitation	Hospital	UNSPECIFIED FRACTURE OF SHAFT OF RIGHT FIBULA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	REH	Rehabilitation	Hospital	UNSPECIFIED OPEN WOUND, RIGHT FOOT, INITIAL ENCOUNTER	1	0		
inpatient	REH	Rehabilitation	Hospital	PARTIAL TRAUMATIC AMPUTATION OF LEFT GREAT TOE, INITIAL ENCOUNTER	1	0		
inpatient	REH	Rehabilitation	Hospital	UNSPECIFIED MULTIPLE INJURIES, INITIAL ENCOUNTER	1	0		
inpatient	REH	Rehabilitation	Hospital	BURN OF UNSPECIFIED BODY REGION, UNSPECIFIED DEGREE	1	0		
inpatient	REH	Rehabilitation	Hospital	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NOT ELSEWHERE CLASSIFIED, INITIAL ENCOUNTER	2	0		
inpatient	REH	Rehabilitation	Hospital	COVID-19	1	0		

inpatient	REH	Rehabilitation	Hospital	PEDESTRIAN ON FOOT INJURED IN COLLISION WITH CAR, PICK-UP TRUCK OR VAN IN TRAFFIC ACCIDENT, SUBSEQUENT ENCOUNTER	1	0		
inpatient	REH	Rehabilitation	Hospital	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	3	0		
inpatient	REH	Rehabilitation	Hospital	OTHER REDUCED MOBILITY	1	0		
inpatient	REH	Rehabilitation	Hospital	ACQUIRED ABSENCE OF LEFT GREAT TOE	1	0		
inpatient	REH	Rehabilitation	Hospital	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	1	0		
inpatient	REH	Rehabilitation	Hospital	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	3	0		
inpatient	REH	Rehabilitation	Hospital	PATIENT'S NONCOMPLIANCE WITH OTHER MEDICAL TREATMENT AND REGIMEN	1	0		
inpatient	REH	Rehabilitation	Hospital	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	1	0		
inpatient	REH	Rehabilitation	Hospital	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	1	0		
inpatient	REH	Rehabilitation	Hospital	OTHER SPECIFIED POSTPROCEDURAL STATES	1	0		
inpatient	REH	Rehabilitation	Hospital	CRITICAL ILLNESS MYOPATHY	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	MYOPATHY, UNSPECIFIED	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	CEREBRAL INFARCTION, UNSPECIFIED	0	3	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH (ACUTE) EXACERBATION	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	SPINAL STENOSIS, CERVICAL REGION	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	URINARY TRACT INFECTION, SITE NOT SPECIFIED	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	SHORTNESS OF BREATH	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	REPEATED FALLS	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	FEVER, UNSPECIFIED	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	UNSPECIFIED FRACTURE OF T11-T12 VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	WEDGE COMPRESSION FRACTURE OF FIRST LUMBAR VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	OTHER FRACTURE OF FIFTH LUMBAR VERTEBRA, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	COLLES' FRACTURE OF UNSPECIFIED RADIUS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	UNSPECIFIED FRACTURE OF LOWER END OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	NONDISPLACED FRACTURE OF LATERAL CONDYLE OF LEFT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	INFECTION AND INFLAMMATORY REACTION DUE TO UNSPECIFIED INTERNAL JOINT PROsthESIS, INITIAL ENCOUNTER	0	1	Medical Necessity	
inpatient	REH	Rehabilitation	Hospital	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	0	1	Medical Necessity	
inpatient	RMH	Residential Mental Health	Hospital	INHALANT USE, UNSPECIFIED WITH UNSPECIFIED INHALANT-INDUCED DISORDER	1	0		
inpatient	RMH	Residential Mental Health	Hospital	SCHIZOPHRENIA, UNSPECIFIED	1	0		
inpatient	RMH	Residential Mental Health	Hospital	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES	3	0		

inpatient	RMH	Residential Mental Health	Hospital	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	4	0		
inpatient	RMH	Residential Mental Health	Hospital	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1	0		
inpatient	RMH	Residential Mental Health	Hospital	DISRUPTIVE MOOD DYSREGULATION DISORDER	3	0		
inpatient	RMH	Residential Mental Health	Hospital	GENERALIZED ANXIETY DISORDER	2	0		
inpatient	RMH	Residential Mental Health	Hospital	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1	0		
inpatient	RMH	Residential Mental Health	Hospital	POST-TRAUMATIC STRESS DISORDER, CHRONIC	1	0		
inpatient	RMH	Residential Mental Health	Hospital	REACTIVE ATTACHMENT DISORDER OF CHILDHOOD	2	0		
inpatient	RSA	Residential Substance Abuse	Hospital	ALCOHOL DEPENDENCE, UNCOMPLICATED	3	0		
inpatient	RSA	Residential Substance Abuse	Hospital	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS	1	0		
inpatient	S0108	MERCAPTOPYRINE, ORAL, 50 MG	Hospital	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	S2066	BREAST RECONSTRUCTION WITH GLUTEAL ARTERY PERFORATOR (GAP) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO A BREAST, UNILATERAL	Surgery, Plastic and Reconstructive	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1	0		
inpatient	S2066	BREAST RECONSTRUCTION WITH GLUTEAL ARTERY PERFORATOR (GAP) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO A BREAST, UNILATERAL	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
inpatient	S2067	BREAST RECONSTRUCTION OF A SINGLE BREAST WITH "STACKED" DEPP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP(S) AND/OR GLUTEAL ARTERY PERFORATOR (GAP) FLAP(S), INCLUDING HARVESTING OF THE FLAP(S), MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE(S) AND SHAPING THE FLAP INTO A BREAST	Surgery, Plastic and Reconstructive	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	1	0		
inpatient	S2067	BREAST RECONSTRUCTION OF A SINGLE BREAST WITH "STACKED" DEPP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP(S) AND/OR GLUTEAL ARTERY PERFORATOR (GAP) FLAP(S), INCLUDING HARVESTING OF THE FLAP(S), MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE(S) AND SHAPING THE FLAP INTO A BREAST	Surgery, Plastic and Reconstructive	ENCOUNTER FOR PROPHYLACTIC REMOVAL OF BREAST	1	0		
inpatient	S2067	BREAST RECONSTRUCTION OF A SINGLE BREAST WITH "STACKED" DEPP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP(S) AND/OR GLUTEAL ARTERY PERFORATOR (GAP) FLAP(S), INCLUDING HARVESTING OF THE FLAP(S), MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE(S) AND SHAPING THE FLAP INTO A BREAST	Surgery, Plastic and Reconstructive	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1	0		
inpatient	S2067	BREAST RECONSTRUCTION OF A SINGLE BREAST WITH "STACKED" DEPP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP(S) AND/OR GLUTEAL ARTERY PERFORATOR (GAP) FLAP(S), INCLUDING HARVESTING OF THE FLAP(S), MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE(S) AND SHAPING THE FLAP INTO A BREAST	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	2	0		
inpatient	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
inpatient	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1	0		
inpatient	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	2	0		

inpatient	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	4	0		
inpatient	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	OTHER BENIGN MAMMARY DYSPLASIAS OF UNSPECIFIED BREAST	1	0		
inpatient	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
inpatient	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1	0		
inpatient	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	ESTROGEN RECEPTOR NEGATIVE STATUS YER-"	1	0		
inpatient	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	2	0		
inpatient	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	5	0		
inpatient	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF IN-SITU NEOPLASM OF BREAST	1	0		
inpatient	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	2	0		
inpatient	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	4	0		
inpatient	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF IRRADIATION	1	0		
inpatient	S2900	SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	INTRAHEPATIC BILE DUCT CARCINOMA	1	0		
inpatient	S2900	SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1	0		

inpatient	S2900	SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	S2900	SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM(LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	SEPSIS, UNSPECIFIED ORGANISM	3	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF MULTIPLE SITES	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	INTRASPINAL ABSCESS AND GRANULOMA	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	CELLULITIS OF EXTERNAL EAR, UNSPECIFIED EAR	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	CEREBRAL INFARCTION, UNSPECIFIED	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	3	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	RESPIRATORY DISORDER, UNSPECIFIED	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	ACUTE CHOLECYSTITIS	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	CELLULITIS OF LEFT LOWER LIMB	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	NON-PRESSURE CHRONIC ULCER OF SKIN OF OTHER SITES WITH UNSPECIFIED SEVERITY	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	FUSION OF SPINE, LUMBAR REGION	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	SPINAL STENOSIS, CERVICAL REGION	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	PAIN IN LEFT ARM	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	OSTEOMYELITIS, UNSPECIFIED	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	ACUTE KIDNEY FAILURE, UNSPECIFIED	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	FOURNIER GANGRENE	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	SEVERE SEPSIS WITHOUT SEPTIC SHOCK	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL JOINT PROSTHESIS, SUBSEQUENT ENCOUNTER	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	COVID-19	1	0		
inpatient	SA2	Sub-Acute Level 2	Hospital	PRESENCE OF PROSTHETIC HEART VALVE	1	0		
inpatient	SDU	Step-Down Unit	Hospital	OTHER SPECIFIED SEPSIS	1	0		
inpatient	SDU	Step-Down Unit	Hospital	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	1	0		
inpatient	SDU	Step-Down Unit	Hospital	HEART FAILURE, UNSPECIFIED	1	0		
inpatient	SDU	Step-Down Unit	Hospital	ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1	0		
inpatient	SDU	Step-Down Unit	Hospital	RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1	0		
inpatient	SDU	Step-Down Unit	Hospital	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	1	0		
inpatient	SDU	Step-Down Unit	Hospital	OTHER CONGENITAL MALFORMATIONS OF ESOPHAGUS	1	0		
inpatient	SDU	Step-Down Unit	Hospital	SYNCOPE AND COLLAPSE	1	0		
inpatient	SDU	Step-Down Unit	Hospital	UNSPECIFIED FRACTURE OF SKULL, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	SDU	Step-Down Unit	Hospital	DIFFUSE TRAUMATIC BRAIN INJURY WITHOUT LOSS OF CONSCIOUSNESS, SUBSEQUENT ENCOUNTER	1	0		
inpatient	SDU	Step-Down Unit	Hospital	COVID-19	1	0		
inpatient	SNC	Skilled Nursing	Hospital	SEPSIS, UNSPECIFIED ORGANISM	1	0		
inpatient	SNC	Skilled Nursing	Hospital	MALIGNANT NEOPLASM OF LIVER, NOT SPECIFIED AS PRIMARY OR SECONDARY	1	0		
inpatient	SNC	Skilled Nursing	Hospital	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	SNC	Skilled Nursing	Hospital	MULTIPLE MYELOMA IN REMISSION	1	0		
inpatient	SNC	Skilled Nursing	Hospital	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1	0		

inpatient	SNC	Skilled Nursing	Hospital	ANEMIA, UNSPECIFIED	1	0		
inpatient	SNC	Skilled Nursing	Hospital	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1	0		
inpatient	SNC	Skilled Nursing	Hospital	OBESITY, UNSPECIFIED	1	0		
inpatient	SNC	Skilled Nursing	Hospital	HYPOKALEMIA	1	0		
inpatient	SNC	Skilled Nursing	Hospital	FLUID OVERLOAD, UNSPECIFIED	1	0		
inpatient	SNC	Skilled Nursing	Hospital	ALCOHOL ABUSE, UNCOMPLICATED	1	0		
inpatient	SNC	Skilled Nursing	Hospital	ENCEPHALOPATHY, UNSPECIFIED	1	0		
inpatient	SNC	Skilled Nursing	Hospital	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERIES	1	0		
inpatient	SNC	Skilled Nursing	Hospital	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT MIDDLE CEREBRAL ARTERY	1	0		
inpatient	SNC	Skilled Nursing	Hospital	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT MIDDLE CEREBRAL ARTERY	1	0		
inpatient	SNC	Skilled Nursing	Hospital	DYSPHAGIA FOLLOWING CEREBRAL INFARCTION	1	0		
inpatient	SNC	Skilled Nursing	Hospital	HYPOTENSION, UNSPECIFIED	1	0		
inpatient	SNC	Skilled Nursing	Hospital	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	1	0		
inpatient	SNC	Skilled Nursing	Hospital	ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA	1	0		
inpatient	SNC	Skilled Nursing	Hospital	DIVERTICULOSIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
inpatient	SNC	Skilled Nursing	Hospital	CELLULITIS, UNSPECIFIED	1	0		
inpatient	SNC	Skilled Nursing	Hospital	ACUTE LYMPHADENITIS OF LOWER LIMB	1	0		
inpatient	SNC	Skilled Nursing	Hospital	PRESSURE ULCER OF SACRAL REGION, STAGE 4	1	0		
inpatient	SNC	Skilled Nursing	Hospital	PRESSURE ULCER OF LEFT BUTTOCK, UNSTAGEABLE	1	0		
inpatient	SNC	Skilled Nursing	Hospital	FUSION OF SPINE, LUMBAR REGION	1	0		
inpatient	SNC	Skilled Nursing	Hospital	SPINAL STENOSIS, CERVICAL REGION	1	0		
inpatient	SNC	Skilled Nursing	Hospital	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
inpatient	SNC	Skilled Nursing	Hospital	MUSCLE WEAKNESS (GENERALIZED)	1	0		
inpatient	SNC	Skilled Nursing	Hospital	ACUTE CYSTITIS WITHOUT HEMATURIA	1	0		
inpatient	SNC	Skilled Nursing	Hospital	WEAKNESS	1	0		
inpatient	SNC	Skilled Nursing	Hospital	OTHER MALAISE	1	0		
inpatient	SNC	Skilled Nursing	Hospital	SYNCOPE AND COLLAPSE	2	0		
inpatient	SNC	Skilled Nursing	Hospital	FRACTURE OF UNSPECIFIED PARTS OF LUMBOSACRAL SPINE AND PELVIS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	SNC	Skilled Nursing	Hospital	FRACTURE OF UNSPECIFIED PART OF NECK OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	SNC	Skilled Nursing	Hospital	DISPLACED COMMINUTED FRACTURE OF SHAFT OF RIGHT FEMUR, SEQUELA	1	0		
inpatient	SNC	Skilled Nursing	Hospital	UNSPECIFIED FRACTURE OF UNSPECIFIED FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	SNC	Skilled Nursing	Hospital	DISPLACED TRIMALLEOLAR FRACTURE OF LEFT LOWER LEG, INITIAL ENCOUNTER FOR OPEN FRACTURE TYPE I OR II	1	0		
inpatient	SNC	Skilled Nursing	Hospital	UNSPECIFIED FRACTURE OF LEFT LOWER LEG, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	SNC	Skilled Nursing	Hospital	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER CARDIAC AND VASCULAR DEVICES, IMPLANTS AND GRAFTS, SUBSEQUENT ENCOUNTER	1	0		
inpatient	SNC	Skilled Nursing	Hospital	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL LEFT HIP PROSTHESIS, INITIAL ENCOUNTER	1	0		
inpatient	SNC	Skilled Nursing	Hospital	COVID-19	1	0		
inpatient	SNC	Skilled Nursing	Hospital	HISTORY OF FALLING	1	0		
inpatient	SNC	Skilled Nursing	Hospital	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	1	0		

inpatient	SNC	Skilled Nursing	Hospital	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	0	1	Medical Necessity	
inpatient	SNC	Skilled Nursing	Hospital	CHRONIC CHOLECYSTITIS	0	1	Medical Necessity	
inpatient	SNC	Skilled Nursing	Hospital	FUSION OF SPINE, CERVICOTHORACIC REGION	0	1	Medical Necessity	
inpatient	SNC	Skilled Nursing	Hospital	URINARY TRACT INFECTION, SITE NOT SPECIFIED	0	1	Medical Necessity	
inpatient	SNS	Skilled Nursing Special	Hospital	CUTANEOUS ABSCESS OF LEFT LOWER LIMB	2	0		
inpatient	SNS	Skilled Nursing Special	Hospital	CELLULITIS OF ABDOMINAL WALL	1	0		
inpatient	SNS	Skilled Nursing Special	Hospital	TRAUMATIC SUBARACHNOID HEMORRHAGE WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER	1	0		
inpatient	SPC	Special Case Rate	Hospital	MALIGNANT NEOPLASM OF TRANSVERSE COLON	1	0		
inpatient	SPC	Special Case Rate	Hospital	MALIGNANT NEOPLASM OF DESCENDING COLON	1	0		
inpatient	SPC	Special Case Rate	Hospital	MALIGNANT NEOPLASM OF RECTUM	1	0		
inpatient	SPC	Special Case Rate	Hospital	MALIGNANT NEOPLASM OF PROSTATE	1	0		
inpatient	SPC	Special Case Rate	Hospital	MALIGNANT NEOPLASM OF THYROID GLAND	1	0		
inpatient	SPC	Special Case Rate	Hospital	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	SPC	Special Case Rate	Hospital	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH HYPERGLYCEMIA	1	0		
inpatient	SPC	Special Case Rate	Hospital	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	3	0		
inpatient	SPC	Special Case Rate	Hospital	BRACHIAL PLEXUS DISORDERS	1	0		
inpatient	SPC	Special Case Rate	Hospital	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS	1	0		
inpatient	SPC	Special Case Rate	Hospital	BENIGN INTRACRANIAL HYPERTENSION	1	0		
inpatient	SPC	Special Case Rate	Hospital	CONDUCTIVE HEARING LOSS, UNSPECIFIED	1	0		
inpatient	SPC	Special Case Rate	Hospital	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	2	0		
inpatient	SPC	Special Case Rate	Hospital	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1	0		
inpatient	SPC	Special Case Rate	Hospital	NONRHEUMATIC AORTIC (VALVE) STENOSIS	2	0		
inpatient	SPC	Special Case Rate	Hospital	PAROXYSMAL ATRIAL FIBRILLATION	1	0		
inpatient	SPC	Special Case Rate	Hospital	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
inpatient	SPC	Special Case Rate	Hospital	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
inpatient	SPC	Special Case Rate	Hospital	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	SPC	Special Case Rate	Hospital	UNSPECIFIED INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1	0		
inpatient	SPC	Special Case Rate	Hospital	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	2	0		
inpatient	SPC	Special Case Rate	Hospital	ENTEROSTOMY MALFUNCTION	1	0		
inpatient	SPC	Special Case Rate	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	3	0		
inpatient	SPC	Special Case Rate	Hospital	UNILATERAL OSTEOARTHRITIS RESULTING FROM HIP DYSPLASIA, LEFT HIP	1	0		
inpatient	SPC	Special Case Rate	Hospital	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1	0		
inpatient	SPC	Special Case Rate	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	2	0		
inpatient	SPC	Special Case Rate	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	5	0		
inpatient	SPC	Special Case Rate	Hospital	PAIN IN RIGHT HIP	1	0		
inpatient	SPC	Special Case Rate	Hospital	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
inpatient	SPC	Special Case Rate	Hospital	SPINAL STENOSIS, CERVICAL REGION	2	0		
inpatient	SPC	Special Case Rate	Hospital	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	2	0		
inpatient	SPC	Special Case Rate	Hospital	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	1	0		
inpatient	SPC	Special Case Rate	Hospital	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1	0		
inpatient	SPC	Special Case Rate	Hospital	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
inpatient	SPC	Special Case Rate	Hospital	RADICULOPATHY, CERVICAL REGION	2	0		
inpatient	SPC	Special Case Rate	Hospital	RADICULOPATHY, LUMBAR REGION	2	0		
inpatient	SPC	Special Case Rate	Hospital	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
inpatient	SPC	Special Case Rate	Hospital	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		

inpatient	SPC	Special Case Rate	Hospital	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF CERVICAL REGION	1	0		
inpatient	SPC	Special Case Rate	Hospital	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1	0		
inpatient	SPC	Special Case Rate	Hospital	PROLAPSE OF VAGINAL VAULT AFTER HYSTERECTOMY	1	0		
inpatient	SPC	Special Case Rate	Hospital	TACHYCARDIA, UNSPECIFIED	1	0		
inpatient	SPC	Special Case Rate	Hospital	ALTERED MENTAL STATUS, UNSPECIFIED	1	0		
inpatient	SPC	Special Case Rate	Hospital	UNSPECIFIED CONVULSIONS	1	0		
inpatient	SPC	Special Case Rate	Hospital	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL JOINT PROSTHESIS, INITIAL ENCOUNTER	1	0		
inpatient	SPC	Special Case Rate	Hospital	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1	0		
inpatient	SPC	Special Case Rate	Hospital	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1	0		
inpatient	SPC	Special Case Rate	Hospital	ARTHRODESIS STATUS	1	0		
inpatient	SPC	Special Case Rate	Hospital	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	0	1	Administrative	
inpatient	SPC	Special Case Rate	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	0	1	Administrative	
inpatient	SPC	Special Case Rate	Hospital	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	0	1	Administrative	
inpatient	SPC	Special Case Rate	Hospital	OTHER TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INITIAL ENCOUNTER	0	1	Administrative	
inpatient	SPC	Special Case Rate	Hospital	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	0	1	Medical Necessity	
inpatient	SPC	Special Case Rate	Hospital	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	0	1	Medical Necessity	
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF CARDIA	1	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF APPENDIX	1	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF ASCENDING COLON	2	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF SIGMOID COLON	4	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	3	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF RECTUM	4	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	2	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF MAXILLARY SINUS	1	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	1	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	1	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	1	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	1	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF PROSTATE	11	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	2	0		
inpatient	SUR	Surgical	Hospital	MALIGNANT NEOPLASM OF PELVIS	1	0		
inpatient	SUR	Surgical	Hospital	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	1	0		
inpatient	SUR	Surgical	Hospital	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1	0		
inpatient	SUR	Surgical	Hospital	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
inpatient	SUR	Surgical	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	1	0		
inpatient	SUR	Surgical	Hospital	BENIGN NEOPLASM OF APPENDIX	1	0		

inpatient	SUR	Surgical	Hospital	BENIGN NEOPLASM OF SIGMOID COLON	1	0		
inpatient	SUR	Surgical	Hospital	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1	0		
inpatient	SUR	Surgical	Hospital	BENIGN NEOPLASM OF THYMUS	1	0		
inpatient	SUR	Surgical	Hospital	SUBMUCOUS LEIOMYOMA OF UTERUS	1	0		
inpatient	SUR	Surgical	Hospital	INTRAMURAL LEIOMYOMA OF UTERUS	4	0		
inpatient	SUR	Surgical	Hospital	SUBSEROSAL LEIOMYOMA OF UTERUS	1	0		
inpatient	SUR	Surgical	Hospital	LEIOMYOMA OF UTERUS, UNSPECIFIED	4	0		
inpatient	SUR	Surgical	Hospital	BENIGN NEOPLASM OF UNSPECIFIED KIDNEY	1	0		
inpatient	SUR	Surgical	Hospital	BENIGN NEOPLASM OF CEREBRAL MENINGES	1	0		
inpatient	SUR	Surgical	Hospital	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1	0		
inpatient	SUR	Surgical	Hospital	BENIGN NEOPLASM OF BRAIN, UNSPECIFIED	2	0		
inpatient	SUR	Surgical	Hospital	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
inpatient	SUR	Surgical	Hospital	BENIGN NEOPLASM OF PITUITARY GLAND	2	0		
inpatient	SUR	Surgical	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF LIVER, GALLBLADDER AND BILE DUCTS	1	0		
inpatient	SUR	Surgical	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED KIDNEY	1	0		
inpatient	SUR	Surgical	Hospital	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1	0		
inpatient	SUR	Surgical	Hospital	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1	0		
inpatient	SUR	Surgical	Hospital	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER SPECIFIED SITES	1	0		
inpatient	SUR	Surgical	Hospital	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	10	0		
inpatient	SUR	Surgical	Hospital	TRANSSEXUALISM	2	0		
inpatient	SUR	Surgical	Hospital	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		
inpatient	SUR	Surgical	Hospital	SPASTIC DIPLEGIC CEREBRAL PALSY	1	0		
inpatient	SUR	Surgical	Hospital	OBSTRUCTIVE HYDROCEPHALUS	1	0		
inpatient	SUR	Surgical	Hospital	HYDROCEPHALUS, UNSPECIFIED	1	0		
inpatient	SUR	Surgical	Hospital	COMPRESSION OF BRAIN	1	0		
inpatient	SUR	Surgical	Hospital	OTHER SPECIFIED DISORDERS OF BRAIN	1	0		
inpatient	SUR	Surgical	Hospital	DISORDER OF BRAIN, UNSPECIFIED	1	0		
inpatient	SUR	Surgical	Hospital	SENSORINEURAL HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
inpatient	SUR	Surgical	Hospital	ESSENTIAL (PRIMARY) HYPERTENSION	2	0		
inpatient	SUR	Surgical	Hospital	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	3	0		
inpatient	SUR	Surgical	Hospital	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	2	0		
inpatient	SUR	Surgical	Hospital	NONRHEUMATIC MITRAL (VALVE) STENOSIS	1	0		
inpatient	SUR	Surgical	Hospital	NONRHEUMATIC AORTIC (VALVE) STENOSIS	1	0		
inpatient	SUR	Surgical	Hospital	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	1	0		
inpatient	SUR	Surgical	Hospital	SUPRAVENTRICULAR TACHYCARDIA	1	0		
inpatient	SUR	Surgical	Hospital	NONTRAUMATIC SUBARACHNOID HEMORRHAGE FROM UNSPECIFIED INTRACRANIAL ARTERY	1	0		
inpatient	SUR	Surgical	Hospital	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	2	0		
inpatient	SUR	Surgical	Hospital	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	2	0		
inpatient	SUR	Surgical	Hospital	CEREBRAL ANEURYSM, NONRUPTURED	1	0		
inpatient	SUR	Surgical	Hospital	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
inpatient	SUR	Surgical	Hospital	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
inpatient	SUR	Surgical	Hospital	THORACOABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
inpatient	SUR	Surgical	Hospital	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1	0		
inpatient	SUR	Surgical	Hospital	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	2	0		

inpatient	SUR	Surgical	Hospital	OTHER PNEUMOTHORAX	2	0		
inpatient	SUR	Surgical	Hospital	ESOPHAGITIS, UNSPECIFIED	1	0		
inpatient	SUR	Surgical	Hospital	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1	0		
inpatient	SUR	Surgical	Hospital	UNSPECIFIED CHRONIC GASTRITIS WITHOUT BLEEDING	1	0		
inpatient	SUR	Surgical	Hospital	GASTRITIS, UNSPECIFIED, WITHOUT BLEEDING	1	0		
inpatient	SUR	Surgical	Hospital	INCISIONAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	1	0		
inpatient	SUR	Surgical	Hospital	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
inpatient	SUR	Surgical	Hospital	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	2	0		
inpatient	SUR	Surgical	Hospital	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1	0		
inpatient	SUR	Surgical	Hospital	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	1	0		
inpatient	SUR	Surgical	Hospital	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	2	0		
inpatient	SUR	Surgical	Hospital	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1	0		
inpatient	SUR	Surgical	Hospital	DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
inpatient	SUR	Surgical	Hospital	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	10	0		
inpatient	SUR	Surgical	Hospital	DIVERTICULOSIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
inpatient	SUR	Surgical	Hospital	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	4	0		
inpatient	SUR	Surgical	Hospital	OTHER SPECIFIED DISEASES OF LIVER	1	0		
inpatient	SUR	Surgical	Hospital	BILIARY ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION	1	0		
inpatient	SUR	Surgical	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	6	0		
inpatient	SUR	Surgical	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	3	0		
inpatient	SUR	Surgical	Hospital	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF HIP	1	0		
inpatient	SUR	Surgical	Hospital	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1	0		
inpatient	SUR	Surgical	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	5	0		
inpatient	SUR	Surgical	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	5	0		
inpatient	SUR	Surgical	Hospital	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	2	0		
inpatient	SUR	Surgical	Hospital	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	3	0		
inpatient	SUR	Surgical	Hospital	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	1	0		
inpatient	SUR	Surgical	Hospital	MAXILLARY HYPOPLASIA	1	0		
inpatient	SUR	Surgical	Hospital	MANDIBULAR HYPERPLASIA	1	0		
inpatient	SUR	Surgical	Hospital	MALOCCLUSION, ANGLE'S CLASS III	3	0		
inpatient	SUR	Surgical	Hospital	OPEN ANTERIOR OCCLUSAL RELATIONSHIP	1	0		
inpatient	SUR	Surgical	Hospital	OTHER IDIOPATHIC SCOLIOSIS, LUMBAR REGION	1	0		
inpatient	SUR	Surgical	Hospital	JUVENILE OSTEOCHONDROSIS OF SPINE, SITE UNSPECIFIED	1	0		
inpatient	SUR	Surgical	Hospital	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1	0		
inpatient	SUR	Surgical	Hospital	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	SUR	Surgical	Hospital	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
inpatient	SUR	Surgical	Hospital	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1	0		
inpatient	SUR	Surgical	Hospital	SPINAL STENOSIS, CERVICAL REGION	2	0		
inpatient	SUR	Surgical	Hospital	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	3	0		
inpatient	SUR	Surgical	Hospital	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
inpatient	SUR	Surgical	Hospital	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	2	0		
inpatient	SUR	Surgical	Hospital	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1	0		
inpatient	SUR	Surgical	Hospital	SPINAL INSTABILITIES, CERVICAL REGION	1	0		
inpatient	SUR	Surgical	Hospital	RADICULOPATHY, CERVICAL REGION	1	0		
inpatient	SUR	Surgical	Hospital	RADICULOPATHY, LUMBAR REGION	4	0		

inpatient	SUR	Surgical	Hospital	LOW BACK PAIN	2	0		
inpatient	SUR	Surgical	Hospital	PATHOLOGICAL FRACTURE, OTHER SITE, INITIAL ENCOUNTER FOR FRACTURE	1	0		
inpatient	SUR	Surgical	Hospital	OTHER ACQUIRED DEFORMITY OF HEAD	1	0		
inpatient	SUR	Surgical	Hospital	CALCULUS OF KIDNEY	1	0		
inpatient	SUR	Surgical	Hospital	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	5	0		
inpatient	SUR	Surgical	Hospital	VESICOINTESTINAL FISTULA	1	0		
inpatient	SUR	Surgical	Hospital	STRESS INCONTINENCE (FEMALE) (MALE)	1	0		
inpatient	SUR	Surgical	Hospital	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMPTOMS	1	0		
inpatient	SUR	Surgical	Hospital	OTHER BENIGN MAMMARY DYSPLASIAS OF UNSPECIFIED BREAST	2	0		
inpatient	SUR	Surgical	Hospital	ENDOMETRIOSIS OF INTESTINE	2	0		
inpatient	SUR	Surgical	Hospital	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	1	0		
inpatient	SUR	Surgical	Hospital	HYPERTROPHY OF UTERUS	1	0		
inpatient	SUR	Surgical	Hospital	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	2	0		
inpatient	SUR	Surgical	Hospital	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	1	0		
inpatient	SUR	Surgical	Hospital	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	1	0		
inpatient	SUR	Surgical	Hospital	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	1	0		
inpatient	SUR	Surgical	Hospital	MECKEL'S DIVERTICULUM (DISPLACED) (HYPERTROPHIC)	1	0		
inpatient	SUR	Surgical	Hospital	OTHER OBSTRUCTIVE DEFECTS OF RENAL PELVIS AND URETER	1	0		
inpatient	SUR	Surgical	Hospital	Congenital talipes equinovarus, right foot	1	0		
inpatient	SUR	Surgical	Hospital	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	1	0		
inpatient	SUR	Surgical	Hospital	ACHONDROPLASIA	1	0		
inpatient	SUR	Surgical	Hospital	PELVIC AND PERINEAL PAIN	2	0		
inpatient	SUR	Surgical	Hospital	SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	1	0		
inpatient	SUR	Surgical	Hospital	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	2	0		
inpatient	SUR	Surgical	Hospital	RIGHT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	1	0		
inpatient	SUR	Surgical	Hospital	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
inpatient	SUR	Surgical	Hospital	LOCALIZED SWELLING, MASS AND LUMP, HEAD	1	0		
inpatient	SUR	Surgical	Hospital	SOLITARY PULMONARY NODULE	2	0		
inpatient	SUR	Surgical	Hospital	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	1	0		
inpatient	SUR	Surgical	Hospital	ELEVATED CANCER ANTIGEN 125 [CA 125]	1	0		
inpatient	SUR	Surgical	Hospital	NONDISPLACED FRACTURE OF ACROMIAL PROCESS, LEFT SHOULDER, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	SUR	Surgical	Hospital	UNSPECIFIED DISPLACED FRACTURE OF SURGICAL NECK OF LEFT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	SUR	Surgical	Hospital	DISPLACED FRACTURE OF GREATER TUBEROSITY OF LEFT HUMERUS, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION	1	0		
inpatient	SUR	Surgical	Hospital	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER	1	0		
inpatient	SUR	Surgical	Hospital	DISPLACED BICONDYLAR FRACTURE OF RIGHT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	SUR	Surgical	Hospital	DISPLACED BICONDYLAR FRACTURE OF UNSPECIFIED TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
inpatient	SUR	Surgical	Hospital	OTHER MECHANICAL COMPLICATION OF OTHER INTERNAL ORTHOPEDIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1	0		
inpatient	SUR	Surgical	Hospital	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	1	0		
inpatient	SUR	Surgical	Hospital	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1	0		
inpatient	SUR	Surgical	Hospital	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	2	0		
inpatient	SUR	Surgical	Hospital	ENCOUNTER FOR ATTENTION TO ILEOSTOMY	3	0		

inpatient	SUR	Surgical	Hospital	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
inpatient	SUR	Surgical	Hospital	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	2	0		
inpatient	SUR	Surgical	Hospital	ACQUIRED ABSENCE OF OTHER ORGANS	1	0		
inpatient	SUR	Surgical	Hospital	ILEOSTOMY STATUS	3	0		
inpatient	SUR	Surgical	Hospital	COLOSTOMY STATUS	2	0		
inpatient	SUR	Surgical	Hospital	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	0	2	Administrative	
inpatient	SUR	Surgical	Hospital	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	0	1	Administrative	
inpatient	SUR	Surgical	Hospital	ESSENTIAL (PRIMARY) HYPERTENSION	0	1	Administrative	
inpatient	SUR	Surgical	Hospital	OTHER ABNORMAL GLUCOSE	0	1	Administrative	
inpatient	SUR	Surgical	Hospital	STRAIN OF MUSCLE, FASCIA AND TENDON OF RIGHT HIP, INITIAL ENCOUNTER	0	1	Administrative	
inpatient	SUR	Surgical	Hospital	BODY MASS INDEX (BMI) 40.0-44.9, ADULT	0	1	Administrative	
inpatient	SUR	Surgical	Hospital	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	0	1	Medical Necessity	
inpatient	SUR	Surgical	Hospital	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	0	1	Medical Necessity	
inpatient	SUR	Surgical	Hospital	ESSENTIAL (PRIMARY) HYPERTENSION	0	1	Medical Necessity	
inpatient	SUR	Surgical	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	0	1	Medical Necessity	
inpatient	SUR	Surgical	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	0	1	Medical Necessity	
inpatient	SUR	Surgical	Hospital	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	0	1	Medical Necessity	
inpatient	SUR	Surgical	Hospital	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH MYELOPATHY	0	1	Medical Necessity	
inpatient	SUR	Surgical	Hospital	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Medical Necessity	
inpatient	SUR	Surgical	Hospital	DORSALGIA, UNSPECIFIED	0	1	Medical Necessity	
inpatient	SUR	Surgical	Hospital	CONGENITAL MALFORMATION OF SKULL AND FACE BONES, UNSPECIFIED	0	1	Medical Necessity	
inpatient	TPC	Transplant Per Case	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1	0		
inpatient	TPC	Transplant Per Case	Hospital	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	3	0		
inpatient	TPC	Transplant Per Case	Hospital	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	TPC	Transplant Per Case	Hospital	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1	0		
inpatient	TPC	Transplant Per Case	Hospital	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	1	0		
inpatient	TPC	Transplant Per Case	Hospital	CHRONIC KIDNEY DISEASE, STAGE 5	1	0		
inpatient	TPC	Transplant Per Case	Hospital	END STAGE RENAL DISEASE	5	0		
Outpatient	90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	Psychiatrist	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1	0		
Outpatient	0042T	CEREBRAL PERFUSION ANALYSIS USING COMPUTED TOMOGRAPHY WITH CONTRAST ADMINISTRATION, INCLUDING POST-PROCESSING OF PARAMETRIC MAPS WITH EVALUATION DETERMINATION OF CEREBRAL BLOOD FLOW, CEREBRAL BLOOD VOLUME, AND MEAN TRANSIT TIME	radiology	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	1	0		
Outpatient	0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1	0		
Outpatient	0095T	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SUBLUXATION OF UNSPECIFIED CERVICAL VERTEBRAE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	01922	ANESTHESIA FOR NONINVASIVE IMAGING OR RADIATION THERAPY	Anesthesiology	UNSPECIFIED ENTROPION OF RIGHT EYE, UNSPECIFIED EYELID	1	0		
Outpatient	01930	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE VENOUS/LYMPHATIC SYSTEM (NOT TO INCLUDE ACCESS TO THE CENTRAL CIRCULATION); NOT OTHERWISE SPECIFIED.	Anesthesiology	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1	0		
Outpatient	0362T	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, EACH 15 MINUTES OF TECHNICIANS'TIME FACE-TO-FACE WITH A PATIENT, REQUIRING THE FOLLOWING COMPONENTS: ADMINISTRATION BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO IS ON SITE	Radiation Oncology	AUTISTIC DISORDER	1	0		

Outpatient	0362T	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, EACH 15 MINUTES OF TECHNICIANS'TIME FACE-TO-FACE WITH A PATIENT, REQUIRING THE FOLLOWING COMPONENTS: ADMINISTRATION BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO IS ON SITE	Radiation Oncology	AUTISTIC DISORDER	0	1	Medical Necessity	
Outpatient	0373T	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, EACH 15 MINUTES OF TECHNICIANS'TIME FACE-TO-FACE WITH A PATIENT, REQUIRING THE FOLLOWING COMPONENTS: ADMINISTRATION BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO IS ON SITE; WIT H	Applied Behavioral Health Therapist	AUTISTIC DISORDER	2	0		
Outpatient	0373T	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, EACH 15 MINUTES OF TECHNICIANS'TIME FACE-TO-FACE WITH A PATIENT, REQUIRING THE FOLLOWING COMPONENTS: ADMINISTRATION BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO IS ON SITE	Applied Behavioral Health Therapist	AUTISTIC DISORDER	0	1	Medical Necessity	
Outpatient	0394T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, SKIN SURFACE APPLICATION, PER FRACTION, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	0395T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, INTERSTITIAL OR INTRACAVITARY TREATMENT, PER FRACTION, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	0501T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	0	1	Administrative	
Outpatient	0501T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	0	1	Administrative	
Outpatient	0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	HYPERLIPIDEMIA, UNSPECIFIED	1	0		
Outpatient	0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	NONRHEUMATIC AORTIC (VALVE) STENOSIS	1	0		
Outpatient	0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	SHORTNESS OF BREATH	1	0		
Outpatient	0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	CHEST PAIN, UNSPECIFIED	1	0		
Outpatient	0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	AWAITING ORGAN TRANSPLANT STATUS	1	0		
Outpatient	0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	0	1	Administrative	

Outpatient	0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	FAMILIAL HYPERCHOLESTEROLEMIA	0	1	Administrative	
Outpatient	0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	OTHER HYPERLIPIDEMIA	0	1	Administrative	
Outpatient	0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	HYPERLIPIDEMIA, UNSPECIFIED	0	2	Administrative	
Outpatient	0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	ESSENTIAL (PRIMARY) HYPERTENSION	0	2	Administrative	
Outpatient	0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	0	1	Administrative	
Outpatient	0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	OTHER FORMS OF ANGINA PECTORIS	0	1	Administrative	
Outpatient	0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	ARTERIAL FIBROMUSCULAR DYSPLASIA	0	1	Administrative	
Outpatient	0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	0	1	Administrative	
Outpatient	0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	0	1	Administrative	
Outpatient	0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	HYPERLIPIDEMIA, UNSPECIFIED	1	0		
Outpatient	0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	NONRHEUMATIC AORTIC (VALVE) STENOSIS	1	0		
Outpatient	0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	SHORTNESS OF BREATH	2	0		

Outpatient	0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	CHEST PAIN, UNSPECIFIED	1	0		
Outpatient	0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	AWAITING ORGAN TRANSPLANT STATUS	1	0		
Outpatient	0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	FAMILIAL HYPERCHOLESTEROLEMIA	0	1	Administrative	
Outpatient	0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	OTHER HYPERLIPIDEMIA	0	1	Administrative	
Outpatient	0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	HYPERLIPIDEMIA, UNSPECIFIED	0	2	Administrative	
Outpatient	0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	ESSENTIAL (PRIMARY) HYPERTENSION	0	2	Administrative	
Outpatient	0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	OTHER FORMS OF ANGINA PECTORIS	0	1	Administrative	
Outpatient	0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	PAROXYSMAL ATRIAL FIBRILLATION	0	1	Administrative	
Outpatient	0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	ARTERIAL FIBROMUSCULAR DYSPLASIA	0	1	Administrative	
Outpatient	0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	SHORTNESS OF BREATH	0	1	Administrative	
Outpatient	0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	CHEST PAIN, UNSPECIFIED	0	1	Administrative	
Outpatient	0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	0	1	Administrative	

Outpatient	0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	0	1	Administrative	
Outpatient	0504T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1	0		
Outpatient	0504T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	MALFORMATION OF CORONARY VESSELS	1	0		
Outpatient	0504T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	CHEST PAIN, UNSPECIFIED	1	0		
Outpatient	0504T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	1	0		
Outpatient	0504T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	AWAITING ORGAN TRANSPLANT STATUS	1	0		
Outpatient	0504T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	FAMILIAL HYPERCHOLESTEROLEMIA	0	1	Administrative	
Outpatient	0504T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	OTHER HYPERLIPIDEMIA	0	1	Administrative	
Outpatient	0504T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	HYPERLIPIDEMIA, UNSPECIFIED	0	1	Administrative	
Outpatient	0504T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	ESSENTIAL (PRIMARY) HYPERTENSION	0	2	Administrative	
Outpatient	0504T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	OTHER FORMS OF ANGINA PECTORIS	0	1	Administrative	
Outpatient	0504T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	ARTERIAL FIBROMUSCULAR DYSPLASIA	0	1	Administrative	

Outpatient	0504T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	CHEST PAIN, UNSPECIFIED	0	1	Administrative	
Outpatient	0504T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS OF FUNCTIONAL DATA TO ASSESS THE SEVERITY OF CORONARY ARTERY	coronary artery disease	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	0	1	Administrative	
Outpatient	10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	surgery	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
Outpatient	11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE	surgery	OTHER SPECIFIED DISORDERS OF BREAST	1	0		
Outpatient	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS TISSUE, IF PERFORMED); EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	surgery	OTHER SPECIFIED DISORDERS OF BREAST	1	0		
Outpatient	11443	EXCISION, OTHER BENIGN LESION, INCLUDING MARGINS (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; EXCISED DIAMETER 2.1 TO 3.0 CM	surgery	HETERONYMOUS BILATERAL FIELD DEFECTS	1	0		
Outpatient	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	Surgery, Plastic and Reconstructive	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1	0		
Outpatient	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	2	0		
Outpatient	13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	Surgery, Plastic and Reconstructive	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1	0		
Outpatient	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Surgery, Plastic and Reconstructive	ACQUIRED DEFORMITY OF MUSCULOSKELETAL SYSTEM, UNSPECIFIED	1	0		
Outpatient	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	3	0		
Outpatient	13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS	Surgery, Plastic and Reconstructive	ACQUIRED DEFORMITY OF MUSCULOSKELETAL SYSTEM, UNSPECIFIED	1	0		
Outpatient	13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS	Surgery, Plastic and Reconstructive	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
Outpatient	13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF IRRADIATION	1	0		
Outpatient	13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	Surgery, Plastic and Reconstructive	SUDDEN IDIOPATHIC HEARING LOSS, LEFT EAR	1	0		
Outpatient	13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 1.1 CM TO 2.5 CM	Surgery, Plastic and Reconstructive	OTHER SKIN CHANGES	1	0		
Outpatient	14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1	0		
Outpatient	14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	Surgery, Plastic and Reconstructive	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	1	0		
Outpatient	14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF GUM, UNSPECIFIED	1	0		

Outpatient	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	Surgery, Plastic and Reconstructive	CICATRICAL ECTROPION OF LEFT LOWER EYELID	1	0		
Outpatient	14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10.1 SQ CM TO 30.0 SQ CM	Surgery, Plastic and Reconstructive	OTHER SKIN CHANGES	1	0		
Outpatient	14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS	Surgery, Plastic and Reconstructive	DERMATOCHALASIS OF LEFT UPPER EYELID	1	0		
Outpatient	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	Surgery, Plastic and Reconstructive	UNSPECIFIED OPEN WOUND OF LEFT BREAST, INITIAL ENCOUNTER	1	0		
Outpatient	14302	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)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	14302	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)	Surgery, Plastic and Reconstructive	OTHER MECHANICAL COMPLICATION OF BREAST PROSTHESIS AND IMPLANT, SEQUELA	1	0		
Outpatient	15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR 1% OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)	Surgery	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	0	1	Medical Necessity	
Outpatient	15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR	Surgery	CICATRICAL LAGOPHTHALMOS LEFT UPPER EYELID	1	0		
Outpatient	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)	Surgery	TRANSSEXUALISM	1	0		
Outpatient	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)	Surgery	HYPERTROPHIC SCAR	1	0		
Outpatient	15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	TRANSSEXUALISM	1	0		
Outpatient	15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	UNSPECIFIED URETHRAL STRICTURE, MALE, UNSPECIFIED SITE	1	0		
Outpatient	15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS	Surgery	GENDER IDENTITY DISORDER, UNSPECIFIED	1	0		
Outpatient	15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; 20 SQ CM OR LESS	Surgery	TRANSSEXUALISM	2	0		
Outpatient	15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; 20 SQ CM OR LESS	Surgery	DUAL ROLE TRANSVESTISM	1	0		
Outpatient	15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	TRANSSEXUALISM	1	0		
Outpatient	15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; 20 SQ CM OR LESS	Surgery	CICATRICAL ECTROPION OF LEFT LOWER EYELID	1	0		
Outpatient	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	Surgery	UNSPECIFIED OPEN WOUND OF LEFT BREAST, INITIAL ENCOUNTER	1	0		

Outpatient	15770	GRAFT; DERMA-FAT-FASCIA	surgery	MANDIBULAR HYPOPLASIA	1	0		
Outpatient	15770	GRAFT; DERMA-FAT-FASCIA	surgery	OTHER SPECIFIED DISORDERS OF BREAST	1	0		
Outpatient	15770	GRAFT; DERMA-FAT-FASCIA	surgery	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	1	0		
Outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	surgery	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	surgery	TRANSSEXUALISM	1	0		
Outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	surgery	LOW BACK PAIN	1	0		
Outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	surgery	OTHER SPECIFIED DISORDERS OF BREAST	1	0		
Outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	surgery	DEFORMITY OF RECONSTRUCTED BREAST	3	0		
Outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	surgery	DISPROPORTION OF RECONSTRUCTED BREAST	1	0		
Outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	surgery	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS 50 CC OR LESS INJECTATE	surgery	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	2	0		
Outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	surgery	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	1	0		
Outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	surgery	TRANSSEXUALISM	1	0		
Outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	surgery	ACQUIRED DEFORMITY OF MUSCULOSKELETAL SYSTEM, UNSPECIFIED	1	0		
Outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	surgery	DEFORMITY OF RECONSTRUCTED BREAST	2	0		
Outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	surgery	DISPROPORTION OF RECONSTRUCTED BREAST	2	0		
Outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	surgery	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	1	0		
Outpatient	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THERE OF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	surgery	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
Outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1	0		
Outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		

Outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	2	0		
Outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		
Outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	BENIGN NEOPLASM OF LEFT BREAST	1	0		
Outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	TRANSSEXUALISM	1	0		
Outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF UNSPECIFIED BREAST	1	0		
Outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
Outpatient	15820	BLEPHAROPLASTY, LOWER EYELID;	Ophthalmology	SENILE ENTROPION OF LEFT LOWER EYELID	1	0		
Outpatient	15821	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD	Ophthalmology	SENILE ECTROPION OF RIGHT LOWER EYELID	0	1	Medical Necessity	
Outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	BLEPHAROPHIMOSIS LEFT UPPER EYELID	1	0		
Outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	EYELID RETRACTION UNSPECIFIED EYE, UNSPECIFIED LID	1	0		
Outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	9	0		
Outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF LEFT UPPER EYELID	11	0		
Outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	UNSPECIFIED DISORDER OF EYELID	1	0		
Outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	BROW PTOSIS, BILATERAL	1	0		
Outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	BROW PTOSIS, UNSPECIFIED	1	0		
Outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	SENILE ECTROPION OF LEFT LOWER EYELID	0	1	Medical Necessity	
Outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	0	4	Medical Necessity	
Outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	DERMATOCHALASIS OF LEFT UPPER EYELID	0	3	Medical Necessity	
Outpatient	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Ophthalmology	GENERALIZED CONTRACTION OF VISUAL FIELD, BILATERAL	0	1	Medical Necessity	
Outpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery, Plastic and Reconstructive	UNSPECIFIED CONTACT DERMATITIS, UNSPECIFIED CAUSE	2	0		
Outpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery, Plastic and Reconstructive	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE	2	0		
Outpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery, Plastic and Reconstructive	PANNICULITIS, UNSPECIFIED	1	0		
Outpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery, Plastic and Reconstructive	HYPERTROPHY OF BREAST	1	0		
Outpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery, Plastic and Reconstructive	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1	0		
Outpatient	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPEC TOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	Surgery, Plastic and Reconstructive	LOW BACK PAIN	0	1	Medical Necessity	

Outpatient	15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA	Surgery, Plastic and Reconstructive	ACQUIRED BURIED PENIS	1	0		
Outpatient	15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA	Surgery, Plastic and Reconstructive	UNSPECIFIED HYPERTROPHY OF VULVA	1	0		
Outpatient	15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	Surgery, Plastic and Reconstructive	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	1	0		
Outpatient	15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (EG, ABDOMINOPLASTY) (INCLUDES UMBILICAL TRANSPOSITION AND FASCIAL PLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY LOCAL)	Surgery, Plastic and Reconstructive	LOCALIZED ADIPOSITY	1	0		
Outpatient	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	15877	SUCTION ASSISTED LIPECTOMY; TRUNK	Surgery, Plastic and Reconstructive	DUAL ROLE TRANSVESTISM	1	0		
Outpatient	15877	SUCTION ASSISTED LIPECTOMY; TRUNK	Surgery, Plastic and Reconstructive	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	1	0		
Outpatient	15877	SUCTION ASSISTED LIPECTOMY; TRUNK	Surgery, Plastic and Reconstructive	TRANSSEXUALISM	0	1	Medical Necessity	
Outpatient	15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	Pediatric Plastic Surgery	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	Pediatric Plastic Surgery	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	1	0		
Outpatient	15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	Pediatric Plastic Surgery	ACQUIRED DEFORMITY OF MUSCULOSKELETAL SYSTEM, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (IE, PROUD FLESH)	surgery	OTHER SKIN CHANGES	1	0		
Outpatient	19294	PREPARATION OF TUMOR CAVITY, WITH PLACEMENT OF A RADIATION THERAPY APPLICATOR FOR INTRAOPERATIVE RADIATION THERAPY (IORT) CONCURRENT WITH PARTIAL MASTECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; ON DATE SEPARATE FROM PARTIAL MASTECTOMY	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; ON DATE SEPARATE FROM PARTIAL MASTECTOMY	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; ON DATE SEPARATE FROM PARTIAL MASTECTOMY	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; ON DATE SEPARATE FROM PARTIAL MASTECTOMY	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; ON DATE SEPARATE FROM PARTIAL MASTECTOMY	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1	0		

Outpatient	19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; ON DATE SEPARATE FROM PARTIAL MASTECTOMY	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1	0		
Outpatient	19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; CONCURRENT WITH PARTIAL MASTECTOMY	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; CONCURRENT WITH PARTIAL MASTECTOMY	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; CONCURRENT WITH PARTIAL MASTECTOMY	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; CONCURRENT WITH PARTIAL MASTECTOMY	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1	0		
Outpatient	19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANNEL) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; CONCURRENT WITH PARTIAL MASTECTOMY	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1	0		
Outpatient	19298	PLACEMENT OF RADIOTHERAPY AFTER LOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE AND BUTTON TYPE) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING (AT THE TIME OF OR SUBSEQUENT TO) PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	19298	PLACEMENT OF RADIOTHERAPY AFTER LOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE AND BUTTON TYPE) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING (AT THE TIME OF OR SUBSEQUENT TO) PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	19298	PLACEMENT OF RADIOTHERAPY AFTER LOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE AND BUTTON TYPE) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING (AT THE TIME OF OR SUBSEQUENT TO) PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	19298	PLACEMENT OF RADIOTHERAPY AFTER LOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE AND BUTTON TYPE) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING (AT THE TIME OF OR SUBSEQUENT TO) PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	19298	PLACEMENT OF RADIOTHERAPY AFTER LOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE AND BUTTON TYPE) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING (AT THE TIME OF OR SUBSEQUENT TO) PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1	0		
Outpatient	19298	PLACEMENT OF RADIOTHERAPY AFTER LOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE AND BUTTON TYPE) INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING (AT THE TIME OF OR SUBSEQUENT TO) PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1	0		

Outpatient	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	surgery	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	surgery	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1	0		
Outpatient	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	surgery	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	2	0		
Outpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	2	0		
Outpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	TRANSSEXUALISM	1	0		
Outpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	GENDER IDENTITY DISORDER, UNSPECIFIED	3	0		
Outpatient	19303	MASTECTOMY, SIMPLE, COMPLETE	Surgery	TRANSSEXUALISM	0	1	Medical Necessity	
Outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	INTRADUCTAL CARCINOMA IN SITU OF UNSPECIFIED BREAST	1	0		
Outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	HYPERTROPHIC SCAR	1	0		
Outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	1	0		
Outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	HYPERTROPHY OF BREAST	1	0		
Outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	PTOSIS OF BREAST	1	0		
Outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	OTHER SPECIFIED DISORDERS OF BREAST	1	0		
Outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	DISPROPORTION OF RECONSTRUCTED BREAST	1	0		
Outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	ESTROGEN RECEPTOR POSITIVE STATUS (ER+)	1	0		
Outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	2	0		
Outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	2	0		
Outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	1	0		

Outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	HYPERTROPHY OF BREAST	0	1	Medical Necessity	
Outpatient	19316	MASTOPEXY	Surgery, Plastic and Reconstructive	PTOSIS OF BREAST	0	1	Medical Necessity	
Outpatient	19318	BREAST REDUCTION	Surgery, Plastic and Reconstructive	OTHER SPECIFIED DISORDERS OF BREAST	1	0		
Outpatient	19318	BREAST REDUCTION	Surgery, Plastic and Reconstructive	HYPERTROPHY OF BREAST	0	1	Medical Necessity	
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	LOBULAR CARCINOMA IN SITU OF RIGHT BREAST	1	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	BENIGN NEOPLASM OF UNSPECIFIED BREAST	1	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	TRANSEXUALISM	1	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	DUAL ROLE TRANSVESTISM	1	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	GENDER IDENTITY DISORDER, UNSPECIFIED	1	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE	1	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	PAIN IN RIGHT SHOULDER	3	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	PAIN IN LEFT SHOULDER	1	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	PAIN IN UNSPECIFIED SHOULDER	4	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	2	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	CERVICALGIA	7	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	LOW BACK PAIN	3	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	PAIN IN THORACIC SPINE	4	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	OTHER DORSALGIA	2	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	ACQUIRED DEFORMITY OF MUSCULOSKELETAL SYSTEM, UNSPECIFIED	1	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	HYPERTROPHY OF BREAST	16	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	DEFORMITY OF RECONSTRUCTED BREAST	1	0		

Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	2	0		
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	PAIN IN RIGHT SHOULDER	0	1	Medical Necessity	
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	CERVICALGIA	0	2	Medical Necessity	
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	OTHER DORSALGIA	0	1	Medical Necessity	
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	DORSALGIA, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	HYPERTROPHY OF BREAST	0	15	Medical Necessity	
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	PTOSIS OF BREAST	0	1	Medical Necessity	
Outpatient	19318	REDUCTION MAMMAPLASTY	Surgery, Plastic and Reconstructive	OTHER SPECIFIED DISORDERS OF BREAST	0	1	Medical Necessity	
Outpatient	19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	1	0		
Outpatient	19328	REMOVAL OF INTACT MAMMARY IMPLANT	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	19328	REMOVAL OF INTACT MAMMARY IMPLANT	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	19328	REMOVAL OF INTACT MAMMARY IMPLANT	Surgery, Plastic and Reconstructive	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1	0		
Outpatient	19328	REMOVAL OF INTACT MAMMARY IMPLANT	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	19328	REMOVAL OF INTACT MAMMARY IMPLANT	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
Outpatient	19328	REMOVAL OF INTACT MAMMARY IMPLANT	Surgery, Plastic and Reconstructive	HEADACHE	0	1	Medical Necessity	
Outpatient	19328	REMOVAL OF INTACT MAMMARY IMPLANT	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	0	1	Medical Necessity	
Outpatient	19330	REMOVAL OF IMPLANT MATERIAL	Surgery, Plastic and Reconstructive	UNSPECIFIED OPEN WOUND OF LEFT BREAST, INITIAL ENCOUNTER	1	0		
Outpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	3	0		
Outpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		

Outpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	3	0		
Outpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	FIBROADENOSIS OF RIGHT BREAST	1	0		
Outpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
Outpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	2	0		
Outpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	5	0		
Outpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	2	0		
Outpatient	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	HYPOPLASIA OF BREAST	0	1	Medical Necessity	
Outpatient	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1	0		
Outpatient	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		
Outpatient	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	DEFORMITY OF RECONSTRUCTED BREAST	3	0		
Outpatient	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	DISPROPORTION OF RECONSTRUCTED BREAST	4	0		
Outpatient	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1	0		
Outpatient	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	2	0		
Outpatient	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	1	0		
Outpatient	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	6	0		
Outpatient	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	1	0		
Outpatient	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
Outpatient	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF ANTINEOPLASTIC CHEMOTHERAPY	1	0		
Outpatient	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF IRRADIATION	2	0		
Outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic and Reconstructive	PTOSIS OF BREAST	1	0		

Outpatient	19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	Surgery, Plastic and Reconstructive	DISPROPORTION OF RECONSTRUCTED BREAST	1	0		
Outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	2	0		
Outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	2	0		
Outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	TRANSSEXUALISM	1	0		
Outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	GENDER IDENTITY DISORDER, UNSPECIFIED	3	0		
Outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	HYPERTROPHY OF BREAST	1	0		
Outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	DISPROPORTION OF RECONSTRUCTED BREAST	3	0		
Outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	ESTROGEN RECEPTOR POSITIVE STATUS (ER+)	1	0		
Outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	9	0		
Outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	2	0		
Outpatient	19350	NIPPLE/AREOLA RECONSTRUCTION	Surgery, Plastic and Reconstructive	TRANSSEXUALISM	0	1	Medical Necessity	
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	2	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	4	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	4	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	2	0		

Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	BENIGN NEOPLASM OF LEFT BREAST	1	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF UNSPECIFIED BREAST	1	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	DISPROPORTION OF RECONSTRUCTED BREAST	1	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	2	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	ESTROGEN RECEPTOR NEGATIVE STATUS [ER-]	1	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	2	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	2	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	1	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	5	0		
Outpatient	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF IRRADIATION	1	0		
Outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	19357	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF LEFT BREAST AND NIPPLE	1	0		
Outpatient	19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTH ETIC	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	Surgery, Plastic and Reconstructive	BENIGN NEOPLASM OF UNSPECIFIED BREAST	1	0		
Outpatient	19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	Surgery, Plastic and Reconstructive	FIBROADENOSIS OF RIGHT BREAST	1	0		
Outpatient	19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	2	0		
Outpatient	19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		
Outpatient	19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		
Outpatient	19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	Surgery, Plastic and Reconstructive	MASTODYNIA	1	0		
Outpatient	19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	Surgery, Plastic and Reconstructive	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
Outpatient	19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	3	0		
Outpatient	19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	1	0		

Outpatient	19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	2	0		
Outpatient	19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF IRRADIATION	1	0		
Outpatient	19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF COLONIC POLYPS	0	1	Medical Necessity	
Outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic and Reconstructive	HYPERTROPHY OF BREAST	1	0		
Outpatient	19370	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	1	0		
Outpatient	19371	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
Outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	1	0		
Outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	MASTODYNIA	1	0		
Outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	DEFORMITY OF RECONSTRUCTED BREAST	4	0		
Outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	DISPROPORTION OF RECONSTRUCTED BREAST	1	0		
Outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	CAPSULAR CONTRACTURE OF BREAST IMPLANT, INITIAL ENCOUNTER	2	0		
Outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	1	0		
Outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	2	0		
Outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	1	0		
Outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
Outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF ANTINEOPLASTIC CHEMOTHERAPY	1	0		
Outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	0	1	Medical Necessity	
Outpatient	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	Surgery, Plastic and Reconstructive	BREAST IMPLANT STATUS	0	1	Medical Necessity	
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		

Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	3	0		
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	3	0		
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	INTRADUCTAL CARCINOMA IN SITU OF UNSPECIFIED BREAST	1	0		
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	2	0		
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	TRANSSEXUALISM	1	0		
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	HYPERTROPHIC SCAR	1	0		
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF UNSPECIFIED BREAST	1	0		
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	PTOSIS OF BREAST	1	0		
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	DEFORMITY OF RECONSTRUCTED BREAST	5	0		
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	DISPROPORTION OF RECONSTRUCTED BREAST	5	0		
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	2	0		
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1	0		
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	16	0		
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	7	0		
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF IRRADIATION	1	0		
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF COLONIC POLYPS	0	1	Medical Necessity	
Outpatient	19380	REVISION OF RECONSTRUCTED BREAST (EG, SIGNIFICANT REMOVAL OF TISSUE, RE-ADVANCEMENT AND/OR RE-INSET OF FLAPS IN AUTOLOGOUS RECONSTRUCTION OR SIGNIFICANT CAPSULAR REVISION COMBINED WITH SOFT TISSUE EXCISION IN IMPLANT-BASED RECONSTRUCTION)	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	2	0		
Outpatient	19499	UNLISTED PROCEDURE, BREAST	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON BURSA); WITHOUT ULTRASOUND GUIDANCE	surgery	ARTHRALGIA OF RIGHT TEMPOROMANDIBULAR JOINT	1	0		
Outpatient	20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT); COMPLETE AMPUTATION	surgery	HYPERTROPHY OF NASAL TURBINATES	1	0		
Outpatient	20912	CARTILAGE GRAFT; NASAL SEPTUM	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1	0		
Outpatient	20912	CARTILAGE GRAFT; NASAL SEPTUM	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	1	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	2	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	DISEASE OF SPINAL CORD, UNSPECIFIED	3	0		

Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	UNSPECIFIED KYPHOSIS, CERVICAL REGION	1	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	2	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, CERVICAL REGION	7	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CERVICAL DISC DISORDER WITH MYELOPATHY, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	3	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	1	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	1	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	1	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	RADICULOPATHY, CERVICAL REGION	6	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CERVICALGIA	1	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION	1	0		
Outpatient	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Medical Necessity	

Outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	UNSPECIFIED CORD COMPRESSION	1	0		
Outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	DISEASE OF SPINAL CORD, UNSPECIFIED	1	0		
Outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
Outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	3	0		
Outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	1	0		
Outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1	0		
Outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1	0		
Outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	6	0		
Outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	PAIN IN LEFT ARM	1	0		
Outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	PARESTHESIA OF SKIN	1	0		
Outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	1	0		
Outpatient	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INJURY OF UNSPECIFIED BODY REGION, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	1	0		
Outpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	2	0		
Outpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, CERVICAL REGION	2	0		
Outpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	2	0		
Outpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
Outpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1	0		

Outpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	1	0		
Outpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1	0		
Outpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CERVICALGIA	1	0		
Outpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	PAIN IN LEFT ARM	1	0		
Outpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF CERVICAL REGION	1	0		
Outpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
Outpatient	20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1	0		
Outpatient	20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BICORTICAL OR TRICORTICAL (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1	0		
Outpatient	20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BICORTICAL OR TRICORTICAL (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	UNSPECIFIED KYPHOSIS, CERVICAL REGION	1	0		
Outpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
Outpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	2	0		
Outpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION	1	0		

Outpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF CERVICAL REGION	1	0		
Outpatient	20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1	0		
Outpatient	21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	Surgery, Oral & Maxillofacial	INFLAMMATORY CONDITIONS OF JAWS	0	1	Medical Necessity	
Outpatient	21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; BY ENUCLEATION AND/OR CURRETTAGE	Surgery, Oral & Maxillofacial	UNSPECIFIED CYST OF JAW	1	0		
Outpatient	21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	Surgery, Oral & Maxillofacial	MALIGNANT NEOPLASM OF GUM, UNSPECIFIED	1	0		
Outpatient	21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY AGGRESSIVE OR DESTRUCTIVE LESION (S))	Surgery, Oral & Maxillofacial	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1	0		
Outpatient	21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT(SEPARATE PROCEDURE)	Surgery, Oral & Maxillofacial	MAXILLARY HYPERPLASIA	1	0		
Outpatient	21060	MENISCECTOMY, TEMPOROMANDIBULAR JOINT; UNILATERAL	Surgery, Oral & Maxillofacial	MICROGENIA	1	0		
Outpatient	21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTH	Surgery, Oral & Maxillofacial	ARTICULAR DISC DISORDER OF TEMPOROMANDIBULAR JOINT, UNSPECIFIED SIDE	1	0		
Outpatient	21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTH	Surgery, Oral & Maxillofacial	DISLOCATION OF JAW, RIGHT SIDE, INITIAL ENCOUNTER	0	1	Medical Necessity	
Outpatient	21121	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)SLIDING OSTEOTOMY, SINGLE PIECE	Surgery, Oral & Maxillofacial	MALOCCLUSION, ANGLE'S CLASS II	1	0		
Outpatient	21121	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)SLIDING OSTEOTOMY, SINGLE PIECE	Surgery, Oral & Maxillofacial	HYPERTROPHY OF BONE, OTHER SITE	2	0		
Outpatient	21141	RECONSTRUCTION MIDFACE, LEFORT I;SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	Surgery, Oral & Maxillofacial	OTHER ANOMALIES OF DENTAL ARCH RELATIONSHIP	1	0		
Outpatient	21142	RECONSTRUCTION MIDFACE, LEFORT I;TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Maxillofacial	REVERSE ARTICULATION	1	0		
Outpatient	21142	RECONSTRUCTION MIDFACE, LEFORT I;TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Maxillofacial	HYPERTROPHY OF BONE, OTHER SITE	1	0		
Outpatient	21142	RECONSTRUCTION MIDFACE, LEFORT I;TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Maxillofacial	MANDIBULAR HYPERPLASIA	1	0		
Outpatient	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Surgery, Oral & Maxillofacial	MANDIBULAR HYPERPLASIA	1	0		
Outpatient	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Surgery, Oral & Maxillofacial	MANDIBULAR HYPOPLASIA	1	0		
Outpatient	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Surgery, Oral & Maxillofacial	OTHER JAW ASYMMETRY	1	0		
Outpatient	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	Surgery, Oral & Maxillofacial	MALOCCLUSION, ANGLE'S CLASS III	1	0		
Outpatient	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS(INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	Surgery, Oral & Maxillofacial	DEVIATED NASAL SEPTUM	1	0		

Outpatient	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS(INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	Surgery, Oral & Maxillofacial	OTHER JAW ASYMMETRY	1	0		
Outpatient	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS(INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	Surgery, Oral & Maxillofacial	OTHER ANOMALIES OF DENTAL ARCH RELATIONSHIP	1	0		
Outpatient	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS(INCLUDES OBTAINING AUTOGRAFTS) (EG, UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	Surgery, Oral & Maxillofacial	DENTOFACIAL ANOMALY, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Maxillofacial	MAXILLARY HYPOPLASIA	3	0		
Outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Maxillofacial	MANDIBULAR HYPOPLASIA	1	0		
Outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Maxillofacial	OTHER JAW ASYMMETRY	1	0		
Outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Maxillofacial	DENTOFACIAL FUNCTIONAL ABNORMALITIES, UNSPECIFIED	1	0		
Outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Maxillofacial	HYPERTROPHY OF BONE, OTHER SITE	2	0		
Outpatient	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Maxillofacial	DENTOFACIAL ANOMALY, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)	Surgery, Oral & Maxillofacial	MICROTIA	1	0		
Outpatient	21210	GRAFT, BONE; NASAL, MAXILLARY AND MALAR AREAS (INCLUDES OBTAINING GRAFT)	Surgery, Oral & Maxillofacial	BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		
Outpatient	21210	GRAFT, BONE; NASAL, MAXILLARY AND MALAR AREAS (INCLUDES OBTAINING GRAFT)	Surgery, Oral & Maxillofacial	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1	0		
Outpatient	21210	GRAFT, BONE; NASAL, MAXILLARY AND MALAR AREAS (INCLUDES OBTAINING GRAFT)	Surgery, Oral & Maxillofacial	CLEFT HARD AND SOFT PALATE WITH UNILATERAL CLEFT LIP	1	0		
Outpatient	21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	Surgery, Oral & Maxillofacial	UNSPECIFIED CYST OF JAW	1	0		
Outpatient	21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT	Surgery, Oral & Maxillofacial	ARTHRALGIA OF LEFT TEMPOROMANDIBULAR JOINT	1	0		
Outpatient	21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	Surgery, Oral & Maxillofacial	MALOCCLUSION, ANGLE'S CLASS II	1	0		
Outpatient	21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)	Surgery, Oral & Maxillofacial	MALIGNANT NEOPLASM OF GUM, UNSPECIFIED	1	0		
Outpatient	21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)	Surgery, Oral & Maxillofacial	UNSPECIFIED CYST OF JAW	1	0		
Outpatient	21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL	Surgery, Oral & Maxillofacial	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	1	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	2	0		

Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	DISORDER OF BRAIN, UNSPECIFIED	1	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	UNSPECIFIED CORD COMPRESSION	2	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	1	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPONDYLOLISTHESIS, CERVICAL REGION	1	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, CERVICAL REGION	1	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	2	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	17	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	1	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	1	0		

Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	1	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	10	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	CERVICALGIA	3	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	MUSCLE WEAKNESS (GENERALIZED)	1	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	PAIN IN LEFT ARM	1	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	1	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	WEAKNESS	1	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SUBLUXATION OF UNSPECIFIED CERVICAL VERTEBRAE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AN D/OR NERVE ROOTS; CERVICAL BELOW C2	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	0	1	Medical Necessity	
Outpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	2	0		
Outpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	3	0		
Outpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, CERVICAL REGION	1	0		
Outpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATIO N, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1	0		

Outpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	10	0		
Outpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER WITH MYELOPATHY, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1	0		
Outpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	1	0		
Outpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
Outpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	1	0		
Outpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1	0		
Outpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	1	0		
Outpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	9	0		
Outpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF CERVICAL REGION	1	0		
Outpatient	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	Surgery, Neurological	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF CERVICAL REGION	1	0		
Outpatient	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION	1	0		

Outpatient	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	1	0		
Outpatient	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
Outpatient	22585	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) (USE 22585 ONLY FOR CODES 22554,22556,22558)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1	0		
Outpatient	22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	Surgery, Neurological	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1	0		
Outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
Outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
Outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	2	0		
Outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
Outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1	0		
Outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	1	0		
Outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
Outpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	2	0		
Outpatient	22614	SPINE FUSION, EXTRA SEGMENT	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1	0		
Outpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
Outpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT	Surgery, Orthopedic	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		

Outpatient	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; EACH ADDITIONAL INTERSPACE SEGMENT	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
Outpatient	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; EACH ADDITIONAL INTERSPACE SEGMENT	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
Outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
Outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1	0		
Outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	1	0		
Outpatient	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	2	0		
Outpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
Outpatient	22842	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 FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1	0		

Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	2	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	DISORDER OF BRAIN, UNSPECIFIED	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	UNSPECIFIED KYPHOSIS, CERVICAL REGION	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, CERVICAL REGION	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	3	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	19	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER WITH MYELOPATHY, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	4	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	3	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	2	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	8	0		

Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICALGIA	3	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	MUSCLE WEAKNESS (GENERALIZED)	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	PAIN IN LEFT ARM	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SUBLUXATION OF UNSPECIFIED CERVICAL VERTEBRAE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	PERSON INJURED IN UNSPECIFIED MOTOR-VEHICLE ACCIDENT, TRAFFIC, INITIAL ENCOUNTER	1	0		
Outpatient	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	0	1	Medical Necessity	
Outpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, CERVICAL REGION	1	0		
Outpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	2	0		
Outpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1	0		
Outpatient	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	22850	REMOVAL OF POSTERIOR INSTRUMENTATION (EG, HARRINGTON ROD)	Surgery, Neurological	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1	0		
Outpatient	22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	Surgery, Neurological	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	UNSPECIFIED CORD COMPRESSION	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	4	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	UNSPECIFIED KYPHOSIS, SITE UNSPECIFIED	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	2	0		

Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	12	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	3	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	1	0		

Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION AT C4-C5 LEVEL	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	9	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	MUSCLE WEAKNESS (GENERALIZED)	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF CERVICAL REGION	1	0		
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	0	2		Medical Necessity
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	0	1		Medical Necessity
Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	0	1		Medical Necessity

Outpatient	22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	0	2	Medical Necessity	
Outpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1	0		
Outpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	1	0		
Outpatient	22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE)	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1	0		
Outpatient	22855	REMOVAL OF ANTERIOR INSTRUMENTATION (EG, DWYER DEVICE)	Surgery, Neurological	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	SPONDYLOLISTHESIS, CERVICAL REGION	1	0		
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1	0		
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	5	0		
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	CERVICAL DISC DISORDER WITH MYELOPATHY, MID-CERVICAL REGION, UNSPECIFIED LEVEL	2	0		
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	2	0		

Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1	0		
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	6	0		
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	1	0		
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	2	0		
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	4	0		
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	OSSEOUS STENOSIS OF NEURAL CANAL OF CERVICAL REGION	1	0		
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	1	Medical Necessity	
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	0	1	Medical Necessity	
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	0	1	Medical Necessity	
Outpatient	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SINGLE INTERSPACE, CERVICAL	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	0	1	Medical Necessity	
Outpatient	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE, LUMBAR	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1	0		
Outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	DISEASE OF SPINAL CORD, UNSPECIFIED	1	0		

Outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1	0		
Outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL (LISTSEPARATELY IN ADDITION T	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	2	0		
Outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL	Surgery, Neurological	CERVICAL DISC DISORDER WITH MYELOPATHY, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1	0		
Outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
Outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL	Surgery, Neurological	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1	0		
Outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL	Surgery, Neurological	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1	0		
Outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL	Surgery, Neurological	OSSEOUS STENOSIS OF NEURAL CANAL OF CERVICAL REGION	1	0		
Outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL	Surgery, Neurological	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	0	1	Medical Necessity	

Outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	0	1	Medical Necessity
Outpatient	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION); SECOND LEVEL, CERVICAL	Surgery, Neurological	OSSEOUS STENOSIS OF NEURAL CANAL OF CERVICAL REGION	0	1	Medical Necessity
Outpatient	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	Surgery, Orthopedic	CERVICALGIA	1	0	
Outpatient	22867	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SINGLE LEVEL	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0	
Outpatient	23395	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE	Surgery, Orthopedic	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0	
Outpatient	23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HENIARTHROPLASTY	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1	0	
Outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER	1	0	
Outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	4	0	
Outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	3	0	
Outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED	1	0	
Outpatient	23472	ARTHROPLASTY GLENOHUMERAL JOINT; TOAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT(EG, TOTAL SHOULDER))	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	0	1	Medical Necessity
Outpatient	24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320-24331)	Surgery, Orthopedic	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0	
Outpatient	27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1	0	
Outpatient	27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	Surgery, Orthopedic	PAIN IN RIGHT HIP	1	0	
Outpatient	27091	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS, METHYLMETHACRYLATE WITH OR WITHOUT INSERTION OF SPACER	Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL JOINT PROSTHESIS, INITIAL ENCOUNTER	1	0	
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	CHRONIC PAIN SYNDROME	13	0	
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	PRIMARY GENERALIZED (OSTEO)ARTHRITIS	1	0	
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	PAIN IN UNSPECIFIED JOINT	1	0	
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	JOINT DISORDER, UNSPECIFIED	1	0	
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	SPONDYLOLYSIS, LUMBAR REGION	1	0	
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	187	0	
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	3	0	
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	4	0	
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION	1	0	

Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	2	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	SPINAL INSTABILITIES, SACRAL AND SACROCOCCYGEAL REGION	1	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	49	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	RADICULOPATHY, LUMBAR REGION	4	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	SCIATICA, UNSPECIFIED SIDE	3	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	LUMBAGO WITH SCIATICA, RIGHT SIDE	1	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	LOW BACK PAIN	14	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	SEGMENTAL AND SOMATIC DYSFUNCTION OF SACRAL REGION	4	0		
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	0	7	Administrative	
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	OTHER SPONDYLOSIS, LUMBAR REGION	0	1	Administrative	
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	0	2	Administrative	
Outpatient	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	Anesthesiology	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	27125	HEMIARTHROPLASTY, HIP, PARTIAL, (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)	Surgery, Orthopedic	UNSPECIFIED INTRACAPSULAR FRACTURE OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	MULTIPLE MYELOMA IN REMISSION	1	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	RHEUMATOID ARTHRITIS, UNSPECIFIED	1	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	2	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED HIP	1	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	97	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	80	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL OSTEOARTHRITIS RESULTING FROM HIP DYSPLASIA, RIGHT HIP	2	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL OSTEOARTHRITIS RESULTING FROM HIP DYSPLASIA, LEFT HIP	3	0		

Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT HIP	2	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	OSTEOARTHRITIS OF HIP, UNSPECIFIED	2	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	PAIN IN RIGHT HIP	3	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	PAIN IN LEFT HIP	1	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	4	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	1	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	OSTEONECROSIS DUE TO DRUGS, RIGHT FEMUR	1	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	OSTEONECROSIS DUE TO DRUGS, LEFT FEMUR	2	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	OSTEONECROSIS, UNSPECIFIED	1	0		
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	0	1	Administrative	
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	0	19	Administrative	
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	0	12	Administrative	
Outpatient	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY) WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	0	2	Administrative	
Outpatient	27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	2	0		
Outpatient	27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1	0		
Outpatient	27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	OSTEOARTHRITIS OF HIP, UNSPECIFIED	0	1	Administrative	
Outpatient	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1	0		
Outpatient	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Free Standing Imaging Center	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1	0		
Outpatient	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Free Standing Imaging Center	OTHER INSTABILITY, RIGHT HIP	1	0		
Outpatient	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Free Standing Imaging Center	PERIPROSTHETIC FRACTURE AROUND OTHER INTERNAL PROSTHETIC JOINT, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Free Standing Imaging Center	DISLOCATION OF INTERNAL LEFT HIP PROsthESIS, INITIAL ENCOUNTER	1	0		
Outpatient	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Free Standing Imaging Center	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	1	0		
Outpatient	27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1	0		

Outpatient	27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL RIGHT HIP PROSTHESIS, INITIAL ENCOUNTER	1	0		
Outpatient	27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	FRACTURE OF UNSPECIFIED PART OF NECK OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	Surgery, Orthopedic	OTHER MECHANICAL COMPLICATION OF INTERNAL LEFT HIP PROSTHESIS, INITIAL ENCOUNTER	1	0		
Outpatient	27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S), UNILATERAL, FOR PELVIC BONE FRACTURE PATTERNS THAT DO NOT DISRUPT THE PELVIC RING, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Surgery, Orthopedic	PAIN IN LEFT HIP	1	0		
Outpatient	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	Surgery, Orthopedic	OTHER DISORDERS OF PATELLA, RIGHT KNEE	1	0		
Outpatient	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED SITE	1	0		
Outpatient	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	Surgery, Orthopedic	PAIN IN RIGHT KNEE	1	0		
Outpatient	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Sports Medicine	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	2	0		
Outpatient	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Sports Medicine	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED SITE	2	0		
Outpatient	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Sports Medicine	PAIN IN LEFT KNEE	1	0		
Outpatient	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Sports Medicine	CONGENITAL MALFORMATION OF KNEE	1	0		
Outpatient	27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	1	0		
Outpatient	27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1	0		
Outpatient	27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	0	2	Administrative	
Outpatient	27443	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	Surgery, Orthopedic	ARTHRITIS DUE TO OTHER BACTERIA, RIGHT KNEE	1	0		
Outpatient	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Free Standing Imaging Center	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	11	0		
Outpatient	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Free Standing Imaging Center	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	15	0		
Outpatient	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Free Standing Imaging Center	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT KNEE	1	0		
Outpatient	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Free Standing Imaging Center	PAIN IN LEFT KNEE	1	0		
Outpatient	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Free Standing Imaging Center	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	0	8	Administrative	
Outpatient	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Free Standing Imaging Center	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	0	3	Administrative	
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	ARTHRITIS DUE TO OTHER BACTERIA, RIGHT KNEE	1	0		
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS, LEFT KNEE	1	0		
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	8	0		
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	1	0		
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	129	0		
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	137	0		
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT KNEE	3	0		
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	1	0		

Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	PAIN IN RIGHT KNEE	1	0		
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	PAIN IN LEFT KNEE	2	0		
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	OTHER MECHANICAL COMPLICATION OF INTERNAL RIGHT KNEE PROSTHESIS, INITIAL ENCOUNTER	1	0		
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	PERSONAL HISTORY OF (HEALED) TRAUMATIC FRACTURE	1	0		
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	0	3	Administrative	
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	0	16	Administrative	
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	0	25	Administrative	
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT KNEE	0	1	Administrative	
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	0	1	Administrative	
Outpatient	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	Ambulatory Surgery Center	OTHER MECHANICAL COMPLICATION OF INTERNAL RIGHT KNEE PROSTHESIS, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR GENU VALGUS (KNOCK-KNEE)); BEFORE EPIPHYSEAL CLOSURE	Surgery, Orthopedic	OSTEOPHYTE, RIGHT KNEE	1	0		
Outpatient	27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONENT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1	0		
Outpatient	27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONENT	Surgery, Orthopedic	INSTABILITY OF INTERNAL RIGHT KNEE PROSTHESIS, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONENT	Surgery, Orthopedic	OTHER MECHANICAL COMPLICATION OF UNSPECIFIED INTERNAL JOINT PROSTHESIS, INITIAL ENCOUNTER	1	0		
Outpatient	27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONENT	Surgery, Orthopedic	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	1	0		
Outpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1	0		
Outpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT KNEE	1	0		
Outpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF KNEE	1	0		
Outpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	DISPLACED FRACTURE OF LATERAL CONDYLE OF LEFT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	INSTABILITY OF INTERNAL RIGHT KNEE PROSTHESIS, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	INSTABILITY OF INTERNAL LEFT KNEE PROSTHESIS, INITIAL ENCOUNTER	1	0		
Outpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	MECHANICAL LOOSENING OF INTERNAL RIGHT KNEE PROSTHETIC JOINT, INITIAL ENCOUNTER	2	0		
Outpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	MECHANICAL LOOSENING OF INTERNAL LEFT KNEE PROSTHETIC JOINT, INITIAL ENCOUNTER	1	0		

Outpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	MECHANICAL LOOSENING OF UNSPECIFIED INTERNAL PROSTHETIC JOINT, INITIAL ENCOUNTER	2	0		
Outpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	OTHER MECHANICAL COMPLICATION OF INTERNAL LEFT KNEE PROSTHESIS, INITIAL ENCOUNTER	1	0		
Outpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	OTHER MECHANICAL COMPLICATION OF UNSPECIFIED INTERNAL JOINT PROSTHESIS, INITIAL ENCOUNTER	1	0		
Outpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL RIGHT KNEE PROSTHESIS, SEQUELA	1	0		
Outpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL JOINT PROSTHESIS, INITIAL ENCOUNTER	1	0		
Outpatient	27487	REVISION OF TOTAL KNEE ARTHROPLASTY WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	Surgery, Orthopedic	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	2	0		
Outpatient	27488	REMOVAL OF KNEE PROSTHESIS, INCLUDING TOTAL KNEEPROSTHESIS, METHYLMETHACRYLATE WITH OR WITHOUT INSERTION OF SPACER, KNEE	Free Standing Imaging Center	PERIPROSTHETIC OSTEOLYSIS OF INTERNAL PROSTHETIC LEFT KNEE JOINT, INITIAL ENCOUNTER	1	0		
Outpatient	27488	REMOVAL OF KNEE PROSTHESIS, INCLUDING TOTAL KNEEPROSTHESIS, METHYLMETHACRYLATE WITH OR WITHOUT INSERTION OF SPACER, KNEE	Free Standing Imaging Center	INFECTION AND INFLAMMATORY REACTION DUE TO INTERNAL RIGHT KNEE PROSTHESIS, SEQUELA	1	0		
Outpatient	27488	REMOVAL OF KNEE PROSTHESIS, INCLUDING TOTAL KNEEPROSTHESIS, METHYLMETHACRYLATE WITH OR WITHOUT INSERTION OF SPACER, KNEE	Free Standing Imaging Center	ARTHRITIS DUE TO OTHER BACTERIA, RIGHT KNEE	0	1	Administrative	
Outpatient	27599	UNLISTED PROCEDURE, FEMUR OR KNEE	Surgery, Orthopedic	PAIN IN RIGHT KNEE	1	0		
Outpatient	29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	Surgery, Orthopedic	ARTHRALGIA OF RIGHT TEMPOROMANDIBULAR JOINT	1	0		
Outpatient	29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	Surgery, Orthopedic	ARTICULAR DISC DISORDER OF TEMPOROMANDIBULAR JOINT, UNSPECIFIED SIDE	1	0		
Outpatient	29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	Surgery, Orthopedic	MYALGIA, UNSPECIFIED SITE	0	1	Medical Necessity	
Outpatient	29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNVIAL BIOPSY (SEPERATE PROCEDURE)	Surgery, Orthopedic	PAIN IN RIGHT HIP	1	0		
Outpatient	29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNVIAL BIOPSY (SEPERATE PROCEDURE)	Surgery, Orthopedic	PAIN IN RIGHT HIP	0	1	Medical Necessity	
Outpatient	29861	ARTHROSCOPY, HIP, SURGICAL; WITH RMOVAL OF LOOSE BODY OR FOREIGN BODY	Surgery, Orthopedic	PAIN IN RIGHT HIP	1	0		
Outpatient	29861	ARTHROSCOPY, HIP, SURGICAL; WITH RMOVAL OF LOOSE BODY OR FOREIGN BODY	Surgery, Orthopedic	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	1	0		
Outpatient	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTALIGE (CHONDROPLASTY), ABRASION ARTHROSCOPY, AND/ OR RESECTION OF LABRUM	Surgery, Orthopedic	PAIN IN LEFT HIP	1	0		
Outpatient	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/ SHAVING OF ARTICULAR CARTALIGE (CHONDROPLASTY), ABRASION ARTHROSCOPY, AND/ OR RESECTION OF LABRUM	Surgery, Orthopedic	TROCHANTERIC BURSITIS, RIGHT HIP	1	0		
Outpatient	29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	Surgery, Orthopedic	PAIN IN LEFT HIP	1	0		
Outpatient	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S), WHEN PERFORMED	Surgery, Orthopedic	COMPLEX TEAR OF LATERAL MENISCUS, CURRENT INJURY, LEFT KNEE, INITIAL ENCOUNTER	1	0		
Outpatient	29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	Surgery, Orthopedic	OTHER TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INITIAL ENCOUNTER	1	0		
Outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	TRAUMATIC ARTHROPATHY, LEFT HIP	1	0		
Outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	LOOSE BODY IN RIGHT HIP	1	0		
Outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	2	0		
Outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP	1	0		
Outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT HIP, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER INSTABILITY, RIGHT HIP	2	0		
Outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	PAIN IN RIGHT HIP	3	0		

Outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	PAIN IN LEFT HIP	2	0		
Outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	8	0		
Outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	1	0		
Outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	CHONDROMALACIA, LEFT HIP	1	0		
Outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	1	0		
Outpatient	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	Surgery, Orthopedic	GLUTEAL TENDINITIS, RIGHT HIP	0	1	Medical Necessity	
Outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	OTHER INSTABILITY, RIGHT HIP	1	0		
Outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	PAIN IN RIGHT HIP	2	0		
Outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	OSTEOPHYTE, LEFT HIP	2	0		
Outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	4	0		
Outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	TROCHANTERIC BURSITIS, RIGHT HIP	1	0		
Outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	CHONDROMALACIA, RIGHT HIP	1	0		
Outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	2	0		
Outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER	1	0		
Outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	GLUTEAL TENDINITIS, RIGHT HIP	0	1	Medical Necessity	
Outpatient	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Surgery, Orthopedic	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	0	1	Medical Necessity	
Outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	TRAUMATIC ARTHROPATHY, LEFT HIP	1	0		
Outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER INSTABILITY, RIGHT HIP	1	0		
Outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	PAIN IN RIGHT HIP	2	0		
Outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	PAIN IN LEFT HIP	1	0		
Outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OSTEOPHYTE, RIGHT HIP	1	0		
Outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	7	0		
Outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	2	0		
Outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	2	0		
Outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	OTHER INJURY OF UNSPECIFIED BODY REGION, INITIAL ENCOUNTER	1	0		
Outpatient	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Surgery, Orthopedic	GLUTEAL TENDINITIS, RIGHT HIP	0	1	Medical Necessity	
Outpatient	29999	UNLISTED PROCEDURE, ARTHROSCOPY	Surgery, Orthopedic	ANKYLOSIS, RIGHT HIP	1	0		
Outpatient	29999	UNLISTED PROCEDURE, ARTHROSCOPY	Surgery, Orthopedic	PAIN IN RIGHT HIP	1	0		
Outpatient	29999	UNLISTED PROCEDURE, ARTHROSCOPY	Surgery, Orthopedic	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	3	0		
Outpatient	29999	UNLISTED PROCEDURE, ARTHROSCOPY	Surgery, Orthopedic	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	1	0		
Outpatient	29999	UNLISTED PROCEDURE, ARTHROSCOPY	Surgery, Orthopedic	GLUTEAL TENDINITIS, RIGHT HIP	0	1	Medical Necessity	
Outpatient	30117	EXCISION OR DESTRUCTION(EG,LASER), INTRANASAL LESION; INTERNAL APPROACH	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1	0		
Outpatient	30117	EXCISION OR DESTRUCTION(EG,LASER), INTRANASAL LESION; INTERNAL APPROACH	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	1	0		
Outpatient	30117	EXCISION OR DESTRUCTION(EG,LASER), INTRANASAL LESION; INTERNAL APPROACH	Otolaryngology	POLYPOID SINUS DEGENERATION	1	0		
Outpatient	30117	EXCISION OR DESTRUCTION(EG,LASER), INTRANASAL LESION; INTERNAL APPROACH	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1	0		
Outpatient	30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		
Outpatient	30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	OTHER CHRONIC SINUSITIS	1	0		

Outpatient	30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	DEVIATED NASAL SEPTUM	1	0		
Outpatient	30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	ALLERGIC RHINITIS DUE TO POLLEN	1	0		
Outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	9	0		
Outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC FRONTAL SINUSITIS	6	0		
Outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1	0		
Outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	2	0		
Outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC PANSINUSITIS	7	0		
Outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	OTHER CHRONIC SINUSITIS	1	0		
Outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	2	0		
Outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	DEVIATED NASAL SEPTUM	8	0		
Outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	10	0		
Outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	1	0		
Outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	NASAL CONGESTION	1	0		
Outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	0	2	Medical Necessity	
Outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	CHRONIC PANSINUSITIS	0	1	Medical Necessity	
Outpatient	30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	Otolaryngology	DEVIATED NASAL SEPTUM	0	1	Medical Necessity	
Outpatient	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	Surgery, Plastic and Reconstructive	HYPERTROPHY OF NASAL TURBINATES	1	0		
Outpatient	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	Surgery, Plastic and Reconstructive	DEVIATED NASAL SEPTUM	0	1	Medical Necessity	
Outpatient	30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	Surgery, Plastic and Reconstructive	HYPERTROPHY OF NASAL TURBINATES	1	0		
Outpatient	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	Otolaryngology	DEVIATED NASAL SEPTUM	1	0		
Outpatient	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1	0		
Outpatient	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	1	0		
Outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	ALLERGIC RHINITIS DUE TO POLLEN	2	0		
Outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1	0		
Outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC FRONTAL SINUSITIS	5	0		
Outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	2	0		
Outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	7	0		
Outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC PANSINUSITIS	5	0		
Outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	OTHER CHRONIC SINUSITIS	3	0		
Outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	DEVIATED NASAL SEPTUM	14	0		
Outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	7	0		
Outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	1	0		

Outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	NASAL CONGESTION	1	0		
Outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	ACUTE RECURRENT ETHMOIDAL SINUSITIS	0	1	Medical Necessity	
Outpatient	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	Otolaryngology	CHRONIC PANSINUSITIS	0	1	Medical Necessity	
Outpatient	30801	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); SUPERFICIAL	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1	0		
Outpatient	30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (IE, SUBMUCOSAL)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1	0		
Outpatient	30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (IE, SUBMUCOSAL)	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	1	0		
Outpatient	30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (IE, SUBMUCOSAL)	Otolaryngology	CHRONIC PANSINUSITIS	1	0		
Outpatient	30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (IE, SUBMUCOSAL)	Otolaryngology	DEVIATED NASAL SEPTUM	1	0		
Outpatient	30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (EG, ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (IE, SUBMUCOSAL)	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	1	0		
Outpatient	30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1	0		
Outpatient	30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	1	0		
Outpatient	31000	LAVAGE BY CANNULATION; MAXILLARY SINUS, (ANTRUM PUNCTURE OR NATURAL OSTIUM)	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	1	0		
Outpatient	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC, WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR MEATUS OR CANINE FOSSA PUNCTURE)	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	1	0		
Outpatient	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC, WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPHENOIDAL FACE OR CANNULATION OF OSTIUM)	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1	0		
Outpatient	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC, WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPHENOIDAL FACE OR CANNULATION OF OSTIUM)	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1	0		
Outpatient	31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1	0		
Outpatient	31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	2	0		
Outpatient	31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	1	0		
Outpatient	31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)	Otolaryngology	NASAL CONGESTION	1	0		
Outpatient	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1	0		
Outpatient	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	2	0		
Outpatient	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	1	0		
Outpatient	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	Otolaryngology	CHRONIC PANSINUSITIS	1	0		
Outpatient	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	Otolaryngology	DEVIATED NASAL SEPTUM	2	0		
Outpatient	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1	0		

Outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC FRONTAL SINUSITIS	2	0		
Outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1	0		
Outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	1	0		
Outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	5	0		
Outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	2	0		
Outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	4	0		
Outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	2	0		
Outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	3	0		
Outpatient	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	ALLERGIC RHINITIS, UNSPECIFIED	1	0		
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC RHINITIS	2	0		
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	8	0		
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1	0		
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	5	0		
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	2	0		
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS	4	0		
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	OTHER CHRONIC SINUSITIS	3	0		
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	3	0		
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	OTHER POLYP OF SINUS	1	0		
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	NASAL POLYP, UNSPECIFIED	1	0		
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	5	0		
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	6	0		
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	2	0		
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	ACUTE RECURRENT MAXILLARY SINUSITIS	0	1	Medical Necessity	
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	0	1	Medical Necessity	
Outpatient	31254	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	0	1	Medical Necessity	
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	UNSPECIFIED MYCOSIS	1	0		
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		

Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	ALLERGIC RHINITIS DUE TO POLLEN	1	0		
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	OTHER SEASONAL ALLERGIC RHINITIS	1	0		
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	5	0		
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC FRONTAL SINUSITIS	4	0		
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	2	0		
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	1	0		
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC PANSINUSITIS	2	0		
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	OTHER CHRONIC SINUSITIS	1	0		
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	4	0		
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	POLYP OF NASAL CAVITY	1	0		
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	OTHER POLYP OF SINUS	2	0		
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	NASAL POLYP, UNSPECIFIED	1	0		
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	DEVIATED NASAL SEPTUM	8	0		
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	6	0		
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	1	0		
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	HYPERTROPHY OF ADENOIDS	1	0		
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	NASAL CONGESTION	2	0		
Outpatient	31255	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)	Otolaryngology	POSTNASAL DRIP	1	0		
Outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	UNSPECIFIED MYCOSIS	1	0		
Outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	ACUTE RECURRENT PANSINUSITIS	1	0		
Outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	OTHER SEASONAL ALLERGIC RHINITIS	1	0		
Outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1	0		
Outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1	0		
Outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1	0		
Outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	2	0		
Outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC PANSINUSITIS	5	0		
Outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	OTHER CHRONIC SINUSITIS	2	0		
Outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	3	0		
Outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	DEVIATED NASAL SEPTUM	3	0		
Outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	3	0		
Outpatient	31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	Otolaryngology	ACUTE RECURRENT ETHMOIDAL SINUSITIS	0	1	Medical Necessity	

Outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC FRONTAL SINUSITIS	1	0		
Outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	2	0		
Outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	1	0		
Outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1	0		
Outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	NASAL POLYP, UNSPECIFIED	1	0		
Outpatient	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	Otolaryngology	POSTNASAL DRIP	1	0		
Outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	ALLERGIC RHINITIS DUE TO POLLEN	1	0		
Outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	2	0		
Outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1	0		
Outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS	4	0		
Outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	OTHER CHRONIC SINUSITIS	1	0		
Outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	NASAL POLYP, UNSPECIFIED	1	0		
Outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	1	0		
Outpatient	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	ALLERGIC RHINITIS DUE TO POLLEN	1	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	OTHER SEASONAL ALLERGIC RHINITIS	1	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	ALLERGIC RHINITIS, UNSPECIFIED	1	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC RHINITIS	2	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	7	0		

Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC FRONTAL SINUSITIS	4	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	8	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	4	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC PANSINUSITIS	9	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	OTHER CHRONIC SINUSITIS	7	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	6	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	POLYP OF NASAL CAVITY	1	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	POLYPOID SINUS DEGENERATION	1	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	OTHER POLYP OF SINUS	2	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	NASAL POLYP, UNSPECIFIED	2	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	7	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	6	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	3	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC TONSILLITIS AND ADENOIDITIS	1	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	UNSPECIFIED ASTHMA, UNCOMPLICATED	1	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	NASAL CONGESTION	1	0		
Outpatient	31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	OTHER SEASONAL ALLERGIC RHINITIS	1	0		
Outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	ALLERGIC RHINITIS, UNSPECIFIED	1	0		
Outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC FRONTAL SINUSITIS	4	0		
Outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	3	0		
Outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	3	0		
Outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC PANSINUSITIS	4	0		
Outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	OTHER CHRONIC SINUSITIS	3	0		

Outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	2	0		
Outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	POLYP OF NASAL CAVITY	2	0		
Outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	POLYPOID SINUS DEGENERATION	1	0		
Outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	NASAL POLYP, UNSPECIFIED	2	0		
Outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	DEVIATED NASAL SEPTUM	6	0		
Outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	6	0		
Outpatient	31276	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	Otolaryngology	NASAL CONGESTION	1	0		
Outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	2	0		
Outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	CHRONIC PANSINUSITIS	3	0		
Outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1	0		
Outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	OTHER POLYP OF SINUS	1	0		
Outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	DEVIATED NASAL SEPTUM	1	0		
Outpatient	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1	0		
Outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	UNSPECIFIED MYCOSIS	1	0		
Outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	OTHER ALLERGIC RHINITIS	1	0		
Outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1	0		
Outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC FRONTAL SINUSITIS	3	0		
Outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	1	0		
Outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	2	0		
Outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC PANSINUSITIS	1	0		
Outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	OTHER CHRONIC SINUSITIS	1	0		
Outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1	0		
Outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	POLYP OF NASAL CAVITY	1	0		
Outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	POLYPOID SINUS DEGENERATION	1	0		
Outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	NASAL POLYP, UNSPECIFIED	1	0		
Outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	DEVIATED NASAL SEPTUM	3	0		
Outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	2	0		

Outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	2	0		
Outpatient	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	Otolaryngology	POSTNASAL DRIP	1	0		
Outpatient	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; EHTMOID REGION	Otolaryngology	CHRONIC PANSINUSITIS	1	0		
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER SPECIFIED DISORDERS OF EYE AND ADNEXA	1	0		
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	22	0		
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	14	0		
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	9	0		
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	19	0		
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC PANSINUSITIS	6	0		
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER CHRONIC SINUSITIS	19	0		
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	4	0		
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	DEVIATED NASAL SEPTUM	15	0		
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	19	0		
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	1	0		
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	UNSPECIFIED LESIONS OF ORAL MUCOSA	1	0		
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	NASAL CONGESTION	1	0		
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	HEADACHE	1	0		
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	0	3	Medical Necessity	
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	0	1	Medical Necessity	
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	DEVIATED NASAL SEPTUM	0	1	Medical Necessity	
Outpatient	31295	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) MAXILLARY SINUS OSTIUM, TRANSNASAL OR VIA CANINE FOSSA	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	0	3	Medical Necessity	
Outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	ALLERGIC RHINITIS DUE TO POLLEN	1	0		
Outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	2	0		
Outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC FRONTAL SINUSITIS	3	0		

Outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	4	0		
Outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	1	0		
Outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC PANSINUSITIS	4	0		
Outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	OTHER CHRONIC SINUSITIS	3	0		
Outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	NASAL POLYP, UNSPECIFIED	1	0		
Outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	DEVIATED NASAL SEPTUM	2	0		
Outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	4	0		
Outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	1	0		
Outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	NASAL CONGESTION	1	0		
Outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	0	1	Medical Necessity	
Outpatient	31296	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL SINUS OSTIUM	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	0	1	Medical Necessity	
Outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	3	0		
Outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	CHRONIC FRONTAL SINUSITIS	2	0		
Outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	2	0		
Outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	2	0		
Outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	CHRONIC PANSINUSITIS	3	0		
Outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	OTHER CHRONIC SINUSITIS	2	0		
Outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	DEVIATED NASAL SEPTUM	1	0		
Outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	3	0		
Outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	OTHER CONGENITAL DEFORMITIES OF SKULL, FACE AND JAW	1	0		
Outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	31297	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) SPHENOID SINUS OSTIUM	Otolaryngology	DEVIATED NASAL SEPTUM	0	1	Medical Necessity	
Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER SPECIFIED DISORDERS OF EYE AND ADNEXA	1	0		
Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	18	0		

Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	13	0		
Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC ETHMOIDAL SINUSITIS	5	0		
Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SPHENOIDAL SINUSITIS	11	0		
Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC PANSINUSITIS	8	0		
Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER CHRONIC SINUSITIS	11	0		
Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	6	0		
Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	NASAL POLYP, UNSPECIFIED	1	0		
Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	DEVIATED NASAL SEPTUM	8	0		
Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	14	0		
Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	1	0		
Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	NASAL CONGESTION	2	0		
Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	LOCALIZED SWELLING, MASS AND LUMP, HEAD	1	0		
Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC FRONTAL SINUSITIS	0	1	Medical Necessity	
Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	CHRONIC PANSINUSITIS	0	1	Medical Necessity	
Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	DEVIATED NASAL SEPTUM	0	1	Medical Necessity	
Outpatient	31298	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH DILATION (EG, BALLOON DILATION) FRONTAL AND SPHENOID SINUS OSTIA	Otolaryngology	HYPERTROPHY OF NASAL TURBINATES	0	1	Medical Necessity	
Outpatient	31640	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH EXCISION OF TUMOR	Surgery, Thoracic Cardiovascular	SOLITARY PULMONARY NODULE	1	0		
Outpatient	31643	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARY RADIOELEMENT APPLICATION	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	31643	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARY RADIOELEMENT APPLICATION	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF LEFT CHOROID	1	0		
Outpatient	31643	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE , WHEN PERFORMED; WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARY RADIOELEMENT APPLICATION	Surgery, Thoracic Cardiovascular	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC , SINGLE OR MULTIPLE	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
Outpatient	32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC , SINGLE OR MULTIPLE	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC , SINGLE OR MULTIPLE	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	5	0		

Outpatient	32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC , SINGLE OR MULTIPLE	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	5	0		
Outpatient	32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC , SINGLE OR MULTIPLE	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	1	0		
Outpatient	32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC , SINGLE OR MULTIPLE	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC , SINGLE OR MULTIPLE	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG	1	0		
Outpatient	32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC , SINGLE OR MULTIPLE	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC , SINGLE OR MULTIPLE	Surgery, Thoracic Cardiovascular	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC , SINGLE OR MULTIPLE	Surgery, Thoracic Cardiovascular	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	1	0		
Outpatient	32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC , SINGLE OR MULTIPLE	Surgery, Thoracic Cardiovascular	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	3	0		
Outpatient	32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC , SINGLE OR MULTIPLE	Surgery, Thoracic Cardiovascular	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	2	0		
Outpatient	32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-THORACIC , SINGLE OR MULTIPLE	Surgery, Thoracic Cardiovascular	BENIGN NEOPLASM OF THYMUS	1	0		
Outpatient	32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY (SINGLE LOBE)	Surgery, Thoracic Cardiovascular	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1	0		
Outpatient	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1	0		
Outpatient	32674	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Thoracic Cardiovascular	SOLITARY PULMONARY NODULE	1	0		
Outpatient	33207	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); VENTRICULAR	Cardiovascular Disease	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	1	0		
Outpatient	33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL AND VENTRICULAR	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
Outpatient	33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL AND VENTRICULAR	Cardiovascular Disease	ATRIOVENTRICULAR BLOCK, SECOND DEGREE	2	0		
Outpatient	33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL AND VENTRICULAR	Cardiovascular Disease	ATRIOVENTRICULAR BLOCK, COMPLETE	2	0		
Outpatient	33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL AND VENTRICULAR	Cardiovascular Disease	CONDUCTION DISORDER, UNSPECIFIED	1	0		
Outpatient	33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL AND VENTRICULAR	Cardiovascular Disease	PAROXYSMAL ATRIAL FIBRILLATION	1	0		
Outpatient	33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL AND VENTRICULAR	Cardiovascular Disease	SICK SINUS SYNDROME	5	0		
Outpatient	33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL AND VENTRICULAR	Cardiovascular Disease	SYNCOPE AND COLLAPSE	2	0		
Outpatient	33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL AND VENTRICULAR	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	0	1	Administrative	
Outpatient	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO DUAL CHAMBER SYSTEM (INCLUDES REMOVAL OF PREVIOUSLY PLACED PULSE GENERATOR, TESTING OF EXISTING LEAD, INSERTION OF NEW LEAD, INSERTION OF NEW PULSE GENERATOR)	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1	0		

Outpatient	33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, AT TIME OF INSERTION OF IMPLANTABLE DEFIBRILLATOR OR PACEMAKER PULSE GENERATOR (EG, FOR UPGRADE TO DUAL CHAMBER SYSTEM) (LIST SEPARATELY IN ADDITIONTO CODE FOR PRIMARY PRO	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1	0		
Outpatient	33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, AT TIME OF INSERTION OF IMPLANTABLE DEFIBRILLATOR OR PACEMAKER PULSE GENERATOR (EG, FOR UPGRADE TO DUAL CHAMBER SYSTEM) (LIST SEPARATELY IN ADDITIONTO CODE FOR PRIMARY PRO	Cardiovascular Disease	ISCHEMIC CARDIOMYOPATHY	1	0		
Outpatient	33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, AT TIME OF INSERTION OF IMPLANTABLE DEFIBRILLATOR OR PACEMAKER PULSE GENERATOR (EG, FOR UPGRADE TO DUAL CHAMBER SYSTEM) (LIST SEPARATELY IN ADDITIONTO CODE FOR PRIMARY PRO	Cardiovascular Disease	DILATED CARDIOMYOPATHY	7	0		
Outpatient	33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, AT TIME OF INSERTION OF IMPLANTABLE DEFIBRILLATOR OR PACEMAKER PULSE GENERATOR (EG, FOR UPGRADE TO DUAL CHAMBER SYSTEM) (LIST SEPARATELY IN ADDITIONTO CODE FOR PRIMARY PRO	Cardiovascular Disease	CARDIOMYOPATHY, UNSPECIFIED	1	0		
Outpatient	33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, AT TIME OF INSERTION OF IMPLANTABLE DEFIBRILLATOR OR PACEMAKER PULSE GENERATOR (EG, FOR UPGRADE TO DUAL CHAMBER SYSTEM) (LIST SEPARATELY IN ADDITIONTO CODE FOR PRIMARY PRO	Cardiovascular Disease	ATRIOVENTRICULAR BLOCK, COMPLETE	2	0		
Outpatient	33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, AT TIME OF INSERTION OF IMPLANTABLE DEFIBRILLATOR OR PACEMAKER PULSE GENERATOR (EG, FOR UPGRADE TO DUAL CHAMBER SYSTEM) (LIST SEPARATELY IN ADDITIONTO CODE FOR PRIMARY PRO	Cardiovascular Disease	PAROXYSMAL ATRIAL FIBRILLATION	1	0		
Outpatient	33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, AT TIME OF INSERTION OF IMPLANTABLE DEFIBRILLATOR OR PACEMAKER PULSE GENERATOR (EG, FOR UPGRADE TO DUAL CHAMBER SYSTEM) (LIST SEPARATELY IN ADDITIONTO CODE FOR PRIMARY PRO	Cardiovascular Disease	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	2	0		
Outpatient	33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, AT TIME OF INSERTION OF IMPLANTABLE DEFIBRILLATOR OR PACEMAKER PULSE GENERATOR (EG, FOR UPGRADE TO DUAL CHAMBER SYSTEM) (LIST SEPARATELY IN ADDITIONTO CODE FOR PRIMARY PRO	Cardiovascular Disease	HEART FAILURE, UNSPECIFIED	1	0		
Outpatient	33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, AT TIME OF INSERTION OF IMPLANTABLE DEFIBRILLATOR OR PACEMAKER PULSE GENERATOR (EG, FOR UPGRADE TO DUAL CHAMBER SYSTEM) (LIST SEPARATELY IN ADDITIONTO CODE FOR PRIMARY PRO	Cardiovascular Disease	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	0	1	Administrative	
Outpatient	33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; DUAL LEAD SYSTEM	Cardiovascular Disease	ATRIOVENTRICULAR BLOCK, COMPLETE	4	0		
Outpatient	33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; DUAL LEAD SYSTEM	Cardiovascular Disease	SICK SINUS SYNDROME	1	0		
Outpatient	33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; DUAL LEAD SYSTEM	Cardiovascular Disease	CONGENITAL HEART BLOCK	1	0		
Outpatient	33231	INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	Cardiovascular Disease	ENCOUNTER FOR CHECKING AND TESTING OF CARDIAC PACEMAKER PULSE GENERATOR YBATTERY"	1	0		
Outpatient	33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR ONLY	Cardiovascular Disease	SICK SINUS SYNDROME	1	0		
Outpatient	33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM	Cardiovascular Disease	SICK SINUS SYNDROME	1	0		

Outpatient	33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	2	0		
Outpatient	33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1	0		
Outpatient	33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	Free Standing Imaging Center	ANEURYSM OF HEART	1	0		
Outpatient	33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	Free Standing Imaging Center	ISCHEMIC CARDIOMYOPATHY	4	0		
Outpatient	33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	Free Standing Imaging Center	DILATED CARDIOMYOPATHY	6	0		
Outpatient	33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	Free Standing Imaging Center	OTHER CARDIOMYOPATHIES	2	0		
Outpatient	33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	Free Standing Imaging Center	CARDIOMYOPATHY, UNSPECIFIED	1	0		
Outpatient	33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	Free Standing Imaging Center	VENTRICULAR TACHYCARDIA	1	0		
Outpatient	33249	INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	Free Standing Imaging Center	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	2	0		
Outpatient	33262	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR; SINGLE LEAD SYSTEM	Free Standing Imaging Center	PRESENCE OF AUTOMATIC (IMPLANTABLE) CARDIAC DEFIBRILLATOR	1	0		
Outpatient	33263	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR; DUAL LEAD SYSTEM	Free Standing Imaging Center	OTHER CARDIOMYOPATHIES	1	0		
Outpatient	33263	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR; DUAL LEAD SYSTEM	Free Standing Imaging Center	HEART FAILURE, UNSPECIFIED	1	0		
Outpatient	33263	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR; DUAL LEAD SYSTEM	Free Standing Imaging Center	PRESENCE OF AUTOMATIC (IMPLANTABLE) CARDIAC DEFIBRILLATOR	1	0		
Outpatient	33264	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR; MULTIPLE LEAD SYSTEM	Surgery, Thoracic Cardiovascular	DILATED CARDIOMYOPATHY	2	0		
Outpatient	33264	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR; MULTIPLE LEAD SYSTEM	Surgery, Thoracic Cardiovascular	ATRIOVENTRICULAR BLOCK, COMPLETE	1	0		
Outpatient	33264	REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR; MULTIPLE LEAD SYSTEM	Surgery, Thoracic Cardiovascular	VENTRICULAR TACHYCARDIA	1	0		
Outpatient	33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH SUBCUTANEOUS ELECTRODE, INCLUDING DEFIBRILLATION THRESHOLD EVALUATION, INDUCTION OF ARRHYTHMIA, EVALUATION OF SENSING FOR ARRHYTHMIA TERMINATION, AND PROGRAMMING OR	Surgery, Thoracic Cardiovascular	OTHER HYPERTROPHIC CARDIOMYOPATHY	2	0		
Outpatient	33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH SUBCUTANEOUS ELECTRODE, INCLUDING DEFIBRILLATION THRESHOLD EVALUATION, INDUCTION OF ARRHYTHMIA, EVALUATION OF SENSING FOR ARRHYTHMIA TERMINATION, AND PROGRAMMING OR	Surgery, Thoracic Cardiovascular	SUPRAVENTRICULAR TACHYCARDIA	1	0		
Outpatient	33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH SUBCUTANEOUS ELECTRODE, INCLUDING DEFIBRILLATION THRESHOLD EVALUATION, INDUCTION OF ARRHYTHMIA, EVALUATION OF SENSING FOR ARRHYTHMIA TERMINATION, AND PROGRAMMING OR	Surgery, Thoracic Cardiovascular	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	1	0		
Outpatient	33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH SUBCUTANEOUS ELECTRODE, INCLUDING DEFIBRILLATION THRESHOLD EVALUATION, INDUCTION OF ARRHYTHMIA, EVALUATION OF SENSING FOR ARRHYTHMIA TERMINATION, AND PROGRAMMING OR	Surgery, Thoracic Cardiovascular	CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE	1	0		

Outpatient	33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH SUBCUTANEOUS ELECTRODE, INCLUDING DEFIBRILLATION THRESHOLD EVALUATION, INDUCTION OF ARRHYTHMIA, EVALUATION OF SENSING FOR ARRHYTHMIA TERMINATION, AND PROGRAMMING OR	Surgery, Thoracic Cardiovascular	SYNCOPE AND COLLAPSE	1	0		
Outpatient	33274	TRANSCATHETER INSERTION OR REPLACEMENT OF PERMANENT LEADLESS PACEMAKER, RIGHT VENTRICULAR, INCLUDING IMAGING GUIDANCE (EG, FLUOROSCOPY, VENOUS ULTRASOUND, VENTRICULOGRAPHY, FEMORAL VENOGRAPHY) AND DEVICE EVALUATION (EG, INTERROGATION OR PROGRAMMING), WHE	Surgery, Thoracic Cardiovascular	OTHER SPECIFIED HEART BLOCK	1	0		
Outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1	0		
Outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1	0		
Outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1	0		
Outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	2	0		
Outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1	0		
Outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	5	0		
Outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	3	0		
Outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Surgery	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH OTHER COMPLICATIONS OF BILATERAL LOWER EXTREMITY	1	0		
Outpatient	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHE	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	0	1	Medical Necessity	
Outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1	0		

Outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	1	0		
Outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	1	0		
Outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	2	0		
Outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1	0		
Outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1	0		
Outpatient	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEIN	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1	0		
Outpatient	36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	1	0		
Outpatient	36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1	0		
Outpatient	36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1	0		
Outpatient	36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1	0		
Outpatient	36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	Surgery	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	Surgery	LOCALIZED EDEMA	1	0		
Outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1	0		
Outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1	0		
Outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	5	0		
Outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	5	0		
Outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	2	0		
Outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	10	0		
Outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	12	0		
Outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery	PAIN IN RIGHT LEG	2	0		
Outpatient	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	Surgery	PAIN IN LEFT LEG	2	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	OTHER DISORDERS OF PERIPHERAL NERVOUS SYSTEM	1	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	PHLEBITIS AND THROMBOPHLEBITIS OF SUPERFICIAL VESSELS OF LOWER EXTREMITIES, BILATERAL	2	0		

Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH ULCER OF ANKLE	1	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	1	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	5	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	3	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	5	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	17	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	16	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	6	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	34	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH OTHER COMPLICATIONS	1	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	ASYMPTOMATIC VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY	1	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	40	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH OTHER COMPLICATIONS OF BILATERAL LOWER EXTREMITY	1	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	OTHER SPECIFIED DISORDERS OF VEINS	1	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	NON-PRESSURE CHRONIC ULCER OF RIGHT CALF LIMITED TO BREAKDOWN OF SKIN	1	0		

Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	PAIN IN RIGHT LEG	5	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	PAIN IN LEFT LEG	6	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	PAIN IN LEG, UNSPECIFIED	1	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	PAIN IN UNSPECIFIED LOWER LEG	1	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	HEMORRHAGE, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	LOCALIZED EDEMA	2	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	EDEMA, UNSPECIFIED	1	0		
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	0	1	Medical Necessity	
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH INFLAMMATION	0	1	Medical Necessity	
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	0	1	Medical Necessity	
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	0	2	Medical Necessity	
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	0	1	Medical Necessity	
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	0	3	Medical Necessity	
Outpatient	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	Cardiovascular Disease	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	0	1	Medical Necessity	
Outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	Surgery, General Vascular	PHLEBITIS AND THROMBOPHLEBITIS OF SUPERFICIAL VESSELS OF LOWER EXTREMITIES, BILATERAL	1	0		

Outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	Surgery, General Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	1	0		
Outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	2	0		
Outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	Surgery, General Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	2	0		
Outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	Surgery, General Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	6	0		
Outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	Surgery, General Vascular	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	7	0		
Outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	Surgery, General Vascular	CHRONIC VENOUS HYPERTENSION (IDIOPATHIC) WITH OTHER COMPLICATIONS OF BILATERAL LOWER EXTREMITY	1	0		
Outpatient	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	Surgery, General Vascular	EDEMA, UNSPECIFIED	1	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	PHLEBITIS AND THROMBOPHLEBITIS OF UNSPECIFIED SITE	1	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF LEFT LOWER EXTREMITY	1	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH INFLAMMATION	1	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH INFLAMMATION	7	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	4	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	4	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	4	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	4	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	5	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	11	0		

Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH OTHER COMPLICATIONS	1	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	13	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	PAIN IN RIGHT LEG	1	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	PAIN IN LEFT LEG	2	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	CONGENITAL MALFORMATION, UNSPECIFIED	1	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	LOCALIZED EDEMA	1	0		
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH INFLAMMATION	0	1	Medical Necessity	
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	0	1	Medical Necessity	
Outpatient	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS,LASER, FIRST VEIN TREATED	Internal Medicine	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	0	1	Medical Necessity	
Outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	1	0		
Outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1	0		
Outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1	0		
Outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	2	0		
Outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1	0		
Outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1	0		
Outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	Surgery	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH OTHER COMPLICATIONS	1	0		
Outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1	0		
Outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	Surgery	CONGENITAL MALFORMATION, UNSPECIFIED	1	0		
Outpatient	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	Surgery	LOCALIZED EDEMA	1	0		

Outpatient	36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER	Cardiovascular Disease	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION	Cardiovascular Disease	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
Outpatient	36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION	Cardiovascular Disease	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1	0		
Outpatient	36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); PERCUTANEOUS	Cardiovascular Disease	SICK SINUS SYNDROME	1	0		
Outpatient	37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS;	Cardiovascular Disease	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	0	1	Medical Necessity	
Outpatient	37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW	Cardiovascular Disease	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	1	0		
Outpatient	37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASONIC GUIDANCE, WHEN PERFORMED, 1 LEG	Cardiovascular Disease	HEMORRHAGE, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH ULCER OF ANKLE	1	0		
Outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH INFLAMMATION	1	0		
Outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1	0		
Outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	2	0		
Outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	5	0		
Outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Surgery	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	1	0		
Outpatient	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	0	1	Medical Necessity	
Outpatient	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Surgery	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH INFLAMMATION	1	0		
Outpatient	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1	0		
Outpatient	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	2	0		
Outpatient	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1	0		
Outpatient	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Surgery	HEMORRHAGE, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	Surgery	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH OTHER COMPLICATIONS	0	1	Medical Necessity	
Outpatient	37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	Surgery, Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1	0		
Outpatient	37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	Surgery, Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	1	0		
Outpatient	37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	Surgery, Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1	0		
Outpatient	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	Surgery, Vascular	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	1	0		
Outpatient	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	Surgery, Vascular	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH OTHER COMPLICATIONS	1	0		
Outpatient	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	Surgery, Vascular	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1	0		
Outpatient	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	Surgery, Vascular	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH OTHER COMPLICATIONS	0	1	Medical Necessity	
Outpatient	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	Surgery, Vascular	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	Surgery, Neurological	NEURALGIA AND NEURITIS, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	38500	BIOPSY OR EXCISION OF LYMPH NODE(S);OPEN, SUPERFICIAL (SEPARATE PROCEDURE)	surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	38525	BIOPSY OR EXCISION OF LYMPH NODE(S);OPEN, DEEP AXILLARY NODE(S)	surgery	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	38525	BIOPSY OR EXCISION OF LYMPH NODE(S);OPEN, DEEP AXILLARY NODE(S)	surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	38525	BIOPSY OR EXCISION OF LYMPH NODE(S);OPEN, DEEP AXILLARY NODE(S)	surgery	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1	0		

Outpatient	38525	BIOPSY OR EXCISION OF LYMPH NODE(S);OPEN, DEEP AXILLARY NODE(S)	surgery	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	2	0		
Outpatient	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	Otolaryngology/Facial Plastic Surgery	MALIGNANT NEOPLASM OF GUM, UNSPECIFIED	1	0		
Outpatient	38745	AXILLARY LYMPHADENECTOMY; COMPLETE	Otolaryngology/Facial Plastic Surgery	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NO DE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE, WHEN PERFORMED (L IST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	surgery	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NO DE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE, WHEN PERFORMED (L IST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	surgery	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1	0		
Outpatient	38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NO DE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE, WHEN PERFORMED (L IST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	surgery	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NO DE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE, WHEN PERFORMED (L IST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	surgery	ESTROGEN RECEPTOR POSITIVE STATUS (ER+)	1	0		
Outpatient	39402	MEDIASTINOSCOPY; WITH LYMPH NODE BIOPSY(IES) (EG, LUNG CANCER STAGING)	surgery	SOLITARY PULMONARY NODULE	1	0		
Outpatient	40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA; COMPLEX, WITH EXCISION OF UNDERLYING MUSCLE	otolaryngology	MALIGNANT NEOPLASM OF GUM, UNSPECIFIED	1	0		
Outpatient	40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	otolaryngology	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	41019	PLACEMENT NEEDLE HEAD/NECK RADIOELEMENT APP	otolaryngology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	otolaryngology	CHRONIC PANSINUSITIS	1	0		
Outpatient	41130	GLOSSECTOMY; HEMIGLOSSECTOMY	otolaryngology	MACROGLOSSIA	1	0		
Outpatient	41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	Ophthalmology	BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		
Outpatient	41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	Ophthalmology	INFLAMMATORY CONDITIONS OF JAWS	0	1		Medical Necessity
Outpatient	42140	UVULECTOMY, EXCISION OF UVULA	Otolaryngology	OTHER LESIONS OF ORAL MUCOSA	1	0		
Outpatient	42140	UVULECTOMY, EXCISION OF UVULA	Otolaryngology	OTHER LESIONS OF ORAL MUCOSA	0	1		Medical Necessity
Outpatient	42140	UVULECTOMY, EXCISION OF UVULA	Otolaryngology	SNORING	0	1		Medical Necessity
Outpatient	42140	UVULECTOMY, EXCISION OF UVULA	Otolaryngology	NASAL CONGESTION	0	1		Medical Necessity
Outpatient	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	otolaryngology	SLEEP APNEA, UNSPECIFIED	1	0		
Outpatient	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	otolaryngology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	2	0		
Outpatient	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	otolaryngology	DEVIATED NASAL SEPTUM	2	0		
Outpatient	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	otolaryngology	HYPERTROPHY OF NASAL TURBINATES	1	0		
Outpatient	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	otolaryngology	HYPERTROPHY OF TONSILS	2	0		
Outpatient	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	otolaryngology	OTHER LESIONS OF ORAL MUCOSA	0	1		Medical Necessity
Outpatient	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	otolaryngology	SNORING	0	1		Medical Necessity
Outpatient	42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	Otolaryngology	OTHER DISEASES OF PHARYNX	1	0		
Outpatient	42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	Otolaryngology	DEVIATED NASAL SEPTUM	0	1		Medical Necessity
Outpatient	42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	Otolaryngology	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	0	1		Medical Necessity
Outpatient	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	Otolaryngology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		

Outpatient	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	Otolaryngology	CHRONIC PANSINUSITIS	1	0		
Outpatient	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	Otolaryngology	HYPERTROPHY OF TONSILS	1	0		
Outpatient	42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12	Otolaryngologist	CHRONIC MAXILLARY SINUSITIS	1	0		
Outpatient	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	Otolaryngologist	HYPERTROPHY OF TONSILS	1	0		
Outpatient	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT IMPLANTATION OF MESH	surgery, thoracic	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
Outpatient	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT IMPLANTATION OF MESH	surgery, thoracic	STRESS INCONTINENCE (FEMALE) (MALE)	1	0		
Outpatient	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITH IMPLANTATION OF MESH	surgery, thoracic	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
Outpatient	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	ANXIETY DISORDER, UNSPECIFIED	1	0		
Outpatient	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	OTHER DISEASES OF STOMACH AND DUODENUM	1	0		
Outpatient	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	STRESS INCONTINENCE (FEMALE) (MALE)	1	0		
Outpatient	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	Surgery	BARIATRIC SURGERY STATUS	2	0		
Outpatient	43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY	Surgery	EMOTIONAL LABILITY	0	1	Medical Necessity	
Outpatient	43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY	Surgery	DYSPHAGIA, UNSPECIFIED	1	0		
Outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1	0		
Outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	2	0		
Outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	OTHER COMPLICATIONS OF GASTRIC BAND PROCEDURE	1	0		
Outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	UNSPECIFIED ABDOMINAL PAIN	1	0		
Outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	VOMITING, UNSPECIFIED	2	0		
Outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	Cyclical vomiting syndrome unrelated to migraine	1	0		
Outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	HEARTBURN	1	0		
Outpatient	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS PORT COMPONENTS	Surgery	DYSPHAGIA, UNSPECIFIED	2	0		
Outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	4	0		
Outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
Outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	OTHER ESOPHAGITIS	1	0		
Outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	Surgery	HEARTBURN	1	0		
Outpatient	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	Surgery , Colon & Rectal	ENTEROSTOMY MALFUNCTION	1	0		
Outpatient	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		

Outpatient	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1	0		
Outpatient	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
Outpatient	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	MALIGNANT NEOPLASM OF RECTUM	7	0		
Outpatient	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT	1	0		
Outpatient	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	2	0		
Outpatient	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	5	0		
Outpatient	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOMETRIUM	4	0		
Outpatient	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	MIXED CELLULARITY HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		

Outpatient	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-ABDOMINAL, INTRA-PELVIC (EXCEPT PROSTATE), AND/OR RETROPERITONEUM, SINGLE OR MULTIPLE	Radiation Oncology	BENIGN NEOPLASM OF THYMUS	1	0		
Outpatient	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO C	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
Outpatient	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO C	Radiation Oncology	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO C	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1	0		
Outpatient	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO C	Radiation Oncology	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
Outpatient	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO C	Radiation Oncology	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO C	Radiation Oncology	MALIGNANT NEOPLASM OF RECTUM	7	0		
Outpatient	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO C	Radiation Oncology	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO C	Radiation Oncology	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT	1	0		
Outpatient	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO C	Radiation Oncology	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	2	0		
Outpatient	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO C	Radiation Oncology	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO C	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		

Outpatient	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO C	Radiation Oncology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	5	0		
Outpatient	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE (LIST SEPARATELY IN ADDITION TO C	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOMETRIUM	4	0		
Outpatient	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE	Radiation Oncology	MIXED CELLULARITY HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE	Radiation Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE	Radiation Oncology	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-ABDOMINAL, INTRAPELVIC, AND/OR RETROPERITONEUM, INCLUDING IMAGE GUIDANCE, IF PERFORMED, SINGLE OR MULTIPLE	Radiation Oncology	BENIGN NEOPLASM OF THYMUS	1	0		
Outpatient	49505	REPAIR INITIAL INIGUINAL, AGE 5 YEARS OR OVER; REDUCIBLE	Surgery	NEURALGIA AND NEURITIS, UNSPECIFIED	1	0		
Outpatient	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	Surgery	EXCESSIVE AND REDUNDANT SKIN AND SUBCUTANEOUS TISSUE	1	0		
Outpatient	49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	Surgery	NEURALGIA AND NEURITIS, UNSPECIFIED	1	0		
Outpatient	49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	Surgery	MALIGNANT NEOPLASM OF PROSTATE	0	1	Medical Necessity	
Outpatient	51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHET	Urology	TRANSSEXUALISM	2	0		
Outpatient	51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHET	Urology	HYPERTROPHIC SCAR	1	0		
Outpatient	51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED ANATOMY, FRACTURED CATHETER/BALLOON)	Urology	UNSPECIFIED URETHRAL STRICTURE, MALE, UNSPECIFIED SITE	1	0		
Outpatient	52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	Urology	HYPERTROPHIC SCAR	1	0		
Outpatient	52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	Urology	UNSPECIFIED URETHRAL STRICTURE, MALE, UNSPECIFIED SITE	2	0		
Outpatient	53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE, EG, JOHANNSEN TYPE	Urology	TRANSSEXUALISM	1	0		
Outpatient	53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE, EG, JOHANNSEN TYPE	Urology	HYPERTROPHIC SCAR	1	0		
Outpatient	53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION	Urology	TRANSSEXUALISM	1	0		
Outpatient	53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION	Urology	HYPERTROPHIC SCAR	1	0		
Outpatient	53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	Surgery, Plastic and Reconstructive	HYPERTROPHIC SCAR	1	0		
Outpatient	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH;	Surgery, Plastic and Reconstructive	GENDER IDENTITY DISORDER, UNSPECIFIED	1	0		
Outpatient	55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FO R INTERSTITIAL RADIOELEMENT APPLICATION, WITH OR WITHOUT CYSTOSCOPI Y	Urology	MALIGNANT NEOPLASM OF PROSTATE	6	0		
Outpatient	55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FO R INTERSTITIAL RADIOELEMENT APPLICATION, WITH OR WITHOUT CYSTOSCOPI Y	Urology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		

Outpatient	55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PROSTATE (VIA NEEDLE, ANY APPROACH), SINGLE OR MULTIPLE	Urology	MALIGNANT NEOPLASM OF PROSTATE	34	0		
Outpatient	55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PROSTATE (VIA NEEDLE, ANY APPROACH), SINGLE OR MULTIPLE	Urology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE REGIONS	1	0		
Outpatient	55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PROSTATE (VIA NEEDLE, ANY APPROACH), SINGLE OR MULTIPLE	Urology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	55920	PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT	Urology	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	55920	PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT	Urology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	5	0		
Outpatient	55920	PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT	Urology	MALIGNANT NEOPLASM OF ENDOMETRIUM	6	0		
Outpatient	55920	PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT	Urology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	Radiation Oncology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	5	0		
Outpatient	57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOMETRIUM	6	0		
Outpatient	57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY	Radiation Oncology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	5	0		
Outpatient	57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOMETRIUM	6	0		
Outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Obstetrics & Gynecology	IRREGULAR MENSTRUATION, UNSPECIFIED	1	0		
Outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN	1	0		
Outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	3	0		
Outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Obstetrics & Gynecology	ENCOUNTER FOR MALE FACTOR INFERTILITY IN FEMALE PATIENT	1	0		
Outpatient	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	Obstetrics & Gynecology	ENCOUNTER FOR OTHER PROCREATIVE MANAGEMENT	2	0		
Outpatient	58323	SPERM WASHING FOR ARTIFICIAL INSEMINATION	Infertility	FEMALE INFERTILITY OF OTHER ORIGIN	1	0		
Outpatient	58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	Radiation Oncology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	5	0		
Outpatient	58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOMETRIUM	6	0		
Outpatient	58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	58571	LAPS TOTAL HYSTERECTOMY 250 G/< W TUBE/OVAR	Obstetrics & Gynecology	TRANSSEXUALISM	1	0		
Outpatient	58970	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL, ANY METHOD	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1	0		
Outpatient	58974	EMBRYO TRANSFER, INTRAUTERINE	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1	0		
Outpatient	60240	THYROIDECTOMY, TOTAL OR COMPLETE	Otolaryngologist	NONTOXIC MULTINODULAR GOITER	1	0		
Outpatient	61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF MEDULLA AND SPINAL CORD, WITH OR WITHOUT DURAL GRAFT (EG, ARNOLD-CHIARI MALFORMATION)	Surgery, Neurological	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	1	0		
Outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	ALLERGIC RHINITIS DUE TO POLLEN	2	0		
Outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	CHRONIC MAXILLARY SINUSITIS	1	0		

Outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	CHRONIC ETHMOIDAL SINUSITIS	1	0		
Outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	CHRONIC SPHENOIDAL SINUSITIS	1	0		
Outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	CHRONIC PANSINUSITIS	4	0		
Outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	CHRONIC SINUSITIS, UNSPECIFIED	3	0		
Outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	POLYP OF NASAL CAVITY	1	0		
Outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	CYST AND MUCOCELE OF NOSE AND NASAL SINUS	1	0		
Outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	HYPERTROPHY OF NASAL TURBINATES	4	0		
Outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	1	0		
Outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	CHRONIC TONSILLITIS AND ADENOIDITIS	1	0		
Outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	DEVIATED NASAL SEPTUM	0	1	Medical Necessity	
Outpatient	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL , EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	HYPERTROPHY OF NASAL TURBINATES	0	1	Medical Necessity	
Outpatient	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
Outpatient	61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SIMPLE CRANIAL LESION	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SIMPLE CRANIAL LESION	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	12	0		
Outpatient	61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SIMPLE CRANIAL LESION	Radiation Oncology	BENIGN NEOPLASM OF CEREBRAL MENINGES	2	0		
Outpatient	61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SIMPLE CRANIAL LESION	Radiation Oncology	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
Outpatient	61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SIMPLE CRANIAL LESION	Radiation Oncology	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	12	0		
Outpatient	61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE)	Radiation Oncology	BENIGN NEOPLASM OF CEREBRAL MENINGES	2	0		
Outpatient	61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE)	Radiation Oncology	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
Outpatient	61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE)	Radiation Oncology	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 COMPLEX CRANIAL LESION	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		

Outpatient	61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 COMPLEX CRANIAL LESION	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	12	0		
Outpatient	61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 COMPLEX CRANIAL LESION	Radiation Oncology	BENIGN NEOPLASM OF CEREBRAL MENINGES	2	0		
Outpatient	61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 COMPLEX CRANIAL LESION	Radiation Oncology	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
Outpatient	61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 COMPLEX CRANIAL LESION	Radiation Oncology	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	12	0		
Outpatient	61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE)	Radiation Oncology	BENIGN NEOPLASM OF CEREBRAL MENINGES	2	0		
Outpatient	61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE)	Radiation Oncology	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
Outpatient	61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE)	Radiation Oncology	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	12	0		
Outpatient	61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	BENIGN NEOPLASM OF CEREBRAL MENINGES	2	0		
Outpatient	61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
Outpatient	61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	62320	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	CHRONIC PAIN DUE TO TRAUMA	0	1	Administrative	
Outpatient	62320	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	SPONDYLOLISTHESIS, LUMBAR REGION	0	1	Administrative	
Outpatient	62320	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	OTHER SPONDYLOSIS, CERVICAL REGION	0	1	Administrative	
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	1	0		

Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	7	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	SPONDYLOLYSIS, THORACIC REGION	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	SPONDYLOLISTHESIS, CERVICAL REGION	2	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, CERVICAL REGION	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	33	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	16	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICOTHORACIC REGION	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	OTHER SPONDYLOSIS, CERVICAL REGION	4	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	SPINAL STENOSIS, CERVICAL REGION	19	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	SPINAL STENOSIS, THORACIC REGION	1	0		

Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	2	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	7	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION	2	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	Mid-cervical disc disorder, unspecified level	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	8	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	10	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	12	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	CERVICAL DISC DISORDER WITH RADICULOPATHY, CERVICOTHORACIC REGION	4	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	7	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	1	0		

Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, THORACIC REGION	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION	2	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	RADICULOPATHY, SITE UNSPECIFIED	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	RADICULOPATHY, CERVICAL REGION	281	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	RADICULOPATHY, CERVICOTHORACIC REGION	17	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	RADICULOPATHY, THORACIC REGION	14	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	CERVICALGIA	30	0		

Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	LOW BACK PAIN	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	PAIN IN THORACIC SPINE	5	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF CERVICAL REGION	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	ISOLATED PROTEINURIA WITH UNSPECIFIED MORPHOLOGIC LESION	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	LEFT LOWER QUADRANT PAIN	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	FRACTURE OF NECK, UNSPECIFIED, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	SPONDYLOLYSIS, THORACIC REGION	0	1	Administrative	
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	3	Administrative	
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	SPINAL STENOSIS, CERVICAL REGION	0	1	Administrative	
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	0	2	Administrative	

Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	CERVICAL DISC DISORDER AT C4-C5 LEVEL WITH RADICULOPATHY	0	1	Administrative	
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION	0	1	Administrative	
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	RADICULOPATHY, CERVICAL REGION	0	18	Administrative	
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	RADICULOPATHY, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	RADICULOPATHY, THORACIC REGION	0	1	Administrative	
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	0	2	Administrative	
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	CERVICALGIA	0	1	Administrative	
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	LOW BACK PAIN	0	1	Administrative	
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	PAIN IN THORACIC SPINE	0	1	Administrative	
Outpatient	62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORACIC	Ambulatory Surgery Center	FRACTURE OF NECK, UNSPECIFIED, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
Outpatient	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		

Outpatient	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	URGE INCONTINENCE	1	0		
Outpatient	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	PHIMOSIS	3	0		
Outpatient	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	ACQUIRED TORSION OF PENIS	1	0		
Outpatient	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	UNSPECIFIED UNDESCENDED TESTICLE, UNILATERAL	1	0		
Outpatient	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	HYPOSPADIAS, BALANIC	1	0		
Outpatient	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	ABSENCE AND APLASIA OF TESTIS	1	0		
Outpatient	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	CHRONIC PAIN DUE TO TRAUMA	0	1		Administrative
Outpatient	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBAR REGION	0	1		Administrative
Outpatient	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	0	1		Administrative
Outpatient	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	0	1		Administrative
Outpatient	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	SCIATICA, RIGHT SIDE	0	1		Administrative

Outpatient	62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	LOW BACK PAIN	0	1	Administrative	
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	OTHER CHRONIC POSTPROCEDURAL PAIN	1	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	OTHER CHRONIC PAIN	7	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	11	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	ANAL FISSURE, UNSPECIFIED	2	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	ANAL FISTULA	1	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, LUMBAR REGION	2	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	8	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	9	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	6	0		

Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	9	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBAR REGION	4	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	10	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	18	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBOSACRAL REGION	5	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	1	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	22	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	3	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	33	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	4	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION	1	0		

Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	33	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	2	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	238	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	RADICULOPATHY, LUMBOSACRAL REGION	30	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	CERVICALGIA	1	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	SCIATICA, RIGHT SIDE	1	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	LUMBAGO WITH SCIATICA, LEFT SIDE	2	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	LOW BACK PAIN	25	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	0	1	Administrative	

Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBAR REGION	0	2	Administrative	
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	0	1	Administrative	
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION	0	1	Administrative	
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	2	Administrative	
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	0	12	Administrative	
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	RADICULOPATHY, LUMBOSACRAL REGION	0	2	Administrative	
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	SCIATICA, LEFT SIDE	0	2	Administrative	
Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	LOW BACK PAIN	0	6	Administrative	

Outpatient	62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	Ambulatory Surgery Center	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	62327	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINA	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	1	0		
Outpatient	62327	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINA	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	62327	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINA	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	2	0		
Outpatient	62327	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINA	Ambulatory Surgery Center	RADICULOPATHY, LUMBOSACRAL REGION	3	0		
Outpatient	63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL OR CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY, OR DISKECTOMY, (EG, SPINAL STENOSIS), ONE OR TWO VERTEBRAL SEGMENTS; LUMBAR, EXCEPT FOR SPONDYLOLISTESIS	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1	0		
Outpatient	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, CERVICAL	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	2	0		
Outpatient	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, CERVICAL	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, CERVICAL	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	1	0		
Outpatient	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, CERVICAL	Surgery, Orthopedic	CERVICAL DISC DISORDER, UNSPECIFIED, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, CERVICAL	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	UNSPECIFIED CORD COMPRESSION	1	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1	0		

Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	FOOT DROP, LEFT FOOT	1	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER FORMS OF SCOLIOSIS, LUMBAR REGION	1	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPONDYLOLYSIS, LUMBAR REGION	1	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	1	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	4	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	9	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	2	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	1	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	8	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	4	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	13	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	4	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	7	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	10	0		

Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SCIATICA, RIGHT SIDE	1	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	LOW BACK PAIN	10	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OSSEOUS STENOSIS OF NEURAL CANAL OF LUMBAR REGION	1	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF LUMBAR REGION	1	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	1	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INJURY OF UNSPECIFIED BODY REGION, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	0	1	Medical Necessity	
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	0	2	Medical Necessity	
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	2	Medical Necessity	
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	0	1	Medical Necessity	
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	0	3	Medical Necessity	
Outpatient	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	Surgery, Orthopedic	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	0	1	Medical Necessity	
Outpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA)	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		

Outpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	2	0		
Outpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
Outpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	2	0		
Outpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	3	0		
Outpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
Outpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Orthopedic	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION	1	0		
Outpatient	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMA	Surgery, Orthopedic	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF SKIN	1	0		
Outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	2	0		
Outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
Outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	4	0		
Outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	LOW BACK PAIN	1	0		
Outpatient	63042	LAMINOTOMY (HEMILAMINECTOMY), FOR HERNIATED INTERVERTEBRAL DISK, AND/OR DECOMPRESSION OF NERVE ROOT, ANY LEVEL, EXTENSIVE OR RE-EXPLORATION; LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	63044	LAMINOTOMY (HEMILAMINECTOMY), W/ DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISK, REEXPLORATION, SINGLE INTERSPACE; E/ADDTNAL LUMBARL	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1	0		

Outpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	SPINAL STENOSIS, CERVICAL REGION	3	0		
Outpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, CERVICOTHORACIC REGION	1	0		
Outpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	63045	LAMINECTOMY, INCLUDING UNILATERAL OR BILATERAL COMPLETE FACETECTOMY OR FORAMINOTOMY FOR DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), SINGLE SEGMENT; CERVICAL	Surgery, Orthopedic	CERVICALGIA	1	0		
Outpatient	63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL OR LATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; THORACIC	Surgery, Orthopedic	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	1	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	3	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	1	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, OCCIPITO-ATLANTO-AXIAL REGION	1	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, SITE UNSPECIFIED	1	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	12	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	20	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	2	0		

Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	7	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	7	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	8	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	LOW BACK PAIN	3	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER BURSAL CYST, UNSPECIFIED SITE	1	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	CONGENITAL SPONDYLOLISTHESIS	1	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	1	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	OTHER INJURY OF UNSPECIFIED BODY REGION, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	1	0		
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	CHRONIC PAIN SYNDROME	0	1	Medical Necessity	
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	0	1	Medical Necessity	
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	0	4	Medical Necessity	
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL OR LATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPONDYLOLISTHESIS, LUMBAR REGION	2	0		

Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	1	0		
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	2	0		
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER SPONDYLOSIS, LUMBAR REGION	2	0		
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, SITE UNSPECIFIED	1	0		
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	8	0		
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	10	0		
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	SPINAL STENOSIS, LUMBOSACRAL REGION	1	0		
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	3	0		
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1	0		

Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	6	0		
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	LOW BACK PAIN	1	0		
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER BURSAL CYST, UNSPECIFIED SITE	1	0		
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	CONGENITAL SPONDYLOLISTHESIS	1	0		
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER INJURY OF UNSPECIFIED BODY REGION, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	LOW BACK PAIN	0	1	Medical Necessity	
Outpatient	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL ORLATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL SEGMENT,CERVICAL, THORACIC OR LUMB	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
Outpatient	63055	TRANSPEDICULAR APPROACH FOR DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK), SINGLE SEGMENT; THORACIC	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, THORACIC REGION	1	0		
Outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
Outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		

Outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	3	0		
Outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER	1	0		
Outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION	1	0		
Outpatient	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK) SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH)(EG, FAR LATERAL HERNIATED INTERVERTE	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	63057	TRANSPEDICULAR APPROACH FOR DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK); EACH ADDITIONAL SEGMENT, THORACIC OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
Outpatient	63057	TRANSPEDICULAR APPROACH FOR DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK); EACH ADDITIONAL SEGMENT, THORACIC OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
Outpatient	63057	TRANSPEDICULAR APPROACH FOR DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISK); EACH ADDITIONAL SEGMENT, THORACIC OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYECTOMY; CERVICAL, SINGLE INTERSPACE	Surgery, Orthopedic	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYECTOMY; CERVICAL, SINGLE INTERSPACE	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	63076	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYECTOMY; CERVICAL, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
Outpatient	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH FOR DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	Surgery, Orthopedic	SPINAL INSTABILITIES, CERVICAL REGION	1	0		

Outpatient	63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION) PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, EACH SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH CERVICAL REGION	1	0		
Outpatient	63265	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; CERVICAL	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	1	0		
Outpatient	63267	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	Surgery, Neurological	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
Outpatient	63267	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	Surgery, Neurological	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	63267	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	Surgery, Neurological	SPINAL STENOSIS, SITE UNSPECIFIED	1	0		
Outpatient	63267	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	Surgery, Neurological	OTHER BURSAL CYST, UNSPECIFIED SITE	1	0		
Outpatient	63267	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	Surgery, Neurological	OTHER BURSAL CYST, OTHER SITE	1	0		
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	CERVICAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	CAUSALGIA OF RIGHT UPPER LIMB	1	0		
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	POLYNEUROPATHY, UNSPECIFIED	1	0		
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	OTHER CHRONIC POSTPROCEDURAL PAIN	1	0		
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	OTHER CHRONIC PAIN	1	0		
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	CHRONIC PAIN SYNDROME	11	0		
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	COMPLEX REGIONAL PAIN SYNDROME I, UNSPECIFIED	1	0		
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB	3	0		
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT LOWER LIMB	3	0		
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	3	0		
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	2	0		
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	LOW BACK PAIN	2	0		
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	ALGONEURODYSTROPHY, UNSPECIFIED SITE	2	0		
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	11	0		
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	OTHER SPECIFIED MONONEUROPATHIES OF RIGHT LOWER LIMB	0	1		Medical Necessity
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	CHRONIC PAIN SYNDROME	0	1		Medical Necessity
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	0	2		Medical Necessity
Outpatient	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; EPIDURAL	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	0	1		Medical Necessity
Outpatient	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	Surgery, Neurological	CHRONIC PAIN SYNDROME	1	0		
Outpatient	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	Surgery, Neurological	CHRONIC PAIN SYNDROME	3	0		
Outpatient	63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	Surgery, Neurological	COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE	1	0		
Outpatient	63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Neurological	CHRONIC PAIN SYNDROME	11	0		
Outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Neurological	COMPLEX REGIONAL PAIN SYNDROME I, UNSPECIFIED	1	0		

Outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Neurological	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB	3	0		
Outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Neurological	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT LOWER LIMB	1	0		
Outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Neurological	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
Outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
Outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1	0		
Outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Neurological	ALGONEURODYSTROPHY, UNSPECIFIED SITE	1	0		
Outpatient	63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR RECEIVER, DIRECT OR INDUCTIVE COUPLING	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	7	0		
Outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Surgery, Neurological	CHRONIC PAIN SYNDROME	1	0		
Outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Surgery, Neurological	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB	1	0		
Outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Surgery, Neurological	COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE	1	0		
Outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	Surgery, Neurological	OTHER MECHANICAL COMPLICATION OF OTHER IMPLANTED ELECTRONIC STIMULATOR OF NERVOUS SYSTEM, INITIAL ENCOUNTER	1	0		
Outpatient	64405	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; GREATER OCCIPITAL NERVE	Surgery, Neurological	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Medical Necessity	
Outpatient	64421	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; INTERCOSTAL NERVE, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	64451	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	Surgery, Neurological	CHRONIC PAIN SYNDROME	0	1	Administrative	
Outpatient	64451	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	Surgery, Neurological	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	0	5	Administrative	
Outpatient	64451	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	64451	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	Surgery, Neurological	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	0	2	Administrative	
Outpatient	64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	1	0		
Outpatient	64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	4	0		
Outpatient	64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	4	0		
Outpatient	64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	1	0		
Outpatient	64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, CERVICAL REGION	2	0		

Outpatient	64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL	Ambulatory Surgery Center	RADICULOPATHY, CERVICAL REGION	0	3	Administrative	
Outpatient	64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL	Ambulatory Surgery Center	RADICULOPATHY, THORACIC REGION	0	1	Administrative	
Outpatient	64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL	Ambulatory Surgery Center	PAIN IN THORACIC SPINE	0	1	Administrative	
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	CHRONIC PAIN SYNDROME	1	0		
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPINAL STENOSIS, CERVICAL REGION	1	0		
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	3	0		
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	12	0		
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	3	0		
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	1	0		
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER INTERVERTEBRAL DISC DISPLACEMENT, THORACIC REGION	4	0		
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	RADICULOPATHY, CERVICAL REGION	29	0		
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	RADICULOPATHY, CERVICOTHORACIC REGION	2	0		
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	RADICULOPATHY, THORACIC REGION	3	0		
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	RADICULOPATHY, LUMBAR REGION	1	0		

Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	RADICULOPATHY, LUMBOSACRAL REGION	2	0		
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	CERVICALGIA	2	0		
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	0	1	Administrative	
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	RADICULOPATHY, CERVICAL REGION	0	3	Administrative	
Outpatient	64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	RADICULOPATHY, THORACIC REGION	0	1	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	ACUTE PAIN DUE TO TRAUMA	2	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	OTHER CHRONIC PAIN	3	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	11	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOLYSIS, LUMBAR REGION	1	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOLYSIS, LUMBOSACRAL REGION	2	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, SITE UNSPECIFIED	2	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, CERVICAL REGION	1	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, LUMBAR REGION	13	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	SPINAL ENTHESOPATHY, SITE UNSPECIFIED	1	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	1	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	8	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	19	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	17	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	6	0		

Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	LUMBAGO WITH SCIATICA, RIGHT SIDE	1	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	LUMBAGO WITH SCIATICA, LEFT SIDE	2	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	LOW BACK PAIN	58	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	OTHER BURSITIS OF HIP, UNSPECIFIED HIP	1	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	8	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION	1	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	1	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Anesthesiology	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	0	2	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOLYSIS, LUMBAR REGION	0	1	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, LUMBAR REGION	0	2	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	0	2	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	0	2	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, CERVICAL REGION	0	1	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	0	2	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	0	5	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	0	3	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	6	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	RADICULOPATHY, THORACIC REGION	0	1	Administrative	

Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	0	41	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	RADICULOPATHY, LUMBOSACRAL REGION	0	4	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	LOW BACK PAIN	0	3	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	OTHER BURSITIS OF HIP, UNSPECIFIED HIP	0	1	Administrative	
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	64483	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL, SINGLE LEVEL	Ambulatory Surgery Center	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER CHRONIC PAIN	3	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	CHRONIC PAIN SYNDROME	7	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOLYSIS, LUMBAR REGION	1	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOLISTHESIS, CERVICAL REGION	1	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOLISTHESIS, LUMBAR REGION	2	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	2	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	8	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	8	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	2	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	1	0		

Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOSIS, UNSPECIFIED	1	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	11	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	8	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, THORACOLUMBAR REGION	2	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	41	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	15	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	34	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	5	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	17	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	6	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER	1	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	RADICULOPATHY, THORACIC REGION	1	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	RADICULOPATHY, LUMBAR REGION	330	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	RADICULOPATHY, LUMBOSACRAL REGION	61	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	CERVICALGIA	1	0		

Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	LUMBAGO WITH SCIATICA, RIGHT SIDE	1	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	LUMBAGO WITH SCIATICA, LEFT SIDE	2	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	LOW BACK PAIN	34	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	DORSALGIA, UNSPECIFIED	1	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	5	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER BIOMECHANICAL LESIONS OF LUMBAR REGION	1	0		
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	CHRONIC PAIN SYNDROME	0	2	Administrative	
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOLYSIS, LUMBAR REGION	0	1	Administrative	
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	0	2	Administrative	
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	0	2	Administrative	
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	0	2	Administrative	
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	0	3	Administrative	
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	0	1	Administrative	

Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	6	Administrative	
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Administrative	
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	RADICULOPATHY, THORACIC REGION	0	1	Administrative	
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	RADICULOPATHY, LUMBAR REGION	0	23	Administrative	
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	RADICULOPATHY, LUMBOSACRAL REGION	0	4	Administrative	
Outpatient	64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	LOW BACK PAIN	0	4	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	2	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	ARTHROPATHY, UNSPECIFIED	1	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOLYSIS, CERVICAL REGION	3	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, CERVICAL REGION	1	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION	1	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	3	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, OCCIPITO-ATLANTO-AXIAL REGION	1	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	153	0		

Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICOTHORACIC REGION	1	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	28	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, CERVICAL REGION	28	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, CERVICOTHORACIC REGION	5	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, THORACIC REGION	1	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBAR REGION	2	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	1	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	SPINAL STENOSIS, CERVICAL REGION	1	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	TRAUMATIC SPONDYLOPATHY, THORACIC REGION	1	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION	1	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	2	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	RADICULOPATHY, CERVICAL REGION	4	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	RADICULOPATHY, THORACOLUMBAR REGION	1	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	2	0		

Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	CERVICALGIA	16	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF HEAD REGION	1	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Pain Management	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	0	1	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOLYSIS, THORACIC REGION	0	2	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION	0	1	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, CERVICAL REGION	0	3	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, OCCIPITO-ATLANTO-AXIAL REGION	0	2	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	27	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	0	6	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, CERVICAL REGION	0	2	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, THORACIC REGION	0	1	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	0	1	Administrative	

Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	0	2	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, THORACIC REGION	0	1	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	0	3	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	RADICULOPATHY, CERVICOTHORACIC REGION	0	2	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	CERVICALGIA	0	6	Administrative	
Outpatient	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	Ambulatory Surgery Center	PAIN IN THORACIC SPINE	0	1	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	2	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ambulatory Surgery Center	ARTHROPATHY, UNSPECIFIED	1	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ambulatory Surgery Center	SPONDYLOLYSIS, CERVICAL REGION	3	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ambulatory Surgery Center	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, CERVICAL REGION	1	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ambulatory Surgery Center	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION	1	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	2	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1	0		

Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	143	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICOTHORACIC REGION	1	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	27	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPONDYLOSIS, CERVICAL REGION	27	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPONDYLOSIS, CERVICOTHORACIC REGION	5	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPONDYLOSIS, THORACIC REGION	1	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPINAL STENOSIS, CERVICAL REGION	1	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	TRAUMATIC SPONDYLOPATHY, THORACIC REGION	1	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	2	0		

Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	RADICULOPATHY, THORACOLUMBAR REGION	1	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	2	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	CERVICALGIA	15	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF HEAD REGION	1	0		
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	0	1	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOLYSIS, THORACIC REGION	0	2	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION	0	1	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, CERVICAL REGION	0	3	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, OCCIPITO-ATLANTO-AXIAL REGION	0	2	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	28	Administrative	

Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	0	5	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPONDYLOSIS, CERVICAL REGION	0	2	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPONDYLOSIS, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPONDYLOSIS, THORACIC REGION	0	1	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	0	1	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	0	2	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, THORACIC REGION	0	1	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	0	3	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	RADICULOPATHY, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	CERVICALGIA	0	5	Administrative	
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	3	0		

Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	ARTHROPATHY, UNSPECIFIED	1	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	SPONDYLOLYSIS, CERVICAL REGION	5	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, CERVICAL REGION	1	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	150	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	25	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	OTHER SPONDYLOSIS, CERVICAL REGION	32	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	OTHER SPONDYLOSIS, CERVICOTHORACIC REGION	7	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	OTHER SPONDYLOSIS, THORACIC REGION	2	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	TRAUMATIC SPONDYLOPATHY, THORACIC REGION	2	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	1	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	RADICULOPATHY, THORACOLUMBAR REGION	1	0		

Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	3	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	CERVICALGIA	8	0		
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	0	2	Administrative	
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	SPONDYLOLYSIS, THORACIC REGION	0	1	Administrative	
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, CERVICAL REGION	0	3	Administrative	
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, OCCIPITO-ATLANTO-AXIAL REGION	0	2	Administrative	
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	29	Administrative	
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	0	5	Administrative	
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	OTHER SPONDYLOSIS, CERVICAL REGION	0	2	Administrative	
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	OTHER SPONDYLOSIS, CERVICOTHORACIC REGION	0	2	Administrative	
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	OTHER SPONDYLOSIS, THORACIC REGION	0	2	Administrative	
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	0	3	Administrative	
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, THORACIC REGION	0	1	Administrative	
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	0	3	Administrative	
Outpatient	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	Ambulatory Surgery Center	CERVICALGIA	0	2	Administrative	

Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	OTHER CHRONIC PAIN	3	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	8	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	ARTHROPATHY, UNSPECIFIED	1	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOLYSIS, LUMBAR REGION	6	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, CERVICAL REGION	1	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	5	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION	3	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	3	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	7	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	3	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	2	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	220	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	72	0		

Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBAR REGION	56	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	38	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	3	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	2	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	2	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	4	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, LUMBAR REGION	1	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	RADICULOPATHY, SITE UNSPECIFIED	1	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	7	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	LOW BACK PAIN	26	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	CONGENITAL MALFORMATION OF BONY THORAX, UNSPECIFIED	1	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Anesthesiology	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Pain Management	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		

Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Physical Medicine & Rehabilitation	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	1	0		
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	POLYNEUROPATHY, UNSPECIFIED	0	1	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	0	5	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	0	1	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	ARTHROPATHY, UNSPECIFIED	0	1	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOLYSIS, LUMBAR REGION	0	2	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, LUMBAR REGION	0	2	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	0	2	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	DISCITIS, UNSPECIFIED, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION	0	2	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	0	2	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	34	Administrative	

Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	0	21	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBAR REGION	0	21	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	0	6	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	0	2	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	3	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	0	1	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, LUMBAR REGION	0	1	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	RADICULOPATHY, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	RADICULOPATHY, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	0	5	Administrative	
Outpatient	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	Ambulatory Surgery Center	LOW BACK PAIN	0	9	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FAC ET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH I MAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Ambulatory Surgery Center	OTHER CHRONIC PAIN	3	0		

Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	8	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	ARTHROPATHY, UNSPECIFIED	1	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOLYSIS, LUMBAR REGION	6	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOLISTHESIS, CERVICAL REGION	1	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	4	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION	3	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	2	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	5	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	2	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1	0		

Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	210	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	63	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBAR REGION	55	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	37	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	2	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	2	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	2	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	4	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, LUMBAR REGION	1	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	RADICULOPATHY, SITE UNSPECIFIED	1	0		

Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	7	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	LOW BACK PAIN	23	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Anesthesiology	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Pain Management	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Physical Medicine & Rehabilitation	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	1	0		
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	POLYNEUROPATHY, UNSPECIFIED	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	0	4	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	ARTHROPATHY, UNSPECIFIED	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOLYSIS, LUMBAR REGION	0	2	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOLISTHESIS, SITE UNSPECIFIED	0	1	Administrative	

Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOLISTHESIS, LUMBAR REGION	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	0	2	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	DISCITIS, UNSPECIFIED, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION	0	4	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	30	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	0	18	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBAR REGION	0	19	Administrative	

Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	0	6	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	0	3	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	3	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, LUMBAR REGION	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	RADICULOPATHY, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	RADICULOPATHY, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	0	2	Administrative	
Outpatient	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	Ambulatory Surgery Center	LOW BACK PAIN	0	8	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	OTHER CHRONIC PAIN	5	0		

Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	9	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	ARTHROPATHY, UNSPECIFIED	2	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	SPONDYLOLYSIS, LUMBAR REGION	6	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION	2	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	3	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	4	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	3	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	228	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	59	0		

Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBAR REGION	56	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	39	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	3	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	2	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	3	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	RADICULOPATHY, SITE UNSPECIFIED	1	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	5	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	LOW BACK PAIN	20	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Anesthesiology	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	0	4	Administrative	

Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	ARTHROPATHY, UNSPECIFIED	0	1	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	SPONDYLOLYSIS, LUMBAR REGION	0	2	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	SPONDYLOLISTHESIS, CERVICAL REGION	0	1	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	SPONDYLOLISTHESIS, LUMBAR REGION	0	2	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	0	2	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	DISCITIS, UNSPECIFIED, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION	0	2	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	0	2	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	2	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	26	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	0	9	Administrative	

Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBAR REGION	0	13	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	0	3	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	2	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, LUMBAR REGION	0	1	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	RADICULOPATHY, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	64495	"INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE	Ambulatory Surgery Center	LOW BACK PAIN	0	10	Administrative	
Outpatient	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	Physical Medicine & Rehabilitation	POST-TRAUMATIC STRESS DISORDER, CHRONIC	1	0		
Outpatient	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	Physical Medicine & Rehabilitation	CAUSALGIA OF UNSPECIFIED UPPER LIMB	1	0		
Outpatient	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	Physical Medicine & Rehabilitation	COMPLEX REGIONAL PAIN SYNDROME I, UNSPECIFIED	1	0		
Outpatient	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	Physical Medicine & Rehabilitation	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT UPPER LIMB	5	0		
Outpatient	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	Physical Medicine & Rehabilitation	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT UPPER LIMB	8	0		
Outpatient	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	Physical Medicine & Rehabilitation	COMPLEX REGIONAL PAIN SYNDROME I OF UNSPECIFIED UPPER LIMB	2	0		
Outpatient	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	Physical Medicine & Rehabilitation	PAIN IN RIGHT ARM	2	0		
Outpatient	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	Physical Medicine & Rehabilitation	CHRONIC PAIN SYNDROME	0	1	Administrative	

Outpatient	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	Physical Medicine & Rehabilitation	COMPLEX REGIONAL PAIN SYNDROME I, UNSPECIFIED	0	1	Administrative	
Outpatient	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	Physical Medicine & Rehabilitation	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT UPPER LIMB	0	1	Administrative	
Outpatient	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	Physical Medicine & Rehabilitation	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	0	1	Administrative	
Outpatient	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	Pain Management	CRYOGLOBULINEMIA	1	0		
Outpatient	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	Pain Management	CAUSALGIA OF LEFT LOWER LIMB	1	0		
Outpatient	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	Pain Management	CHRONIC PAIN SYNDROME	2	0		
Outpatient	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	Pain Management	COMPLEX REGIONAL PAIN SYNDROME I, UNSPECIFIED	2	0		
Outpatient	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	Pain Management	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB	13	0		
Outpatient	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	Pain Management	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT LOWER LIMB	4	0		
Outpatient	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	Pain Management	COMPLEX REGIONAL PAIN SYNDROME I OF LOWER LIMB, BILATERAL	2	0		
Outpatient	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	Pain Management	COMPLEX REGIONAL PAIN SYNDROME I OF OTHER SPECIFIED SITE	4	0		
Outpatient	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	Pain Management	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	Pain Management	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	Pain Management	ALGONEURODYSTROPHY, UNSPECIFIED SITE	7	0		
Outpatient	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	Pain Management	OTHER SPECIFIED DISORDERS OF THE MALE GENITAL ORGANS	1	0		
Outpatient	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	Pain Management	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	0	1	Administrative	
Outpatient	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	Pain Management	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	Pain Management	RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)	Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CHRONIC MIGRAINE)	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	64625	RADIOFREQUENCY ABLATION, NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	Neurology	OSTEOPHYTE, LEFT HIP	0	1	Administrative	
Outpatient	64625	RADIOFREQUENCY ABLATION, NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	Neurology	JOINT DISORDER, UNSPECIFIED	0	1	Administrative	
Outpatient	64625	RADIOFREQUENCY ABLATION, NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	Neurology	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	0	7	Administrative	
Outpatient	64625	RADIOFREQUENCY ABLATION, NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	Neurology	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	64625	RADIOFREQUENCY ABLATION, NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	Neurology	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	0	1	Medical Necessity	
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	1	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	SPONDYLOLYSIS, CERVICAL REGION	1	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	4	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	97	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICOTHORACIC REGION	1	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	17	0		

Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	2	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	OTHER SPONDYLOSIS, CERVICAL REGION	28	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	OTHER SPONDYLOSIS, CERVICOTHORACIC REGION	2	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	OTHER SPONDYLOSIS, THORACIC REGION	2	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	2	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	SPONDYLOSIS, UNSPECIFIED	2	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	1	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	OTHER SPECIFIED DORSOPATHIES, CERVICAL REGION	1	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	RADICULOPATHY, THORACIC REGION	1	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	CERVICALGIA	6	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	LOW BACK PAIN	1	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	PAIN IN THORACIC SPINE	1	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	MYALGIA OF AUXILIARY MUSCLES, HEAD AND NECK	2	0		
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT	0	1	Administrative	
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	4	Administrative	
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	OTHER SPONDYLOSIS, THORACIC REGION	0	1	Administrative	
Outpatient	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	Ambulatory Surgery Center	CERVICALGIA	0	1	Administrative	
Outpatient	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	CHRONIC PAIN SYNDROME	1	0		

Outpatient	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	CERVICALGIA	6	0		
Outpatient	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	MYALGIA OF AUXILIARY MUSCLES, HEAD AND NECK	2	0		
Outpatient	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT	0	1	Administrative	
Outpatient	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	5	Administrative	
Outpatient	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	0	1	Administrative	
Outpatient	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER SPONDYLOSIS, CERVICAL REGION	0	1	Administrative	
Outpatient	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	RADICULOPATHY, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	CERVICALGIA	0	1	Administrative	
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	CHRONIC PAIN SYNDROME	3	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	ARTHROPATHY, UNSPECIFIED	1	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, VERTEBRAE	1	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	SPONDYLOLYSIS, LUMBAR REGION	2	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION	3	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	3	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	2	0		

Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	124	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	46	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION	1	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	OTHER SPONDYLOSIS, CERVICAL REGION	1	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	OTHER SPONDYLOSIS, LUMBAR REGION	34	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	26	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	OTHER SPECIFIED DORSOPATHIES, LUMBOSACRAL REGION	2	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	RADICULOPATHY, LUMBAR REGION	3	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	LOW BACK PAIN	5	0		
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	SPONDYLOLYSIS, LUMBAR REGION	0	1	Administrative	
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	0	2	Administrative	
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION	0	3	Administrative	
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	14	Administrative	
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	0	4	Administrative	

Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	OTHER SPONDYLOSIS, LUMBAR REGION	0	3	Administrative	
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	0	3	Administrative	
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Administrative	
Outpatient	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	0	2	Administrative	
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	CHRONIC PAIN SYNDROME	3	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	ARTHROPATHY, UNSPECIFIED	1	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	ARTHROPATHIES IN OTHER SPECIFIED DISEASES CLASSIFIED ELSEWHERE, VERTEBRAE	1	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOLYSIS, LUMBAR REGION	2	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION	3	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	3	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	2	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	3	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	117	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	41	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION	1	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER SPONDYLOSIS, CERVICAL REGION	1	0		

Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER SPONDYLOSIS, LUMBAR REGION	34	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	31	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER SPECIFIED DORSOPATHIES, LUMBOSACRAL REGION	2	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	RADICULOPATHY, LUMBAR REGION	2	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	LOW BACK PAIN	4	0		
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOSIS, LUMBAR REGION	0	1	Administrative	
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION	0	3	Administrative	
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	13	Administrative	
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	0	4	Administrative	
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER SPONDYLOSIS, LUMBAR REGION	0	3	Administrative	
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	0	3	Administrative	
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Administrative	
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	0	2	Administrative	
Outpatient	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Anesthesiology	LOW BACK PAIN	0	1	Administrative	
Outpatient	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED	Neurology	NEURALGIA AND NEURITIS, UNSPECIFIED	1	0		
Outpatient	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED	Neurology	INJURY OF SCIATIC NERVE AT HIP AND THIGH LEVEL, LEFT LEG, SUBSEQUENT ENCOUNTER	1	0		

Outpatient	64727	INTERNAL NEUROLYSIS BY DISSECTION, WITH OR WITHOUT MICRODISSECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEUROPLASTY)	Neurology	INJURY OF SCIATIC NERVE AT HIP AND THIGH LEVEL, LEFT LEG, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	64905	NERVE PEDICLE TRANSFER; FIRST STAGE	Neurology	FOOT DROP, LEFT FOOT	1	0		
Outpatient	67810	INCISIONAL BIOPSY OF EYELID SKIN INCLUDING LID MARGIN	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1	0		
Outpatient	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) (FOR FOREHEAD RHYTIDECTOMY, SEE 15824)	Ophthalmology	MYOGENIC PTOSIS OF LEFT EYELID	1	0		
Outpatient	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) (FOR FOREHEAD RHYTIDECTOMY, SEE 15824)	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1	0		
Outpatient	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) (FOR FOREHEAD RHYTIDECTOMY, SEE 15824)	Ophthalmology	UNSPECIFIED DISORDER OF EYELID	1	0		
Outpatient	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) (FOR FOREHEAD RHYTIDECTOMY, SEE 15824)	Ophthalmology	BROW PTOSIS, BILATERAL	1	0		
Outpatient	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) (FOR FOREHEAD RHYTIDECTOMY, SEE 15824)	Ophthalmology	BROW PTOSIS, UNSPECIFIED	1	0		
Outpatient	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) (FOR FOREHEAD RHYTIDECTOMY, SEE 15824)	Ophthalmology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	1	0		
Outpatient	67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG, BANKED FASCIA)	Ophthalmology	MYOGENIC PTOSIS OF LEFT EYELID	1	0		
Outpatient	67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG, BANKED FASCIA)	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1	0		
Outpatient	67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1	0		
Outpatient	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	Ophthalmology	UNSPECIFIED PTOSIS OF RIGHT EYELID	1	0		
Outpatient	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	Ophthalmology	MECHANICAL PTOSIS OF LEFT EYELID	1	0		
Outpatient	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	1	0		
Outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	UNSPECIFIED ENTROPION OF RIGHT EYE, UNSPECIFIED EYELID	1	0		
Outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	UNSPECIFIED ECTROPION OF LEFT LOWER EYELID	1	0		
Outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	UNSPECIFIED PTOSIS OF LEFT EYELID	1	0		
Outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	UNSPECIFIED PTOSIS OF BILATERAL EYELIDS	4	0		
Outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MECHANICAL PTOSIS OF RIGHT EYELID	1	0		
Outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF LEFT EYELID	2	0		
Outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	MYOGENIC PTOSIS OF BILATERAL EYELIDS	5	0		
Outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	3	0		
Outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	SCARRING OF CONJUNCTIVA, RIGHT EYE	1	0		
Outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	OTHER LOCALIZED VISUAL FIELD DEFECT, BILATERAL	1	0		
Outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	BROW PTOSIS, BILATERAL	1	0		
Outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	INJURY OF FACIAL NERVE, UNSPECIFIED SIDE, INITIAL ENCOUNTER	1	0		
Outpatient	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION, EXTERNAL APPROACH	Ophthalmology	SCARRING OF CONJUNCTIVA, LEFT EYE	0	1	Medical Necessity	
Outpatient	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-LEVATOR RESECTION (FASANELLA-SERVAT TYPE)	Ophthalmology	MECHANICAL PTOSIS OF LEFT EYELID	1	0		
Outpatient	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-LEVATOR RESECTION (FASANELLA-SERVAT TYPE)	Ophthalmology	DERMATOCHALASIS OF RIGHT UPPER EYELID	1	0		
Outpatient	67911	CORRECTION OF LID RETRACTION	Ophthalmology	CICATRICIAL LAGOPHTHALMOS LEFT UPPER EYELID	1	0		
Outpatient	67911	CORRECTION OF LID RETRACTION	Ophthalmology	DERMATOCHALASIS OF UNSPECIFIED EYE, UNSPECIFIED EYELID	1	0		
Outpatient	67914	REPAIR OF ECTROPION; SUTURE	Ophthalmology	OTHER DISORDERS OF FACIAL NERVE	1	0		
Outpatient	67917	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)	Ophthalmology	UNSPECIFIED ECTROPION OF RIGHT LOWER EYELID	1	0		

Outpatient	67917	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)	Ophthalmology	UNSPECIFIED ECTROPION OF LEFT LOWER EYELID	1	0		
Outpatient	67923	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE	Ophthalmology	UNSPECIFIED ENTROPION OF RIGHT EYE, UNSPECIFIED EYELID	1	0		
Outpatient	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	Ophthalmology	BASAL CELL CARCINOMA OF SKIN OF LEFT LOWER EYELID, INCLUDING CANTHUS	1	0		
Outpatient	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	Ophthalmology	CICATRICAL ECTROPION OF LEFT LOWER EYELID	1	0		
Outpatient	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	Ophthalmology	CICATRICAL LAGOPHTHALMOS LEFT UPPER EYELID	1	0		
Outpatient	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	Ophthalmology	EYELID RETRACTION LEFT UPPER EYELID	1	0		
Outpatient	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	Ophthalmology	DERMATOCHALASIS OF LEFT LOWER EYELID	1	0		
Outpatient	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	Ophthalmology	OTHER POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF EYE AND ADNEXA, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	Ophthalmology	DERMATOCHALASIS OF RIGHT LOWER EYELID	0	1	Medical Necessity	
Outpatient	68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	Ophthalmology	SCARRING OF CONJUNCTIVA, RIGHT EYE	1	0		
Outpatient	69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE	Otolaryngology	SENSORINEURAL HEARING LOSS, UNILATERAL, LEFT EAR, WITH RESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATION; WITHOUT MASTOIDECTOMY	Otolaryngology	CONDUCTIVE HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	2	0		
Outpatient	69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATION; WITHOUT MASTOIDECTOMY	Otolaryngology	SENSORINEURAL HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATION; WITHOUT MASTOIDECTOMY	Otolaryngology	SENSORINEURAL HEARING LOSS, UNILATERAL, LEFT EAR, WITH RESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR/COCHLEAR STIMULATION; WITHOUT MASTOIDECTOMY	Otolaryngology	SUDDEN IDIOPATHIC HEARING LOSS, LEFT EAR	1	0		
Outpatient	69717	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, W/PERCUTANEOUS ATTACHMENT TO EXTRNL SPEECH PROCESSOR/COCHLEAR STIMULATOR; W/O MASTOIDECTOMY	Otolaryngology	SENSORINEURAL HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	69799	UNLISTED PROCEDURE, MIDDLE EAR	Otolaryngology	SENSORINEURAL HEARING LOSS, UNILATERAL, RIGHT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	Otolaryngology	SENSORINEURAL HEARING LOSS, BILATERAL	2	0		
Outpatient	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	Otolaryngology	UNSPECIFIED SENSORINEURAL HEARING LOSS	1	0		
Outpatient	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	Otolaryngology	UNSPECIFIED SENSORINEURAL HEARING LOSS	0	1	Medical Necessity	
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER SPONDYLOSIS, LUMBAR REGION	2	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	2	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	2	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBOSACRAL REGION	1	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1	0		

Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	1	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	6	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	5	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	3	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	2	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	4	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SCIATICA, RIGHT SIDE	1	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	LOW BACK PAIN	2	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER BURSAL CYST, UNSPECIFIED SITE	1	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	WEAKNESS	1	0		
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, CERVICAL REGION	0	1	Medical Necessity	
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	0	1	Medical Necessity	
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	0	1	Medical Necessity	
Outpatient	69990	MICROSURGICAL TECHNIQUES,REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	0	2	Medical Necessity	
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	ATYPICAL FACIAL PAIN	2	0		
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	OTALGIA, LEFT EAR	1	0		
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	MANDIBULAR HYPOPLASIA	1	0		
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	LIMITED MANDIBULAR RANGE OF MOTION	1	0		
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	RIGHT TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED	3	0		
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	BILATERAL TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED	2	0		
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	UNSPECIFIED TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED SIDE	2	0		
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	ARTHRALGIA OF LEFT TEMPOROMANDIBULAR JOINT	2	0		
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	ARTHRALGIA OF BILATERAL TEMPOROMANDIBULAR JOINT	3	0		
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	ARTICULAR DISC DISORDER OF RIGHT TEMPOROMANDIBULAR JOINT	1	0		
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	ARTICULAR DISC DISORDER OF BILATERAL TEMPOROMANDIBULAR JOINT	2	0		

Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	CRAMP AND SPASM	2	0		
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	JAW PAIN	1	0		
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	DISLOCATION OF JAW, UNSPECIFIED SIDE, INITIAL ENCOUNTER	1	0		
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	CHRONIC TENSION-TYPE HEADACHE, INTRACTABLE	0	1	Administrative	
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	ATYPICAL FACIAL PAIN	0	1	Administrative	
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	0	1	Administrative	
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	MANDIBULAR HYPOPLASIA	0	1	Administrative	
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	BILATERAL TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED	0	1	Administrative	
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	ARTICULAR DISC DISORDER OF RIGHT TEMPOROMANDIBULAR JOINT	0	1	Administrative	
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	OTHER SPECIFIED DISORDERS OF TEMPOROMANDIBULAR JOINT	0	1	Administrative	
Outpatient	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS)	Hospital	JAW PAIN	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	MALIGNANT NEOPLASM OF RECTUM	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	MALIGNANT NEOPLASM OF PROSTATE	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	BENIGN NEOPLASM OF LIVER	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	BENIGN NEOPLASM OF PITUITARY GLAND	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER PRIMARY THROMBOPHILIA	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	HYPERPROLACTINEMIA	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	HYPERLIPIDEMIA, UNSPECIFIED	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	POSTCONCUSSIONAL SYNDROME	5	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	ANXIETY DISORDER, UNSPECIFIED	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	EXTRADURAL AND SUBDURAL ABSCESS, UNSPECIFIED	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	PARKINSON'S DISEASE	3	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	MULTIPLE SCLEROSIS	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITH STATUS EPILEPTICUS	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	4	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	3	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	7	0		

Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	MIGRAINE, UNSPECIFIED, INTRACTABLE, WITH STATUS MIGRAINOSUS	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	PERIODIC HEADACHE SYNDROMES IN CHILD OR ADULT, NOT INTRACTABLE	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	EPISODIC CLUSTER HEADACHE, NOT INTRACTABLE	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	VASCULAR HEADACHE, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	TENSION-TYPE HEADACHE, UNSPECIFIED, NOT INTRACTABLE	3	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CHRONIC TENSION-TYPE HEADACHE, INTRACTABLE	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	POST-TRAUMATIC HEADACHE, UNSPECIFIED, NOT INTRACTABLE	3	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CHRONIC POST-TRAUMATIC HEADACHE, NOT INTRACTABLE	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	NEW DAILY PERSISTENT HEADACHE (NDPH)	9	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	PRIMARY THUNDERCLAP HEADACHE	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	PRIMARY EXERTIONAL HEADACHE	3	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER HEADACHE SYNDROME	6	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	3	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	BELL'S PALSYP	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	COMMUNICATING HYDROCEPHALUS	4	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OBSTRUCTIVE HYDROCEPHALUS	6	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	HYDROCEPHALUS, UNSPECIFIED	5	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CEREBRAL CYSTS	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	BENIGN INTRACRANIAL HYPERTENSION	4	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	COMPRESSION OF BRAIN	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER SPECIFIED DISORDERS OF BRAIN	3	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	UNSPECIFIED PTOSIS OF RIGHT EYELID	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	KERATOCONUS, UNSPECIFIED, BILATERAL	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	UNSPECIFIED OPTIC NEURITIS	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER DISORDERS OF OPTIC NERVE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED EYE	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	UNSPECIFIED PAPILLEDEMA	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	DIPLOPIA	3	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	HETERONYMOUS BILATERAL FIELD DEFECTS	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER VISUAL DISTURBANCES	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	UNQUALIFIED VISUAL LOSS, LEFT EYE, NORMAL VISION RIGHT EYE	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	ANISOCORIA	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	SENSORINEURAL HEARING LOSS, BILATERAL	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTALGIA, LEFT EAR	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	TINNITUS, BILATERAL	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	HEART FAILURE, UNSPECIFIED	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE IN HEMISPHERE, CORTICAL	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER NONTRAUMATIC INTRACEREBRAL HEMORRHAGE	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	NONTRAUMATIC SUBDURAL HEMORRHAGE, UNSPECIFIED	3	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CEREBRAL INFARCTION, UNSPECIFIED	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CHRONIC SINUSITIS, UNSPECIFIED	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	TORTICOLLIS	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CERVICALGIA	4	0		

Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	FIBROUS DYSPLASIA (MONOSTOTIC), UNSPECIFIED SITE	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	DISORDER OF BONE, UNSPECIFIED	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER ACQUIRED DEFORMITY OF HEAD	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	THORACIC SPINA BIFIDA WITH HYDROCEPHALUS	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CONGENITAL MALFORMATION OF CARDIAC SEPTUM, UNSPECIFIED	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER MALFORMATIONS OF CEREBRAL VESSELS	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CRANIOSYNOSTOSIS	7	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CONGENITAL MALFORMATION OF SKULL AND FACE BONES, UNSPECIFIED	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	VOMITING, UNSPECIFIED	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	NAUSEA WITH VOMITING, UNSPECIFIED	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	DYSPHAGIA, UNSPECIFIED	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	ANESTHESIA OF SKIN	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	PARESTHESIA OF SKIN	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER DISTURBANCES OF SKIN SENSATION	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	LOCALIZED SWELLING, MASS AND LUMP, HEAD	5	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	LOCALIZED SWELLING, MASS AND LUMP, NECK	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	TREMOR, UNSPECIFIED	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER ABNORMALITIES OF GAIT AND MOBILITY	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	ATAXIA, UNSPECIFIED	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	DISORIENTATION, UNSPECIFIED	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER AMNESIA	7	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	ALTERED MENTAL STATUS, UNSPECIFIED	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	DIZZINESS AND GIDDINESS	22	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	HALLUCINATIONS, UNSPECIFIED	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER SYMPTOMS AND SIGNS INVOLVING EMOTIONAL STATE	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	SLURRED SPEECH	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER SPEECH DISTURBANCES	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	FEVER, UNSPECIFIED	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	HEADACHE	100	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	Headache with orthostatic component, not elsewhere classified	4	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	Headache, unspecified	35	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	WEAKNESS	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	SYNCOPE AND COLLAPSE	10	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	UNSPECIFIED CONVULSIONS	2	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	HEMORRHAGE, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER GENERAL SYMPTOMS AND SIGNS	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF CENTRAL NERVOUS SYSTEM	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER PARTS OF MUSCULOSKELETAL SYSTEM	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CONTUSION OF OTHER PART OF HEAD, INITIAL ENCOUNTER	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CONTUSION OF UNSPECIFIED PART OF HEAD, INITIAL ENCOUNTER	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	UNSPECIFIED FRACTURE OF SKULL, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER	10	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, SUBSEQUENT ENCOUNTER	1	0		

Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, SEQUELA	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CONCUSSION WITH LOSS OF CONSCIOUSNESS OF 30 MINUTES OR LESS, INITIAL ENCOUNTER	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CONCUSSION WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	3	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	EPIDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	TRAUMATIC SUBDURAL HEMORRHAGE WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER	7	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	TRAUMATIC SUBDURAL HEMORRHAGE WITHOUT LOSS OF CONSCIOUSNESS, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	4	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	TRAUMATIC SUBARACHNOID HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF 31 MINUTES TO 59 MINUTES, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	TRAUMATIC SUBARACHNOID HEMORRHAGE WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER SPECIFIED INTRACRANIAL INJURY WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER SPECIFIED INJURIES OF HEAD, INITIAL ENCOUNTER	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER	11	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	UNSPECIFIED INJURY OF HEAD, SEQUELA	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	UNSPECIFIED INJURY OF FACE, INITIAL ENCOUNTER	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CONTUSION OF UNSPECIFIED PART OF NECK, INITIAL ENCOUNTER	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	UNSPECIFIED OCCUPANT OF OTHER SPECIAL ALL-TERRAIN OR OTHER OFF-ROAD MOTOR VEHICLE INJURED IN NONTRAFFIC ACCIDENT, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	UNSPECIFIED FALL, INITIAL ENCOUNTER	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT ABNORMAL FINDINGS	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	PERSONAL HISTORY OF OTHER DISEASES OF THE CIRCULATORY SYSTEM	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	PRESENCE OF CEREBROSPINAL FLUID DRAINAGE DEVICE	1	0		
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	ASPERGILLOSIS, UNSPECIFIED	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	PEDICULOSIS DUE TO PEDICULUS HUMANUS CAPITIS	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	BENIGN NEOPLASM OF BONES OF SKULL AND FACE	0	1	Administrative	OVERTURNED
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	NEOPLASM OF UNCERTAIN BEHAVIOR OF CRANIOPHARYNGEAL DUCT	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITH STATUS EPILEPTICUS	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	2	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	TENSION-TYPE HEADACHE, UNSPECIFIED, NOT INTRACTABLE	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	NEW DAILY PERSISTENT HEADACHE (NDPH)	0	3	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	SLEEP APNEA, UNSPECIFIED	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER ENCEPHALOPATHY	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER VISUAL DISTURBANCES	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	UNSPECIFIED VISUAL DISTURBANCE	0	1	Administrative	

Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	LABYRINTHITIS, UNSPECIFIED EAR	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CEREBRAL INFARCTION, UNSPECIFIED	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER CHRONIC SINUSITIS	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	DISORDER OF BONE, UNSPECIFIED	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	CONGENITAL MALFORMATION OF SKULL AND FACE BONES, UNSPECIFIED	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	COUGH	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	NAUSEA	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	TREMOR, UNSPECIFIED	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	FACIAL WEAKNESS	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	DYSURIA	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	DISORIENTATION, UNSPECIFIED	0	2	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	OTHER AMNESIA	0	2	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	DIZZINESS AND GIDDINESS	0	5	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	AUDITORY HALLUCINATIONS	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	HEADACHE	0	6	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	Headache, unspecified	0	4	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	SYNCOPE AND COLLAPSE	0	3	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	PERSONAL HISTORY OF OTHER (HEALED) PHYSICAL INJURY AND TRAUMA	0	1	Administrative	
Outpatient	70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	Neuroradiology	HEADACHE	0	1	Administrative	
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1	0		
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1	0		
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1	0		
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	MALIGNANT NEOPLASM OF THYROID GLAND	1	0		
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	BENIGN NEOPLASM OF CEREBRAL MENINGES	1	0		
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	POST-TRAUMATIC HEADACHE, UNSPECIFIED, NOT INTRACTABLE	1	0		
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	OTHER VISUAL DISTURBANCES	1	0		
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	OTALGIA, RIGHT EAR	1	0		
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	1	0		
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	ANESTHESIA OF SKIN	1	0		
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	FACIAL WEAKNESS	1	0		
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	HEADACHE	3	0		
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	0	1	Administrative	
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	0	1	Administrative	
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITH STATUS EPILEPTICUS	0	1	Administrative	
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	OTHER DISORDERS OF VESTIBULAR FUNCTION, UNSPECIFIED EAR	0	1	Administrative	
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	0	1	Administrative	
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	SHORTNESS OF BREATH	0	1	Administrative	
Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	0	1	Administrative	

Outpatient	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	Neuroradiology	HEADACHE	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	CYSTICERCOSIS, UNSPECIFIED	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	MALIGNANT NEOPLASM OF UNSPECIFIED MAIN BRONCHUS	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF SCALP AND NECK	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF OTHER PART OF TRUNK	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	FOLLICULAR LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	2	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	IMMUNE THROMBOCYTOPENIC PURPURA	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	HYPERPROLACTINEMIA	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	NEUROMYELITIS OPTICA [DEVIC]	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	CHRONIC CLUSTER HEADACHE, INTRACTABLE	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	VASCULAR HEADACHE, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	CHRONIC TENSION-TYPE HEADACHE, INTRACTABLE	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	OTHER COMPLICATED HEADACHE SYNDROME	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	OTHER SPECIFIED DISORDERS OF BRAIN	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	OPEN ANGLE WITH BORDERLINE FINDINGS, LOW RISK, RIGHT EYE	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	FOURTH (TROCHLEAR) NERVE PALSY, LEFT EYE	1	0		

Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	TOTAL (EXTERNAL) OPHTHALMOPLEGIA, UNSPECIFIED EYE	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	DIPLOPIA	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	UNSPECIFIED VISUAL DISTURBANCE	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	OCULAR PAIN, UNSPECIFIED EYE	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	OTHER SPECIFIED HEARING LOSS, RIGHT EAR	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	TINNITUS, UNSPECIFIED EAR	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	PAROXYSMAL ATRIAL FIBRILLATION	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED VERTEBRAL ARTERY	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBRAL ARTERY	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	ACUTE EMBOLISM AND THROMBOSIS OF LEFT FEMORAL VEIN	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	ORTHOSTATIC HYPOTENSION	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	CERVICALGIA	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	DYSPNEA, UNSPECIFIED	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	RETROGRADE AMNESIA	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	ALTERED MENTAL STATUS, UNSPECIFIED	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	OTHER SYMPTOMS AND SIGNS INVOLVING COGNITIVE FUNCTIONS AND AWARENESS	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	DIZZINESS AND GIDDINESS	7	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	ANOSMIA	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	OTHER HALLUCINATIONS	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	HEADACHE	18	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	Headache, unspecified	4	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	SYNCOPE AND COLLAPSE	2	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	UNSPECIFIED CONVULSIONS	2	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	UNSPECIFIED FRACTURE OF OCCIPUT, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		

Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	FRACTURE OF ORBITAL FLOOR, UNSPECIFIED SIDE, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	UNSPECIFIED FALL, INITIAL ENCOUNTER	1	0		
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	CYSTICERCOSIS OF CENTRAL NERVOUS SYSTEM	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	ESTROGEN EXCESS	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	VASCULAR HEADACHE, NOT ELSEWHERE CLASSIFIED	0	2	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	PRIMARY THUNDERCLAP HEADACHE	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	OPEN ANGLE WITH BORDERLINE FINDINGS, LOW RISK, RIGHT EYE	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	FOURTH (TROCHLEAR) NERVE PALSY, RIGHT EYE	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	UNQUALIFIED VISUAL LOSS, RIGHT EYE, NORMAL VISION LEFT EYE	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	CHRONIC SINUSITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	DYSPHAGIA, UNSPECIFIED	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	LOCALIZED SWELLING, MASS AND LUMP, NECK	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	OTHER AMNESIA	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	DIZZINESS AND GIDDINESS	0	3	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	HEADACHE	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	Headache, unspecified	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	SYNCOPE AND COLLAPSE	0	1	Administrative	
Outpatient	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Neuroradiology	LOCALIZED EDEMA	0	1	Administrative	
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LEFT ORBIT	1	0		

Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	BENIGN NEOPLASM OF MIDDLE EAR, NASAL CAVITY AND ACCESSORY SINUSES	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	THYROTOXICOSIS WITH DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM	4	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	EPISODIC CLUSTER HEADACHE, NOT INTRACTABLE	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	BELL'S PALSY	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER DISORDERS OF FACIAL NERVE	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CEREBROSPINAL FLUID LEAK	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED PTOSIS OF RIGHT EYELID	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PARALYTIC PTOSIS OF RIGHT EYELID	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED EXOPHTHALMOS	2	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER DISORDERS OF ORBIT	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DIPLOPIA	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OCULAR PAIN, BILATERAL	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DIFFUSE OTITIS EXTERNA, RIGHT EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHOLESTEATOMA OF EXTERNAL EAR, UNSPECIFIED EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHOLESTEATOMA OF RIGHT EXTERNAL EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHOLESTEATOMA OF LEFT EXTERNAL EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ACUTE SEROUS OTITIS MEDIA, RECURRENT, BILATERAL	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHRONIC SEROUS OTITIS MEDIA, LEFT EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHRONIC MUCOID OTITIS MEDIA, BILATERAL	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER CHRONIC NONSUPPURATIVE OTITIS MEDIA, LEFT EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER CHRONIC NONSUPPURATIVE OTITIS MEDIA, UNSPECIFIED EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHRONIC TUBOTYMPANIC SUPPURATIVE OTITIS MEDIA, RIGHT EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER CHRONIC SUPPURATIVE OTITIS MEDIA, LEFT EAR	1	0		

Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, LEFT EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	3	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED EUSTACHIAN TUBE DISORDER, RIGHT EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHRONIC MASTOIDITIS, BILATERAL	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHOLESTEATOMA OF ATTIC, RIGHT EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHOLESTEATOMA OF MASTOID, RIGHT EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHOLESTEATOMA OF MASTOID, LEFT EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED CHOLESTEATOMA, UNSPECIFIED EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED CHOLESTEATOMA, RIGHT EAR	3	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	TOTAL PERFORATIONS OF TYMPANIC MEMBRANE, RIGHT EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, LEFT EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED MYRINGITIS, UNSPECIFIED EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	BENIGN PAROXYSMAL VERTIGO, RIGHT EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	BENIGN PAROXYSMAL VERTIGO, LEFT EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED DISEASES OF INNER EAR, BILATERAL	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CONDUCTIVE HEARING LOSS, BILATERAL	13	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CONDUCTIVE HEARING LOSS, UNILATERAL, RIGHT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	5	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CONDUCTIVE HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	5	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CONDUCTIVE HEARING LOSS, UNSPECIFIED	3	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SENSORINEURAL HEARING LOSS, BILATERAL	7	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED SENSORINEURAL HEARING LOSS	2	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, BILATERAL	3	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CONDUCTIVE HEARING LOSS, UNILATERAL, RIGHT EAR WITH RESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		

Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, UNILATERAL, RIGHT EAR WITH RESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SUDDEN IDIOPATHIC HEARING LOSS, BILATERAL	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED HEARING LOSS, RIGHT EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTALGIA, RIGHT EAR	2	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTALGIA, LEFT EAR	3	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTALGIA, BILATERAL	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTALGIA, UNSPECIFIED EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTORRHEA, LEFT EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	TINNITUS, LEFT EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	TINNITUS, BILATERAL	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER ABNORMAL AUDITORY PERCEPTIONS, RIGHT EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PULSATILE TINNITUS, RIGHT EAR	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PULSATILE TINNITUS, BILATERAL	2	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ARTHRALGIA OF BILATERAL TEMPOROMANDIBULAR JOINT	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PREAURICULAR SINUS AND CYST	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, HEAD	3	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DIZZINESS AND GIDDINESS	2	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	HEADACHE	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	FRACTURE OF ORBITAL FLOOR, RIGHT SIDE, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CONTUSION OF EYEBALL AND ORBITAL TISSUES, RIGHT EYE, INITIAL ENCOUNTER	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED INJURY OF LEFT EYE AND ORBIT, INITIAL ENCOUNTER	2	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER	1	0		
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED LACRIMAL GLAND AND DUCT	0	1	Administrative	

Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER VISUAL DISTURBANCES	0	1	Administrative	
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED EUSTACHIAN TUBE DISORDER, LEFT EAR	0	1	Administrative	
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHOLESTEATOMA OF ATTIC, RIGHT EAR	0	1	Administrative	
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED CHOLESTEATOMA, RIGHT EAR	0	1	Administrative	
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CONDUCTIVE HEARING LOSS, BILATERAL	0	1	Administrative	
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTALGIA, LEFT EAR	0	1	Administrative	
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTALGIA, BILATERAL	0	1	Administrative	
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTORRHEA, LEFT EAR	0	1	Administrative	
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED DISORDER OF EAR, BILATERAL	0	1	Administrative	
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHRONIC MAXILLARY SINUSITIS	0	1	Administrative	
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHRONIC SINUSITIS, UNSPECIFIED	0	2	Administrative	
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NASAL CONGESTION	0	1	Administrative	
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, HEAD	0	1	Administrative	
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DIZZINESS AND GIDDINESS	0	1	Administrative	
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	JAW PAIN	0	1	Administrative	
Outpatient	70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	0	1	Administrative	
Outpatient	70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF UNSPECIFIED SITE OF RIGHT ORBIT	1	0		
Outpatient	70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF UNSPECIFIED SITE OF LEFT ORBIT	1	0		
Outpatient	70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	BELL'S PALSYP	1	0		
Outpatient	70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MECHANICAL PTOSIS OF RIGHT EYELID	1	0		
Outpatient	70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER DISORDERS OF ORBIT	1	0		
Outpatient	70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ACUTE SUPPURATIVE OTITIS MEDIA WITH SPONTANEOUS RUPTURE OF EAR DRUM, RECURRENT, BILATERAL	1	0		
Outpatient	70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED CHOLESTEATOMA, LEFT EAR	1	0		
Outpatient	70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SUDDEN IDIOPATHIC HEARING LOSS, RIGHT EAR	1	0		

Outpatient	70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PULSATILE TINNITUS, RIGHT EAR	1	0		
Outpatient	70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FRACTURE OF ORBITAL FLOOR, UNSPECIFIED SIDE, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MECHANICAL PTOSIS OF RIGHT EYELID	0	1	Administrative	
Outpatient	70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, HEAD	0	1	Administrative	
Outpatient	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS INFECTION AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE	1	0		
Outpatient	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	CONSTANT EXOPHTHALMOS, LEFT EYE	1	0		
Outpatient	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	OPEN ANGLE WITH BORDERLINE FINDINGS, LOW RISK, RIGHT EYE	1	0		
Outpatient	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	FOURTH (TROCHLEAR) NERVE PALSY, LEFT EYE	1	0		
Outpatient	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	OCULAR PAIN, UNSPECIFIED EYE	2	0		
Outpatient	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	CHRONIC MASTOIDITIS, UNSPECIFIED EAR	1	0		
Outpatient	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	CHOLESTEATOMA OF ATTIC, RIGHT EAR	1	0		
Outpatient	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	CHOLESTEATOMA OF TYMPANUM, RIGHT EAR	1	0		
Outpatient	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, UNSPECIFIED EAR	1	0		
Outpatient	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	OTALGIA, LEFT EAR	1	0		
Outpatient	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	TINNITUS, UNSPECIFIED EAR	1	0		
Outpatient	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF SKULL AND HEAD, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	BENIGN NEOPLASM OF UNSPECIFIED SITE OF RIGHT ORBIT	0	1	Administrative	

Outpatient	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	CONSTANT EXOPHTHALMOS, LEFT EYE	0	1	Administrative	
Outpatient	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	SCLERITIS WITH CORNEAL INVOLVEMENT, RIGHT EYE	0	1	Administrative	
Outpatient	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	OPEN ANGLE WITH BORDERLINE FINDINGS, LOW RISK, RIGHT EYE	0	1	Administrative	
Outpatient	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	DIPLOPIA	0	1	Administrative	
Outpatient	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	UNSPECIFIED NONSUPPURATIVE OTITIS MEDIA, RIGHT EAR	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS INFECTION, UNSPECIFIED SITE	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CANDIDAL STOMATITIS	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED MYCOSIS	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC MYELOMONOCYTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN NEOPLASM OF MIDDLE EAR, NASAL CAVITY AND ACCESSORY SINUSES	2	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN NEOPLASM OF BRAIN, INFRATENTORIAL	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN NEOPLASM OF PITUITARY GLAND	6	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN NEOPLASM, UNSPECIFIED SITE	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF CEREBRAL MENINGES	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF THYROID GLAND	2	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC MYELOPROLIFERATIVE DISEASE	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	THYROTOXICOSIS, UNSPECIFIED WITHOUT THYROTOXIC CRISIS OR STORM	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ANXIETY DISORDER, UNSPECIFIED	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	2	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	TENSION-TYPE HEADACHE, UNSPECIFIED, INTRACTABLE	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	INSOMNIA, UNSPECIFIED	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	SLEEP APNEA, UNSPECIFIED	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	TRIGEMINAL NEURALGIA	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ATYPICAL FACIAL PAIN	12	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	NERVE ROOT AND PLEXUS DISORDER, UNSPECIFIED	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	HYDROCEPHALUS, UNSPECIFIED	1	0		

Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CEREBROSPINAL FLUID LEAK	2	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED EXOPHTHALMOS	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OCULAR PAIN, RIGHT EYE	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OCULAR PAIN, LEFT EYE	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC SEROUS OTITIS MEDIA, UNSPECIFIED EAR	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC SEROUS OTITIS MEDIA, LEFT EAR	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED NONSUPPURATIVE OTITIS MEDIA, BILATERAL	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	2	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN PAROXYSMAL VERTIGO, RIGHT EAR	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED DISEASES OF INNER EAR, BILATERAL	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CONDUCTIVE HEARING LOSS, BILATERAL	5	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED HEARING LOSS, UNSPECIFIED EAR	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTALGIA, RIGHT EAR	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTALGIA, LEFT EAR	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE NASOPHARYNGITIS (COMMON COLD)	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	2	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE RECURRENT MAXILLARY SINUSITIS	8	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE FRONTAL SINUSITIS, UNSPECIFIED	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE SPHENOIDAL SINUSITIS, UNSPECIFIED	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE PANSINUSITIS, UNSPECIFIED	3	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE RECURRENT PANSINUSITIS	3	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER ACUTE RECURRENT SINUSITIS	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE SINUSITIS, UNSPECIFIED	15	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE RECURRENT SINUSITIS, UNSPECIFIED	7	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE PHARYNGITIS DUE TO OTHER SPECIFIED ORGANISMS	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE LARYNGITIS	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE BRONCHITIS DUE TO MYCOPLASMA PNEUMONIAE	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ALLERGIC RHINITIS DUE TO POLLEN	12	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SEASONAL ALLERGIC RHINITIS	3	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER ALLERGIC RHINITIS	8	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ALLERGIC RHINITIS, UNSPECIFIED	14	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC RHINITIS	24	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC NASOPHARYNGITIS	2	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC MAXILLARY SINUSITIS	161	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC FRONTAL SINUSITIS	35	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC ETHMOIDAL SINUSITIS	10	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC SPHENOIDAL SINUSITIS	2	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC PANSINUSITIS	136	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CHRONIC SINUSITIS	222	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC SINUSITIS, UNSPECIFIED	310	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	POLYP OF NASAL CAVITY	9	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER POLYP OF SINUS	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	NASAL POLYP, UNSPECIFIED	17	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ABSCESS, FURUNCLE AND CARBUNCLE OF NOSE	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CYST AND MUCOCELE OF NOSE AND NASAL SINUS	2	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	DEVIATED NASAL SEPTUM	29	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	HYPERTROPHY OF NASAL TURBINATES	6	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	26	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	1	0		

Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	IMPACTED TEETH	2	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	MALOCCLUSION, ANGLE'S CLASS III	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER ANOMALIES OF TOOTH POSITION OF FULLY ERUPTED TOOTH OR TEETH	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	RIGHT TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ARTHRALGIA OF TEMPOROMANDIBULAR JOINT, UNSPECIFIED SIDE	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	DENTOFACIAL ANOMALY, UNSPECIFIED	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED CYST OF JAW	2	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CYSTS OF JAW	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	TORTICOLLIS	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACQUIRED DEFORMITY OF NOSE	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER ACQUIRED DEFORMITY OF HEAD	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CLEFT LIP, UNILATERAL	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED CLEFT PALATE WITH BILATERAL CLEFT LIP	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED CLEFT PALATE WITH UNILATERAL CLEFT LIP	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SKULL AND FACE BONES	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CONGENITAL MALFORMATION OF SKULL AND FACE BONES, UNSPECIFIED	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	COUGH	9	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	NASAL CONGESTION	44	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	POSTNASAL DRIP	5	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, HEAD	3	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ANOSMIA	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	PAROSMIA	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER DISTURBANCES OF SMELL AND TASTE	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED DISTURBANCES OF SMELL AND TASTE	2	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SYMPTOMS AND SIGNS INVOLVING GENERAL SENSATIONS AND PERCEPTIONS	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	HEADACHE	9	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	Headache, unspecified	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	GENERALIZED ENLARGED LYMPH NODES	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	JAW PAIN	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER GENERAL SYMPTOMS AND SIGNS	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	NONSPECIFIC REACTION TO TUBERCULIN SKIN TEST WITHOUT ACTIVE TUBERCULOSIS	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED SUPERFICIAL INJURY OF SCALP, INITIAL ENCOUNTER	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	FRACTURE OF NASAL BONES, INITIAL ENCOUNTER FOR CLOSED FRACTURE	4	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	FRACTURE OF CONDYLAR PROCESS OF MANDIBLE, UNSPECIFIED SIDE, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED INJURY OF NOSE, INITIAL ENCOUNTER	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED INJURY OF FACE, INITIAL ENCOUNTER	2	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	FALL ON AND FROM LADDER, INITIAL ENCOUNTER	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED FALL, INITIAL ENCOUNTER	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	2	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Otolaryngology	CHRONIC SINUSITIS, UNSPECIFIED	1	0		
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	TRANSSEXUALISM	0	1		Administrative
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC TENSION-TYPE HEADACHE, NOT INTRACTABLE	0	1		Administrative
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	NEW DAILY PERSISTENT HEADACHE (NDPH)	0	1		Administrative
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	0	1		Administrative

Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CONDUCTIVE HEARING LOSS, BILATERAL	0	2	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE RECURRENT MAXILLARY SINUSITIS	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE FRONTAL SINUSITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE ETHMOIDAL SINUSITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE RECURRENT PANSINUSITIS	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER ACUTE SINUSITIS	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE SINUSITIS, UNSPECIFIED	0	2	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER ALLERGIC RHINITIS	0	2	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ALLERGIC RHINITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC RHINITIS	0	4	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC MAXILLARY SINUSITIS	0	11	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC FRONTAL SINUSITIS	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC ETHMOIDAL SINUSITIS	0	2	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC PANSINUSITIS	0	5	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CHRONIC SINUSITIS	0	11	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC SINUSITIS, UNSPECIFIED	0	22	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	NASAL POLYP, UNSPECIFIED	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	DEVIATED NASAL SEPTUM	0	2	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	0	2	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER DISEASES OF LARYNX	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	MUCOPURULENT CHRONIC BRONCHITIS	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CYSTS OF JAW	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	CONGENITAL MALFORMATION OF SKULL AND FACE BONES, UNSPECIFIED	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	COUGH	0	3	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	DYSPNEA, UNSPECIFIED	0	2	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	NASAL CONGESTION	0	7	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED INJURY OF NOSE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	Family Practice	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	0	1	Administrative	
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Family Practice	MUCORMYCOSIS, UNSPECIFIED	1	0		
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF MAXILLARY SINUS	1	0		
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Family Practice	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Family Practice	ACUTE MEGAKARYOBLASTIC LEUKEMIA, IN REMISSION	1	0		
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER RESPIRATORY ORGANS	1	0		
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Family Practice	OTALGIA, RIGHT EAR	1	0		
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER ALLERGIC RHINITIS	1	0		
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Family Practice	CHRONIC SINUSITIS, UNSPECIFIED	1	0		
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Family Practice	GEOGRAPHIC TONGUE	1	0		
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, HEAD	4	0		
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Family Practice	Headache, unspecified	1	0		
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF SKULL AND HEAD, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF GUM, UNSPECIFIED	0	1	Administrative	
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF ANTERIOR WALL OF NASOPHARYNX	0	1	Administrative	
Outpatient	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	0	1	Administrative	
Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	MALIGNANT NEOPLASM OF MANDIBLE	1	0		

Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	BENIGN NEOPLASM OF MIDDLE EAR, NASAL CAVITY AND ACCESSORY SINUSES	1	0		
Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	ACUTE RECURRENT MAXILLARY SINUSITIS	1	0		
Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	DEVIATED NASAL SEPTUM	1	0		
Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	UNSPECIFIED LESIONS OF ORAL MUCOSA	1	0		
Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	MANDIBULAR HYPOPLASIA	1	0		
Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	OTHER ABNORMALITIES OF BREATHING	1	0		
Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, NECK	1	0		
Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1	0		
Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	UNSPECIFIED INJURY OF FACE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	0	1	Administrative	
Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	ACUTE EMBOLISM AND THROMBOSIS OF LEFT FEMORAL VEIN	0	1	Administrative	
Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	ACUTE SINUSITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	MANDIBULAR HYPOPLASIA	0	1	Administrative	
Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	DEVELOPMENTAL DISORDERS OF JAWS	0	1	Administrative	
Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	SHORTNESS OF BREATH	0	1	Administrative	
Outpatient	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	OTHER ABNORMALITIES OF BREATHING	0	1	Administrative	
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF BASE OF TONGUE	2	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF GLOTTIS	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF THYROID GLAND	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR, UNSPECIFIED	1	0		

Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NONTOXIC SINGLE THYROID NODULE	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NONTOXIC MULTINODULAR GOITER	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NONTOXIC GOITER, UNSPECIFIED	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED MONONEUROPATHIES	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTALGIA, LEFT EAR	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ACUTE PHARYNGITIS, UNSPECIFIED	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SIALOADENITIS, UNSPECIFIED	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CERVICALGIA	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	COUGH	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DYSPNEA, UNSPECIFIED	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER ABNORMALITIES OF BREATHING	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN THROAT	2	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DYSPHAGIA, UNSPECIFIED	2	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, NECK	6	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LOCALIZED ENLARGED LYMPH NODES	3	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ENLARGED LYMPH NODES, UNSPECIFIED	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED INJURIES OF LARYNX, INITIAL ENCOUNTER	1	0		
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NONTOXIC GOITER, UNSPECIFIED	0	1	Administrative	
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CERVICALGIA	0	1	Administrative	
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DORSALGIA, UNSPECIFIED	0	1	Administrative	
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DYSPNEA, UNSPECIFIED	0	1	Administrative	
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DYSPHAGIA, UNSPECIFIED	0	1	Administrative	

Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, NECK	0	2	Administrative	
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LOCALIZED ENLARGED LYMPH NODES	0	1	Administrative	
Outpatient	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CONTUSION OF UNSPECIFIED PART OF NECK, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF LIP, UNSPECIFIED	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF BASE OF TONGUE	13	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF BORDER OF TONGUE	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF GUM, UNSPECIFIED	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH	3	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF CHEEK MUCOSA	4	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	5	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF PAROTID GLAND	3	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF SUBLINGUAL GLAND	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	8	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF TONSILLAR PILLAR (ANTERIOR) (POSTERIOR)	4	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	12	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF POSTERIOR WALL OF OROPHARYNX	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	3	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	10	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF SUPERIOR WALL OF NASOPHARYNX	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF ANTERIOR WALL OF NASOPHARYNX	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	3	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF SIGMOID COLON	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF MAXILLARY SINUS	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF GLOTTIS	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	7	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF TRACHEA	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED MAIN BRONCHUS	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF MANDIBLE	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT MELANOMA OF SCALP AND NECK	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT MELANOMA OF RIGHT UPPER LIMB, INCLUDING SHOULDER	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	SQUAMOUS CELL CARCINOMA OF SKIN OF LEFT EAR AND EXTERNAL AURICULAR CANAL	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	SQUAMOUS CELL CARCINOMA OF SKIN OF SCALP AND NECK	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	SQUAMOUS CELL CARCINOMA OF SKIN OF LEFT UPPER LIMB, INCLUDING SHOULDER	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		

Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF MYOMETRIUM	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF THYROID GLAND	17	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF PARATHYROID GLAND	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	4	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODE, UNSPECIFIED	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	3	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	3	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	NODULAR SCLEROSIS HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	NODULAR SCLEROSIS HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	3	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF MULTIPLE SITES	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	FOLLICULAR LYMPHOMA GRADE II, UNSPECIFIED SITE	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	FOLLICULAR LYMPHOMA GRADE II, INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER TYPES OF FOLLICULAR LYMPHOMA, UNSPECIFIED SITE	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	SMALL CELL B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	9	0		

Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	4	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MUCOSA-ASSOCIATED LYMPHOID TISSUE "MALT-LYMPHOMA"	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MULTIPLE MYELOMA IN RELAPSE	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION	3	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN REMISSION	4	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	LYMPHOID LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	BENIGN NEOPLASM OF OTHER PARTS OF OROPHARYNX	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	BENIGN NEOPLASM OF PAROTID GLAND	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	BENIGN NEOPLASM OF OTHER MAJOR SALIVARY GLANDS	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	BENIGN NEOPLASM OF MAJOR SALIVARY GLAND, UNSPECIFIED	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	BENIGN NEOPLASM OF THYMUS	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	BENIGN NEOPLASM OF OTHER SPECIFIED SITES	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF PHARYNX	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF AORTIC BODY AND OTHER PARAGANGLIA	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR, UNSPECIFIED	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	NEOPLASM OF UNSPECIFIED BEHAVIOR OF DIGESTIVE SYSTEM	3	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER PANCYTOPENIA	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER SPECIFIED HYPOTHYROIDISM	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	NONTOXIC DIFFUSE GOITER	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	NONTOXIC SINGLE THYROID NODULE	3	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	NONTOXIC MULTINODULAR GOITER	6	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	NONTOXIC GOITER, UNSPECIFIED	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	DISORDER OF THYROID, UNSPECIFIED	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	PRIMARY HYPERPARATHYROIDISM	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	DISORDER OF PARATHYROID GLAND, UNSPECIFIED	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MULTIPLE ENDOCRINE NEOPLASIA [MEN] TYPE IIA	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	DISORDER OF BILIRUBIN METABOLISM, UNSPECIFIED	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	TRIGEMINAL NEURALGIA	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER CHRONIC PAIN	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	CAROTID SINUS SYNCOPE	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTALGIA, RIGHT EAR	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTALGIA, LEFT EAR	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTALGIA, BILATERAL	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTALGIA, UNSPECIFIED EAR	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER SPECIFIED DISORDERS OF RIGHT EAR	1	0		

Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	CHRONIC LYMPHADENITIS, EXCEPT MESENTERIC	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	NONSPECIFIC LYMPHADENITIS, UNSPECIFIED	3	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	ACUTE PHARYNGITIS, UNSPECIFIED	3	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	ACUTE RECURRENT TONSILLITIS DUE TO OTHER SPECIFIED ORGANISMS	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	CHRONIC PHARYNGITIS	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	CHRONIC ADENOIDITIS	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	HYPERTROPHY OF TONSILS	3	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER CHRONIC DISEASES OF TONSILS AND ADENOIDS	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	PARALYSIS OF VOCAL CORDS AND LARYNX, UNSPECIFIED	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	POLYP OF VOCAL CORD AND LARYNX	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	STENOSIS OF LARYNX	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER DISEASES OF LARYNX	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER DISEASES OF PHARYNX	3	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER SPECIFIED DISEASES OF UPPER RESPIRATORY TRACT	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	SIALOADENITIS, UNSPECIFIED	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	ACUTE RECURRENT SIALOADENITIS	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	SIALOLITHIASIS	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER DISEASES OF SALIVARY GLANDS	5	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	UNSPECIFIED LESIONS OF ORAL MUCOSA	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER LESIONS OF ORAL MUCOSA	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	CUTANEOUS ABSCESS OF NECK	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	DEVELOPMENTAL DISORDERS OF JAWS	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	TORTICOLLIS	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	CERVICALGIA	11	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	CONGENITAL MALFORMATIONS OF OTHER ENDOCRINE GLANDS	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	HEMOPTYSIS	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	COUGH	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	DYSPNEA, UNSPECIFIED	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	SHORTNESS OF BREATH	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	UNSPECIFIED ABNORMALITIES OF BREATHING	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	PAIN IN THROAT	8	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	UPPER ABDOMINAL PAIN, UNSPECIFIED	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	UNSPECIFIED ABDOMINAL PAIN	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	NAUSEA WITH VOMITING, UNSPECIFIED	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	DYSPHAGIA, UNSPECIFIED	7	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT ASCITES	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, HEAD	9	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, NECK	89	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	DIZZINESS AND GIDDINESS	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	DYSPHONIA	2	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	HEADACHE	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	LOCALIZED ENLARGED LYMPH NODES	19	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	GENERALIZED ENLARGED LYMPH NODES	5	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	ENLARGED LYMPH NODES, UNSPECIFIED	3	0		

Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	EDEMA, UNSPECIFIED	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER ABDOMINAL REGIONS, INCLUDING RETROPERITONEUM	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF RESPIRATORY ORGANS	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARYNX	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LIP, ORAL CAVITY, AND PHARYNX	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER ORGANS AND SYSTEMS	1	0		
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	CANDIDIASIS, UNSPECIFIED	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	8	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF LOWER GUM	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF CHEEK MUCOSA	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	0	2	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	0	2	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF TONSILLAR PILLAR (ANTERIOR) (POSTERIOR)	0	2	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	0	3	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF ANTERIOR WALL OF NASOPHARYNX	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF NASAL CAVITY	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF GLOTTIS	0	2	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	0	2	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MERKEL CELL CARCINOMA, UNSPECIFIED	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF THYROID GLAND	0	5	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	FOLLICULAR LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MANTLE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	MANTLE CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	0	2	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	LYMPHOID LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	BENIGN NEOPLASM OF OTHER MAJOR SALIVARY GLANDS	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER DECREASED WHITE BLOOD CELL COUNT	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	SENSORINEURAL HEARING LOSS, BILATERAL	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	NONSPECIFIC LYMPHADENITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	ACUTE PHARYNGITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	CHRONIC PHARYNGITIS	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER CHRONIC DISEASES OF TONSILS AND ADENOIDS	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	0	1	Administrative	

Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	SIALOADENITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER LESIONS OF ORAL MUCOSA	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	CELLULITIS OF RIGHT AXILLA	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	RHEUMATOID ARTHRITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	CERVICALGIA	0	3	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	CONGENITAL MALFORMATIONS OF OTHER ENDOCRINE GLANDS	0	2	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	PAIN IN THROAT	0	2	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	UPPER ABDOMINAL PAIN, UNSPECIFIED	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	DYSPHAGIA, UNSPECIFIED	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	DYSPHAGIA, PHARYNGOESOPHAGEAL PHASE	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, NECK	0	9	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	DYSPHONIA	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER FATIGUE	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	LOCALIZED ENLARGED LYMPH NODES	0	3	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	GENERALIZED ENLARGED LYMPH NODES	0	1	Administrative	
Outpatient	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	0	1	Administrative	
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	MALIGNANT NEOPLASM OF FLOOR OF MOUTH, UNSPECIFIED	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	MALIGNANT NEOPLASM OF THYROID GLAND	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	NODULAR SCLEROSIS HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	WALDENSTROM MACROGLOBULINEMIA	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	BENIGN NEOPLASM OF TRACHEA	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	BENIGN LIPOMATOUS NEOPLASM OF SKIN AND SUBCUTANEOUS TISSUE OF HEAD, FACE AND NECK	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	BENIGN NEOPLASM OF PARATHYROID GLAND	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF TONGUE	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	NONTOXIC SINGLE THYROID NODULE	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	NONTOXIC MULTINODULAR GOITER	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	ACUTE THYROIDITIS	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	PRIMARY HYPERPARATHYROIDISM	2	0		

Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	OTHER HYPERPARATHYROIDISM	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	HYPERPARATHYROIDISM, UNSPECIFIED	3	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	NONSPECIFIC LYMPHADENITIS, UNSPECIFIED	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	ACUTE PHARYNGITIS DUE TO OTHER SPECIFIED ORGANISMS	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	ACUTE TONSILLITIS, UNSPECIFIED	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	OTHER ALLERGIC RHINITIS	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	PARALYSIS OF VOCAL CORDS AND LARYNX, UNSPECIFIED	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	SIALOADENITIS, UNSPECIFIED	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	ACUTE SIALOADENITIS	2	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	CHRONIC SIALOADENITIS	2	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	OTHER DISEASES OF SALIVARY GLANDS	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	UNSPECIFIED LESIONS OF ORAL MUCOSA	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	CUTANEOUS ABSCESS OF NECK	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	CERVICALGIA	2	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	OSTEOMYELITIS, UNSPECIFIED	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	OTHER CONGENITAL MALFORMATIONS OF LARYNX	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	SHORTNESS OF BREATH	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	PAIN IN THROAT	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	OTHER SPECIFIED SYMPTOMS AND SIGNS INVOLVING THE CIRCULATORY AND RESPIRATORY SYSTEMS	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	OTHER DYSPHAGIA	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, HEAD	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, NECK	15	0		

Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	DYSPHONIA	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	OTHER VOICE AND RESONANCE DISORDERS	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	LOCALIZED ENLARGED LYMPH NODES	5	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	GENERALIZED ENLARGED LYMPH NODES	2	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	ENLARGED LYMPH NODES, UNSPECIFIED	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	LOCALIZED EDEMA	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	EDEMA, UNSPECIFIED	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF THYROID	1	0		
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	MALIGNANT NEOPLASM OF PAROTID GLAND	0	1	Administrative	
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	0	1	Administrative	
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	0	1	Administrative	
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	CARCINOMA IN SITU OF ORAL CAVITY, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	DISORDER OF THYROID, UNSPECIFIED	0	1	Administrative	
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	ACUTE MAXILLARY SINUSITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	CHRONIC PHARYNGITIS	0	1	Administrative	
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	HYPERTROPHY OF TONSILS	0	1	Administrative	
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	0	1	Administrative	
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	ACUTE LYMPHADENITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	CERVICALGIA	0	3	Administrative	
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	SOFT TISSUE DISORDER, UNSPECIFIED	0	1	Administrative	
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	PAIN IN THROAT	0	1	Administrative	
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	DYSPHAGIA, UNSPECIFIED	0	2	Administrative	

Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	ANESTHESIA OF SKIN	0	1	Administrative	
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, NECK	0	1	Administrative	
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	ENLARGED LYMPH NODES, UNSPECIFIED	0	1	Administrative	
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER PARTS OF DIGESTIVE TRACT	0	1	Administrative	
Outpatient	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT ISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Family Practice	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF THYROID	0	1	Administrative	
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	OBESITY, UNSPECIFIED	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	INTRACRANIAL AND INTRASPINAL PHLEBITIS AND THROMBOPHLEBITIS	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	ALZHEIMER'S DISEASE WITH LATE ONSET	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	MILD COGNITIVE IMPAIRMENT, SO STATED	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	2	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	2	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	2	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, INTRACTABLE	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	CHRONIC PAROXYSMAL HEMICRANIA, NOT INTRACTABLE	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	NEW DAILY PERSISTENT HEADACHE (NDPH)	2	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	PRIMARY THUNDERCLAP HEADACHE	3	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	OTHER HEADACHE SYNDROME	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	AMAUROSIS FUGAX	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	OTHER TRANSIENT CEREBRAL ISCHEMIC ATTACKS AND RELATED SYNDROMES	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	BENIGN INTRACRANIAL HYPERTENSION	2	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	UNSPECIFIED SUBJECTIVE VISUAL DISTURBANCES	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	GENERALIZED CONTRACTION OF VISUAL FIELD, UNSPECIFIED EYE	1	0		

Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	PULSATILE TINNITUS, RIGHT EAR	2	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	PULSATILE TINNITUS, BILATERAL	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	PULSATILE TINNITUS, UNSPECIFIED EAR	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	2	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED VERTEBRAL ARTERY	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBRAL ARTERY	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	CEREBRAL INFARCTION DUE TO CEREBRAL VENOUS THROMBOSIS, NONPYOGENIC	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	CEREBRAL INFARCTION, UNSPECIFIED	6	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	OCCLUSION AND STENOSIS OF RIGHT VERTEBRAL ARTERY	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	OCCLUSION AND STENOSIS OF UNSPECIFIED VERTEBRAL ARTERY	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	2	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	CEREBRAL ANEURYSM, NONRUPTURED	15	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	OTHER CEREBROVASCULAR DISEASE	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	ARTERIAL FIBROMUSCULAR DYSPLASIA	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	DISSECTION OF VERTEBRAL ARTERY	2	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	ANEURYSM OF AORTA IN DISEASES CLASSIFIED ELSEWHERE	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	PARESTHESIA OF SKIN	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	OTHER ABNORMALITIES OF GAIT AND MOBILITY	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	TRANSIENT ALTERATION OF AWARENESS	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	DIZZINESS AND GIDDINESS	3	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	HEADACHE	1	0		

Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	WEAKNESS	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	SYNCOPE AND COLLAPSE	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	OTHER ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF CENTRAL NERVOUS SYSTEM	2	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	UNSPECIFIED OPEN WOUND OF UNSPECIFIED PART OF HEAD, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	FRACTURE OF NECK, UNSPECIFIED, INITIAL ENCOUNTER	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	UNSPECIFIED INJURY OF RIGHT CAROTID ARTERY, INITIAL ENCOUNTER	1	0		
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	NEW DAILY PERSISTENT HEADACHE (NDPH)	0	1	Administrative	
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	PRIMARY THUNDERCLAP HEADACHE	0	1	Administrative	
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	0	1	Administrative	
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	0	1	Administrative	
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	CEREBRAL ANEURYSM, NONRUPTURED	0	1	Administrative	
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	OTHER CEREBROVASCULAR DISEASE	0	1	Administrative	
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	OTHER SPECIFIED SYMPTOMS AND SIGNS INVOLVING THE CIRCULATORY AND RESPIRATORY SYSTEMS	0	1	Administrative	
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	DIZZINESS AND GIDDINESS	0	1	Administrative	
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	HEADACHE	0	2	Administrative	
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	SYNCOPE AND COLLAPSE	0	1	Administrative	
Outpatient	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Neuroradiology	UNSPECIFIED INJURY OF HEAD, SEQUELA	0	1	Administrative	
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	TYPE 2 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	MILD COGNITIVE IMPAIRMENT, SO STATED	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	2	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	CHRONIC PAROXYSMAL HEMICRANIA, NOT INTRACTABLE	1	0		

Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	OTHER TRANSIENT CEREBRAL ISCHEMIC ATTACKS AND RELATED SYNDROMES	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	OTHER SPECIFIED HEARING LOSS, RIGHT EAR	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	PULSATILE TINNITUS, RIGHT EAR	2	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	PULSATILE TINNITUS, BILATERAL	2	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, UNSPECIFIED	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBRAL ARTERY	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	CEREBRAL INFARCTION DUE TO CEREBRAL VENOUS THROMBOSIS, NONPYOGENIC	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	CEREBRAL INFARCTION, UNSPECIFIED	5	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	OCCLUSION AND STENOSIS OF RIGHT VERTEBRAL ARTERY	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	OCCLUSION AND STENOSIS OF UNSPECIFIED VERTEBRAL ARTERY	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	2	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	3	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	10	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	OCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	4	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	CEREBRAL ANEURYSM, NONRUPTURED	2	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	OTHER CEREBROVASCULAR DISEASE	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	ANEURYSM OF CAROTID ARTERY	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	STRICTURE OF ARTERY	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	ARTERIAL FIBROMUSCULAR DYSPLASIA	2	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	DISSECTION OF VERTEBRAL ARTERY	2	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	CERVICALGIA	2	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	PARESTHESIA OF SKIN	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, NECK	1	0		

Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	OTHER ABNORMALITIES OF GAIT AND MOBILITY	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	TRANSIENT ALTERATION OF AWARENESS	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	DIZZINESS AND GIDDINESS	3	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	HEADACHE	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	WEAKNESS	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	SYNCOPE AND COLLAPSE	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	FRACTURE OF NECK, UNSPECIFIED, INITIAL ENCOUNTER	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	UNSPECIFIED INJURY OF RIGHT CAROTID ARTERY, INITIAL ENCOUNTER	1	0		
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	BENIGN NEOPLASM OF THYMUS	0	1	Administrative	
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	HYPERPARATHYROIDISM, UNSPECIFIED	0	1	Administrative	
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	0	1	Administrative	
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	BRACHIAL PLEXUS DISORDERS	0	1	Administrative	
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	GENERALIZED CONTRACTION OF VISUAL FIELD, UNSPECIFIED EYE	0	1	Administrative	
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	OCCLUSION AND STENOSIS OF RIGHT CAROTID ARTERY	0	1	Administrative	
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	0	1	Administrative	
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	OTHER CEREBROVASCULAR DISEASE	0	1	Administrative	
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	ANEURYSM OF CAROTID ARTERY	0	1	Administrative	
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	ARTERIAL FIBROMUSCULAR DYSPLASIA	0	1	Administrative	
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	SPINAL STENOSIS, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	CERVICALGIA	0	1	Administrative	
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	OTHER SPECIFIED SYMPTOMS AND SIGNS INVOLVING THE CIRCULATORY AND RESPIRATORY SYSTEMS	0	1	Administrative	
Outpatient	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Family Practice	HEADACHE	0	1	Administrative	
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK;	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		

Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	1	0		
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	ATYPICAL FACIAL PAIN	2	0		
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	UNSPECIFIED PAPILLEDEMA	1	0		
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	DRUSEN OF OPTIC DISC, RIGHT EYE	1	0		
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	DIPLOPIA	2	0		
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	OTHER VISUAL DISTURBANCES	1	0		
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, NECK	2	0		
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1	0		
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	LOCALIZED ENLARGED LYMPH NODES	1	0		
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	UNSPECIFIED DISLOCATION OF RIGHT ACROMIOCLAVICULAR JOINT, INITIAL ENCOUNTER	1	0		
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF THYROID GLAND	0	1	Administrative	
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	TRIGEMINAL NEURALGIA	0	1	Administrative	
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	CARPAL TUNNEL SYNDROME, UNSPECIFIED UPPER LIMB	0	1	Administrative	
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	UNSPECIFIED PAPILLEDEMA	0	1	Administrative	
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	DISSECTION OF CAROTID ARTERY	0	1	Administrative	
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	ACUTE PHARYNGITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	PAIN IN LEFT SHOULDER	0	1	Administrative	
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	CERVICALGIA	0	1	Administrative	
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	DYSPHAGIA, OROPHARYNGEAL PHASE	0	1	Administrative	
Outpatient	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NEC K;	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF FACIAL BONES, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Administrative	
Outpatient	70542	MAGNETIC RESONANCE ANGIOGRAPHY, ORBIT, FACE, AND NECK; WITH CONTRAST MATERIAL	Free Standing Imaging Center	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
Outpatient	70542	MAGNETIC RESONANCE ANGIOGRAPHY, ORBIT, FACE, AND NECK; WITH CONTRAST MATERIAL	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, NECK	2	0		
Outpatient	70542	MAGNETIC RESONANCE ANGIOGRAPHY, ORBIT, FACE, AND NECK; WITH CONTRAST MATERIAL	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, NECK	0	1	Administrative	

Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF BORDER OF TONGUE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF HARD PALATE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF PAROTID GLAND	3	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	3	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF NASAL CAVITY	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF GLOTTIS	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF ENDOMETRIUM	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF LEFT LACRIMAL GLAND AND DUCT	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED EYE	4	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE	6	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	2	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MUCOSA-ASSOCIATED LYMPHOID TISSUE "MALT-LYMPHOMA"	2	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	BENIGN NEOPLASM OF PAROTID GLAND	2	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	BENIGN NEOPLASM OF MIDDLE EAR, NASAL CAVITY AND ACCESSORY SINUSES	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	HEMANGIOMA OF OTHER SITES	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	LYMPHANGIOMA, ANY SITE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	BENIGN NEOPLASM OF UNSPECIFIED SITE OF RIGHT ORBIT	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	BENIGN NEOPLASM OF CEREBRAL MENINGES	3	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	BENIGN NEOPLASM OF CRANIAL NERVES	3	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF CRANIAL NERVES	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		

Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	NONTOXIC SINGLE THYROID NODULE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	THYROIDITIS, UNSPECIFIED	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	DISORDER OF THYROID, UNSPECIFIED	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	HYPERLIPIDEMIA, UNSPECIFIED	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	HYPERCALCEMIA	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MULTIPLE SCLEROSIS	3	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	TRIGEMINAL NEURALGIA	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	ATYPICAL FACIAL PAIN	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	BELL'S PALSY	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	HORNER'S SYNDROME	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	CEREBRAL CYSTS	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	BENIGN INTRACRANIAL HYPERTENSION	2	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	UNSPECIFIED CHRONIC INFLAMMATORY DISORDERS OF ORBIT	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	CONSTANT EXOPHTHALMOS, BILATERAL	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER DISORDERS OF ORBIT	3	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	IDIOPATHIC CYSTS OF IRIS, CILIARY BODY OR ANTERIOR CHAMBER, RIGHT EYE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	RETINAL VASCULITIS, BILATERAL	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OPTIC PAPILLITIS, RIGHT EYE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER OPTIC NEURITIS	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	UNSPECIFIED OPTIC NEURITIS	2	0		

Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	ISCHEMIC OPTIC NEUROPATHY, BILATERAL	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	ISCHEMIC OPTIC NEUROPATHY, UNSPECIFIED EYE	2	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OPTIC NERVE HYPOPLASIA, LEFT EYE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER DISORDERS OF OPTIC NERVE, NOT ELSEWHERE CLASSIFIED, RIGHT EYE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER DISORDERS OF OPTIC NERVE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED EYE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	UNSPECIFIED PAPILLEDEMA	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PAPILLEDEMA ASSOCIATED WITH INCREASED INTRACRANIAL PRESSURE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	UNSPECIFIED OPTIC ATROPHY	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER OPTIC ATROPHY, RIGHT EYE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PSEUDOPAPILLEDEMA OF OPTIC DISC, UNSPECIFIED EYE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	SIXTH (ABDUCENT) NERVE PALSY, RIGHT EYE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	SIXTH (ABDUCENT) NERVE PALSY, LEFT EYE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	UNSPECIFIED ESOTROPIA	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	ACCOMMODATIVE COMPONENT IN ESOTROPIA	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	TRANSIENT VISUAL LOSS, RIGHT EYE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER SUBJECTIVE VISUAL DISTURBANCES	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	DIPLOPIA	8	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	SCOTOMA INVOLVING CENTRAL AREA, LEFT EYE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	HOMONYMOUS BILATERAL FIELD DEFECTS, LEFT SIDE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER VISUAL DISTURBANCES	2	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	UNSPECIFIED VISUAL DISTURBANCE	2	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	UNQUALIFIED VISUAL LOSS, RIGHT EYE, NORMAL VISION LEFT EYE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	UNQUALIFIED VISUAL LOSS, LEFT EYE, NORMAL VISION RIGHT EYE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OCULAR PAIN, RIGHT EYE	1	0		

Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OCULAR PAIN, LEFT EYE	2	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	CHRONIC MUCOID OTITIS MEDIA, BILATERAL	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	BENIGN PAROXYSMAL VERTIGO, LEFT EAR	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	UNSPECIFIED SENSORINEURAL HEARING LOSS	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	UNSPECIFIED HEARING LOSS, UNSPECIFIED EAR	2	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTALGIA, RIGHT EAR	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTALGIA, LEFT EAR	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	ARTERITIS, UNSPECIFIED	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	VASOMOTOR RHINITIS	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	CHRONIC SPHENOIDAL SINUSITIS	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	CHRONIC SINUSITIS, UNSPECIFIED	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER POLYP OF SINUS	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER CHRONIC DISEASES OF TONSILS AND ADENOIDS	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	CHRONIC DISEASE OF TONSILS AND ADENOIDS, UNSPECIFIED	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	SIALOADENITIS, UNSPECIFIED	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	CHRONIC SIALOADENITIS	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER DISEASES OF SALIVARY GLANDS	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER DISEASES OF TONGUE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	ESOPHAGEAL OBSTRUCTION	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	CERVICALGIA	2	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	SPINA BIFIDA, UNSPECIFIED	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSPECIFIED	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PARESTHESIA OF SKIN	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, HEAD	4	0		

Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, NECK	7	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER HALLUCINATIONS	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	HEADACHE	4	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	LOCALIZED ENLARGED LYMPH NODES	2	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	ENLARGED LYMPH NODES, UNSPECIFIED	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	CONTUSION OF UNSPECIFIED EYELID AND PERIOcular AREA, INITIAL ENCOUNTER	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	UNSPECIFIED INJURY OF RIGHT EYE AND ORBIT, INITIAL ENCOUNTER	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Otolaryngology	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF HARD PALATE	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF PAROTID GLAND	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	BENIGN NEOPLASM OF CEREBRAL MENINGES	0	2	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	HYPERPARATHYROIDISM, UNSPECIFIED	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	DISORDERS OF GLOSSOPHARYNGEAL NERVE	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER CHRONIC PAIN	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER SPECIFIED DISORDERS OF LACRIMAL GLAND	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	DISORDERS OF OPTIC CHIASM IN (DUE TO) NEOPLASM	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	UNSPECIFIED ESOTROPIA	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	TRANSIENT VISUAL LOSS, RIGHT EYE	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	DIPLOPIA	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	UNSPECIFIED VISUAL DISTURBANCE	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	SENSORINEURAL HEARING LOSS, BILATERAL	0	1	Administrative	

Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTALGIA, RIGHT EAR	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	NONSPECIFIC LYMPHADENITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	ACUTE PHARYNGITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	HYPERTROPHY OF SALIVARY GLAND	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	FUSION OF SPINE, CERVICAL REGION	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	ANESTHESIA OF SKIN	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER DISTURBANCES OF SKIN SENSATION	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, NECK	0	2	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PARAGEUSIA	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	HEADACHE	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	ABNORMAL RESULTS OF OTHER ENDOCRINE FUNCTION STUDIES	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	SUPERFICIAL FOREIGN BODY OF THROAT, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Ophthalmology	DIPLOPIA	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	VIRAL INFECTION, UNSPECIFIED	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	SICKLE-CELL DISEASE WITHOUT CRISIS	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED MENTAL DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	INTRACRANIAL AND INTRASPINAL PHLEBITIS AND THROMBOPHLEBITIS	3	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	SPASMODIC TORTICOLLIS	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	ESSENTIAL TREMOR	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	MILD COGNITIVE IMPAIRMENT, SO STATED	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	3	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	3	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	3	0		

Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	4	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	VASCULAR HEADACHE, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC TENSION-TYPE HEADACHE, INTRACTABLE	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	POST-TRAUMATIC HEADACHE, UNSPECIFIED, NOT INTRACTABLE	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	NEW DAILY PERSISTENT HEADACHE (NDPH)	3	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	PRIMARY THUNDERCLAP HEADACHE	5	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	4	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	PRIMARY EXERTIONAL HEADACHE	2	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	PRIMARY STABBING HEADACHE	2	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	VERTEBRO-BASILAR ARTERY SYNDROME	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	11	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	TRIGEMINAL NEURALGIA	2	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	HEMIPLEGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	(IDIOPATHIC) NORMAL PRESSURE HYDROCEPHALUS	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN INTRACRANIAL HYPERTENSION	3	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	COMPRESSION OF BRAIN	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	PUPILLARY ABNORMALITY, RIGHT EYE	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SECONDARY CATARACT, BILATERAL	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	OPTIC PAPILLITIS, RIGHT EYE	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED PAPILLEDEMA	2	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER DISORDERS OF OPTIC DISC, BILATERAL	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	THIRD (OCULOMOTOR) NERVE PALSY, LEFT EYE	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	SIXTH (ABDUCENT) NERVE PALSY, LEFT EYE	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	TRANSIENT VISUAL LOSS, RIGHT EYE	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	SUDDEN VISUAL LOSS, RIGHT EYE	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	DIPLOPIA	2	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED DISORDER OF BINOCULAR VISION	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER VISUAL DISTURBANCES	2	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED VISUAL DISTURBANCE	2	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	SENSORINEURAL HEARING LOSS, BILATERAL	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	TINNITUS, RIGHT EAR	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	TINNITUS, LEFT EAR	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	TINNITUS, BILATERAL	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	PULSATILE TINNITUS, RIGHT EAR	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	PULSATILE TINNITUS, LEFT EAR	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	PULSATILE TINNITUS, BILATERAL	2	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	ESSENTIAL (PRIMARY) HYPERTENSION	2	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBRAL ARTERY	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	CEREBRAL INFARCTION, UNSPECIFIED	3	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	OCCCLUSION AND STENOSIS OF RIGHT VERTEBRAL ARTERY	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	OCCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	3	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	CEREBRAL ANEURYSM, NONRUPTURED	17	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CEREBROVASCULAR VASOSPASM AND VASOCONSTRICTION	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CEREBROVASCULAR DISEASE	2	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED SEQUELAE OF CEREBRAL INFARCTION	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	APHASIA FOLLOWING CEREBRAL INFARCTION	1	0		

Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	ANEURYSM OF CAROTID ARTERY	2	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	ANEURYSM OF UNSPECIFIED SITE	2	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	ARTERIAL FIBROMUSCULAR DYSPLASIA	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	DISSECTION OF CAROTID ARTERY	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLVEMENT UNSPECIFIED	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICALGIA	2	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	POLYCYSTIC KIDNEY, ADULT TYPE	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	POLYCYSTIC KIDNEY, UNSPECIFIED	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	MARFAN'S SYNDROME, UNSPECIFIED	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	COUGH	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	ANESTHESIA OF SKIN	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	PARESTHESIA OF SKIN	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	FASCICULATION	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	ATAXIA, UNSPECIFIED	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER LACK OF COORDINATION	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	2	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	DISORIENTATION, UNSPECIFIED	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER AMNESIA	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	DIZZINESS AND GIDDINESS	12	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	HEADACHE	11	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	Headache with orthostatic component, not elsewhere classified	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	Headache, unspecified	3	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	SYNCOPE AND COLLAPSE	3	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	INJURY OF OPTIC NERVE, UNSPECIFIED EYE, SEQUELA	1	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	3	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	PERSONAL HISTORY OF TRANSIENT ISCHEMIC ATTACK (TIA), AND CEREBRAL INFARCTION WITHOUT RESIDUAL DEFICITS	2	0		
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN NEOPLASM OF CRANIAL NERVES	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SEIZURES	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	3	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	NEW DAILY PERSISTENT HEADACHE (NDPH)	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	PRIMARY THUNDERCLAP HEADACHE	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	BELL'S PALSYP	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED DISORDER OF BINOCULAR VISION	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	TINNITUS, UNSPECIFIED EAR	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED DISORDER OF EAR, BILATERAL	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	OCCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	0	1	Administrative	

Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	PARESTHESIA OF SKIN	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	FASCICULATION	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER AMNESIA	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	DIZZINESS AND GIDDINESS	0	2	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	HEADACHE	0	4	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	Headache with orthostatic component, not elsewhere classified	0	1	Administrative	
Outpatient	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL	Family Practice	Headache, unspecified	0	2	Administrative	
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	INTRACRANIAL AND INTRASPINAL PHLEBITIS AND THROMBOPHLEBITIS	1	0		
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	MILD COGNITIVE IMPAIRMENT, SO STATED	1	0		
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	1	0		
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	PRIMARY EXERTIONAL HEADACHE	1	0		
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	TRIGEMINAL NEURALGIA	1	0		
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	VASCULAR ABNORMALITIES OF CONJUNCTIVA, LEFT EYE	1	0		
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED DISORDERS OF EYE AND ADNEXA	1	0		
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	TINNITUS, BILATERAL	2	0		
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	OCCLUSION AND STENOSIS OF BASILAR ARTERY	1	0		
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	CEREBRAL ANEURYSM, NONRUPTURED	2	0		
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	ANEURYSM OF UNSPECIFIED SITE	1	0		
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	HEADACHE	1	0		
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	1	0		
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	TRIGEMINAL NEURALGIA	0	1	Administrative	
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	CLONIC HEMIFACIAL SPASM, LEFT	0	1	Administrative	
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	CEREBRAL INFARCTION, UNSPECIFIED	0	1	Administrative	
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	HEADACHE	0	1	Administrative	
Outpatient	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL	Family Practice	Headache, unspecified	0	1	Administrative	
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	SPASMODIC TORTICOLLIS	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	2	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		

Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	2	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	HEMICRANIA CONTINUA	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	NEW DAILY PERSISTENT HEADACHE (NDPH)	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	2	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	PRIMARY EXERTIONAL HEADACHE	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	OTHER HEADACHE SYNDROME	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	TRIGEMINAL NEURALGIA	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	POLYNEUROPATHY, UNSPECIFIED	2	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	HEMIPLEGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	BENIGN INTRACRANIAL HYPERTENSION	5	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	COMPRESSION OF BRAIN	2	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	DISORDER OF BRAIN, UNSPECIFIED	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	UNSPECIFIED PAPILLEDEMA	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	TRANSIENT VISUAL LOSS, RIGHT EYE	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	HOMONYMOUS BILATERAL FIELD DEFECTS, UNSPECIFIED SIDE	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	OTHER VISUAL DISTURBANCES	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	UNSPECIFIED VISUAL DISTURBANCE	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	SENSORINEURAL HEARING LOSS, UNILATERAL, RIGHT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	SUDDEN IDIOPATHIC HEARING LOSS, RIGHT EAR	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	TINNITUS, LEFT EAR	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	CEREBRAL INFARCTION, UNSPECIFIED	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	CEREBRAL ANEURYSM, NONRUPTURED	7	0		

Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	FACIAL WEAKNESS FOLLOWING CEREBRAL INFARCTION	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	ANEURYSM OF VERTEBRAL ARTERY	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	OTHER HYPOTENSION	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	PAIN IN UNSPECIFIED JOINT	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	OTHER MALFORMATIONS OF CEREBRAL VESSELS	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	FACIAL WEAKNESS	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	HEADACHE	7	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	SYNCOPE AND COLLAPSE	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	PERSONAL HISTORY OF TRANSIENT ISCHEMIC ATTACK (TIA), AND CEREBRAL INFARCTION WITHOUT RESIDUAL DEFICITS	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	PERSONAL HISTORY OF OTHER DISEASES OF THE CIRCULATORY SYSTEM	1	0		
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	POST-TRAUMATIC HEADACHE, UNSPECIFIED, NOT INTRACTABLE	0	1	Administrative	
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	FOURTH (TROCHLEAR) NERVE PALSY, RIGHT EYE	0	1	Administrative	
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	CEREBRAL ANEURYSM, NONRUPTURED	0	1	Administrative	
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	ANEURYSM OF VERTEBRAL ARTERY	0	1	Administrative	
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	OTHER MALFORMATIONS OF CEREBRAL VESSELS	0	1	Administrative	
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	DIZZINESS AND GIDDINESS	0	1	Administrative	
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	HEADACHE	0	1	Administrative	
Outpatient	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	Headache, unspecified	0	1	Administrative	

Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NONTOXIC MULTINODULAR GOITER	1	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MILD COGNITIVE IMPAIRMENT, SO STATED	1	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PRIMARY STABBING HEADACHE	1	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	VERTEBRO-BASILAR ARTERY SYNDROME	1	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	5	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	HEMIPLEGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE	1	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PUPILLARY ABNORMALITY, RIGHT EYE	1	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	THIRD (OCULOMOTOR) NERVE PALSY, LEFT EYE	1	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	TINNITUS, RIGHT EAR	1	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER CEREBRAL ARTERY	1	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CEREBRAL INFARCTION, UNSPECIFIED	1	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OCCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	2	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OCCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	2	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER CEREBROVASCULAR VASOSPASM AND VASOCONSTRICTION	1	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER CEREBROVASCULAR DISEASE	1	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	APHASIA FOLLOWING CEREBRAL INFARCTION	1	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ARTERIAL FIBROMUSCULAR DYSPLASIA	1	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISSECTION OF CAROTID ARTERY	1	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CERVICALGIA	1	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED SYMPTOMS AND SIGNS INVOLVING THE CIRCULATORY AND RESPIRATORY SYSTEMS	1	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	2	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DIZZINESS AND GIDDINESS	5	0		
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MILD COGNITIVE IMPAIRMENT, SO STATED	0	1	Administrative	

Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISORDERS OF GLOSSOPHARYNGEAL NERVE	0	1	Administrative	
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	0	1	Administrative	
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OCCLUSION AND STENOSIS OF UNSPECIFIED CAROTID ARTERY	0	1	Administrative	
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PARESTHESIA OF SKIN	0	1	Administrative	
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DIZZINESS AND GIDDINESS	0	1	Administrative	
Outpatient	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	0	1	Administrative	
Outpatient	70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL	Internal Medicine	TINNITUS, BILATERAL	2	0		
Outpatient	70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL	Internal Medicine	OCCLUSION AND STENOSIS OF BASILAR ARTERY	1	0		
Outpatient	70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL	Internal Medicine	HOMONYMOUS BILATERAL FIELD DEFECTS, UNSPECIFIED SIDE	0	1	Administrative	
Outpatient	70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL	Internal Medicine	Headache, unspecified	0	1	Administrative	
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SPASMODIC TORTICOLLIS	1	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	6	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	POLYNEUROPATHY, UNSPECIFIED	1	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN INTRACRANIAL HYPERTENSION	2	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	TINNITUS, LEFT EAR	1	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CEREBRAL INFARCTION, UNSPECIFIED	2	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	2	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ANEURYSM OF VERTEBRAL ARTERY	1	0		

Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PARESTHESIA OF SKIN	2	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, NECK	1	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	1	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	1	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PERSONAL HISTORY OF TRANSIENT ISCHEMIC ATTACK (TIA), AND CEREBRAL INFARCTION WITHOUT RESIDUAL DEFICITS	2	0		
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	CERVICALGIA	0	1	Administrative	
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CHRONIC TENSION-TYPE HEADACHE, INTRACTABLE	0	1	Administrative	
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CLONIC HEMIFACIAL SPASM, LEFT	0	1	Administrative	
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED VISUAL DISTURBANCE	0	1	Administrative	
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, NECK	0	1	Administrative	
Outpatient	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	Headache, unspecified	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CERVICALGIA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN NEOPLASM OF CEREBRAL MENINGES	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN NEOPLASM OF CRANIAL NERVES	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN NEOPLASM OF PITUITARY GLAND	3	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SICKLE-CELL DISEASE WITHOUT CRISIS	1	0		

Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER PRIMARY THROMBOPHILIA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	HYPERPROLACTINEMIA	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER HYPERFUNCTION OF PITUITARY GLAND	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	HYPOPITUITARISM	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER DISORDERS OF PITUITARY GLAND	5	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	TESTICULAR HYPOFUNCTION	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PRECOCIOUS PUBERTY	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	VITAMIN D DEFICIENCY, UNSPECIFIED	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MIXED HYPERLIPIDEMIA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	HYPERLIPIDEMIA, UNSPECIFIED	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER DISORDERS OF IRON METABOLISM	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED MENTAL DISORDERS DUE TO KNOWN PHYSIOLOGICAL CONDITION	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	POSTCONCUSSIONAL SYNDROME	4	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED MENTAL DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CANNABIS ABUSE WITH UNSPECIFIED CANNABIS-INDUCED DISORDER	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	DYSTHYMIC DISORDER	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED ANXIETY DISORDERS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ANXIETY DISORDER, UNSPECIFIED	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ADJUSTMENT DISORDER WITH OTHER SYMPTOMS	1	0		

Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PSYCHOPHYSIOLOGIC INSOMNIA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED DISORDERS OF ADULT PERSONALITY AND BEHAVIOR	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	AUTISTIC DISORDER	3	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OPPOSITIONAL DEFIANT DISORDER	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC MOTOR OR VOCAL TIC DISORDER	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	STEREOTYPED MOVEMENT DISORDERS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PARKINSON'S DISEASE	4	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SPASMODIC TORTICOLLIS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ESSENTIAL TREMOR	4	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED FORMS OF TREMOR	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	EXTRAPYRAMIDAL AND MOVEMENT DISORDER, UNSPECIFIED	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER FRONTOTEMPORAL DEMENTIA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MILD COGNITIVE IMPAIRMENT, SO STATED	5	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MULTIPLE SCLEROSIS	38	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED	3	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	3	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	3	0		

Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITH STATUS EPILEPTICUS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	3	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	6	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SEIZURES	3	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	6	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	EPILEPSY, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	4	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	19	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	8	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITH AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	17	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	3	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	12	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	12	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	23	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE, UNSPECIFIED, INTRACTABLE, WITH STATUS MIGRAINOSUS	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	2	0		

Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, INTRACTABLE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	VASCULAR HEADACHE, NOT ELSEWHERE CLASSIFIED	5	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	TENSION-TYPE HEADACHE, UNSPECIFIED, NOT INTRACTABLE	5	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	EPISODIC TENSION-TYPE HEADACHE, NOT INTRACTABLE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC TENSION-TYPE HEADACHE, INTRACTABLE	4	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	POST-TRAUMATIC HEADACHE, UNSPECIFIED, NOT INTRACTABLE	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE POST-TRAUMATIC HEADACHE, INTRACTABLE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE POST-TRAUMATIC HEADACHE, NOT INTRACTABLE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC POST-TRAUMATIC HEADACHE, NOT INTRACTABLE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	HEMICRANIA CONTINUA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	NEW DAILY PERSISTENT HEADACHE (NDPH)	22	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PRIMARY THUNDERCLAP HEADACHE	6	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER COMPLICATED HEADACHE SYNDROME	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	4	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PRIMARY COUGH HEADACHE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PRIMARY EXERTIONAL HEADACHE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER HEADACHE SYNDROME	9	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	TRANSIENT GLOBAL AMNESIA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER TRANSIENT CEREBRAL ISCHEMIC ATTACKS AND RELATED SYNDROMES	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	8	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	INSOMNIA, UNSPECIFIED	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SLEEP APNEA, UNSPECIFIED	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SLEEP APNEA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ATYPICAL FACIAL PAIN	4	0		

Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	BELL'S PALSYP	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MULTIFOCAL MOTOR NEUROPATHY	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SPASTIC DIPLEGIC CEREBRAL PALSYP	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CEREBRAL PALSYP	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	HEMIPLEGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CHRONIC PAIN	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC PAIN SYNDROME	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	FAMILIAL DYSAUTONOMIA (RILEY-DAY)	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	COMMUNICATING HYDROCEPHALUS	3	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OBSTRUCTIVE HYDROCEPHALUS	7	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER HYDROCEPHALUS	5	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	HYDROCEPHALUS, UNSPECIFIED	8	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CEREBRAL CYSTS	7	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN INTRACRANIAL HYPERTENSION	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ENCEPHALOPATHY, UNSPECIFIED	4	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER ENCEPHALOPATHY	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	COMPRESSION OF BRAIN	9	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED DISORDERS OF BRAIN	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	DISORDER OF BRAIN, UNSPECIFIED	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SYRINGOMYELIA AND SYRINGOBULBIA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	GRANULOMA OF BILATERAL ORBITS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PUPILLARY ABNORMALITY, RIGHT EYE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER VITREOUS OPACITIES, BILATERAL	1	0		

Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	HEMOPHTHALMOS, BILATERAL	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED PAPILLEDEMA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	DRUSEN OF OPTIC DISC, RIGHT EYE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	THIRD (OCULOMOTOR) NERVE PALSY, LEFT EYE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ALTERNATING ESOTROPIA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED DISORDER OF BINOCULAR MOVEMENT	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	TRANSIENT VISUAL LOSS, RIGHT EYE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SUDDEN VISUAL LOSS, RIGHT EYE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	DIPLOPIA	4	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED DISORDER OF BINOCULAR VISION	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER VISUAL DISTURBANCES	5	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED VISUAL DISTURBANCE	8	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED NYSTAGMUS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ANISOCORIA	3	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OCULAR PAIN, UNSPECIFIED EYE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OCULAR PAIN, LEFT EYE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	DIFFUSE CHOLESTEATOSIS, LEFT EAR	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SENSORINEURAL HEARING LOSS, BILATERAL	4	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SENSORINEURAL HEARING LOSS, UNILATERAL, RIGHT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SENSORINEURAL HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, BILATERAL	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED HEARING LOSS, UNSPECIFIED EAR	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED HEARING LOSS, LEFT EAR	1	0		

Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTALGIA, LEFT EAR	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	TINNITUS, BILATERAL	3	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	TINNITUS, UNSPECIFIED EAR	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ESSENTIAL (PRIMARY) HYPERTENSION	3	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED ATRIOVENTRICULAR BLOCK	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ATYPICAL ATRIAL FLUTTER	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CAROTID ARTERY	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT POSTERIOR CEREBRAL ARTERY	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT MIDDLE CEREBRAL ARTERY	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CEREBRAL INFARCTION DUE TO CEREBRAL VENOUS THROMBOSIS, NONPYOGENIC	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CEREBRAL INFARCTION, UNSPECIFIED	5	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OCCLUSION AND STENOSIS OF RIGHT VERTEBRAL ARTERY	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CEREBRAL ANEURYSM, NONRUPTURED	4	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CEREBROVASCULAR DISEASE	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	FACIAL WEAKNESS FOLLOWING CEREBRAL INFARCTION	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ATAXIA FOLLOWING UNSPECIFIED CEREBROVASCULAR DISEASE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ARTERIAL FIBROMUSCULAR DYSPLASIA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC SINUSITIS, UNSPECIFIED	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CONSTIPATION, UNSPECIFIED	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	LINEAR SCLERODERMA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	FOOT DROP, RIGHT FOOT	1	0		

Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CONTRACTURE, UNSPECIFIED ANKLE	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT SHOULDER	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLVEMENT UNSPECIFIED	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPONDYLOSIS, CERVICAL REGION	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CERVICALGIA	4	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OCCIPITAL NEURALGIA	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MUSCLE WEAKNESS (GENERALIZED)	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MUSCLE SPASM OF BACK	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED DISORDERS OF MUSCLE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	NEURALGIA AND NEURITIS, UNSPECIFIED	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PRIMARY AMENORRHEA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CONGENITAL HYDROCEPHALUS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF BRAIN	3	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED SPINA BIFIDA WITH HYDROCEPHALUS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER MALFORMATIONS OF CEREBRAL VESSELS	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MACROCEPHALY	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ACHONDROPLASIA	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	NEUROFIBROMATOSIS, TYPE 1	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	BRADYCARDIA, UNSPECIFIED	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER ABNORMALITIES OF BREATHING	1	0		

Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED ABDOMINAL PAIN	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	NAUSEA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	VOMITING, UNSPECIFIED	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	VOMITING WITHOUT NAUSEA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	Cyclical vomiting syndrome unrelated to migraine	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	NAUSEA WITH VOMITING, UNSPECIFIED	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ANESTHESIA OF SKIN	7	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PARESTHESIA OF SKIN	17	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	3	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, HEAD	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	TREMOR, UNSPECIFIED	5	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	FASCICULATION	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ATAXIC GAIT	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER ABNORMALITIES OF GAIT AND MOBILITY	3	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ATAXIA, UNSPECIFIED	3	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER LACK OF COORDINATION	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED LACK OF COORDINATION	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ABNORMAL REFLEX	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	FACIAL WEAKNESS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	1	0		

Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED COMA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	TRANSIENT ALTERATION OF AWARENESS	4	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	DISORIENTATION, UNSPECIFIED	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER AMNESIA	18	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ALTERED MENTAL STATUS, UNSPECIFIED	5	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SYMPTOMS AND SIGNS INVOLVING COGNITIVE FUNCTIONS AND AWARENESS	10	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING COGNITIVE FUNCTIONS AND AWARENESS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	DIZZINESS AND GIDDINESS	47	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PARAGEUSIA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	AUDITORY HALLUCINATIONS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER HALLUCINATIONS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	HOSTILITY	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SYMPTOMS AND SIGNS INVOLVING EMOTIONAL STATE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	APHASIA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED SPEECH DISTURBANCES	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	HEADACHE	164	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	Headache with orthostatic component, not elsewhere classified	3	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	Headache, unspecified	40	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PAIN, UNSPECIFIED	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	WEAKNESS	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SYNCOPE AND COLLAPSE	16	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED CONVULSIONS	13	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ABNORMAL BRAIN SCAN	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER ABNORMAL TUMOR MARKERS	1	0		

Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CONTUSION OF UNSPECIFIED PART OF HEAD, INITIAL ENCOUNTER	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER FRACTURE OF BASE OF SKULL, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	INJURY OF OPTIC NERVE, UNSPECIFIED EYE, SEQUELA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER	4	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, SEQUELA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CONCUSSION WITH LOSS OF CONSCIOUSNESS OF 30 MINUTES OR LESS, INITIAL ENCOUNTER	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CONCUSSION WITH LOSS OF CONSCIOUSNESS OF 30 MINUTES OR LESS, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	TRAUMATIC SUBDURAL HEMORRHAGE WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED INTRACRANIAL INJURY WITH LOSS OF CONSCIOUSNESS OF 30 MINUTES OR LESS, INITIAL ENCOUNTER	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED INTRACRANIAL INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	DISLOCATION OF UNSPECIFIED CERVICAL VERTEBRAE, SUBSEQUENT ENCOUNTER	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, SEQUELA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SHAKEN INFANT SYNDROME, INITIAL ENCOUNTER	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED FALL, INITIAL ENCOUNTER	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	2	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PERSONAL HISTORY OF BENIGN NEOPLASM OF THE BRAIN	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PERSONAL HISTORY OF TRANSIENT ISCHEMIC ATTACK (TIA), AND CEREBRAL INFARCTION WITHOUT RESIDUAL DEFICITS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PERSONAL HISTORY OF TRAUMATIC BRAIN INJURY	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PERSONAL HISTORY OF OTHER (HEALED) PHYSICAL INJURY AND TRAUMA	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PRESENCE OF CEREBROSPINAL FLUID DRAINAGE DEVICE	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Neurology	MULTIPLE SCLEROSIS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Neurology	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		

Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Pediatrics	PROJECTILE VOMITING	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Surgery, Neurological	OBSTRUCTIVE HYDROCEPHALUS	1	0		
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF MULTIPLE SITES	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN NEOPLASM OF PITUITARY GLAND	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	HYPERPROLACTINEMIA	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER DISORDERS OF PITUITARY GLAND	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER DISORDERS OF IRON METABOLISM	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	POSTCONCUSSIONAL SYNDROME	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED ANXIETY DISORDERS	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PARKINSON'S DISEASE	0	2	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ESSENTIAL TREMOR	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MILD COGNITIVE IMPAIRMENT, SO STATED	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MULTIPLE SCLEROSIS	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	2	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	4	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC CLUSTER HEADACHE, INTRACTABLE	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC CLUSTER HEADACHE, NOT INTRACTABLE	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	TENSION-TYPE HEADACHE, UNSPECIFIED, NOT INTRACTABLE	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	NEW DAILY PERSISTENT HEADACHE (NDPH)	0	3	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PRIMARY THUNDERCLAP HEADACHE	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SPASTIC HEMIPLEGIC CEREBRAL PALSY	0	1	Administrative	

Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	HEMIPLEGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	COMMUNICATING HYDROCEPHALUS	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER HYDROCEPHALUS	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	HYDROCEPHALUS, UNSPECIFIED	0	2	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ENCEPHALOPATHY, UNSPECIFIED	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	COMPRESSION OF BRAIN	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER DISORDERS OF OPTIC DISC, LEFT EYE	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	DIPLOPIA	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED DISORDER OF BINOCULAR VISION	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER PERIPHERAL VERTIGO, UNSPECIFIED EAR	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	TINNITUS, UNSPECIFIED EAR	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT SHOULDER	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CERVICALGIA	0	3	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PRIMARY AMENORRHEA	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER MALFORMATIONS OF CEREBRAL VESSELS	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	CRANIOSYNOSTOSIS	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN THROAT	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED SYMPTOMS AND SIGNS INVOLVING THE DIGESTIVE SYSTEM AND ABDOMEN	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	TREMOR, UNSPECIFIED	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER AMNESIA	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	DIZZINESS AND GIDDINESS	0	3	Administrative	

Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SYMPTOMS AND SIGNS INVOLVING EMOTIONAL STATE	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	APHASIA	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	HEADACHE	0	5	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	Headache with orthostatic component, not elsewhere classified	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	Headache, unspecified	0	5	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	SYNCOPE AND COLLAPSE	0	1	Administrative	
Outpatient	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);WITHOUT CONTRAST MATERIAL	Family Practice	OTHER GENERAL SYMPTOMS AND SIGNS	0	1	Administrative	
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF BRAIN	2	0		
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MULTIPLE SCLEROSIS	1	0		
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CEREBRAL CYSTS	1	0		
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF BRAIN	2	0		
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DISORDER OF BRAIN, UNSPECIFIED	2	0		
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	1	0		
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED VISUAL DISTURBANCE	1	0		
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, BILATERAL	1	0		
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED HEARING LOSS, BILATERAL	1	0		
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	TINNITUS, BILATERAL	1	0		
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FASCICULATION	1	0		
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	HEADACHE	1	0		
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	Headache, unspecified	2	0		
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF BRAIN	0	1	Administrative	

Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF PITUITARY GLAND	0	1	Administrative	
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	HYPOTHYROIDISM, UNSPECIFIED	0	1	Administrative	
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	HYPERPROLACTINEMIA	0	1	Administrative	
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	BELL'S PALSY	0	1	Administrative	
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	TRANSIENT ALTERATION OF AWARENESS	0	1	Administrative	
Outpatient	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF CENTRAL NERVOUS SYSTEM	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER TETANUS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SYMPTOMATIC NEUROSYPHILIS, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	LYME DISEASE, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	EPIDEMIC VERTIGO	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ZOSTER WITH OTHER COMPLICATIONS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HUMAN IMMUNODEFICIENCY VIRUS "HIV" DISEASE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONGUE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF SIGMOID COLON	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF RECTUM	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	6	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	10	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	9	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT MELANOMA OF LEFT EAR AND EXTERNAL AURICULAR CANAL	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT MELANOMA OF SCALP AND NECK	2	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT MELANOMA OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT MELANOMA OF RIGHT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT MELANOMA OF LEFT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SQUAMOUS CELL CARCINOMA OF SKIN OF SCALP AND NECK	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF HEAD, FACE AND NECK	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	9	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	4	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	5	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF PROSTATE	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF RIGHT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF LEFT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF LEFT RENAL PELVIS	1	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF CEREBRAL MENINGES	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF CEREBRUM, EXCEPT LOBES AND VENTRICLES	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF FRONTAL LOBE	6	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF TEMPORAL LOBE	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF CEREBRAL VENTRICLE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF CEREBELLUM	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF BRAIN STEM	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	76	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE	7	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF THYROID GLAND	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INGUINAL AND LOWER LIMB LYMPH NODES	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	2	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SECONDARY MALIGNANT NEOPLASM OF BRAIN	51	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	5	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER MALIGNANT NEUROENDOCRINE TUMORS	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	5	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MULTIPLE MYELOMA IN RELAPSE	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNIFOVAL LANGERHANS-CELL HISTIOCYTOSIS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF LIVER	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF ENDOCRINE PANCREAS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF MIDDLE EAR, NASAL CAVITY AND ACCESSORY SINUSES	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF THYMUS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HEMANGIOMA UNSPECIFIED SITE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HEMANGIOMA OF INTRACRANIAL STRUCTURES	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	LYMPHANGIOMA, ANY SITE	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD, FACE AND NECK	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF UNSPECIFIED KIDNEY	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF CEREBRAL MENINGES	33	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	32	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF BRAIN, SUPRATENTORIAL	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF BRAIN, INFRATENTORIAL	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF CRANIAL NERVES	31	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF SPINAL CORD	1	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF PITUITARY GLAND	73	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF PINEAL GLAND	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNCERTAIN BEHAVIOR OF CEREBRAL MENINGES	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNCERTAIN BEHAVIOR OF MENINGES, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN, SUPRATENTORIAL	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNCERTAIN BEHAVIOR OF PITUITARY GLAND	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNCERTAIN BEHAVIOR OF CRANIOPHARYNGEAL DUCT	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNCERTAIN BEHAVIOR OF AORTIC BODY AND OTHER PARAGANGLIA	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNSPECIFIED BEHAVIOR OF LEFT KIDNEY	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	15	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	1	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED HYPOTHYROIDISM	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HYPOTHYROIDISM, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NONTOXIC MULTINODULAR GOITER	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SECONDARY HYPERPARATHYROIDISM, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ACROMEGALY AND PITUITARY GIGANTISM	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HYPERPROLACTINEMIA	34	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER HYPERFUNCTION OF PITUITARY GLAND	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HYPERFUNCTION OF PITUITARY GLAND, UNSPECIFIED	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HYPOPITUITARISM	11	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER DISORDERS OF PITUITARY GLAND	6	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	DISORDER OF PITUITARY GLAND, UNSPECIFIED	11	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PITUITARY-DEPENDENT CUSHING'S DISEASE	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER PRIMARY OVARIAN FAILURE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TESTICULAR HYPOFUNCTION	6	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PRECOCIOUS PUBERTY	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MULTIPLE ENDOCRINE NEOPLASIA [MEN] SYNDROME, UNSPECIFIED	1	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED ENDOCRINE DISORDERS	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	X-LINKED ADRENOLEUKODYSTROPHY, UNSPECIFIED TYPE	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SPHINGOLIPIDOSIS, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MIXED HYPERLIPIDEMIA	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MOOD DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION WITH DEPRESSIVE FEATURES	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	POSTCONCUSSIONAL SYNDROME	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED MENTAL DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER MANIC EPISODES	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED MOOD [AFFECTIVE] DISORDER	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED ANXIETY DISORDERS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ANXIETY DISORDER, UNSPECIFIED	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CONVERSION DISORDER WITH SEIZURES OR CONVULSIONS	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SOMATOFORM DISORDERS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED NONPSYCHOTIC MENTAL DISORDERS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALE ORGASMIC DISORDER	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	AUTISTIC DISORDER	2	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MENINGITIS, UNSPECIFIED	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ACUTE DISSEMINATED ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	INTRACRANIAL ABSCESS AND GRANULOMA	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	INTRACRANIAL AND INTRASPINAL PHLEBITIS AND THROMBOPHLEBITIS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PARKINSON'S DISEASE	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SPASMODIC TORTICOLLIS	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ESSENTIAL TREMOR	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	RESTLESS LEGS SYNDROME	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	EXTRAPYRAMIDAL AND MOVEMENT DISORDER, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ALZHEIMER'S DISEASE WITH EARLY ONSET	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MILD COGNITIVE IMPAIRMENT, SO STATED	10	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MULTIPLE SCLEROSIS	139	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEUROMYELITIS OPTICA [DEVIC]	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM	1	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, NOT INTRACTABLE	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	EPISODIC CLUSTER HEADACHE, INTRACTABLE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CHRONIC CLUSTER HEADACHE, INTRACTABLE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CHRONIC CLUSTER HEADACHE, NOT INTRACTABLE	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	VASCULAR HEADACHE, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TENSION-TYPE HEADACHE, UNSPECIFIED, NOT INTRACTABLE	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CHRONIC TENSION-TYPE HEADACHE, INTRACTABLE	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CHRONIC TENSION-TYPE HEADACHE, NOT INTRACTABLE	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	POST-TRAUMATIC HEADACHE, UNSPECIFIED, INTRACTABLE	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	POST-TRAUMATIC HEADACHE, UNSPECIFIED, NOT INTRACTABLE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CHRONIC POST-TRAUMATIC HEADACHE, INTRACTABLE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HEMICRANIA CONTINUA	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEW DAILY PERSISTENT HEADACHE (NDPH)	9	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PRIMARY THUNDERCLAP HEADACHE	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER COMPLICATED HEADACHE SYNDROME	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HEADACHE ASSOCIATED WITH SEXUAL ACTIVITY	3	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PRIMARY EXERTIONAL HEADACHE	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER HEADACHE SYNDROME	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CAROTID ARTERY SYNDROME (HEMISPHERIC)	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TRANSIENT GLOBAL AMNESIA	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	9	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BRAIN STEM STROKE SYNDROME	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	INSOMNIA, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PERIODIC LIMB MOVEMENT DISORDER	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TRIGEMINAL NEURALGIA	15	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	DISORDER OF TRIGEMINAL NERVE, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BELL'S Palsy	12	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CLONIC HEMIFACIAL SPASM, LEFT	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER DISORDERS OF FACIAL NERVE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	DISORDERS OF OTHER SPECIFIED CRANIAL NERVES	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CRANIAL NERVE DISORDER, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	IDIOPATHIC PROGRESSIVE NEUROPATHY	1	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER HEREDITARY AND IDIOPATHIC NEUROPATHIES	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED POLYNEUROPATHIES	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	POLYNEUROPATHY, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER DISORDERS OF PERIPHERAL NERVOUS SYSTEM	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HEMIPLEGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HEMIPLEGIA, UNSPECIFIED AFFECTING LEFT NONDOMINANT SIDE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PARAPLEGIA, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CHRONIC PAIN SYNDROME	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HORNER'S SYNDROME	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OBSTRUCTIVE HYDROCEPHALUS	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER HYDROCEPHALUS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HYDROCEPHALUS, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CEREBRAL CYSTS	9	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN INTRACRANIAL HYPERTENSION	9	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ENCEPHALOPATHY, UNSPECIFIED	5	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	COMPRESSION OF BRAIN	8	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED DISORDERS OF BRAIN	13	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	DISORDER OF BRAIN, UNSPECIFIED	12	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SYRINGOMYELIA AND SYRINGOBULBIA	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	DISEASE OF SPINAL CORD, UNSPECIFIED	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CEREBROSPINAL FLUID LEAK	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED PTOSIS OF RIGHT EYELID	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED PTOSIS OF UNSPECIFIED EYELID	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED EXOPHTHALMOS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER DISORDERS OF ORBIT	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	IDIOPATHIC CYSTS OF IRIS, CILIARY BODY OR ANTERIOR CHAMBER, RIGHT EYE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	RETINAL VASCULITIS, BILATERAL	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OPTIC PAPPILLITIS, RIGHT EYE	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER OPTIC NEURITIS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED OPTIC NEURITIS	5	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ISCHEMIC OPTIC NEUROPATHY, BILATERAL	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ISCHEMIC OPTIC NEUROPATHY, UNSPECIFIED EYE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OPTIC NERVE HYPOPLASIA, LEFT EYE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER DISORDERS OF OPTIC NERVE, NOT ELSEWHERE CLASSIFIED, RIGHT EYE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER DISORDERS OF OPTIC NERVE, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED EYE	6	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED PAPILLEDEMA	6	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PAPILLEDEMA ASSOCIATED WITH INCREASED INTRACRANIAL PRESSURE	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED OPTIC ATROPHY	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PSEUDOPAPILLEDEMA OF OPTIC DISC, UNSPECIFIED EYE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER DISORDERS OF OPTIC DISC, BILATERAL	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	FOURTH (TROCHLEAR) NERVE PALSY, RIGHT EYE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SIXTH (ABDUCENT) NERVE PALSY, RIGHT EYE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SIXTH (ABDUCENT) NERVE PALSY, LEFT EYE	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED ESOTROPIA	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MONOCULAR ESOTROPIA, RIGHT EYE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ACCOMMODATIVE COMPONENT IN ESOTROPIA	1	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED SUBJECTIVE VISUAL DISTURBANCES	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TRANSIENT VISUAL LOSS, RIGHT EYE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TRANSIENT VISUAL LOSS, BILATERAL	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TRANSIENT VISUAL LOSS, UNSPECIFIED EYE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SUBJECTIVE VISUAL DISTURBANCES	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	DIPLOPIA	18	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED VISUAL FIELD DEFECTS	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SCOTOMA INVOLVING CENTRAL AREA, LEFT EYE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HOMONYMOUS BILATERAL FIELD DEFECTS, LEFT SIDE	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HOMONYMOUS BILATERAL FIELD DEFECTS, UNSPECIFIED SIDE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HETERONYMOUS BILATERAL FIELD DEFECTS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	GENERALIZED CONTRACTION OF VISUAL FIELD, RIGHT EYE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER VISUAL DISTURBANCES	9	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED VISUAL DISTURBANCE	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED VISUAL LOSS	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED NYSTAGMUS	1	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OCULAR PAIN, RIGHT EYE	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OCULAR PAIN, LEFT EYE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF EYE AND ADNEXA, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ACUTE ECZEMATOID OTITIS EXTERNA, BILATERAL	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED OTITIS EXTERNA, LEFT EAR	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CHRONIC SEROUS OTITIS MEDIA, LEFT EAR	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CHRONIC MASTOIDITIS, UNSPECIFIED EAR	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CHOLESTEATOMA OF ATTIC, LEFT EAR	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED CHOLESTEATOMA, RIGHT EAR	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MENIERE'S DISEASE, RIGHT EAR	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MENIERE'S DISEASE, LEFT EAR	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN PAROXYSMAL VERTIGO, UNSPECIFIED EAR	5	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN PAROXYSMAL VERTIGO, BILATERAL	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	AURAL VERTIGO, UNSPECIFIED EAR	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER PERIPHERAL VERTIGO, BILATERAL	1	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER PERIPHERAL VERTIGO, UNSPECIFIED EAR	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER DISORDERS OF VESTIBULAR FUNCTION, UNSPECIFIED EAR	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED DISORDER OF VESTIBULAR FUNCTION, UNSPECIFIED EAR	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	VERTIGINOUS SYNDROMES IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED EAR	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	LABYRINTHITIS, UNSPECIFIED EAR	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	LABYRINTHINE DYSFUNCTION, RIGHT EAR	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	LABYRINTHINE DYSFUNCTION, BILATERAL	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CONDUCTIVE HEARING LOSS, BILATERAL	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CONDUCTIVE HEARING LOSS, UNILATERAL, RIGHT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CONDUCTIVE HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SENSORINEURAL HEARING LOSS, BILATERAL	23	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SENSORINEURAL HEARING LOSS, UNILATERAL, RIGHT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	16	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SENSORINEURAL HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	10	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED SENSORINEURAL HEARING LOSS	15	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, UNILATERAL, RIGHT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SENSORINEURAL HEARING LOSS, UNILATERAL, RIGHT EAR, WITH RESTRICTED HEARING ON THE CONTRALATERAL SIDE	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SENSORINEURAL HEARING LOSS, UNILATERAL, LEFT EAR, WITH RESTRICTED HEARING ON THE CONTRALATERAL SIDE	5	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MIXED CONDUCTIVE AND SENSORINEURAL HEARING LOSS, UNILATERAL, RIGHT EAR WITH RESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SUDDEN IDIOPATHIC HEARING LOSS, UNSPECIFIED EAR	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SUDDEN IDIOPATHIC HEARING LOSS, RIGHT EAR	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SUDDEN IDIOPATHIC HEARING LOSS, LEFT EAR	7	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SUDDEN IDIOPATHIC HEARING LOSS, BILATERAL	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED HEARING LOSS, RIGHT EAR	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED HEARING LOSS, LEFT EAR	7	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED HEARING LOSS, BILATERAL	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED HEARING LOSS, UNSPECIFIED EAR	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED HEARING LOSS, RIGHT EAR	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED HEARING LOSS, LEFT EAR	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED HEARING LOSS, BILATERAL	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTALGIA, RIGHT EAR	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTALGIA, LEFT EAR	3	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTALGIA, BILATERAL	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TINNITUS, RIGHT EAR	11	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TINNITUS, LEFT EAR	8	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TINNITUS, BILATERAL	21	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TINNITUS, UNSPECIFIED EAR	7	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER ABNORMAL AUDITORY PERCEPTIONS, BILATERAL	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PULSATILE TINNITUS, RIGHT EAR	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NONTRAUMATIC SUBARACHNOID HEMORRHAGE, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NONTRAUMATIC INTRACRANIAL HEMORRHAGE, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CEREBRAL INFARCTION DUE TO EMBOLISM OF BILATERAL CAROTID ARTERIES	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT VERTEBRAL ARTERY	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBRAL ARTERY	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CEREBRAL INFARCTION DUE TO EMBOLISM OF BILATERAL MIDDLE CEREBRAL ARTERIES	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CEREBRAL INFARCTION, UNSPECIFIED	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	1	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CEREBRAL ANEURYSM, NONRUPTURED	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CEREBROVASCULAR DISEASE, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	APHASIA FOLLOWING CEREBRAL INFARCTION	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MEMORY DEFICIT FOLLOWING UNSPECIFIED CEREBROVASCULAR DISEASE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ANEURYSM OF UNSPECIFIED SITE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ARTERITIS, UNSPECIFIED	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	DISSECTION OF CAROTID ARTERY	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HEREDITARY HEMORRHAGIC TELANGIECTASIA	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER HYPOTENSION	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CHRONIC MAXILLARY SINUSITIS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CHRONIC PANSINUSITIS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PARALYSIS OF VOCAL CORDS AND LARYNX, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH (ACUTE) EXACERBATION	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	EPIDERMAL CYST	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CAFE AU LAIT SPOTS	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SCAR CONDITIONS AND FIBROSIS OF SKIN	1	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CONTRACTURE, LEFT KNEE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER GIANT CELL ARTERITIS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER ORGAN OR SYSTEM INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SICCA SYNDROME, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CERVICAL DISC DISORDER, UNSPECIFIED, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	RADICULOPATHY, CERVICAL REGION	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CERVICALGIA	6	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	LOW BACK PAIN	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OCCIPITAL NEURALGIA	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT UPPER ARM	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED DISORDERS OF MUSCLE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEURALGIA AND NEURITIS, UNSPECIFIED	1	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PAIN IN UNSPECIFIED LIMB	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SECONDARY AMENORRHEA	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	AMENORRHEA, UNSPECIFIED	5	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	FEMALE INFERTILITY, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	GALACTORRHEA	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ENCEPHALOCELE, UNSPECIFIED	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SPINA BIFIDA, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ARTERIOVENOUS MALFORMATION, SITE UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER MALFORMATIONS OF CEREBRAL VESSELS	9	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MACROCEPHALY	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEUROFIBROMATOSIS, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEUROFIBROMATOSIS, TYPE 1	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEUROFIBROMATOSIS, TYPE 2	5	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER PHAKOMATOSES, NOT ELSEWHERE CLASSIFIED	6	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MARFAN'S SYNDROME, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HYPOXEMIA	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	VOMITING, UNSPECIFIED	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NAUSEA WITH VOMITING, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	DYSPHAGIA, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ANESTHESIA OF SKIN	14	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HYPOESTHESIA OF SKIN	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PARESTHESIA OF SKIN	30	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER DISTURBANCES OF SKIN SENSATION	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	LOCALIZED SWELLING, MASS AND LUMP, HEAD	5	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	LOCALIZED SWELLING, MASS AND LUMP, NECK	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TREMOR, UNSPECIFIED	11	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	FASCICULATION	3	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ATAXIC GAIT	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER ABNORMALITIES OF GAIT AND MOBILITY	6	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ATAXIA, UNSPECIFIED	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER LACK OF COORDINATION	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED LACK OF COORDINATION	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	FACIAL WEAKNESS	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	5	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TRANSIENT ALTERATION OF AWARENESS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	DISORIENTATION, UNSPECIFIED	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER AMNESIA	16	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ALTERED MENTAL STATUS, UNSPECIFIED	3	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	DIZZINESS AND GIDDINESS	78	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PAROSMIA	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PARAGEUSIA	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER DISTURBANCES OF SMELL AND TASTE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER HALLUCINATIONS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING GENERAL SENSATIONS AND PERCEPTIONS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	APHASIA	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	DYSARTHRIA AND ANARTHRIA	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SLURRED SPEECH	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HEADACHE	149	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	Headache with orthostatic component, not elsewhere classified	6	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	Headache, unspecified	47	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PAIN, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	WEAKNESS	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SYNCOPE AND COLLAPSE	17	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED CONVULSIONS	30	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SHORT STATURE (CHILD)	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER GENERAL SYMPTOMS AND SIGNS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ABNORMAL FINDING OF BLOOD CHEMISTRY, UNSPECIFIED	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	WHITE MATTER DISEASE, UNSPECIFIED	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF CENTRAL NERVOUS SYSTEM	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF SKULL AND HEAD, NOT ELSEWHERE CLASSIFIED	3	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ABNORMAL RADIOLOGIC FINDINGS ON DIAGNOSTIC IMAGING OF UNSPECIFIED KIDNEY	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ABNORMAL ELECTROENCEPHALOGRAM (EEG)	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ABNORMAL BRAIN SCAN	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ABNORMAL RESULTS OF THYROID FUNCTION STUDIES	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ABNORMAL RESULTS OF OTHER ENDOCRINE FUNCTION STUDIES	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, SUBSEQUENT ENCOUNTER	1	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CONTUSION AND LACERATION OF RIGHT CEREBRUM WITH LOSS OF CONSCIOUSNESS OF 30 MINUTES OR LESS, SEQUELA	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TRAUMATIC SUBDURAL HEMORRHAGE WITHOUT LOSS OF CONSCIOUSNESS, SEQUELA	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED INTRACRANIAL INJURY WITHOUT LOSS OF CONSCIOUSNESS, SEQUELA	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	COMPLETE LESION AT C4 LEVEL OF CERVICAL SPINAL CORD, INITIAL ENCOUNTER	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASMS OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUES	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BRAIN	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PERSONAL HISTORY OF BENIGN NEOPLASM OF THE BRAIN	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PERSONAL HISTORY OF OTHER BENIGN NEOPLASM	4	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PERSONAL HISTORY OF NEOPLASM OF UNCERTAIN BEHAVIOR	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PERSONAL HISTORY OF OTHER DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PERSONAL HISTORY OF TRANSIENT ISCHEMIC ATTACK (TIA), AND CEREBRAL INFARCTION WITHOUT RESIDUAL DEFICITS	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PERSONAL HISTORY OF TRAUMATIC BRAIN INJURY	1	0		

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PERSONAL HISTORY OF OTHER (HEALED) PHYSICAL INJURY AND TRAUMA	2	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Ophthalmology	OTHER OPTIC ATROPHY, RIGHT EYE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Otolaryngology	UNSPECIFIED SENSORINEURAL HEARING LOSS	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Otolaryngology	HEADACHE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Otorhinolaryngology	OTHER SPECIFIED DISEASES OF RIGHT INNER EAR	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Radiation Oncology	MALIGNANT NEOPLASM OF FRONTAL LOBE	1	0		
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	LYME DISEASE, UNSPECIFIED	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	EPIDEMIC VERTIGO	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT MELANOMA OF LEFT EAR AND EXTERNAL AURICULAR CANAL	0	2	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	0	1	Administrative	

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	0	5	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SECONDARY MALIGNANT NEOPLASM OF BRAIN	0	9	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	0	4	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HEMANGIOMA UNSPECIFIED SITE	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF CEREBRAL MENINGES	0	2	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF CRANIAL NERVES	0	5	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF PITUITARY GLAND	0	3	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNCERTAIN BEHAVIOR OF CRANIOPHARYNGEAL DUCT	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	0	2	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER HYPERFUNCTION OF PITUITARY GLAND	0	1	Administrative	

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HYPOPITUITARISM	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TESTICULAR HYPOFUNCTION	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PRECOCIOUS PUBERTY	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ANXIETY DISORDER, UNSPECIFIED	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	AUTISTIC DISORDER	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SPASMODIC TORTICOLLIS	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MILD COGNITIVE IMPAIRMENT, SO STATED	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	2	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CHRONIC CLUSTER HEADACHE, NOT INTRACTABLE	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	VASCULAR HEADACHE, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	PRIMARY EXERTIONAL HEADACHE	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TRIGEMINAL NEURALGIA	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CEREBRAL CYSTS	0	2	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN INTRACRANIAL HYPERTENSION	0	2	Administrative	

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED DISORDERS OF BRAIN	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED PAPILLEDEMA	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	DISORDERS OF OPTIC CHIASM IN (DUE TO) NEOPLASM	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED VISUAL DISTURBANCE	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	BENIGN PAROXYSMAL VERTIGO, BILATERAL	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER DISORDERS OF VESTIBULAR FUNCTION, UNSPECIFIED EAR	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	SUDDEN IDIOPATHIC HEARING LOSS, RIGHT EAR	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTALGIA, LEFT EAR	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TINNITUS, RIGHT EAR	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TINNITUS, LEFT EAR	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TINNITUS, BILATERAL	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TINNITUS, UNSPECIFIED EAR	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), LUMBAR REGION	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CERVICALGIA	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSPECIFIED	0	1	Administrative	

Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	POLYCYSTIC KIDNEY, ADULT TYPE	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	NEUROFIBROMATOSIS, TYPE 2	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	LOCALIZED SWELLING, MASS AND LUMP, HEAD	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	TREMOR, UNSPECIFIED	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	OTHER AMNESIA	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	DIZZINESS AND GIDDINESS	0	5	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	HEADACHE	0	4	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	Headache, unspecified	0	4	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Endocrinology, Diabetes & Metabolism	UNSPECIFIED INTRACRANIAL INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Neurology	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST	0	1	Administrative	
Outpatient	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Ophthalmology	DIPLOPIA	0	1	Administrative	
Outpatient	70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TES T SELECTION AND ADMINISTRATION OF REPETITIVE BODY PART MOVEMENT AN D/OR VISUAL STIMULATION, NOT REQUIRING PHYSICIAN OR PSYCHOLOGIST A DMINISTRATION	Neurology	MALIGNANT NEOPLASM OF CEREBRUM, EXCEPT LOBES AND VENTRICLES	1	0		
Outpatient	70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TES T SELECTION AND ADMINISTRATION OF REPETITIVE BODY PART MOVEMENT AN D/OR VISUAL STIMULATION, NOT REQUIRING PHYSICIAN OR PSYCHOLOGIST A DMINISTRATION	Neurology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1	0		
Outpatient	70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TES T SELECTION AND ADMINISTRATION OF REPETITIVE BODY PART MOVEMENT AN D/OR VISUAL STIMULATION, NOT REQUIRING PHYSICIAN OR PSYCHOLOGIST A DMINISTRATION	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		

Outpatient	70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE BODY PART MOVEMENT AND/OR VISUAL STIMULATION, NOT REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE BODY PART MOVEMENT AND/OR VISUAL STIMULATION, NOT REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION	Neurology	REPEATED FALLS	0	1	Administrative	
Outpatient	70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING	Neurology	MALIGNANT NEOPLASM OF TEMPORAL LOBE	1	0		
Outpatient	70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING	Neurology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1	0		
Outpatient	70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING	Neurology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1	0		
Outpatient	70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING	Neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING	Neurology	OTHER SPECIFIED DISORDERS OF BRAIN	1	0		
Outpatient	70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING	Neurology	DISORDER OF BRAIN, UNSPECIFIED	1	0		
Outpatient	70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE NEUROFUNCTIONAL TESTING	Neurology	DISORDER OF BRAIN, UNSPECIFIED	0	1	Administrative	
Outpatient	71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	Radiology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PULMONARY MYCOBACTERIAL INFECTION	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MYCOBACTERIAL INFECTION, UNSPECIFIED	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CHRONIC VIRAL HEPATITIS C	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PSEUDOMONAS (AERUGINOSA) (MALLEI) (PSEUDOMALLEI) AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF BASE OF TONGUE	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF CECUM	3	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF RECTUM	4	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	LIVER CELL CARCINOMA	8	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF GLOTTIS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	1	0		

Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF UPPER LOBE, UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	4	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	3	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT BRONCHUS AND LUNG	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	4	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF VERTEBRAL COLUMN	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	11	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	GASTROINTESTINAL STROMAL TUMOR, UNSPECIFIED SITE	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	3	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF ENDOMETRIUM	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1	0		

Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	15	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	5	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	3	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER	3	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF THYROID GLAND	3	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODE, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SECONDARY MALIGNANT NEOPLASM OF BONE	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT CARCINOID TUMOR OF THE ILEUM	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT CARCINOID TUMOR OF THE BRONCHUS AND LUNG	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER MALIGNANT NEUROENDOCRINE TUMORS	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	NODULAR SCLEROSIS HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	FOLLICULAR LYMPHOMA GRADE IIB, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	WALDENSTROM MACROGLOBULINEMIA	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	3	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	BENIGN NEOPLASM OF THYMUS	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	NEOPLASM OF UNCERTAIN BEHAVIOR OF TRACHEA, BRONCHUS AND LUNG	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	BENIGN CARCINOID TUMOR OF THE APPENDIX	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	1	0		

Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CHRONIC MYELOPROLIFERATIVE DISEASE	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ANTIPHOSPHOLIPID SYNDROME	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER PRIMARY THROMBOCYTOPENIA	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	FUNCTIONAL DISORDERS OF POLYMORPHONUCLEAR NEUTROPHILS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	EOSINOPHILIA	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	IMMUNODEFICIENCY, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SARCOIDOSIS OF LUNG	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SARCOIDOSIS, UNSPECIFIED	3	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	HYPOTHYROIDISM, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	NONTOXIC MULTINODULAR GOITER	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	NONTOXIC GOITER, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OBESITY, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	HYPO-OSMOLALITY AND HYPONATREMIA	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ALPHA-1-ANTITRYPSIN DEFICIENCY	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	11	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	3	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	NICOTINE DEPENDENCE, CIGARETTES, IN REMISSION	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	NICOTINE DEPENDENCE, OTHER TOBACCO PRODUCT, UNCOMPLICATED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ANXIETY DISORDER, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SLEEP APNEA, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		

Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ESSENTIAL (PRIMARY) HYPERTENSION	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	7	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PULMONARY HYPERTENSION, UNSPECIFIED	6	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	NONRHEUMATIC AORTIC (VALVE) STENOSIS	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	HEART FAILURE, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ARTERITIS, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	AORTIC ECTASIA, UNSPECIFIED SITE	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SECONDARY ESOPHAGEAL VARICES WITHOUT BLEEDING	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER SPECIFIED NONINFECTIVE DISORDERS OF LYMPHATIC VESSELS AND LYMPH NODES	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER VIRAL PNEUMONIA	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	VIRAL PNEUMONIA, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PNEUMONIA DUE TO STREPTOCOCCUS, GROUP B	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	BRONCHOPNEUMONIA, UNSPECIFIED ORGANISM	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	3	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER PNEUMONIA, UNSPECIFIED ORGANISM	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PNEUMONIA, UNSPECIFIED ORGANISM	15	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ACUTE BRONCHITIS DUE TO OTHER SPECIFIED ORGANISMS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ACUTE BRONCHITIS, UNSPECIFIED	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ALLERGIC RHINITIS DUE TO POLLEN	1	0		

Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ALLERGIC RHINITIS, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CHRONIC MAXILLARY SINUSITIS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CHRONIC SINUSITIS, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MIXED SIMPLE AND MUCOPURULENT CHRONIC BRONCHITIS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	UNSPECIFIED CHRONIC BRONCHITIS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CENTRIOLOBULAR EMPHYSEMA	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER EMPHYSEMA	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	EMPHYSEMA, UNSPECIFIED	3	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	Chronic obstructive pulmonary disease with (acute) lower respiratory infection	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH (ACUTE) EXACERBATION	3	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	11	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MILD PERSISTENT ASTHMA, UNCOMPLICATED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	UNSPECIFIED ASTHMA WITH STATUS ASTHMATICUS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	UNSPECIFIED ASTHMA, UNCOMPLICATED	3	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	COUGH VARIANT ASTHMA	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	BRONCHIECTASIS WITH ACUTE LOWER RESPIRATORY INFECTION	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	BRONCHIECTASIS WITH (ACUTE) EXACERBATION	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	BRONCHIECTASIS, UNCOMPLICATED	10	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ACUTE PULMONARY MANIFESTATIONS DUE TO RADIATION	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ACUTE PULMONARY EDEMA	1	0		

Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PULMONARY FIBROSIS, UNSPECIFIED	10	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	IDIOPATHIC PULMONARY FIBROSIS	3	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	30	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ABSCCESS OF LUNG WITH PNEUMONIA	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	3	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ACUTE BRONCHOSPASM	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER DISORDERS OF LUNG	13	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER DISEASES OF MEDIASTINUM, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER INTESTINAL OBSTRUCTION UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER SPECIFIED DISEASES OF GALLBLADDER	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER SPECIFIED DISEASES OF PANCREAS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SCAR CONDITIONS AND FIBROSIS OF SKIN	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	LOCALIZED SCLERODERMA (MORPHEA)	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER SPECIFIED JOINT DISORDERS, RIGHT SHOULDER	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER ORGAN OR SYSTEM INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SICCA SYNDROME, UNSPECIFIED	2	0		

Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SEPARATION OF MUSCLE (NONTRAUMATIC), OTHER SITE	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	DISORDER OF BONE, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CHONDROCOSTAL JUNCTION SYNDROME "ITZETZ"	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ACQUIRED DEFORMITY OF CHEST AND RIB	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	RIGHT TESTICULAR PAIN	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CONGENITAL BRONCHOMALACIA	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PECTUS EXCAVATUM	6	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PECTUS CARINATUM	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER CONGENITAL MALFORMATIONS OF UPPER LIMB(S), INCLUDING SHOULDER GIRDLE	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CHROMOSOMAL ABNORMALITY, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PALPITATIONS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	HEMOPTYSIS	3	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	COUGH	38	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	DYSPNEA, UNSPECIFIED	12	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SHORTNESS OF BREATH	32	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	WHEEZING	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CHEST PAIN ON BREATHING	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PRECORDIAL PAIN	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PLEURODYNIA	4	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER CHEST PAIN	13	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CHEST PAIN, UNSPECIFIED	15	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	HYPOXEMIA	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER SPECIFIED SYMPTOMS AND SIGNS INVOLVING THE CIRCULATORY AND RESPIRATORY SYSTEMS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	DYSPHAGIA, UNSPECIFIED	2	0		

Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	HEPATOMEGALY, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	9	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	DIZZINESS AND GIDDINESS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	HEADACHE	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PAIN, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SYNCOPE AND COLLAPSE	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	LOCALIZED ENLARGED LYMPH NODES	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ENLARGED LYMPH NODES, UNSPECIFIED	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ABNORMAL WEIGHT LOSS	3	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	NONSPECIFIC ELEVATION OF LEVELS OF TRANSAMINASE AND LACTIC ACID DEHYDROGENASE (LDH)	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	NONSPECIFIC REACTION TO CELL MEDIATED IMMUNITY MEASUREMENT OF GAMMA INTERFERON ANTIGEN RESPONSE WITHOUT ACTIVE TUBERCULOSIS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER SPECIFIED ABNORMAL IMMUNOLOGICAL FINDINGS IN SERUM	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SOLITARY PULMONARY NODULE	149	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	96	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER PARTS OF MUSCULOSKELETAL SYSTEM	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	14	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ABNORMAL RESULTS OF PULMONARY FUNCTION STUDIES	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INITIAL ENCOUNTER	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	FRACTURE OF ONE RIB, LEFT SIDE, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SPRAIN OF LIGAMENTS OF THORACIC SPINE, INITIAL ENCOUNTER	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ANTERIOR DISLOCATION OF RIGHT STERNOCLAVICULAR JOINT, INITIAL ENCOUNTER	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	UNSPECIFIED COMPLICATION OF LUNG TRANSPLANT	3	0		

Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	COVID-19	5	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF RESPIRATORY ORGANS	10	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CONTACT WITH AND (SUSPECTED) EXPOSURE TO OTHER VIRAL COMMUNICABLE DISEASES	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CARRIER OF OTHER SPECIFIED BACTERIAL DISEASES	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ENCOUNTER FOR AFTERCARE FOLLOWING OTHER ORGAN TRANSPLANT	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CONTACT WITH AND (SUSPECTED) EXPOSURE TO ASBESTOS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CONTACT WITH AND (SUSPECTED) EXPOSURE TO MOLD (TOXIC)	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BLADDER	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF KIDNEY	2	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF RENAL PELVIS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PERSONAL HISTORY OF PNEUMONIA (RECURRENT)	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PERSONAL HISTORY OF NICOTINE DEPENDENCE	5	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	LUNG TRANSPLANT STATUS	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Family Practice	PERSONAL HISTORY OF NICOTINE DEPENDENCE	1	0		
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ALLERGIC BRONCHOPULMONARY ASPERGILLOSIS	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF CECUM	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF PROSTATE	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	0	2	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	FOLLICULAR LYMPHOMA GRADE I, INTRA-ABDOMINAL LYMPH NODES	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	0	1	Administrative	

Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	NEOPLASM OF UNCERTAIN BEHAVIOR OF TRACHEA, BRONCHUS AND LUNG	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	0	2	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SARCOIDOSIS, UNSPECIFIED	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	HYPOTHYROIDISM, UNSPECIFIED	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ALPHA-1-ANTITRYPSIN DEFICIENCY	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	0	3	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	0	3	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	NICOTINE DEPENDENCE, CIGARETTES, WITH WITHDRAWAL	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER CHRONIC PAIN	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ESSENTIAL (PRIMARY) HYPERTENSION	0	2	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PULMONARY HYPERTENSION, UNSPECIFIED	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PULMONARY HYPERTENSION DUE TO LEFT HEART DISEASE	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ATHEROSCLEROSIS OF AORTA	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ACUTE ETHMOIDAL SINUSITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER VIRAL PNEUMONIA	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PNEUMONIA, UNSPECIFIED ORGANISM	0	5	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SIMPLE CHRONIC BRONCHITIS	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MUCOPURULENT CHRONIC BRONCHITIS	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CENTRILOBULAR EMPHYSEMA	0	3	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH (ACUTE) EXACERBATION	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	0	4	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	0	1	Administrative	

Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	BRONCHIECTASIS, UNCOMPLICATED	0	2	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	HYPERSENSITIVITY PNEUMONITIS DUE TO OTHER ORGANIC DUSTS	0	2	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PULMONARY FIBROSIS, UNSPECIFIED	0	2	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER SPECIFIED INTERSTITIAL PULMONARY DISEASES	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ABSCESS OF LUNG WITHOUT PNEUMONIA	0	3	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER SPECIFIED DISEASES OF INTESTINE	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PERITONEAL ABSCESS	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PAIN IN LEFT SHOULDER	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SYSTEMIC SCLEROSIS, UNSPECIFIED	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CERVICALGIA	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SEPARATION OF MUSCLE (NONTRAUMATIC), OTHER SITE	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CHONDROCOSTAL JUNCTION SYNDROME "ÍTIETZE"	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ACQUIRED DEFORMITY OF CHEST AND RIB	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	UNSPECIFIED LUMP IN THE RIGHT BREAST, UNSPECIFIED QUADRANT	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SMOKING (TOBACCO) COMPLICATING PREGNANCY, UNSPECIFIED TRIMESTER	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	BRADYCARDIA, UNSPECIFIED	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PALPITATIONS	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	COUGH	0	17	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	DYSPNEA, UNSPECIFIED	0	4	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SHORTNESS OF BREATH	0	12	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER FORMS OF DYSPNEA	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PLEURODYNIA	0	1	Administrative	

Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	INTERCOSTAL PAIN	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER CHEST PAIN	0	3	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CHEST PAIN, UNSPECIFIED	0	3	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	RIGHT UPPER QUADRANT PAIN	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	RIGHT LOWER QUADRANT PAIN	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	LEFT LOWER QUADRANT PAIN	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	0	2	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	LOCALIZED ENLARGED LYMPH NODES	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ABNORMAL WEIGHT LOSS	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ILLNESS, UNSPECIFIED	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	NONSPECIFIC ELEVATION OF LEVELS OF TRANSAMINASE AND LACTIC ACID DEHYDROGENASE (LDH)	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	SOLITARY PULMONARY NODULE	0	18	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	0	14	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	0	5	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	COVID-19	0	2	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF RESPIRATORY ORGANS	0	3	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	TOBACCO USE	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	CONTACT WITH AND (SUSPECTED) EXPOSURE TO ASBESTOS	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	FAMILY HISTORY OF MALIGNANT NEOPLASM OF TRACHEA, BRONCHUS AND LUNG	0	2	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	0	1	Administrative	
Outpatient	71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	Critical Care Medicine	PRESENCE OF HEART ASSIST DEVICE	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Family Practice	PNEUMONIA, UNSPECIFIED ORGANISM	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	RESPIRATORY TUBERCULOSIS UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	HISTOPLASMOSIS CAPSULATI, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LIP, UNSPECIFIED	1	0		

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF BASE OF TONGUE	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONGUE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF GUM, UNSPECIFIED	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CHEEK MUCOSA	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PAROTID GLAND	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF TONSILLAR PILLAR (ANTERIOR) (POSTERIOR)	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	7	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CARDIA	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF BODY OF STOMACH	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF GREATER CURVATURE OF STOMACH, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	7	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF DUODENUM	2	0		

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF SMALL INTESTINE	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF SMALL INTESTINE, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CECUM	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF APPENDIX	6	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ASCENDING COLON	15	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF HEPATIC FLEXURE	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF TRANSVERSE COLON	11	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF DESCENDING COLON	6	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF SIGMOID COLON	40	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	41	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	7	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RECTUM	54	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ANAL CANAL	5	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LIVER CELL CARCINOMA	13	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	INTRAHEPATIC BILE DUCT CARCINOMA	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LIVER, NOT SPECIFIED AS PRIMARY OR SECONDARY	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF GALLBLADDER	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	8	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF BODY OF PANCREAS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	1	0		

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PANCREAS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	5	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF MAXILLARY SINUS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF GLOTTIS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED MAIN BRONCHUS	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	21	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	33	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	8	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	6	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	11	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	8	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT BRONCHUS OR LUNG	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF THYMUS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF MEDIASTINUM, PART UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF SCAPULA AND LONG BONES OF RIGHT UPPER LIMB	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LONG BONES OF LEFT LOWER LIMB	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	8	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT MELANOMA OF LEFT EAR AND EXTERNAL AURICULAR CANAL	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	2	0		

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT MELANOMA OF SCALP AND NECK	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT MELANOMA OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT MELANOMA OF RIGHT UPPER LIMB, INCLUDING SHOULDER	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT MELANOMA OF LEFT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT MELANOMA OF RIGHT LOWER LIMB, INCLUDING HIP	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SQUAMOUS CELL CARCINOMA OF SKIN OF LEFT EAR AND EXTERNAL AURICULAR CANAL	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SQUAMOUS CELL CARCINOMA OF SKIN OF SCALP AND NECK	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF SCALP AND NECK	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SQUAMOUS CELL CARCINOMA OF ANAL SKIN	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF OTHER PART OF TRUNK	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SQUAMOUS CELL CARCINOMA OF SKIN OF LEFT UPPER LIMB, INCLUDING SHOULDER	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN, UNSPECIFIED	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	5	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF SPECIFIED PARTS OF PERITONEUM	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF HEAD, FACE AND NECK	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	5	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	37	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	GASTROINTESTINAL STROMAL TUMOR OF LARGE INTESTINE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	GASTROINTESTINAL STROMAL TUMOR OF RECTUM	1	0		

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MERKEL CELL CARCINOMA OF LEFT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MERKEL CELL CARCINOMA, UNSPECIFIED	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	12	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	14	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT MALE BREAST	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	9	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	10	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	6	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	6	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	29	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	21	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	7	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	7	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	15	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	9	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	22	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LABIUM MAJUS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF EXOCERVIX	7	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ENDOMETRIUM	24	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF MYOMETRIUM	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	7	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RIGHT OVARY	14	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LEFT OVARY	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	8	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED FALLOPIAN TUBE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RIGHT FALLOPIAN TUBE	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LEFT FALLOPIAN TUBE	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED BROAD LIGAMENT	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PLACENTA	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PREPUCE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF GLANS PENIS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PROSTATE	20	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	5	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	7	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RIGHT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LEFT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	13	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	19	0		

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	13	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LEFT RENAL PELVIS	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RIGHT CHOROID	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF THYROID GLAND	14	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	5	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INGUINAL AND LOWER LIMB LYMPH NODES	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODE, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	5	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED DIGESTIVE ORGAN	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED URINARY ORGANS	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF BRAIN	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF BONE	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED ADRENAL GLAND	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF RIGHT ADRENAL GLAND	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF LEFT ADRENAL GLAND	1	0		

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	21	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT CARCINOID TUMOR OF THE JEJUNUM	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT CARCINOID TUMOR OF THE STOMACH	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER MALIGNANT NEUROENDOCRINE TUMORS	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY CARCINOID TUMORS OF OTHER SITES	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SECONDARY NEUROENDOCRINE TUMORS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NODULAR SCLEROSIS HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NODULAR SCLEROSIS HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	5	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FOLLICULAR LYMPHOMA GRADE I, INTRA-ABDOMINAL LYMPH NODES	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF MULTIPLE SITES	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FOLLICULAR LYMPHOMA GRADE II, UNSPECIFIED SITE	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FOLLICULAR LYMPHOMA GRADE II, INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, UNSPECIFIED SITE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF HEAD, FACE, AND NECK	2	0		

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF MULTIPLE SITES	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FOLLICULAR LYMPHOMA GRADE IIIB, INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DIFFUSE FOLLICLE CENTER LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CUTANEOUS FOLLICLE CENTER LYMPHOMA, UNSPECIFIED SITE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER TYPES OF FOLLICULAR LYMPHOMA, UNSPECIFIED SITE	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FOLLICULAR LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SMALL CELL B-CELL LYMPHOMA, UNSPECIFIED SITE	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MANTLE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	9	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	6	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	2	0		

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MUCOSA-ASSOCIATED LYMPHOID TISSUE "MALT-LYMPHOMA"	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MULTIPLE MYELOMA IN RELAPSE	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION	7	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN REMISSION	6	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LYMPHOID LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	INTRADUCTAL CARCINOMA IN SITU OF UNSPECIFIED BREAST	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED TYPE OF CARCINOMA IN SITU OF RIGHT BREAST	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF COLON, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF LIVER	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF TRACHEA	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF THYMUS	5	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LEIOMYOMA OF UTERUS, UNSPECIFIED	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF CRANIAL NERVES	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF RECTUM	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF TRACHEA, BRONCHUS AND LUNG	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER BENIGN NEUROENDOCRINE TUMORS	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	2	0		

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	POLYCYTHEMIA VERA	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	REFRACTORY CYTOPENIA WITH MULTILINEAGE DYSPLASIA	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESPIRATORY SYSTEM	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER GENITOURINARY ORGAN	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER IRON DEFICIENCY ANEMIAS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	IRON DEFICIENCY ANEMIA, UNSPECIFIED	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ANEMIA, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	THROMBOCYTOPENIA, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LYMPHOCYTOSIS (SYMPTOMATIC)	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER ELEVATED WHITE BLOOD CELL COUNT	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	5	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY POLYCYTHEMIA	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SARCOIDOSIS OF LUNG	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SARCOIDOSIS, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NONTOXIC MULTINODULAR GOITER	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NONTOXIC GOITER, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DISORDER OF THYROID, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PRIMARY HYPERPARATHYROIDISM	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED ADRENOCORTICAL INSUFFICIENCY	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSISTENT HYPERPLASIA OF THYMUS	1	0		

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MIXED HYPERLIPIDEMIA	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DISORDER OF BILIRUBIN METABOLISM, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	HYPO-OSMOLALITY AND HYPONATREMIA	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	POSTPROCEDURAL HYPOTHYROIDISM	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	HORNER'S SYNDROME	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ENCEPHALOPATHY, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER PULMONARY EMBOLISM WITH ACUTE COR PULMONALE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SEPTIC PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED ATRIAL FIBRILLATION	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CEREBRAL INFARCTION, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT RUPTURE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	THORACIC AORTIC ECTASIA	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	AORTIC ECTASIA, UNSPECIFIED SITE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DISORDER OF ARTERIES AND ARTERIOLES, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	EMBOLISM AND THROMBOSIS OF RENAL VEIN	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF RIGHT LOWER EXTREMITY	1	0		

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF LEFT LOWER EXTREMITY	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF PROXIMAL LOWER EXTREMITY, BILATERAL	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEIN	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NONSPECIFIC LYMPHADENITIS, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PNEUMONIA, UNSPECIFIED ORGANISM	9	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED DISEASES OF UPPER RESPIRATORY TRACT	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	EMPHYSEMA, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	BRONCHIECTASIS, UNCOMPLICATED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	HYPERSENSITIVITY PNEUMONITIS DUE TO UNSPECIFIED ORGANIC DUST	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PNEUMONITIS DUE TO INHALATION OF OTHER SOLIDS AND LIQUIDS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ACUTE PULMONARY MANIFESTATIONS DUE TO RADIATION	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER DISEASES OF BRONCHUS, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER DISORDERS OF LUNG	8	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER DISEASES OF MEDIASTINUM, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DISORDERS OF DIAPHRAGM	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER ESOPHAGITIS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER DISEASES OF STOMACH AND DUODENUM	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED DISEASES OF INTESTINE	1	0		

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED CIRRHOSIS OF LIVER	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LIVER DISEASE, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DISEASE OF PANCREAS, UNSPECIFIED	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CUTANEOUS ABSCESS, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PAIN IN LEFT SHOULDER	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PAIN IN UNSPECIFIED SHOULDER	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DERMATO(POLY)MYOSITIS IN NEOPLASTIC DISEASE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PAIN IN THORACIC SPINE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FIBROUS DYSPLASIA (MONOSTOTIC), UNSPECIFIED SITE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED ACQUIRED DEFORMITIES OF MUSCULOSKELETAL SYSTEM	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER BIOMECHANICAL LESIONS OF RIB CAGE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF THE MALE GENITAL ORGANS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MASTODYNIA	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED CONDITIONS ASSOCIATED WITH FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FEMALE INFERTILITY, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER CONGENITAL MALFORMATIONS OF ESOPHAGUS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	HEMOPTYSIS	6	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	COUGH	25	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DYSPNEA, UNSPECIFIED	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SHORTNESS OF BREATH	19	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ACUTE RESPIRATORY DISTRESS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER FORMS OF DYSPNEA	1	0		

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PLEURODYNIA	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER CHEST PAIN	5	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CHEST PAIN, UNSPECIFIED	7	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	UPPER ABDOMINAL PAIN, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	EPIGASTRIC PAIN	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED ABDOMINAL PAIN	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NAUSEA WITH VOMITING, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DYSPHAGIA, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ABDOMINAL DISTENSION (GASEOUS)	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	HEPATOMEGALY, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT ASCITES	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CHANGE IN BOWEL HABIT	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, NECK	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	14	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED UPPER LIMB	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, RIGHT UPPER LIMB	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, LEFT LOWER LIMB	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FEVER, UNSPECIFIED	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	HEADACHE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CHRONIC FATIGUE, UNSPECIFIED	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER FATIGUE	3	0		

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LOCALIZED ENLARGED LYMPH NODES	9	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	GENERALIZED ENLARGED LYMPH NODES	3	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ENLARGED LYMPH NODES, UNSPECIFIED	5	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	GENERALIZED HYPERHIDROSIS	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ABNORMAL WEIGHT LOSS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED ABNORMAL FINDING IN SPECIMENS FROM OTHER ORGANS, SYSTEMS AND TISSUES	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SOLITARY PULMONARY NODULE	47	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	55	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER ABNORMAL AND INCONCLUSIVE FINDINGS ON DIAGNOSTIC IMAGING OF BREAST	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	7	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	COVID-19	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF RESPIRATORY ORGANS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF STOMACH	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF LARGE INTESTINE	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TRACHEA	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARYNX	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	4	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BLADDER	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASMS OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUES	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LIP, ORAL CAVITY, AND PHARYNX	1	0		

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	2	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER ORGANS AND SYSTEMS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSONAL HISTORY OF TUBERCULOSIS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSONAL HISTORY OF PULMONARY EMBOLISM	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSONAL HISTORY OF PNEUMONIA (RECURRENT)	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	BONE MARROW TRANSPLANT STATUS	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Hematology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, UNSPECIFIED SITE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Hematology	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Internal Medicine	COUGH	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Oncology	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Oncology	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CORPUS UTERI	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Pulmonary Disease	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Surgery	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	1	0		
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CHRONIC VIRAL HEPATITIS C	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	0	3	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF BODY OF STOMACH	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	0	4	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CECUM	0	4	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF APPENDIX	0	3	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ASCENDING COLON	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF HEPATIC FLEXURE	0	1	Administrative	

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF TRANSVERSE COLON	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF DESCENDING COLON	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF SIGMOID COLON	0	7	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	0	6	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RECTUM	0	11	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ANAL CANAL	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	INTRAHEPATIC BILE DUCT CARCINOMA	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF GALLBLADDER	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF GLOTTIS	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	0	3	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF SCAPULA AND LONG BONES OF RIGHT UPPER LIMB	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	0	4	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	GASTROINTESTINAL STROMAL TUMOR, UNSPECIFIED SITE	0	1	Administrative	OVERTURNED

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	0	3	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	4	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT MALE BREAST	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	0	3	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	0	8	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	0	4	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF EXOCERVIX	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ENDOMETRIUM	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CORPUS UTERI	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RIGHT OVARY	0	3	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	0	4	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PROSTATE	0	12	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED UNDESCENDED TESTIS	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED DESCENDED TESTIS	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RIGHT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	0	3	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LEFT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	0	1	Administrative	

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RIGHT CHOROID	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LEFT LACRIMAL GLAND AND DUCT	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF THYROID GLAND	0	3	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF BONE	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	0	3	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT CARCINOID TUMOR OF THE DUODENUM	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT CARCINOID TUMOR OF THE JEJUNUM	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT CARCINOID TUMOR OF THE BRONCHUS AND LUNG	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT CARCINOID TUMOR OF THE STOMACH	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT CARCINOID TUMORS OF OTHER SITES	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER MALIGNANT NEUROENDOCRINE TUMORS	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MANTLE CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	0	3	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DIFFUSE LARGE B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB	0	1	Administrative	

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER NON-FOLLICULAR LYMPHOMA, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MULTIPLE MYELOMA IN REMISSION	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MULTIPLE MYELOMA IN RELAPSE	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF COLON, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF LIVER	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LEIOMYOMA OF UTERUS, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF CRANIAL NERVES	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	0	1	Administrative	OVERTURNED
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESPIRATORY SYSTEM	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	IRON DEFICIENCY ANEMIA, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ANEMIA, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEUTROPENIA, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER DECREASED WHITE BLOOD CELL COUNT	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NONTOXIC MULTINODULAR GOITER	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER POLYGLANDULAR DYSFUNCTION	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CARCINOID SYNDROME	0	1	Administrative	

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	HYPERLIPIDEMIA, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	0	3	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PULMONARY HYPERTENSION, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PNEUMONIA DUE TO SARS-ASSOCIATED CORONAVIRUS	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PNEUMONITIS DUE TO INHALATION OF FOOD AND VOMIT	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	0	3	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER DISEASES OF BRONCHUS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER DISORDERS OF LUNG	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER DISEASES OF MEDIASTINUM, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED DISEASES OF GALLBLADDER	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CELLULITIS OF CHEST WALL	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF THE MALE GENITAL ORGANS	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MASTITIS WITHOUT ABSCESS	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CONGENITAL PNEUMONIA, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CONGENITAL BRONCHOMALACIA	0	1	Administrative	

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	HEMOPTYSIS	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	COUGH	0	3	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SHORTNESS OF BREATH	0	7	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	CHEST PAIN, UNSPECIFIED	0	5	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	UPPER ABDOMINAL PAIN, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED ABDOMINAL PAIN	0	3	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, NECK	0	3	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DYSPHONIA	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	FEVER, UNSPECIFIED	0	3	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER FATIGUE	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SYNCOPE AND COLLAPSE	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LOCALIZED ENLARGED LYMPH NODES	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ENLARGED LYMPH NODES, UNSPECIFIED	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ABNORMAL WEIGHT LOSS	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SOLITARY PULMONARY NODULE	0	6	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER ABNORMAL AND INCONCLUSIVE FINDINGS ON DIAGNOSTIC IMAGING OF BREAST	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	0	2	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	INFECTION FOLLOWING A PROCEDURE, SUPERFICIAL INCISIONAL SURGICAL SITE, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	COVID-19	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ENCOUNTER FOR FOLLOW-UP EXAMINATION AFTER COMPLETED TREATMENT FOR MALIGNANT NEOPLASM	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF RECTUM, RECTOSIGMOID JUNCTION, AND ANUS	0	2	Administrative	

Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TESTIS	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASMS OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUES	0	1	Administrative	
Outpatient	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	Urology	MALIGNANT NEOPLASM OF UNSPECIFIED DESCENDED TESTIS	0	1	Administrative	
Outpatient	71270	COMPUTED TOMOGRAPHY, THORAX, DIAGNOSTIC; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	UNSPECIFIED STAPHYLOCOCCUS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF PAROTID GLAND	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF CARDIA	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH	2	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF ASCENDING COLON	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF SIGMOID COLON	3	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF RECTUM	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	3	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	4	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	3	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF OTHER PART OF TRUNK	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		

Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF ENDOMETRIUM	3	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	2	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF PLACENTA	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF PROSTATE	2	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED DESCENDED TESTIS	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF LEFT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	3	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	4	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF THYROID GLAND	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1	0		

Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	SARCOIDOSIS, UNSPECIFIED	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	DISEASE OF THYMUS, UNSPECIFIED	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	BRACHIAL PLEXUS DISORDERS	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	OTHER HEREDITARY AND IDIOPATHIC NEUROPATHIES	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	PERICARDIAL EFFUSION (NONINFLAMMATORY)	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	2	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	STRICTURE OF ARTERY	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	THORACIC AORTIC ECTASIA	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	ESOPHAGEAL VARICES WITHOUT BLEEDING	2	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	PNEUMONIA, UNSPECIFIED ORGANISM	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	ACUTE BRONCHITIS DUE TO OTHER SPECIFIED ORGANISMS	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH (ACUTE) EXACERBATION	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	2	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	PAIN IN THORACIC SPINE	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	UNSPECIFIED LUMP IN LEFT BREAST, SUBAREOLAR	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	PECTUS CARINATUM	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	HEMOPTYSIS	1	0		

Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	COUGH	5	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	DYSPNEA, UNSPECIFIED	3	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	SHORTNESS OF BREATH	4	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	CHEST PAIN ON BREATHING	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	OTHER CHEST PAIN	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	CHEST PAIN, UNSPECIFIED	2	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	HYPOXEMIA	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	HEPATOMEGALY WITH SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	LOCALIZED SWELLING, MASS AND LUMP, NECK	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	2	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	OTHER MICROSCOPIC HEMATURIA	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	DYSPHONIA	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	LOCALIZED ENLARGED LYMPH NODES	3	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	SOLITARY PULMONARY NODULE	14	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	6	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	7	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	FRACTURE OF ONE RIB, RIGHT SIDE, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF CARDIA	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF ASCENDING COLON	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF RECTUM	0	2	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF SCALP AND NECK	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	MALIGNANT NEOPLASM OF GLANS PENIS	0	1	Administrative	

Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF DIGESTIVE SYSTEM	0	2	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	NONTOXIC SINGLE THYROID NODULE	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	DISEASE OF THYMUS, UNSPECIFIED	0	2	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	OTHER CHRONIC PAIN	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	UNSPECIFIED PTOSIS OF LEFT EYELID	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	0	2	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	PERICARDIAL EFFUSION (NONINFLAMMATORY)	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	ORTHOSTATIC HYPOTENSION	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	PNEUMONIA, UNSPECIFIED ORGANISM	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	ACUTE BRONCHITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	PARALYSIS OF VOCAL CORDS AND LARYNX, UNSPECIFIED	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	PARALYSIS OF VOCAL CORDS AND LARYNX, UNILATERAL	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	PLEURAL PLAQUE WITHOUT ASBESTOS	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	OTHER SPECIFIED DISORDERS OF THE MALE GENITAL ORGANS	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	HEMOPTYSIS	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	COUGH	0	2	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	SHORTNESS OF BREATH	0	2	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	CHEST PAIN, UNSPECIFIED	0	2	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	RIGHT UPPER QUADRANT PAIN	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	EPIGASTRIC PAIN	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	0	1	Administrative	

Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	SOLITARY PULMONARY NODULE	0	2	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER PARTS OF DIGESTIVE TRACT	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	ELEVATED CARCINOEMBRYONIC ANTIGEN "CEA"	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	DISLOCATION OF OTHER PARTS OF THORAX, SEQUELA	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF RESPIRATORY ORGANS	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	FAMILY HISTORY OF MALIGNANT NEOPLASM OF TRACHEA, BRONCHUS AND LUNG	0	2	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	0	1	Administrative	
Outpatient	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hematology/Oncology	PERSONAL HISTORY OF NICOTINE DEPENDENCE	0	1	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF APPENDIX	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF MYOMETRIUM	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF PROSTATE	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1	0		

Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	HYPOTHYROIDISM, UNSPECIFIED	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	AUTOIMMUNE THYROIDITIS	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OBESITY, UNSPECIFIED	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MIXED HYPERLIPIDEMIA	3	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	HYPERLIPIDEMIA, UNSPECIFIED	4	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	GENERALIZED ANXIETY DISORDER	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ANXIETY DISORDER, UNSPECIFIED	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	RHEUMATIC TRICUSPID VALVE DISEASE, UNSPECIFIED	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	8	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ANGINA PECTORIS, UNSPECIFIED	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	4	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ISCHEMIC CARDIOMYOPATHY	1	0		

Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	SADDLE EMBOLUS OF PULMONARY ARTERY WITH ACUTE COR PULMONALE	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OTHER PULMONARY EMBOLISM WITH ACUTE COR PULMONALE	6	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	26	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	PULMONARY HYPERTENSION, UNSPECIFIED	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	CHRONIC PULMONARY EMBOLISM	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ACUTE NONSPECIFIC IDIOPATHIC PERICARDITIS	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) STENOSIS	5	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	PAROXYSMAL ATRIAL FIBRILLATION	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	Other persistent atrial fibrillation	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	CARDIOMEGALY	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	CEREBRAL INFARCTION, UNSPECIFIED	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ATHEROSCLEROSIS OF AORTA	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	DISSECTION OF UNSPECIFIED SITE OF AORTA	2	0		

Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	DISSECTION OF THORACIC AORTA	6	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	DISSECTION OF ABDOMINAL AORTA	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	39	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ABDOMINAL AORTIC ANEURYSM, RUPTURED	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	THORACOABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	3	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT RUPTURE	12	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ANEURYSM OF RENAL ARTERY	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ANEURYSM OF UNSPECIFIED SITE	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	STRICTURE OF ARTERY	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	THORACIC AORTIC ECTASIA	9	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OTHER SPECIFIED DISORDERS OF ARTERIES AND ARTERIOLES	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	DISORDER OF ARTERIES AND ARTERIOLES, UNSPECIFIED	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	HEREDITARY HEMORRHAGIC TELANGIECTASIA	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ACUTE EMBOLISM AND THROMBOSIS OF OTHER THORACIC VEINS	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF LEFT LOWER EXTREMITY	1	0		

Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF UNSPECIFIED LOWER EXTREMITY	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ACUTE EMBOLISM AND THROMBOSIS OF LEFT FEMORAL VEIN	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ACUTE EMBOLISM AND THROMBOSIS OF RIGHT POPLITEAL VEIN	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ACUTE EMBOLISM AND THROMBOSIS OF LEFT POPLITEAL VEIN	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OTHER SPECIFIED DISORDERS OF VEINS	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	PNEUMONIA DUE TO SARS-ASSOCIATED CORONAVIRUS	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OTHER VIRAL PNEUMONIA	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	PNEUMONIA DUE TO OTHER SPECIFIED BACTERIA	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MILD PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	LOW BACK PAIN	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	PAIN IN THORACIC SPINE	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	PAIN IN RIGHT LOWER LEG	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	PAIN IN LEFT LOWER LEG	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	DISCORDANT VENTRICULOARTERIAL CONNECTION	1	0		

Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	4	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	SUPRAVALVULAR AORTIC STENOSIS	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ANOMALOUS ORIGIN OF SUBCLAVIAN ARTERY	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	CONGENITAL PULMONARY ARTERIOVENOUS MALFORMATION	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	Ehlers-Danlos syndrome, unspecified	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	TACHYCARDIA, UNSPECIFIED	3	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	PALPITATIONS	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	CARDIAC MURMUR, UNSPECIFIED	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ELEVATED BLOOD-PRESSURE READING, WITHOUT DIAGNOSIS OF HYPERTENSION	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	COUGH	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	DYSPNEA, UNSPECIFIED	12	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ORTHOPNEA	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	SHORTNESS OF BREATH	35	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OTHER FORMS OF DYSPNEA	4	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	WHEEZING	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OTHER ABNORMALITIES OF BREATHING	1	0		

Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	CHEST PAIN ON BREATHING	3	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	PLEURODYNIA	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OTHER CHEST PAIN	6	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	CHEST PAIN, UNSPECIFIED	26	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	HYPOXEMIA	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	LOCALIZED SWELLING, MASS AND LUMP, NECK	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ABNORMAL COAGULATION PROFILE	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	SOLITARY PULMONARY NODULE	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	3	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF HEART AND CORONARY CIRCULATION	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ABNORMAL RADIOLOGIC FINDINGS ON DIAGNOSTIC IMAGING OF OTHER URINARY ORGANS	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	FRACTURE OF ONE RIB, UNSPECIFIED SIDE, INITIAL ENCOUNTER FOR OPEN FRACTURE	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	COVID-19	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	1	0		

Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ENCOUNTER FOR SURGICAL AFTERCARE FOLLOWING SURGERY ON THE CIRCULATORY SYSTEM	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	FAMILY HISTORY OF SUDDEN CARDIAC DEATH	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	PERSONAL HISTORY OF OTHER VENOUS THROMBOSIS AND EMBOLISM	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	PERSONAL HISTORY OF OTHER DISEASES OF THE CIRCULATORY SYSTEM	2	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	PRESENCE OF PROSTHETIC HEART VALVE	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	PRESENCE OF OTHER HEART-VALVE REPLACEMENT	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OTHER SPECIFIED POSTPROCEDURAL STATES	1	0		
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OTHER PRIMARY THROMBOPHILIA	0	1	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	HYPERLIPIDEMIA, UNSPECIFIED	0	1	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	BRACHIAL PLEXUS DISORDERS	0	2	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	0	1	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	SEPTIC PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	0	1	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	0	1	Administrative	

Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	CHRONIC THROMBOEMBOLIC PULMONARY HYPERTENSION	0	1	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	DISSECTION OF ABDOMINAL AORTA	0	1	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	0	1	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	0	3	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	STRICTURE OF ARTERY	0	1	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	HEREDITARY HEMORRHAGIC TELANGIECTASIA	0	1	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	PLEURAL EFFUSION IN OTHER CONDITIONS CLASSIFIED ELSEWHERE	0	1	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	DISCORDANT VENTRICULOARTERIAL CONNECTION	0	1	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	CONGENITAL CYSTIC LUNG	0	1	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	SHORTNESS OF BREATH	0	3	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OTHER CHEST PAIN	0	1	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	CHEST PAIN, UNSPECIFIED	0	2	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	HYPOXEMIA	0	1	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OTHER SPECIFIED SYMPTOMS AND SIGNS INVOLVING THE CIRCULATORY AND RESPIRATORY SYSTEMS	0	1	Administrative	
Outpatient	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	0	2	Administrative	
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	DISORDERS OF OTHER SPECIFIED CRANIAL NERVES	1	0		
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	BRACHIAL PLEXUS DISORDERS	1	0		

Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED ACQUIRED DEFORMITIES OF UNSPECIFIED LIMB	1	0		
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	PAIN IN RIGHT SHOULDER	1	0		
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	PAIN IN LEFT SHOULDER	2	0		
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	PAIN IN UNSPECIFIED SHOULDER	1	0		
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	STIFFNESS OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	BURSITIS OF RIGHT SHOULDER	1	0		
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF PERIPHERAL VASCULAR SYSTEM	1	0		
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSPECIFIED	1	0		
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	PECTUS EXCAVATUM	1	0		
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	PRECORDIAL PAIN	1	0		
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1	0		
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	INJURY OF BRACHIAL PLEXUS, INITIAL ENCOUNTER	1	0		
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED SPRAIN OF STERNUM, INITIAL ENCOUNTER	1	0		
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	STRAIN OF MUSCLE AND TENDON OF FRONT WALL OF THORAX, INITIAL ENCOUNTER	1	0		
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Surgery, Orthopedic	PAIN IN RIGHT SHOULDER	1	0		
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	0	1	Administrative	
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	0	1	Administrative	
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	CARPAL TUNNEL SYNDROME, UNSPECIFIED UPPER LIMB	0	1	Administrative	
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	PNEUMONIA, UNSPECIFIED ORGANISM	0	1	Administrative	
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	PAIN IN RIGHT SHOULDER	0	1	Administrative	
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	PAIN IN UNSPECIFIED SHOULDER	0	1	Administrative	
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSPECIFIED	0	1	Administrative	
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	CHEST PAIN, UNSPECIFIED	0	1	Administrative	
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	0	1	Administrative	

Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	STRAIN OF MUSCLE AND TENDON OF BACK WALL OF THORAX, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	SPRAIN OF LEFT STERNOCLAVICULAR JOINT, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITH CONTRAST MATERIAL	Free Standing Imaging Center	HYPERLIPIDEMIA, UNSPECIFIED	1	0		
Outpatient	71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED POSTPROCEDURAL STATES	1	0		
Outpatient	71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED POSTPROCEDURAL STATES	0	1	Administrative	
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ENDOMETRIUM	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF RIGHT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR, UNSPECIFIED	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PERSISTENT HYPERPLASIA OF THYMUS	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BRACHIAL PLEXUS DISORDERS	2	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MONOPLÉGIA OF UPPER LIMB AFFECTING RIGHT DOMINANT SIDE	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PERICARDIAL EFFUSION (NONINFLAMMATORY)	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PRIMARY SPONTANEOUS PNEUMOTHORAX	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN RIGHT SHOULDER	1	0		

Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN RIGHT ARM	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CHONDROCOSTAL JUNCTION SYNDROME ÝTIETZE"	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER ABNORMAL AND INCONCLUSIVE FINDINGS ON DIAGNOSTIC IMAGING OF BREAST	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	1	0		
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	0	1	Administrative	
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	AMAUROSIS FUGAX	0	1	Administrative	
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BRACHIAL PLEXUS DISORDERS	0	1	Administrative	
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	POLYNEUROPATHY, UNSPECIFIED	0	1	Administrative	
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER PNEUMOTHORAX	0	1	Administrative	
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN LEFT ARM	0	1	Administrative	
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PLEURODYNIA	0	1	Administrative	
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CHEST PAIN, UNSPECIFIED	0	2	Administrative	
Outpatient	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATI OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Internal Medicine	DISORDER OF BONE, UNSPECIFIED	0	1	Administrative	
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Pediatric Cardiology	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	DI GEORGE'S SYNDROME	1	0		

Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	HYPERLIPIDEMIA, UNSPECIFIED	2	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	ESSENTIAL (PRIMARY) HYPERTENSION	2	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	OTHER HYPERTROPHIC CARDIOMYOPATHY	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	LONG QT SYNDROME	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	TYPICAL ATRIAL FLUTTER	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	VENTRICULAR PREMATURE DEPOLARIZATION	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	SICK SINUS SYNDROME	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	CARDIOMEGALY	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	DISSECTION OF UNSPECIFIED SITE OF AORTA	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	5	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	THORACIC AORTIC ECTASIA	2	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	AORTIC ECTASIA, UNSPECIFIED SITE	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	OTHER SPECIFIED DISORDERS OF ARTERIES AND ARTERIOLES	2	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	OTHER DISORDERS OF LUNG	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	OTHER CIRRHOSIS OF LIVER	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	DISCORDANT VENTRICULOARTERIAL CONNECTION	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	TETRALOGY OF FALLOT	2	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	2	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	PRECORDIAL PAIN	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	PRESENCE OF PROSTHETIC HEART VALVE	1	0		
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	TYPE 2 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS	0	1	Administrative	

Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	0	1	Administrative	
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	ACUTE NONSPECIFIC IDIOPATHIC PERICARDITIS	0	2	Administrative	
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	NONRHEUMATIC MITRAL (VALVE) PROLAPSE	0	1	Administrative	
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	0	1	Administrative	
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	DILATED CARDIOMYOPATHY	0	1	Administrative	
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	0	1	Administrative	
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	PAROXYSMAL ATRIAL FIBRILLATION	0	2	Administrative	
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	Other persistent atrial fibrillation	0	1	Administrative	
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	HEART FAILURE, UNSPECIFIED	0	1	Administrative	
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	CARDIOMEGALY	0	1	Administrative	
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	AORTIC ECTASIA, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	UNSPECIFIED RENAL COLIC	0	1	Administrative	
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	DOUBLE OUTLET RIGHT VENTRICLE	0	1	Administrative	
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	DISCORDANT VENTRICULOARTERIAL CONNECTION	0	1	Administrative	
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	0	1	Administrative	
Outpatient	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIAM), WITH OR WITHOUT CONTRAST MATERIALS	Internal Medicine	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	0	1	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF BONE	2	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	POST-TRAUMATIC HEADACHE, UNSPECIFIED, NOT INTRACTABLE	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER DISORDERS OF FACIAL NERVE	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER CHRONIC PAIN	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER VASCULAR MYELOPATHIES	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED DISEASES OF SPINAL CORD	2	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISEASE OF SPINAL CORD, UNSPECIFIED	2	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED KYPHOSIS, SITE UNSPECIFIED	1	0		

Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	FUSION OF SPINE, CERVICAL REGION	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	4	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	6	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPINAL STENOSIS, CERVICAL REGION	9	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CERVICAL DISC DISORDER WITH MYELOPATHY, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, SITE UNSPECIFIED	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, CERVICAL REGION	23	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, CERVICOTHORACIC REGION	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CERVICALGIA	17	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED NONDISPLACED FRACTURE OF FIRST CERVICAL VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	FRACTURE OF NECK, UNSPECIFIED, SUBSEQUENT ENCOUNTER	2	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISLOCATION OF UNSPECIFIED CERVICAL VERTEBRAE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PERSON INJURED IN UNSPECIFIED MOTOR-VEHICLE ACCIDENT, TRAFFIC, INITIAL ENCOUNTER	1	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ARTHRODESIS STATUS	2	0		
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER DISORDERS OF FACIAL NERVE	0	1	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	BRACHIAL PLEXUS DISORDERS	0	1	Administrative	

Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER VASCULAR MYELOPATHIES	0	1	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISEASE OF SPINAL CORD, UNSPECIFIED	0	2	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT SHOULDER	0	1	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	0	2	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPINAL STENOSIS, OCCIPITO-ATLANTO-AXIAL REGION	0	1	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPINAL STENOSIS, CERVICAL REGION	0	3	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	0	1	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	0	1	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, CERVICAL REGION	0	11	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CERVICALGIA	0	4	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PARESTHESIA OF SKIN	0	1	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	WEAKNESS	0	1	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	GENERALIZED ENLARGED LYMPH NODES	0	1	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISLOCATION OF UNSPECIFIED CERVICAL VERTEBRAE, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PERSON INJURED IN UNSPECIFIED MOTOR-VEHICLE ACCIDENT, TRAFFIC, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	1	0		
Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	CHRONIC PAIN SYNDROME	1	0		
Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SECONDARY KYPHOSIS, THORACOLUMBAR REGION	1	0		
Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1	0		
Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SPINAL STENOSIS, CERVICAL REGION	4	0		
Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	1	0		

Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, CERVICAL REGION	6	0		
Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	CERVICALGIA	2	0		
Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	LOW BACK PAIN	1	0		
Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PARESTHESIA OF SKIN	1	0		
Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, NECK	1	0		
Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	ARTHRODESIS STATUS	1	0		
Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SPINAL STENOSIS, CERVICAL REGION	0	1	Administrative	
Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	0	1	Administrative	
Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, CERVICAL REGION	0	5	Administrative	
Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	CERVICALGIA	0	1	Administrative	
Outpatient	72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	SPINAL INSTABILITIES, CERVICAL REGION	1	0		
Outpatient	72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	CERVICALGIA	2	0		
Outpatient	72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM	0	1	Administrative	
Outpatient	72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	CERVICALGIA	0	1	Administrative	
Outpatient	72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	SOFT TISSUE DISORDER, UNSPECIFIED	0	1	Administrative	
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	MALIGNANT NEOPLASM OF PROSTATE	1	0		
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	1	0		
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	CHRONIC PAIN SYNDROME	2	0		
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	UNSPECIFIED KYPHOSIS, THORACIC REGION	1	0		
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	RADICULOPATHY, CERVICAL REGION	3	0		
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	RADICULOPATHY, THORACIC REGION	3	0		
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	RADICULOPATHY, THORACOLUMBAR REGION	1	0		
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	CERVICALGIA	1	0		
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN THORACIC SPINE	1	0		
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	DORSALGIA, UNSPECIFIED	1	0		
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1	0		
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	1	0		

Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	OSTEOMYELITIS OF VERTEBRA, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	RADICULOPATHY, THORACIC REGION	0	1	Administrative	
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	LOW BACK PAIN	0	3	Administrative	
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN THORACIC SPINE	0	2	Administrative	
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	LEFT UPPER QUADRANT PAIN	0	1	Administrative	
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	WEDGE COMPRESSION FRACTURE OF UNSPECIFIED THORACIC VERTEBRA, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	0	1	Administrative	
Outpatient	72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	Hospital	PERSON INJURED IN UNSPECIFIED MOTOR-VEHICLE ACCIDENT, TRAFFIC, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	Hospital	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1	0		
Outpatient	72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	Hospital	CHRONIC PAIN SYNDROME	1	0		
Outpatient	72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	Hospital	OTHER SECONDARY KYPHOSIS, THORACOLUMBAR REGION	1	0		
Outpatient	72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	Hospital	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	Hospital	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	Hospital	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	Hospital	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1	0		
Outpatient	72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	Hospital	GENERALIZED ENLARGED LYMPH NODES	1	0		
Outpatient	72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hospital	MALIGNANT NEOPLASM OF PROSTATE	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PROSTATE	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	POLYNEUROPATHY, UNSPECIFIED	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MONOPLÉGIA OF LOWER LIMB AFFECTING UNSPECIFIED SIDE	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CAUDA EQUINA SYNDROME	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHRONIC PAIN SYNDROME	2	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	FOOT DROP, RIGHT FOOT	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED KYPHOSIS, THORACIC REGION	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	FLATBACK SYNDROME, SITE UNSPECIFIED	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SCOLIOSIS, UNSPECIFIED	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPONDYLOLISTHESIS, LUMBAR REGION	4	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	FUSION OF SPINE, LUMBAR REGION	1	0		

Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	3	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	4	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	2	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPONDYLOSIS, SACRAL AND SACROCOCCYGEAL REGION	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPINAL STENOSIS, SITE UNSPECIFIED	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	4	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	6	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	2	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	6	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, SITE UNSPECIFIED	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, CERVICAL REGION	4	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, THORACIC REGION	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, THORACOLUMBAR REGION	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, LUMBAR REGION	18	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, LUMBOSACRAL REGION	2	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CERVICALGIA	2	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SCIATICA, UNSPECIFIED SIDE	1	0		

Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LUMBAGO WITH SCIATICA, RIGHT SIDE	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LOW BACK PAIN	30	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	4	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	STABLE BURST FRACTURE OF UNSPECIFIED LUMBAR VERTEBRA, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF UNSPECIFIED LUMBAR VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	WEDGE COMPRESSION FRACTURE OF FIRST LUMBAR VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSTABLE BURST FRACTURE OF THIRD LUMBAR VERTEBRA, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER FRACTURE OF THIRD LUMBAR VERTEBRA, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING	2	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ARTHRODESIS STATUS	5	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED POSTPROCEDURAL STATES	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Pain Management	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	1	0		
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PROSTATE	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHRONIC PAIN SYNDROME	0	2	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPONDYLOLYSIS, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPONDYLOLISTHESIS, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	0	2	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	2	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	0	2	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	0	1	Administrative	

Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, LUMBAR REGION	0	6	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SCIATICA, RIGHT SIDE	0	2	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LUMBAGO WITH SCIATICA, RIGHT SIDE	0	2	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LOW BACK PAIN	0	15	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DORSALGIA, UNSPECIFIED	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PARESTHESIA OF SKIN	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF UNSPECIFIED LUMBAR VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PERSON INJURED IN UNSPECIFIED MOTOR-VEHICLE ACCIDENT, TRAFFIC, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ARTHRODESIS STATUS	0	1	Administrative	
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	POLYNEUROPATHY, UNSPECIFIED	1	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER ACUTE POSTPROCEDURAL PAIN	1	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	CHRONIC PAIN SYNDROME	1	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SECONDARY KYPHOSIS, THORACOLUMBAR REGION	1	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	2	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	3	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SPINAL STENOSIS, CERVICAL REGION	3	0		

Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	2	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SPINAL STENOSIS, LUMBOSACRAL REGION	1	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, LUMBAR REGION	12	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	LOW BACK PAIN	7	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	1	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER COMPLICATIONS OF PROCEDURES, NOT ELSEWHERE CLASSIFIED, INITIAL ENCOUNTER	1	0		
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SPINAL STENOSIS, CERVICAL REGION	0	1	Administrative	
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	1	Administrative	
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	RADICULOPATHY, LUMBAR REGION	0	2	Administrative	
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	CERVICALGIA	0	1	Administrative	
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	LOW BACK PAIN	0	3	Administrative	
Outpatient	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	Free Standing Imaging Center	ARTHRODESIS STATUS	0	1	Administrative	
Outpatient	72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PROSTATE	1	0		
Outpatient	72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	FUSION OF SPINE, LUMBAR REGION	1	0		
Outpatient	72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	OTHER SPECIFIED DORSOPATHIES, LUMBAR REGION	1	0		
Outpatient	72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	0	1	Administrative	
Outpatient	72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	RADICULOPATHY, LUMBAR REGION	0	1	Administrative	

Outpatient	72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	BIOMECHANICAL LESION, UNSPECIFIED	0	1	Administrative	
Outpatient	72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, HEAD	0	1	Administrative	
Outpatient	72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	ARTHRODESIS STATUS	0	2	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	INFECTIOUS MONONUCLEOSIS, UNSPECIFIED WITHOUT COMPLICATION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MALIGNANT NEOPLASM OF THYROID GLAND	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER DISORDERS OF PITUITARY GLAND	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MYELITIS, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPASMODIC TORTICOLLIS	5	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	EXTRAPYRAMIDAL AND MOVEMENT DISORDER, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MULTIPLE SCLEROSIS	15	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	NEUROMYELITIS OPTICA [DEVIC]	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CLUSTER HEADACHE SYNDROME, UNSPECIFIED, NOT INTRACTABLE	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC TENSION-TYPE HEADACHE, NOT INTRACTABLE	1	0		

Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE POST-TRAUMATIC HEADACHE, NOT INTRACTABLE	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SLEEP APNEA	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PERIODIC LIMB MOVEMENT DISORDER	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	BRACHIAL PLEXUS DISORDERS	3	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	NERVE ROOT AND PLEXUS DISORDER, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	3	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	LESION OF ULNAR NERVE, RIGHT UPPER LIMB	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CAUSALGIA OF RIGHT UPPER LIMB	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED MONONEUROPATHY OF RIGHT UPPER LIMB	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED MONONEUROPATHY OF LEFT UPPER LIMB	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MULTIFOCAL MOTOR NEUROPATHY	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	POLYNEUROPATHY DUE TO OTHER TOXIC AGENTS	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	POLYNEUROPATHY, UNSPECIFIED	3	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MYOPATHY, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MONOPLÉGIA OF UPPER LIMB AFFECTING UNSPECIFIED SIDE	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MONOPLÉGIA OF UPPER LIMB AFFECTING RIGHT DOMINANT SIDE	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CHRONIC PAIN	9	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC PAIN SYNDROME	6	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	FAMILIAL DYSAUTONOMIA (RILEY-DAY)	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OBSTRUCTIVE HYDROCEPHALUS	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	COMPRESSION OF BRAIN	7	0		

Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SYRINGOMYELIA AND SYRINGOBULBIA	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED CORD COMPRESSION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CORD COMPRESSION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	DISEASE OF SPINAL CORD, UNSPECIFIED	13	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED VISUAL LOSS	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CAROTID ARTERY	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT MIDDLE CEREBRAL ARTERY	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CEREBRAL ANEURYSM, NONRUPTURED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	APHASIA FOLLOWING CEREBRAL INFARCTION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CONSTIPATION, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	RHEUMATOID ARTHRITIS, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	POLYARTHRITIS, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	FOOT DROP, RIGHT FOOT	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CONTRACTURE, UNSPECIFIED ANKLE	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN UNSPECIFIED JOINT	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT SHOULDER	4	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT SHOULDER	9	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN UNSPECIFIED SHOULDER	1	0		

Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT WRIST	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER GIANT CELL ARTERITIS	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED KYPHOSIS, CERVICAL REGION	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED KYPHOSIS, SITE UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER KYPHOSIS, CERVICAL REGION	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	JUVENILE IDIOPATHIC SCOLIOSIS, LUMBAR REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	JUVENILE IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	ADOLESCENT IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SCOLIOSIS, UNSPECIFIED	3	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOLYSIS, CERVICAL REGION	3	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOLISTHESIS, SITE UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOLISTHESIS, CERVICAL REGION	9	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	FUSION OF SPINE, CERVICAL REGION	4	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	ANKYLOSING SPONDYLITIS OF CERVICAL REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, CERVICAL REGION	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	13	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	35	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	38	0		

Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICOTHORACIC REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	3	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPONDYLOSIS, CERVICAL REGION	5	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPINAL STENOSIS, SITE UNSPECIFIED	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPINAL STENOSIS, CERVICAL REGION	38	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL DISC DISORDER WITH MYELOPATHY, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH MYELOPATHY	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH MYELOPATHY	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL DISC DISORDER WITH MYELOPATHY, CERVICOTHORACIC REGION	8	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	11	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	Mid-cervical disc disorder, unspecified level	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	4	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	3	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL DISC DISORDER WITH RADICULOPATHY, CERVICOTHORACIC REGION	3	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	23	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DISPLACEMENT, HIGH CERVICAL REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DISPLACEMENT AT C4-C5 LEVEL	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DISPLACEMENT AT C5-C6 LEVEL	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	1	0		

Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	16	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	4	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	9	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DEGENERATION, CERVICOTHORACIC REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DISORDERS, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL DISC DISORDER, UNSPECIFIED, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL DISC DISORDER, UNSPECIFIED, CERVICOTHORACIC REGION	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	3	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICOCRANIAL SYNDROME	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICOBRACHIAL SYNDROME	3	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPINAL INSTABILITIES, CERVICAL REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, SITE UNSPECIFIED	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, CERVICAL REGION	403	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, CERVICOTHORACIC REGION	4	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, THORACIC REGION	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, THORACOLUMBAR REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, LUMBAR REGION	3	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICALGIA	327	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	LOW BACK PAIN	3	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN THORACIC SPINE	1	0		

Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OCCIPITAL NEURALGIA	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	DORSALGIA, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MUSCLE WEAKNESS (GENERALIZED)	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	NEURALGIA AND NEURITIS, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT ARM	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN ARM, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT HAND	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OSSEOUS STENOSIS OF NEURAL CANAL OF CERVICAL REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF CERVICAL REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	ACUTE KIDNEY FAILURE, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	ENCEPHALOCELE, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED SPINA BIFIDA WITH HYDROCEPHALUS	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	3	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	Congenital talipes equinovarus, unspecified foot	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	KLIPPEL-FEIL SYNDROME	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	ACHONDROPLASIA	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	NEUROFIBROMATOSIS, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED CHROMOSOME ABNORMALITIES	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	DYSPHAGIA, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	ANESTHESIA OF SKIN	10	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PARESTHESIA OF SKIN	19	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	1	0		

Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	FASCICULATION	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	ABNORMAL REFLEX	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	4	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	DIZZINESS AND GIDDINESS	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN, UNSPECIFIED	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	WEAKNESS	5	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	ABNORMAL BRAIN SCAN	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	DISLOCATION OF UNSPECIFIED CERVICAL VERTEBRAE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, INITIAL ENCOUNTER	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	COMPLETE LESION AT C1 LEVEL OF CERVICAL SPINAL CORD, INITIAL ENCOUNTER	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INITIAL ENCOUNTER	2	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF MUSCLE AND TENDON OF BACK WALL OF THORAX, INITIAL ENCOUNTER	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	ARTHRODESIS STATUS	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICALGIA	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Pain Management	OTHER SPONDYLOSIS, CERVICAL REGION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Surgery, Neurological	CERVICALGIA	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	INFECTIOUS MONONUCLEOSIS, UNSPECIFIED WITHOUT COMPLICATION	0	2	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	ANXIETY DISORDER, UNSPECIFIED	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPASMODIC TORTICOLLIS	0	2	Administrative	

Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	2	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PERIODIC HEADACHE SYNDROMES IN CHILD OR ADULT, NOT INTRACTABLE	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	NERVE ROOT AND PLEXUS DISORDER, UNSPECIFIED	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	0	2	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED MONONEUROPATHY OF RIGHT UPPER LIMB	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	IDIOPATHIC PROGRESSIVE NEUROPATHY	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	POLYNEUROPATHY, UNSPECIFIED	0	5	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MONOPLÉGIA OF UPPER LIMB AFFECTING LEFT DOMINANT SIDE	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CHRONIC PAIN	0	7	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC PAIN SYNDROME	0	3	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	COMPLEX REGIONAL PAIN SYNDROME I OF UPPER LIMB, BILATERAL	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	COMPRESSION OF BRAIN	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	DISEASE OF SPINAL CORD, UNSPECIFIED	0	3	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER INTRAOPERATIVE COMPLICATIONS OF NERVOUS SYSTEM	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED DISORDER OF BINOCULAR VISION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER VISUAL DISTURBANCES	0	2	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OCULAR PAIN, LEFT EYE	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	TINNITUS, BILATERAL	0	1	Administrative	

Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN UNSPECIFIED JOINT	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT SHOULDER	0	6	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT SHOULDER	0	5	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT HIP	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT KNEE	0	2	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED KYPHOSIS, CERVICAL REGION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED KYPHOSIS, THORACIC REGION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOLYSIS, CERVICAL REGION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOLYSIS, LUMBAR REGION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOLISTHESIS, LUMBAR REGION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	FUSION OF SPINE, LUMBAR REGION	0	2	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	0	5	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	16	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPINAL STENOSIS, CERVICAL REGION	0	12	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	0	2	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL DISC DISORDER WITH MYELOPATHY, UNSPECIFIED CERVICAL REGION	0	2	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	0	3	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	Mid-cervical disc disorder, unspecified level	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	0	1	Administrative	

Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	0	8	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DISPLACEMENT, MID-CERVICAL REGION, UNSPECIFIED LEVEL	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	0	10	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DEGENERATION AT C6-C7 LEVEL	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DEGENERATION, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CERVICAL DISC DISORDERS, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICAL DISC DISORDER, UNSPECIFIED, UNSPECIFIED CERVICAL REGION	0	4	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED CERVICAL DISC DISORDER AT C5-C6 LEVEL	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICOBRACHIAL SYNDROME	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, CERVICAL REGION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, CERVICAL REGION	0	1	Administrative	OVERTURNED
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, CERVICAL REGION	0	131	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, CERVICOTHORACIC REGION	0	2	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, LUMBAR REGION	0	4	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	CERVICALGIA	0	106	Administrative	

Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	LOW BACK PAIN	0	2	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN THORACIC SPINE	0	2	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	DORSALGIA, UNSPECIFIED	0	3	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER MYOSITIS, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	MUSCLE SPASM OF BACK	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER MUSCLE SPASM	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT ARM	0	2	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT HAND	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED ACQUIRED DEFORMITIES OF MUSCULOSKELETAL SYSTEM	0	2	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	ANESTHESIA OF SKIN	0	2	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PARESTHESIA OF SKIN	0	3	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED LACK OF COORDINATION	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	HEADACHE	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	SYNCOPE AND COLLAPSE	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PERSON INJURED IN UNSPECIFIED MOTOR-VEHICLE ACCIDENT, TRAFFIC, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Family Practice	PERSONAL HISTORY OF OTHER (HEALED) PHYSICAL INJURY AND TRAUMA	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Internal Medicine	PAIN IN UNSPECIFIED SHOULDER	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Neurology	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS; CERVICAL; WITHOUT CONTRAST MATERIAL	Pain Management	RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIALS	Neurology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1	0		
Outpatient	72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIALS	Neurology	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	4	0		
Outpatient	72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIALS	Neurology	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	1	0		

Outpatient	72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIALS	Neurology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1	0		
Outpatient	72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIALS	Neurology	MULTIPLE SCLEROSIS	2	0		
Outpatient	72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIALS	Neurology	CARPAL TUNNEL SYNDROME, UNSPECIFIED UPPER LIMB	1	0		
Outpatient	72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIALS	Neurology	HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE	1	0		
Outpatient	72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIALS	Neurology	DISEASE OF SPINAL CORD, UNSPECIFIED	1	0		
Outpatient	72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIALS	Neurology	MUSCLE WEAKNESS (GENERALIZED)	1	0		
Outpatient	72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIALS	Neurology	NEUROFIBROMATOSIS, TYPE 2	1	0		
Outpatient	72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIALS	Neurology	MYELITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIALS	Neurology	RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	BENIGN NEOPLASM OF SPINAL CORD	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MYELITIS, UNSPECIFIED	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MULTIPLE SCLEROSIS	3	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED	3	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	BRACHIAL PLEXUS DISORDERS	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	INTERCOSTAL NEUROPATHY	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	IDIOPATHIC PROGRESSIVE NEUROPATHY	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	POLYNEUROPATHY DUE TO OTHER TOXIC AGENTS	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	POLYNEUROPATHY, UNSPECIFIED	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CHRONIC POSTPROCEDURAL PAIN	2	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CHRONIC PAIN	5	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	5	0		

Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OBSTRUCTIVE HYDROCEPHALUS	2	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	COMPRESSION OF BRAIN	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SYRINGOMYELIA AND SYRINGOBULBIA	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISEASE OF SPINAL CORD, UNSPECIFIED	3	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MYELOPATHY IN DISEASES CLASSIFIED ELSEWHERE	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT MIDDLE CEREBRAL ARTERY	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONSTIPATION, UNSPECIFIED	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FOOT DROP, RIGHT FOOT	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONTRACTURE, UNSPECIFIED ANKLE	2	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT SHOULDER	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN UNSPECIFIED SHOULDER	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SECONDARY KYPHOSIS, THORACOLUMBAR REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED KYPHOSIS, THORACIC REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED KYPHOSIS, SITE UNSPECIFIED	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER KYPHOSIS, CERVICAL REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	JUVENILE IDIOPATHIC SCOLIOSIS, LUMBAR REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	JUVENILE IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	2	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ADOLESCENT IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	2	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	2	0		

Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SCOLIOSIS, UNSPECIFIED	3	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOLYSIS, THORACIC REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, THORACIC REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FUSION OF SPINE, CERVICAL REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DEFORMING DORSOPATHY, UNSPECIFIED	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	9	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	2	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, THORACIC REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPINAL STENOSIS, CERVICAL REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPINAL STENOSIS, THORACIC REGION	4	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION, HIGH CERVICAL REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, THORACIC REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION	2	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER	2	0		

Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED DORSOPATHIES, SITE UNSPECIFIED	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, THORACIC REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PANNICULITIS AFFECTING REGIONS, NECK AND BACK, MULTIPLE SITES IN SPINE	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, CERVICAL REGION	9	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, THORACIC REGION	39	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, THORACOLUMBAR REGION	3	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	3	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CERVICALGIA	2	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LOW BACK PAIN	8	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN THORACIC SPINE	51	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DORSALGIA, UNSPECIFIED	5	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED SPINA BIFIDA WITH HYDROCEPHALUS	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	Congenital talipes equinovarus, unspecified foot	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	KLIPPEL-FEIL SYNDROME	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ACHONDROPLASIA	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	NEUROFIBROMATOSIS, UNSPECIFIED	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PLEURODYNIA	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CHEST PAIN	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ANESTHESIA OF SKIN	4	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ABNORMAL REFLEX	3	0		

Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	REPEATED FALLS	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN, UNSPECIFIED	3	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	WEAKNESS	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ABNORMAL BRAIN SCAN	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	WEDGE COMPRESSION FRACTURE OF UNSPECIFIED THORACIC VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	WEDGE COMPRESSION FRACTURE OF T11-T12 VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF LIGAMENTS OF THORACIC SPINE, INITIAL ENCOUNTER	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF UNSPECIFIED PARTS OF THORAX, INITIAL ENCOUNTER	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONTUSION OF LOWER BACK AND PELVIS, INITIAL ENCOUNTER	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED INJURY OF LOWER BACK, INITIAL ENCOUNTER	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Physical Medicine & Rehabilitation	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	SCOLIOSIS, UNSPECIFIED	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MENINGITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CHRONIC CLUSTER HEADACHE, INTRACTABLE	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LESION OF ULNAR NERVE, RIGHT UPPER LIMB	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	IDIOPATHIC PROGRESSIVE NEUROPATHY	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	POLYNEUROPATHY, UNSPECIFIED	0	2	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CHRONIC PAIN	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	COMPRESSION OF BRAIN	0	1	Administrative	

Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN RIGHT SHOULDER	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT SHOULDER	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED KYPHOSIS, THORACIC REGION	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SCOLIOSIS, UNSPECIFIED	0	2	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOLYSIS, LUMBAR REGION	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, THORACIC REGION	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED DEFORMING DORSOPATHIES, THORACIC REGION	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DEFORMING DORSOPATHY, UNSPECIFIED	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	2	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACIC REGION	0	2	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPINAL STENOSIS, CERVICAL REGION	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPINAL STENOSIS, THORACIC REGION	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CERVICAL DISC DISPLACEMENT, MID-CERVICAL REGION, UNSPECIFIED LEVEL	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, THORACOLUMBAR REGION	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION	0	3	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED DORSOPATHIES, THORACIC REGION	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, CERVICAL REGION	0	1	Administrative	

Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, THORACOLUMBAR REGION	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, CERVICAL REGION	0	3	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, THORACIC REGION	0	18	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	0	2	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CERVICALGIA	0	9	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LOW BACK PAIN	0	9	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN THORACIC SPINE	0	16	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DORSALGIA, UNSPECIFIED	0	5	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED ABDOMINAL PAIN	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ANESTHESIA OF SKIN	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PARESTHESIA OF SKIN	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FASCICULATION	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED FRACTURE OF T5-T6 VERTEBRA, SEQUELA	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF LIGAMENTS OF THORACIC SPINE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PERSON INJURED IN UNSPECIFIED MOTOR-VEHICLE ACCIDENT, TRAFFIC, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	Internal Medicine	PAIN IN UNSPECIFIED SHOULDER	0	1	Administrative	
Outpatient	72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CINTRAST MATERIAL(S)	Ambulatory Surgery Center	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	4	0		
Outpatient	72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CINTRAST MATERIAL(S)	Ambulatory Surgery Center	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	1	0		
Outpatient	72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CINTRAST MATERIAL(S)	Ambulatory Surgery Center	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1	0		
Outpatient	72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CINTRAST MATERIAL(S)	Ambulatory Surgery Center	MYELITIS, UNSPECIFIED	1	0		
Outpatient	72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CINTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN THORACIC SPINE	1	0		
Outpatient	72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CINTRAST MATERIAL(S)	Ambulatory Surgery Center	DORSALGIA, UNSPECIFIED	1	0		
Outpatient	72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CINTRAST MATERIAL(S)	Ambulatory Surgery Center	MUSCLE WEAKNESS (GENERALIZED)	1	0		

Outpatient	72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CINTRAST MATERIAL(S)	Ambulatory Surgery Center	NEUROFIBROMATOSIS, TYPE 2	1	0		
Outpatient	72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CINTRAST MATERIAL(S)	Ambulatory Surgery Center	PLEURODYNIA	1	0		
Outpatient	72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CINTRAST MATERIAL(S)	Ambulatory Surgery Center	PARESTHESIA OF SKIN	2	0		
Outpatient	72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CINTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN THORACIC SPINE	0	2	Administrative	
Outpatient	72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CINTRAST MATERIAL(S)	Ambulatory Surgery Center	DORSALGIA, UNSPECIFIED	0	2	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, UNSPECIFIED SITE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MIXED HYPERLIPIDEMIA	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	HYPERLIPIDEMIA, UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LIGHT CHAIN (AL) AMYLOIDOSIS	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OPIOID DEPENDENCE, UNCOMPLICATED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PSYCHOLOGICAL AND BEHAVIORAL FACTORS ASSOCIATED WITH DISORDERS OR DISEASES CLASSIFIED ELSEWHERE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MYELITIS, UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPASMODIC TORTICOLLIS	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DYSTONIA, UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DEGENERATIVE DISEASE OF NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	NEW DAILY PERSISTENT HEADACHE (NDPH)	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER TRANSIENT CEREBRAL ISCHEMIC ATTACKS AND RELATED SYNDROMES	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	BRACHIAL PLEXUS DISORDERS	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LUMBOSACRAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LESION OF SCIATIC NERVE, UNSPECIFIED LOWER LIMB	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LESION OF SCIATIC NERVE, RIGHT LOWER LIMB	1	0		

Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LESION OF SCIATIC NERVE, LEFT LOWER LIMB	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MERALGIA PARESTHETICA, BILATERAL LOWER LIMBS	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED MONONEUROPATHY OF UNSPECIFIED LOWER LIMB	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	IDIOPATHIC PROGRESSIVE NEUROPATHY	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MULTIFOCAL MOTOR NEUROPATHY	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	POLYNEUROPATHY DUE TO OTHER TOXIC AGENTS	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	POLYNEUROPATHY, UNSPECIFIED	7	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	HEMIPLEGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CAUDA EQUINA SYNDROME	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ACUTE PAIN DUE TO TRAUMA	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER ACUTE POSTPROCEDURAL PAIN	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CHRONIC POSTPROCEDURAL PAIN	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CHRONIC PAIN	43	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	12	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OBSTRUCTIVE HYDROCEPHALUS	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	COMPRESSION OF BRAIN	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISEASE OF SPINAL CORD, UNSPECIFIED	3	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT MIDDLE CEREBRAL ARTERY	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	AORTIC ECTASIA, UNSPECIFIED SITE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONSTIPATION, UNSPECIFIED	2	0		

Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CONSTIPATION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FUNCTIONAL INTESTINAL DISORDER, UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PSORIASIS, UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	INFLAMMATORY POLYARTHROPATHY	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	3	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OSTEOARTHRITIS OF HIP, UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT KNEE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FOOT DROP, RIGHT FOOT	5	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FOOT DROP, LEFT FOOT	3	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FOOT DROP, UNSPECIFIED FOOT	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONTRACTURE, UNSPECIFIED ANKLE	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	EFFUSION, UNSPECIFIED JOINT	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	EFFUSION, RIGHT KNEE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT SHOULDER	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT WRIST	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN RIGHT HIP	6	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT HIP	4	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN UNSPECIFIED HIP	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN RIGHT KNEE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT KNEE	2	0		

Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ARTHRALGIA OF BILATERAL TEMPOROMANDIBULAR JOINT	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SECONDARY KYPHOSIS, CERVICAL REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SECONDARY KYPHOSIS, THORACOLUMBAR REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED KYPHOSIS, CERVICAL REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED KYPHOSIS, THORACIC REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED KYPHOSIS, SITE UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LORDOSIS, UNSPECIFIED, LUMBOSACRAL REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	JUVENILE IDIOPATHIC SCOLIOSIS, THORACIC REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	JUVENILE IDIOPATHIC SCOLIOSIS, LUMBAR REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	JUVENILE IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC REGION	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ADOLESCENT IDIOPATHIC SCOLIOSIS, SITE UNSPECIFIED	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER IDIOPATHIC SCOLIOSIS, LUMBAR REGION	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER IDIOPATHIC SCOLIOSIS, LUMBOSACRAL REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SECONDARY SCOLIOSIS, SITE UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER FORMS OF SCOLIOSIS, SITE UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER FORMS OF SCOLIOSIS, LUMBAR REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SCOLIOSIS, UNSPECIFIED	7	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOLYSIS, SITE UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOLYSIS, LUMBAR REGION	10	0		

Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOLYSIS, LUMBOSACRAL REGION	6	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOLYSIS, SACRAL AND SACROCOCCYGEAL REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, SITE UNSPECIFIED	9	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, THORACIC REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, LUMBAR REGION	31	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	4	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, MULTIPLE SITES IN SPINE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FUSION OF SPINE, LUMBAR REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPINAL ENTHESOPATHY, LUMBAR REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	17	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISCITIS, UNSPECIFIED, LUMBOSACRAL REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED INFLAMMATORY SPONDYLOPATHIES, LUMBAR REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, SITE UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	4	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	3	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	21	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	11	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	5	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICOTHORACIC REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	38	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	14	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSPECIFIED	1	0		

Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBAR REGION	12	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS, UNSPECIFIED	3	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPINAL STENOSIS, SITE UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPINAL STENOSIS, CERVICAL REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	28	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	35	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBOSACRAL REGION	4	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FATIGUE FRACTURE OF VERTEBRA, LUMBAR REGION, INITIAL ENCOUNTER FOR FRACTURE	3	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	COLLAPSED VERTEBRA, NOT ELSEWHERE CLASSIFIED, LUMBAR REGION, INITIAL ENCOUNTER FOR FRACTURE	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	5	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION, HIGH CERVICAL REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION, MID-CERVICAL REGION, UNSPECIFIED LEVEL	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CERVICAL DISC DISORDER, UNSPECIFIED, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	16	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, THORACOLUMBAR REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	29	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	10	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	48	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	7	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	96	0		

Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	14	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBAR REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER	6	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPINAL INSTABILITIES, LUMBAR REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	3	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED DORSOPATHIES, SITE UNSPECIFIED	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, CERVICOTHORACIC REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, LUMBAR REGION	4	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PANNICULITIS AFFECTING REGIONS, NECK AND BACK, MULTIPLE SITES IN SPINE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, SITE UNSPECIFIED	6	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, CERVICAL REGION	22	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, CERVICOTHORACIC REGION	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, THORACIC REGION	8	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, THORACOLUMBAR REGION	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	600	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, LUMBOSACRAL REGION	47	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CERVICALGIA	17	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SCIATICA, UNSPECIFIED SIDE	9	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SCIATICA, RIGHT SIDE	7	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SCIATICA, LEFT SIDE	12	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	15	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LUMBAGO WITH SCIATICA, RIGHT SIDE	31	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LUMBAGO WITH SCIATICA, LEFT SIDE	23	0		

Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LOW BACK PAIN	501	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN THORACIC SPINE	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER DORSALGIA	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DORSALGIA, UNSPECIFIED	17	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT LOWER LEG	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MUSCLE WEAKNESS (GENERALIZED)	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MUSCLE SPASM OF BACK	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER BURSAL CYST, OTHER SITE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MYALGIA OF MASTICATION MUSCLE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	NEURALGIA AND NEURITIS, UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN RIGHT LEG	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEG, UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN UNSPECIFIED THIGH	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRESS FRACTURE, RIGHT FEMUR, INITIAL ENCOUNTER FOR FRACTURE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OSTEITIS DEFORMANS OF UNSPECIFIED BONE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISORDER OF BONE, UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED URINARY INCONTINENCE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED SPINA BIFIDA WITH HYDROCEPHALUS	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPINA BIFIDA, UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SPINAL CORD	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PERSISTENT CLOACA	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	Congenital talipes equinovarus, unspecified foot	1	0		

Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	KLIPPEL-FEIL SYNDROME	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ACHONDROPLASIA	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONGENITAL SACRAL DIMPLE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	NEUROFIBROMATOSIS, UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ANESTHESIA OF SKIN	3	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	HYPOESTHESIA OF SKIN	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PARESTHESIA OF SKIN	5	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER DISTURBANCES OF SKIN SENSATION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FASCICULATION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER ABNORMALITIES OF GAIT AND MOBILITY	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FUNCTIONAL URINARY INCONTINENCE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN, UNSPECIFIED	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED FRACTURE OF UNSPECIFIED THORACIC VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	WEDGE COMPRESSION FRACTURE OF T11-T12 VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	3	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONTUSION OF LOWER BACK AND PELVIS, INITIAL ENCOUNTER	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	WEDGE COMPRESSION FRACTURE OF UNSPECIFIED LUMBAR VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER FRACTURE OF UNSPECIFIED LUMBAR VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED FRACTURE OF UNSPECIFIED LUMBAR VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED FRACTURE OF FIRST LUMBAR VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TRAUMATIC RUPTURE OF LUMBAR INTERVERTEBRAL DISC, INITIAL ENCOUNTER	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER	6	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF SACROILIAC JOINT, INITIAL ENCOUNTER	2	0		

Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INITIAL ENCOUNTER	6	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF MUSCLE, FASCIA AND TENDON OF PELVIS, INITIAL ENCOUNTER	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PRESENCE OF UNSPECIFIED ARTIFICIAL HIP JOINT	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ARTHRODESIS STATUS	2	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED POSTPROCEDURAL STATES	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CHRONIC PAIN	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Internal Medicine	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Pain Management	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Physical Medicine & Rehabilitation	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	SCOLIOSIS, UNSPECIFIED	1	0		
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FOLLICULAR LYMPHOMA GRADE I, UNSPECIFIED SITE	0	2	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OBESITY, UNSPECIFIED	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	HEREDITARY HEMOCHROMATOSIS	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MENINGITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MULTIPLE SCLEROSIS	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CHRONIC CLUSTER HEADACHE, INTRACTABLE	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LUMBOSACRAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	NERVE ROOT AND PLEXUS DISORDER, UNSPECIFIED	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED MONONEUROPATHY OF RIGHT LOWER LIMB	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	IDIOPATHIC PROGRESSIVE NEUROPATHY	0	1	Administrative	

Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	POLYNEUROPATHY, UNSPECIFIED	0	3	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CAUDA EQUINA SYNDROME	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ACUTE PAIN DUE TO TRAUMA	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CHRONIC PAIN	0	15	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	0	4	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED DISORDER OF BINOCULAR VISION	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, OTHER SPECIFIED SITE	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FOOT DROP, RIGHT FOOT	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN RIGHT SHOULDER	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT SHOULDER	0	3	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN RIGHT HIP	0	3	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT HIP	0	5	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN RIGHT KNEE	0	2	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT KNEE	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED KYPHOSIS, THORACIC REGION	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	NEUROMUSCULAR SCOLIOSIS, THORACOLUMBAR REGION	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SCOLIOSIS, UNSPECIFIED	0	3	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOLYSIS, LUMBAR REGION	0	3	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, SITE UNSPECIFIED	0	2	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, THORACIC REGION	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, LUMBAR REGION	0	2	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOLISTHESIS, LUMBOSACRAL REGION	0	3	Administrative	

Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FUSION OF SPINE, LUMBAR REGION	0	4	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DEFORMING DORSOPATHY, UNSPECIFIED	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISCITIS, UNSPECIFIED, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	0	8	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	0	3	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	3	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, THORACOLUMBAR REGION	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	9	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	0	5	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBAR REGION	0	7	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	0	2	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS, UNSPECIFIED	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPINAL STENOSIS, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPINAL STENOSIS, CERVICAL REGION	0	2	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPINAL STENOSIS, THORACIC REGION	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	0	8	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	0	10	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	COLLAPSED VERTEBRA, NOT ELSEWHERE CLASSIFIED, LUMBAR REGION, INITIAL ENCOUNTER FOR FRACTURE	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	0	2	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	0	3	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CERVICAL DISC DISORDER, UNSPECIFIED, UNSPECIFIED CERVICAL REGION	0	1	Administrative	

Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH MYELOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	0	5	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION	0	2	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	15	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	0	2	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, THORACIC REGION	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	15	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	0	5	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERVERTEBRAL DISC DISORDERS, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED THORACIC, THORACOLUMBAR AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDER	0	2	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	0	5	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, CERVICAL REGION	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, THORACOLUMBAR REGION	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, SITE UNSPECIFIED	0	2	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, CERVICAL REGION	0	21	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, THORACIC REGION	0	8	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	0	147	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, LUMBOSACRAL REGION	0	13	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CERVICALGIA	0	16	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SCIATICA, UNSPECIFIED SIDE	0	3	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SCIATICA, RIGHT SIDE	0	5	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SCIATICA, LEFT SIDE	0	1	Administrative	OVERTURNED
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SCIATICA, LEFT SIDE	0	3	Administrative	

Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	0	6	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LUMBAGO WITH SCIATICA, RIGHT SIDE	0	15	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LUMBAGO WITH SCIATICA, LEFT SIDE	0	11	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LOW BACK PAIN	0	128	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN THORACIC SPINE	0	3	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OCCIPITAL NEURALGIA	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DORSALGIA, UNSPECIFIED	0	8	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER MYOSITIS, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TROCHANTERIC BURSITIS, RIGHT HIP	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TROCHANTERIC BURSITIS, LEFT HIP	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	BICIPITAL TENDINITIS, LEFT SHOULDER	0	2	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRESS FRACTURE, LEFT FEMUR, INITIAL ENCOUNTER FOR FRACTURE	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OSTEITIS DEFORMANS OF UNSPECIFIED BONE	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PELVIC AND PERINEAL PAIN	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED ABDOMINAL PAIN	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ANESTHESIA OF SKIN	0	2	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PARESTHESIA OF SKIN	0	4	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED LACK OF COORDINATION	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	REPEATED FALLS	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	WEAKNESS	0	3	Administrative	

Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER FATIGUE	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF CENTRAL NERVOUS SYSTEM	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TRAUMATIC RUPTURE OF LUMBAR INTERVERTEBRAL DISC, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF SACROILIAC JOINT, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PERSON INJURED IN UNSPECIFIED MOTOR-VEHICLE ACCIDENT, TRAFFIC, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Family Practice	LOW BACK PAIN	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Internal Medicine	PAIN IN UNSPECIFIED SHOULDER	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Neurology	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED	0	1	Administrative	
Outpatient	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Sports Medicine	PAIN IN LEFT HIP	0	1	Administrative	
Outpatient	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF VERTEBRAL COLUMN	1	0		
Outpatient	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PROSTATE	1	0		
Outpatient	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	4	0		
Outpatient	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	1	0		
Outpatient	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	1	0		
Outpatient	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER CHRONIC PAIN	2	0		
Outpatient	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1	0		
Outpatient	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LOW BACK PAIN	3	0		
Outpatient	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DORSALGIA, UNSPECIFIED	2	0		
Outpatient	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEUROFIBROMATOSIS, TYPE 2	1	0		
Outpatient	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	0	1	Administrative	

Outpatient	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MYELITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LUMBAGO WITH SCIATICA, LEFT SIDE	0	1	Administrative	
Outpatient	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	LOW BACK PAIN	0	2	Administrative	
Outpatient	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	DORSALGIA, UNSPECIFIED	0	2	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER TETANUS	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	SYMPTOMATIC NEUROSYPHILIS, UNSPECIFIED	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PANCREAS	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MALIGNANT NEOPLASM OF VERTEBRAL COLUMN	2	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF HEAD, FACE AND NECK	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	2	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	2	0		

Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MALIGNANT NEOPLASM OF PROSTATE	2	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MALIGNANT NEOPLASM OF CEREBELLUM	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	3	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MALIGNANT NEOPLASM OF SPINAL CORD	3	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	SECONDARY MALIGNANT NEOPLASM OF BONE	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER MALIGNANT NEUROENDOCRINE TUMORS	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	3	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	BENIGN NEOPLASM OF SPINAL CORD	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED OVARY	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN, INFRATENTORIAL	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN, UNSPECIFIED	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF SPINAL CORD	1	0		

Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	UNSPECIFIED ADRENOCORTICAL INSUFFICIENCY	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MALE ORGASMIC DISORDER	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	AUTISTIC DISORDER	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	SPASMODIC TORTICOLLIS	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MILD COGNITIVE IMPAIRMENT, SO STATED	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MULTIPLE SCLEROSIS	98	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	NEUROMYELITIS OPTICA [DEVIC]	2	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED	9	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		

Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	BRACHIAL PLEXUS DISORDERS	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MONONEUROPATHY, UNSPECIFIED	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	IDIOPATHIC PROGRESSIVE NEUROPATHY	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER HEREDITARY AND IDIOPATHIC NEUROPATHIES	2	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	HEMIPLEGIA, UNSPECIFIED AFFECTING LEFT NONDOMINANT SIDE	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER ACUTE POSTPROCEDURAL PAIN	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER CHRONIC PAIN	2	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	COMPRESSION OF BRAIN	2	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	DISORDER OF BRAIN, UNSPECIFIED	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	SYRINGOMYELIA AND SYRINGOBULBIA	4	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER SPECIFIED DISEASES OF SPINAL CORD	3	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	DISEASE OF SPINAL CORD, UNSPECIFIED	7	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	SIXTH (ABDUCENT) NERVE PALSY, LEFT EYE	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	DIPLOPIA	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER HYPOTENSION	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	1	0		

Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	PAIN IN RIGHT SHOULDER	2	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	SCOLIOSIS, UNSPECIFIED	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	FUSION OF SPINE, CERVICAL REGION	2	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	3	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	SPINAL STENOSIS, CERVICAL REGION	5	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	CERVICAL DISC DISORDER WITH MYELOPATHY, HIGH CERVICAL REGION	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	3	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	CERVICAL DISC DISORDER, UNSPECIFIED, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	RADICULOPATHY, CERVICAL REGION	39	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	CERVICALGIA	23	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	DORSALGIA, UNSPECIFIED	1	0		

Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, RIGHT UPPER ARM	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MUSCLE WEAKNESS (GENERALIZED)	2	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MYALGIA, UNSPECIFIED SITE	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	NEURALGIA AND NEURITIS, UNSPECIFIED	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	PAIN IN LEFT ARM	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	CONGENITAL MALFORMATION OF SPINAL CORD, UNSPECIFIED	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	ARNOLD-CHIARI SYNDROME WITHOUT SPINA BIFIDA OR HYDROCEPHALUS	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER PHAKOMATOSES, NOT ELSEWHERE CLASSIFIED	4	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	ANESTHESIA OF SKIN	5	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	HYPOESTHESIA OF SKIN	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	PARESTHESIA OF SKIN	15	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER DISTURBANCES OF SKIN SENSATION	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	2	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	CRAMP AND SPASM	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	ABNORMAL REFLEX	1	0		

Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	DIZZINESS AND GIDDINESS	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING GENERAL SENSATIONS AND PERCEPTIONS	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	Headache, unspecified	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	WEAKNESS	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER MALAISE	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF CENTRAL NERVOUS SYSTEM	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER PARTS OF MUSCULOSKELETAL SYSTEM	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	SUPERFICIAL FOREIGN BODY OF THROAT, INITIAL ENCOUNTER	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	ARTHRODESIS STATUS	1	0		
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MALIGNANT NEOPLASM OF PROSTATE	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	SECONDARY MALIGNANT NEOPLASM OF BRAIN	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	SECONDARY MALIGNANT NEOPLASM OF BONE	0	1	Administrative	

Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER PSYCHOACTIVE SUBSTANCE USE, UNSPECIFIED, UNCOMPLICATED	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	AUTISTIC DISORDER	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	MILD COGNITIVE IMPAIRMENT, SO STATED	0	2	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	BRACHIAL PLEXUS DISORDERS	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	CERVICAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	POLYNEUROPATHY, UNSPECIFIED	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	UNSPECIFIED HEARING LOSS, RIGHT EAR	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	TINNITUS, LEFT EAR	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	PAIN IN RIGHT SHOULDER	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	SPONDYLOLISTHESIS, CERVICAL REGION	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	SPINAL STENOSIS, CERVICAL REGION	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	0	1	Administrative	

Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	RADICULOPATHY, CERVICAL REGION	0	6	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	CERVICALGIA	0	5	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	LOW BACK PAIN	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	NEURALGIA AND NEURITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	ANESTHESIA OF SKIN	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	PARESTHESIA OF SKIN	0	2	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	OTHER DISTURBANCES OF SKIN SENSATION	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	Headache, unspecified	0	2	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	WEAKNESS	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER PARTS OF MUSCULOSKELETAL SYSTEM	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	Family Practice	ARTHRODESIS STATUS	0	1	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PANCREAS	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1	0		

Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF VERTEBRAL COLUMN	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	2	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	2	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	2	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF PROSTATE	4	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF CEREBELLUM	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF SPINAL CORD	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	SECONDARY MALIGNANT NEOPLASM OF BONE	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	OTHER MALIGNANT NEUROENDOCRINE TUMORS	1	0		

Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	6	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	SOLITARY PLASMACYTOMA NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	BENIGN NEOPLASM OF VERTEBRAL COLUMN	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	BENIGN LIPOMATOUS NEOPLASM OF SKIN AND SUBCUTANEOUS TISSUE OF TRUNK	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	BENIGN NEOPLASM OF SPINAL CORD	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED OVARY	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN, INFRATENTORIAL	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN, UNSPECIFIED	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF SPINAL CORD	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	NEOPLASM OF UNSPECIFIED BEHAVIOR OF LEFT KIDNEY	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	UNSPECIFIED ADRENOCORTICAL INSUFFICIENCY	1	0		

Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALE ORGASMIC DISORDER	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	ACUTE DISSEMINATED ENCEPHALITIS AND ENCEPHALOMYELITIS, UNSPECIFIED	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MULTIPLE SCLEROSIS	45	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	NEUROMYELITIS OPTICA [DEVIC]	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED	5	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	LESION OF ULNAR NERVE, LEFT UPPER LIMB	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	OTHER HEREDITARY AND IDIOPATHIC NEUROPATHIES	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	OTHER DISORDERS OF PERIPHERAL NERVOUS SYSTEM	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	OTHER CHRONIC PAIN	2	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	DISORDER OF BRAIN, UNSPECIFIED	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	SYRINGOMYELIA AND SYRINGOBULBIA	4	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	DISEASE OF SPINAL CORD, UNSPECIFIED	4	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	PAIN IN RIGHT SHOULDER	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	SCOLIOSIS, UNSPECIFIED	2	0		

Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	OSTEOMYELITIS OF VERTEBRA, SITE UNSPECIFIED	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	SPONDYLOSIS, UNSPECIFIED	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	SPINAL STENOSIS, CERVICAL REGION	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	OTHER INTERVERTEBRAL DISC DISPLACEMENT, THORACIC REGION	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	RADICULOPATHY, THORACIC REGION	4	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	CERVICALGIA	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	LOW BACK PAIN	3	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	PAIN IN THORACIC SPINE	9	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	DORSALGIA, UNSPECIFIED	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MUSCLE WEAKNESS (GENERALIZED)	2	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	CONGENITAL MALFORMATION OF SPINAL CORD, UNSPECIFIED	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	SINUS, FISTULA AND CYST OF BRANCHIAL CLEFT	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	OTHER PHAKOMATOSES, NOT ELSEWHERE CLASSIFIED	4	0		

Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	ANESTHESIA OF SKIN	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	PARESTHESIA OF SKIN	3	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	UNSPECIFIED DISTURBANCES OF SKIN SENSATION	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING GENERAL SENSATIONS AND PERCEPTIONS	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	Headache, unspecified	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	WEAKNESS	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	OTHER ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF CENTRAL NERVOUS SYSTEM	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER PARTS OF MUSCULOSKELETAL SYSTEM	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	COMPLETE LESION AT C4 LEVEL OF CERVICAL SPINAL CORD, INITIAL ENCOUNTER	1	0		
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	0	2	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MALIGNANT NEOPLASM OF PROSTATE	0	1	Administrative	

Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	SECONDARY MALIGNANT NEOPLASM OF BRAIN	0	1	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	SECONDARY MALIGNANT NEOPLASM OF BONE	0	1	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	0	1	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	MULTIPLE SCLEROSIS	0	1	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	BRACHIAL PLEXUS DISORDERS	0	2	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	0	1	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	CHRONIC PAIN SYNDROME	0	1	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	PAIN IN LEFT SHOULDER	0	1	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	OTHER INTERVERTEBRAL DISC DISPLACEMENT, THORACIC REGION	0	2	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	RADICULOPATHY, CERVICAL REGION	0	2	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	CERVICALGIA	0	1	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	LOW BACK PAIN	0	1	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	PAIN IN THORACIC SPINE	0	1	Administrative	

Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	ANESTHESIA OF SKIN	0	1	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	WEAKNESS	0	1	Administrative	
Outpatient	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	Family Practice	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PANCREAS	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	2	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MALIGNANT NEOPLASM OF LEFT OVARY	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MALIGNANT NEOPLASM OF PROSTATE	6	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MALIGNANT NEOPLASM OF CEREBELLUM	1	0		

Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MALIGNANT NEOPLASM OF SPINAL CORD	2	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SECONDARY MALIGNANT NEOPLASM OF BONE	2	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, UNSPECIFIED SITE	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	5	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	BENIGN NEOPLASM OF TRANSVERSE COLON	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	BENIGN NEOPLASM OF SPINAL CORD	2	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED OVARY	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN, INFRATENTORIAL	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN, UNSPECIFIED	1	0		

Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF SPINAL CORD	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	NEOPLASM OF UNSPECIFIED BEHAVIOR OF LEFT KIDNEY	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	UNSPECIFIED ADRENOCORTICAL INSUFFICIENCY	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	HEREDITARY HEMOCHROMATOSIS	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	INTRASPINAL ABSCESS AND GRANULOMA	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	EXTRADURAL AND SUBDURAL ABSCESS, UNSPECIFIED	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MULTIPLE SCLEROSIS	4	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	LUMBOSACRAL PLEXUS DISORDERS	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	UNSPECIFIED MONONEUROPATHY OF BILATERAL LOWER LIMBS	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER HEREDITARY AND IDIOPATHIC NEUROPATHIES	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	CAUDA EQUINA SYNDROME	2	0		

Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER ACUTE POSTPROCEDURAL PAIN	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER CHRONIC PAIN	4	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	CHRONIC PAIN SYNDROME	4	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	DISORDER OF BRAIN, UNSPECIFIED	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SYRINGOMYELIA AND SYRINGOBULBIA	3	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	NEVUS, NON-NEOPLASTIC	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	CONSTIPATION, UNSPECIFIED	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED SITE	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	FOOT DROP, RIGHT FOOT	2	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	PAIN IN UNSPECIFIED HIP	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SCOLIOSIS, UNSPECIFIED	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SPONDYLOLISTHESIS, LUMBAR REGION	3	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	FUSION OF SPINE, LUMBOSACRAL REGION	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	1	0		

Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	3	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OSTEOMYELITIS OF VERTEBRA, LUMBAR REGION	3	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), THORACOLUMBAR REGION	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	INFECTION OF INTERVERTEBRAL DISC (PYOGENIC), LUMBAR REGION	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	3	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SPINAL STENOSIS, CERVICAL REGION	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	2	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	5	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	CERVICAL DISC DISORDER, UNSPECIFIED, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	2	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	10	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	2	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	5	0		

Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	RADICULOPATHY, CERVICAL REGION	2	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	RADICULOPATHY, LUMBAR REGION	56	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	RADICULOPATHY, LUMBOSACRAL REGION	5	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	CERVICALGIA	2	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SCIATICA, RIGHT SIDE	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	LUMBAGO WITH SCIATICA, RIGHT SIDE	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	LUMBAGO WITH SCIATICA, LEFT SIDE	2	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	LOW BACK PAIN	36	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	DORSALGIA, UNSPECIFIED	3	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	NEURALGIA AND NEURITIS, UNSPECIFIED	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	PAIN IN LEFT LEG	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	7	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	CONGENITAL MALFORMATION OF SPINAL CORD, UNSPECIFIED	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	CONGENITAL SPONDYLOLISTHESIS	1	0		

Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	NEUROFIBROMATOSIS, TYPE 2	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER PHAKOMATOSES, NOT ELSEWHERE CLASSIFIED	3	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	ANESTHESIA OF SKIN	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	PARESTHESIA OF SKIN	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER ABNORMALITIES OF GAIT AND MOBILITY	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	WEAKNESS	3	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF CENTRAL NERVOUS SYSTEM	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	UNSPECIFIED FRACTURE OF UNSPECIFIED LUMBAR VERTEBRA, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	INCOMPLETE LESION OF L3 LEVEL OF LUMBAR SPINAL CORD, INITIAL ENCOUNTER	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	ARTHRODESIS STATUS	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER SPECIFIED POSTPROCEDURAL STATES	2	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Neurology	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN, UNSPECIFIED	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Pain Management	LOW BACK PAIN	1	0		
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Surgery, Neurological	LOW BACK PAIN	1	0		

Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	UNSPECIFIED INFECTIOUS DISEASE	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	0	2	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SECONDARY MALIGNANT NEOPLASM OF BRAIN	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER PSYCHOACTIVE SUBSTANCE USE, UNSPECIFIED, UNCOMPLICATED	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	MULTIPLE SCLEROSIS	0	4	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER CHRONIC PAIN	0	3	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	CHRONIC PAIN SYNDROME	0	6	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER REACTION TO SPINAL AND LUMBAR PUNCTURE	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	PAIN IN RIGHT SHOULDER	0	2	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	PAIN IN LEFT HIP	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SCOLIOSIS, UNSPECIFIED	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SPONDYLOLYSIS, SITE UNSPECIFIED	0	1	Administrative	

Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SPONDYLOLYSIS, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SPONDYLOLISTHESIS, LUMBAR REGION	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	FUSION OF SPINE, LUMBAR REGION	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	0	2	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SPONDYLOSIS, UNSPECIFIED	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	0	3	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	3	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	

Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	RADICULOPATHY, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	RADICULOPATHY, THORACIC REGION	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	RADICULOPATHY, LUMBAR REGION	0	14	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	RADICULOPATHY, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	LUMBAGO WITH SCIATICA, LEFT SIDE	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	LOW BACK PAIN	0	17	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	DORSALGIA, UNSPECIFIED	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	OTHER BURSAL CYST, OTHER SITE	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	PAIN IN UNSPECIFIED LOWER LEG	0	2	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	0	3	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	Family Practice	UNSPECIFIED INJURY OF LOWER BACK, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Nephrology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Nephrology	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1	0		
Outpatient	72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Nephrology	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		

Outpatient	72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Nephrology	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED FEMORAL VEIN	1	0		
Outpatient	72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Nephrology	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1	0		
Outpatient	72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Nephrology	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMPTOMS	1	0		
Outpatient	72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Nephrology	POSTMENOPAUSAL BLEEDING	1	0		
Outpatient	72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Nephrology	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	2	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	MALIGNANT NEOPLASM OF GLANS PENIS	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	BILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT	2	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED HIP	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	PAIN IN RIGHT HIP	3	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	PAIN IN LEFT HIP	2	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	ANKYLOSING SPONDYLITIS SACRAL AND SACROCOCCYGEAL REGION	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	RADICULOPATHY, SITE UNSPECIFIED	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	LOW BACK PAIN	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINARY TRACT SYMPTOMS	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	OTHER OVARIAN CYST, UNSPECIFIED SIDE	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	OTHER POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF GENITOURINARY SYSTEM	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	CONGENITAL COXA VALGA	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	PELVIC AND PERINEAL PAIN	7	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	UNSPECIFIED FRACTURE OF RIGHT PUBIS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	MULTIPLE FRACTURES OF PELVIS WITH STABLE DISRUPTION OF PELVIC RING, INITIAL ENCOUNTER FOR OPEN FRACTURE	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	FRACTURE OF UNSPECIFIED PARTS OF LUMBOSACRAL SPINE AND PELVIS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	1	0		
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF PELVIS	0	1	Administrative	
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	MALIGNANT NEOPLASM OF GLANS PENIS	0	1	Administrative	
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	MALIGNANT NEOPLASM OF PROSTATE	0	1	Administrative	
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	0	1	Administrative	
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	0	1	Administrative	

Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	PAIN IN RIGHT HIP	0	1	Administrative	
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	PAIN IN LEFT HIP	0	1	Administrative	
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	0	3	Administrative	
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	0	1	Administrative	
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	0	4	Administrative	
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	OTHER SPECIFIED SOFT TISSUE DISORDERS	0	1	Administrative	
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	CONTINUOUS LEAKAGE	0	1	Administrative	
Outpatient	72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	Nephrology	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	0	1	Administrative	
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	MALIGNANT NEOPLASM OF RECTUM	1	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	1	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	MALIGNANT NEOPLASM OF PENIS, UNSPECIFIED	1	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	MALIGNANT NEOPLASM OF PROSTATE	5	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	TRANSSEXUALISM	1	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT	5	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, RECURRENT	2	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	UNSPECIFIED ABDOMINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSPECIFIED COMPLICATIONS	1	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	ULCERATIVE COLITIS, UNSPECIFIED WITH UNSPECIFIED COMPLICATIONS	1	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	RECTAL ABSCESS	1	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	ANORECTAL ABSCESS	1	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	1	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	CUTANEOUS ABSCESS OF PERINEUM	1	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	BLADDER DISORDER, UNSPECIFIED	1	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	1	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	ENDOMETRIAL HYPERPLASIA, UNSPECIFIED	1	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	OTHER INTRAOPERATIVE COMPLICATIONS OF GENITOURINARY SYSTEM	1	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	PELVIC AND PERINEAL PAIN	6	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	RIGHT LOWER QUADRANT PAIN	2	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	LEFT LOWER QUADRANT PAIN	2	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	2	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	1	0		
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	MALIGNANT NEOPLASM OF RECTUM	0	1	Administrative	
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	0	1	Administrative	
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	MALIGNANT NEOPLASM OF PENIS, UNSPECIFIED	0	1	Administrative	
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	MALIGNANT NEOPLASM OF PROSTATE	0	2	Administrative	
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	0	1	Administrative	
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	0	1	Administrative	
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	0	1	Administrative	
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	OTHER SPECIFIED DISORDERS OF BONE, OTHER SITE	0	2	Administrative	
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	IRREGULAR MENSTRUATION, UNSPECIFIED	0	1	Administrative	
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	PELVIC AND PERINEAL PAIN	0	1	Administrative	
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	LOWER ABDOMINAL PAIN, UNSPECIFIED	0	1	Administrative	

Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	0	1	Administrative	
Outpatient	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	Hospital	ENLARGED LYMPH NODES, UNSPECIFIED	0	1	Administrative	
Outpatient	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hospital	MERKEL CELL CARCINOMA, UNSPECIFIED	1	0		
Outpatient	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hospital	MALIGNANT NEOPLASM OF URETHRA	2	0		
Outpatient	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hospital	LEIOMYOMA OF UTERUS, UNSPECIFIED	2	0		
Outpatient	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hospital	SCROTAL VARICES	1	0		
Outpatient	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hospital	OTHER NONSPECIFIC LYMPHADENITIS	1	0		
Outpatient	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hospital	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT	1	0		
Outpatient	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hospital	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	1	0		
Outpatient	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hospital	VESICOVAGINAL FISTULA	1	0		
Outpatient	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hospital	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1	0		
Outpatient	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hospital	DYSMENORRHEA, UNSPECIFIED	1	0		
Outpatient	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hospital	UNSPECIFIED CONDITION ASSOCIATED WITH FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	1	0		
Outpatient	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Surgery	RIGHT LOWER QUADRANT PAIN	1	0		
Outpatient	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hospital	MALIGNANT NEOPLASM OF RECTUM	0	1	Administrative	
Outpatient	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hospital	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	0	1	Administrative	
Outpatient	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hospital	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, RECURRENT	0	1	Administrative	
Outpatient	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hospital	HYPERTROPHY OF UTERUS	0	1	Administrative	
Outpatient	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Hospital	RIGHT LOWER QUADRANT PAIN	0	2	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	MALIGNANT NEOPLASM OF RECTUM	6	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	MALIGNANT NEOPLASM OF PELVIS	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN NEOPLASM OF OTHER PARTS OF SMALL INTESTINE	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	SUBMUCOUS LEIOMYOMA OF UTERUS	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	INTRAMURAL LEIOMYOMA OF UTERUS	2	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	LEIOMYOMA OF UTERUS, UNSPECIFIED	2	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RIGHT KIDNEY	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	LIGHT CHAIN (AL) AMYLOIDOSIS	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	LESION OF SCIATIC NERVE, UNSPECIFIED LOWER LIMB	3	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	LESION OF SCIATIC NERVE, RIGHT LOWER LIMB	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	LESION OF SCIATIC NERVE, LEFT LOWER LIMB	1	0		

Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	CAUDA EQUINA SYNDROME	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CHRONIC PAIN	2	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC PAIN SYNDROME	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	2	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OUTLET DYSFUNCTION CONSTIPATION	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	PILONIDAL CYST WITHOUT ABSCESS	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	INFLAMMATORY POLYARTHROPATHY	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	POLYARTHRITIS, UNSPECIFIED	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	EFFUSION, UNSPECIFIED JOINT	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN UNSPECIFIED JOINT	3	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN UNSPECIFIED SHOULDER	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT HIP	6	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT HIP	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN UNSPECIFIED HIP	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED SYSTEMIC INVOLVEMENT OF CONNECTIVE TISSUE	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	ANKYLOSING SPONDYLITIS LUMBAR REGION	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	16	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY, SITE UNSPECIFIED	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBOSACRAL REGION	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	16	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, SITE UNSPECIFIED	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, LUMBAR REGION	3	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION	3	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	SCIATICA, UNSPECIFIED SIDE	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	LUMBAGO WITH SCIATICA, LEFT SIDE	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	LOW BACK PAIN	10	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER DORSALGIA	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	DORSALGIA, UNSPECIFIED	2	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED DISORDERS OF MUSCLE	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	MYALGIA, OTHER SITE	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED SOFT TISSUE DISORDERS	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OSTEOMYELITIS, UNSPECIFIED	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OSTEITIS DEFORMANS OF UNSPECIFIED BONE	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OSTEOCHONDROPATHY, UNSPECIFIED OF UNSPECIFIED SITE	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	CALCULUS OF KIDNEY	1	0		

Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	VULVAR VESTIBULITIS	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	PLACENTA ACCRETA, SECOND TRIMESTER	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	LOW LYING PLACENTA NOS OR WITHOUT HEMORRHAGE, UNSPECIFIED TRIMESTER	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSPECIFIED	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	PERSISTENT CLOACA	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	CONGENITAL MALFORMATION OF INTESTINE, UNSPECIFIED	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	RIGHT UPPER QUADRANT PAIN	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	PELVIC AND PERINEAL PAIN	11	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	LEFT LOWER QUADRANT PAIN	4	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED ABNORMAL IMMUNOLOGICAL FINDINGS IN SERUM	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	ABNORMAL RADIOLOGIC FINDINGS ON DIAGNOSTIC IMAGING OF RENAL PELVIS, URETER, OR BLADDER	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	ELEVATED PROSTATE SPECIFIC ANTIGEN (PSA)	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF MUSCLE AND TENDON OF FRONT WALL OF THORAX, INITIAL ENCOUNTER	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	DISPLACED AVULSION FRACTURE OF RIGHT ILIUM, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	FRACTURE OF OTHER PARTS OF PELVIS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	DISLOCATION OF SACROILIAC AND SACROCOCCYGEAL JOINT, SEQUELA	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF MUSCLE, FASCIA AND TENDON OF ABDOMEN, INITIAL ENCOUNTER	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED INJURY OF PELVIS, INITIAL ENCOUNTER	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPRAIN OF UNSPECIFIED HIP, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED INJURY OF MUSCLE, FASCIA AND TENDON OF THE POSTERIOR MUSCLE GROUP AT THIGH LEVEL, LEFT THIGH, INITIAL ENCOUNTER	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF MUSCLE, FASCIA AND TENDON OF THE POSTERIOR MUSCLE GROUP AT THIGH LEVEL, RIGHT THIGH, INITIAL ENCOUNTER	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF MUSCLE, FASCIA AND TENDON OF THE POSTERIOR MUSCLE GROUP AT THIGH LEVEL, LEFT THIGH, INITIAL ENCOUNTER	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Otolaryngology	OTHER CONGENITAL MALFORMATIONS OF UTERUS	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	STRAIN OF UNSPECIFIED MUSCLES, FASCIA AND TENDONS AT THIGH LEVEL, RIGHT THIGH, INITIAL ENCOUNTER	1	0		
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	PAPILLOMAVIRUS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE	0	1		Administrative
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	MALIGNANT NEOPLASM OF PROSTATE	0	1		Administrative
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	0	1		Administrative
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	SUBMUCOUS LEIOMYOMA OF UTERUS	0	1		Administrative
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	NEUTROPENIA, UNSPECIFIED	0	1		Administrative
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	LESION OF SCIATIC NERVE, UNSPECIFIED LOWER LIMB	0	1		Administrative
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CHRONIC PAIN	0	1		Administrative
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	0	1		Administrative
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	CONSTIPATION, UNSPECIFIED	0	1		Administrative

Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN UNSPECIFIED JOINT	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT HIP	0	4	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN UNSPECIFIED HIP	0	4	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOLISTHESIS, LUMBAR REGION	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	0	4	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	0	9	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, LUMBAR REGION	0	2	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	SCIATICA, UNSPECIFIED SIDE	0	2	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	LOW BACK PAIN	0	7	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	TROCHANTERIC BURSITIS, RIGHT HIP	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	NEURALGIA AND NEURITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	STRESS FRACTURE, LEFT FEMUR, INITIAL ENCOUNTER FOR FRACTURE	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	SEGMENTAL AND SOMATIC DYSFUNCTION OF PELVIC REGION	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSPECIFIED	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	PELVIC AND PERINEAL PAIN	0	4	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	RIGHT LOWER QUADRANT PAIN	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	LEFT LOWER QUADRANT PAIN	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED ABDOMINAL PAIN	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER ABDOMINAL REGIONS, INCLUDING RETROPERITONEUM	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	CONTUSION OF LOWER BACK AND PELVIS, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF MUSCLE, FASCIA AND TENDON OF ABDOMEN, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF MUSCLE, FASCIA AND TENDON OF PELVIS, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF OTHER SPECIFIED MUSCLES, FASCIA AND TENDONS AT THIGH LEVEL, RIGHT THIGH, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS;WITH CONTRAST MATERIALS	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS;WITH CONTRAST MATERIALS	Free Standing Imaging Center	INDETERMINATE COLITIS	1	0		
Outpatient	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS;WITH CONTRAST MATERIALS	Free Standing Imaging Center	ANAL FISTULA	1	0		
Outpatient	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS;WITH CONTRAST MATERIALS	Free Standing Imaging Center	DORSALGIA, UNSPECIFIED	1	0		
Outpatient	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS;WITH CONTRAST MATERIALS	Free Standing Imaging Center	URETHRAL DIVERTICULUM	1	0		
Outpatient	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS;WITH CONTRAST MATERIALS	Free Standing Imaging Center	UNSPECIFIED OVARIAN CYST, RIGHT SIDE	1	0		
Outpatient	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS;WITH CONTRAST MATERIALS	Free Standing Imaging Center	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	1	0		
Outpatient	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS;WITH CONTRAST MATERIALS	Free Standing Imaging Center	GENERALIZED ABDOMINAL PAIN	1	0		

Outpatient	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS;WITH CONTRAST MATERIALS	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1	0		
Outpatient	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS;WITH CONTRAST MATERIALS	Free Standing Imaging Center	OTHER MICROSCOPIC HEMATURIA	1	0		
Outpatient	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS;WITH CONTRAST MATERIALS	Free Standing Imaging Center	MALIGNANT NEOPLASM OF SIGMOID COLON	0	1	Administrative	
Outpatient	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS;WITH CONTRAST MATERIALS	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ENDOCERVIX	0	1	Administrative	
Outpatient	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS;WITH CONTRAST MATERIALS	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNDESCENDED RIGHT TESTIS	0	2	Administrative	
Outpatient	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS;WITH CONTRAST MATERIALS	Free Standing Imaging Center	DORSALGIA, UNSPECIFIED	0	1	Administrative	
Outpatient	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS;WITH CONTRAST MATERIALS	Free Standing Imaging Center	UNICORNATE UTERUS	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CECUM	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ASCENDING COLON	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF SIGMOID COLON	3	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RECTUM	19	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	INTRAHEPATIC BILE DUCT CARCINOMA	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF BODY OF PANCREAS	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF VERTEBRAL COLUMN	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	3	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	GASTROINTESTINAL STROMAL TUMOR OF SMALL INTESTINE	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ENDOCERVIX	6	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI	3	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	5	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ENDOMETRIUM	5	0		

Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RIGHT OVARY	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF GLANS PENIS	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PROSTATE	46	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	5	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	3	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF URETERIC ORIFICE	3	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RIGHT CILIARY BODY	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	4	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ABDOMEN	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER MALIGNANT NEUROENDOCRINE TUMORS	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MULTIPLE MYELOMA IN RELAPSE	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF LIVER	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF LONG BONES OF RIGHT LOWER LIMB	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF LEFT LOWER LIMB, INCLUDING HIP	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSPECIFIED	3	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SUBMUCOUS LEIOMYOMA OF UTERUS	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	INTRAMURAL LEIOMYOMA OF UTERUS	7	0		

Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SUBSEROSAL LEIOMYOMA OF UTERUS	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LEIOMYOMA OF UTERUS, UNSPECIFIED	49	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF RIGHT KIDNEY	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT OVARY	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN CARCINOID TUMOR OF THE APPENDIX	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF PROSTATE	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	IRON DEFICIENCY ANEMIA, UNSPECIFIED	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	EOSINOPHILIA	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	IMMUNODEFICIENCY, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALE ERECTILE DISORDER	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LUMBOSACRAL PLEXUS DISORDERS	3	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	POLYNEUROPATHY, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER CHRONIC PAIN	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	6	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF SMALL INTESTINE WITH OTHER COMPLICATION	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER COMPLICATION	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	7	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE, UNSPECIFIED, WITH ABSCESS	1	0		

Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	4	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CONSTIPATION, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OUTLET DYSFUNCTION CONSTIPATION	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ANAL FISTULA	3	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	RECTAL FISTULA	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ANORECTAL FISTULA	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	RECTAL POLYP	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	3	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CUTANEOUS ABSCESS OF PERINEUM	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CUTANEOUS ABSCESS, UNSPECIFIED	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PILONIDAL CYST WITHOUT ABSCESS	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	HIDRADENITIS SUPPURATIVA	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PRESSURE ULCER OF SACRAL REGION, STAGE 4	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NON-PRESSURE CHRONIC ULCER OF SKIN OF OTHER SITES LIMITED TO BREAKDOWN OF SKIN	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER JUVENILE ARTHRITIS, UNSPECIFIED SITE	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED ARTHRITIS, UNSPECIFIED SITE	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN UNSPECIFIED JOINT	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN RIGHT SHOULDER	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN UNSPECIFIED HIP	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	POLYMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	10	0		

Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LUMBAGO WITH SCIATICA, RIGHT SIDE	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOW BACK PAIN	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER DORSALGIA	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN UNSPECIFIED LIMB	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	DISORDER OF BONE, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER BIOMECHANICAL LESIONS OF PELVIC REGION	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED HYDRONEPHROSIS	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER OBSTRUCTIVE AND REFLUX UROPATHY	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CALCULUS OF KIDNEY	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CYST OF KIDNEY, ACQUIRED	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	DIVERTICULUM OF BLADDER	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	URETHRAL DIVERTICULUM	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINARY TRACT SYMPTOMS	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMPTOMS	6	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NODULAR PROSTATE WITHOUT LOWER URINARY TRACT SYMPTOMS	4	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	INFLAMMATORY DISEASE OF PROSTATE, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	DISORDER OF PROSTATE, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LEFT TESTICULAR PAIN	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF THE MALE GENITAL ORGANS	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	DISORDER OF MALE GENITAL ORGANS, UNSPECIFIED	1	0		

Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SALPINGITIS AND OOPHORITIS, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ENDOMETRIOSIS OF OVARY	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ENDOMETRIOSIS OF PELVIC PERITONEUM	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ENDOMETRIOSIS, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PELVIC MUSCLE WASTING	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER FEMALE URINARY-GENITAL TRACT FISTULAE	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	FISTULA OF VAGINA TO LARGE INTESTINE	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	FEMALE GENITAL TRACT FISTULA, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED OVARIAN CYST, RIGHT SIDE	3	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED OVARIAN CYST, LEFT SIDE	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	3	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER OVARIAN CYST, RIGHT SIDE	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER NONINFLAMMATORY DISORDERS OF OVARY, FALLOPIAN TUBE AND BROAD LIGAMENT	3	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ENDOMETRIAL HYPERPLASIA, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF UTERUS	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	DYSMENORRHEA, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED CONDITIONS ASSOCIATED WITH FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	3	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	POSTMENOPAUSAL BLEEDING	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER CONGENITAL MALFORMATIONS OF UTERUS	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CONGENITAL MALFORMATION OF UTERUS AND CERVIX, UNSPECIFIED	3	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALFORMATION OF URACHUS	1	0		

Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NEUROFIBROMATOSIS, TYPE 1	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UPPER ABDOMINAL PAIN, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	RIGHT UPPER QUADRANT PAIN	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PELVIC AND PERINEAL PAIN	18	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOWER ABDOMINAL PAIN, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	RIGHT LOWER QUADRANT PAIN	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED ABDOMINAL PAIN	5	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NAUSEA WITH VOMITING, UNSPECIFIED	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABDOMINAL DISTENSION (GASEOUS)	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	8	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	8	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	DIARRHEA, UNSPECIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PARESTHESIA OF SKIN	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, LEFT LOWER LIMB	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER DIFFICULTIES WITH MICTURITION	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	HEMORRHAGE, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOCALIZED ENLARGED LYMPH NODES	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER PARTS OF DIGESTIVE TRACT	3	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL RADIOLOGIC FINDINGS ON DIAGNOSTIC IMAGING OF RENAL PELVIS, URETER, OR BLADDER	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL RADIOLOGIC FINDINGS ON DIAGNOSTIC IMAGING OF OTHER URINARY ORGANS	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER PARTS OF MUSCULOSKELETAL SYSTEM	1	0		

Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL RADIOLOGIC FINDINGS ON DIAGNOSTIC IMAGING OF TESTICLES, BILATERAL	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ELEVATED PROSTATE SPECIFIC ANTIGEN (PSA)	90	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER ABNORMAL TUMOR MARKERS	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF PROSTATE	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ENCOUNTER FOR FERTILITY TESTING	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ENCOUNTER FOR OTHER PROCREATIVE INVESTIGATION AND TESTING	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	2	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	FAMILY HISTORY OF MALIGNANT NEOPLASM OF PROSTATE	1	0		
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ASPERGILLOSIS, UNSPECIFIED	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CECUM	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF APPENDIX	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SQUAMOUS CELL CARCINOMA OF SKIN OF RIGHT LOWER LIMB, INCLUDING HIP	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	0	2	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ENDOCERVIX	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI	0	3	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	0	2	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF GLANS PENIS	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PROSTATE	0	5	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF URETERIC ORIFICE	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	0	2	Administrative	

Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	FOLLICULAR LYMPHOMA GRADE I, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CARCINOMA IN SITU OF PENIS	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF OTHER PARTS OF SMALL INTESTINE	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSPECIFIED	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SUBMUCOUS LEIOMYOMA OF UTERUS	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LEIOMYOMA OF UTERUS, UNSPECIFIED	0	3	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER BENIGN NEUROENDOCRINE TUMORS	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER GENITOURINARY ORGAN	0	3	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	TESTICULAR HYPOFUNCTION	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ACUTE PAIN DUE TO TRAUMA	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER CHRONIC PAIN	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER DISORDERS OF NERVOUS SYSTEM	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER PNEUMOTHORAX	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER COMPLICATION	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	RECTAL POLYP	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PRIMARY BILIARY CIRRHOSIS	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED DISEASES OF PANCREAS	0	1	Administrative	

Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CUTANEOUS ABSCESS OF PERINEUM	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	INFLAMMATORY POLYARTHROPATHY	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN UNSPECIFIED JOINT	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SCIATICA, RIGHT SIDE	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOW BACK PAIN	0	2	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED SOFT TISSUE DISORDERS	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CYST OF KIDNEY, ACQUIRED	0	2	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	DIVERTICULUM OF BLADDER	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	URINARY TRACT INFECTION, SITE NOT SPECIFIED	0	2	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMPTOMS	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	INFLAMMATORY DISEASE OF PROSTATE, UNSPECIFIED	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PROSTATODYNIA SYNDROME	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ENDOMETRIOSIS OF UTERUS	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ENDOMETRIOSIS OF OVARY	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ENDOMETRIOSIS OF PELVIC PERITONEUM	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ENDOMETRIOSIS, UNSPECIFIED	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER NONINFLAMMATORY DISORDERS OF OVARY, FALLOPIAN TUBE AND BROAD LIGAMENT	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF UTERUS	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	POSTCOITAL AND CONTACT BLEEDING	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	0	1	Administrative	

Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED CONDITIONS ASSOCIATED WITH FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNICORNATE UTERUS	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER PHAKOMATOSES, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PELVIC AND PERINEAL PAIN	0	5	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOWER ABDOMINAL PAIN, UNSPECIFIED	0	3	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LEFT LOWER QUADRANT PAIN	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NAUSEA	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	0	3	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED SYMPTOMS AND SIGNS INVOLVING THE DIGESTIVE SYSTEM AND ABDOMEN	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	HEMATURIA, UNSPECIFIED	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN, UNSPECIFIED	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LIVER AND BILIARY TRACT	0	1	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER PARTS OF DIGESTIVE TRACT	0	2	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ELEVATED PROSTATE SPECIFIC ANTIGEN (PSA)	0	9	Administrative	
Outpatient	72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAS MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ENCOUNTER FOR FERTILITY TESTING	0	1	Administrative	
Outpatient	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
Outpatient	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	TYPE 2 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS	0	1	Administrative	
Outpatient	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	0	1	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF SCAPULA AND LONG BONES OF RIGHT UPPER LIMB	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LUPUS ANTICOAGULANT SYNDROME	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	3	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	2	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PRIMARY OSTEOARTHRITIS, RIGHT ELBOW	1	0		

Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PRIMARY OSTEOARTHRITIS, LEFT ELBOW	2	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PRIMARY OSTEOARTHRITIS, LEFT WRIST	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED ACQUIRED DEFORMITIES OF RIGHT UPPER ARM	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT WRIST	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CONTRACTURE, LEFT ELBOW	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	EFFUSION, LEFT ELBOW	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT SHOULDER	5	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT SHOULDER	6	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT ELBOW	6	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT ELBOW	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT WRIST	7	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT WRIST	11	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN UNSPECIFIED WRIST	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT HIP	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED JOINT DISORDERS, RIGHT SHOULDER	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CERVICALGIA	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	TRIGGER FINGER, RIGHT MIDDLE FINGER	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT UPPER ARM	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT FOREARM	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT HAND	5	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT FINGER(S)	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF BONE, UNSPECIFIED SITE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, RIGHT UPPER LIMB	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LIMBS	1	0		

Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	FRACTURE OF UNSPECIFIED PART OF LEFT CLAVICLE, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF GLENOID CAVITY OF SCAPULA, LEFT SHOULDER, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF UPPER END OF LEFT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	4	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF UPPER END OF LEFT HUMERUS, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF UPPER END OF UNSPECIFIED HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED DISPLACED FRACTURE OF SURGICAL NECK OF LEFT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	4-PART FRACTURE OF SURGICAL NECK OF RIGHT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF GREATER TUBEROSITY OF LEFT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER DISPLACED FRACTURE OF UPPER END OF RIGHT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED COMMINUTED SUPRACONDYLAR FRACTURE WITHOUT INTERCONDYLAR FRACTURE OF LEFT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE (AVULSION) OF MEDIAL EPICONDYLE OF RIGHT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF LATERAL CONDYLE OF RIGHT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ANTERIOR SUBLUXATION OF LEFT HUMERUS, INITIAL ENCOUNTER	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF OLECRANON PROCESS WITHOUT INTRAARTICULAR EXTENSION OF LEFT ULNA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	3	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF HEAD OF RIGHT RADIUS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF HEAD OF LEFT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	3	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF HEAD OF UNSPECIFIED RADIUS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF NECK OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NONDISPLACED FRACTURE OF NECK OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	GREENSTICK FRACTURE OF SHAFT OF LEFT ULNA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF THE LOWER END OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF THE LOWER END OF RIGHT RADIUS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF RIGHT RADIAL STYLOID PROCESS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	COLLES' FRACTURE OF LEFT RADIUS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH NONUNION	1	0		

Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER INTRAARTICULAR FRACTURE OF LOWER END OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED DISLOCATION OF LEFT ULNOHUMERAL JOINT, INITIAL ENCOUNTER	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED INJURY OF LEFT ELBOW, INITIAL ENCOUNTER	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF NAVICULAR YSCAPHOID" BONE OF RIGHT WRIST, INITIAL ENCOUNTER FOR CLOSED FRACTURE	5	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF NAVICULAR YSCAPHOID" BONE OF LEFT WRIST, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF DISTAL POLE OF NAVICULAR YSCAPHOID" BONE OF LEFT WRIST, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF MIDDLE THIRD OF NAVICULAR YSCAPHOID" BONE OF LEFT WRIST, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF MIDDLE THIRD OF NAVICULAR YSCAPHOID" BONE OF UNSPECIFIED WRIST, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NONDISPLACED FRACTURE OF MIDDLE THIRD OF NAVICULAR YSCAPHOID" BONE OF LEFT WRIST, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF BODY OF HAMATE YUNCIFORM" BONE, RIGHT WRIST, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NONDISPLACED FRACTURE OF BODY OF HAMATE YUNCIFORM" BONE, RIGHT WRIST, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NONDISPLACED FRACTURE OF HOOK PROCESS OF HAMATE YUNCIFORM" BONE, RIGHT WRIST, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF BASE OF FOURTH METACARPAL BONE, RIGHT HAND, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF BASE OF UNSPECIFIED METACARPAL BONE, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NONDISPLACED FRACTURE OF BASE OF FIFTH METACARPAL BONE, LEFT HAND, SUB SEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF PROXIMAL PHALANX OF LEFT THUMB, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF PROXIMAL PHALANX OF RIGHT LITTLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF MIDDLE PHALANX OF LEFT RING FINGER, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED INJURY OF LEFT WRIST, HAND AND FINGER(S), INITIAL ENCOUNTER	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MECHANICAL LOOSENING OF UNSPECIFIED INTERNAL PROSTHETIC JOINT, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	BODY MASS INDEX (BMI) 28.0-28.9, ADULT	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PERSONAL HISTORY OF (HEALED) TRAUMATIC FRACTURE	3	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PRESENCE OF LEFT ARTIFICIAL SHOULDER JOINT	1	0		

Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	PAIN IN UNSPECIFIED LIMB	1	0		
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	0	1	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CUTANEOUS ABSCESS OF LEFT UPPER LIMB	0	1	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	0	2	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT SHOULDER	0	3	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT ELBOW	0	1	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT ELBOW	0	1	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT WRIST	0	2	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT WRIST	0	1	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT HAND	0	1	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT HAND	0	1	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	0	1	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF UPPER END OF RIGHT HUMERUS, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	0	1	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF UPPER END OF LEFT HUMERUS, SEQUELA	0	1	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	4-PART FRACTURE OF SURGICAL NECK OF RIGHT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF LOWER END OF RIGHT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER DISLOCATION OF LEFT SHOULDER JOINT, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF NAVICULAR "SCAPHOID" BONE OF RIGHT WRIST, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED INJURY OF LEFT WRIST, HAND AND FINGER(S), SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF NAVICULAR "SCAPHOID" OF RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Administrative	
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	2	0		
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	4	0		
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1	0		
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER SPECIFIED SITES	1	0		
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	CELLULITIS OF RIGHT UPPER LIMB	1	0		
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER	1	0		
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	1	0		
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	OTHER INSTABILITY, LEFT SHOULDER	1	0		
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	PAIN IN RIGHT SHOULDER	2	0		

Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	PAIN IN LEFT SHOULDER	5	0		
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	1	0		
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	1	0		
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	UNSPECIFIED FRACTURE OF NAVICULAR YSCAPHOID" BONE OF LEFT WRIST, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING	1	0		
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	OTHER MECHANICAL COMPLICATION OF OTHER BONE DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1	0		
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	0	1	Administrative	
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	PAIN IN RIGHT SHOULDER	0	1	Administrative	
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	0	1	Administrative	
Outpatient	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	Surgery, Orthopedic	PAIN IN RIGHT ARM	0	1	Administrative	
Outpatient	73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Surgery, Orthopedic	PAIN IN JOINTS OF RIGHT HAND	1	0		
Outpatient	73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Surgery, Orthopedic	FRACTURE OF UNSPECIFIED PART OF SCAPULA, RIGHT SHOULDER, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Surgery, Orthopedic	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	0	1	Administrative	
Outpatient	73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	0	1	Administrative	
Outpatient	73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Surgery, Orthopedic	PAIN IN RIGHT SHOULDER	0	1	Administrative	
Outpatient	73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Surgery, Orthopedic	PAIN IN JOINTS OF RIGHT HAND	0	1	Administrative	
Outpatient	73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Surgery, Orthopedic	FRACTURE OF UNSPECIFIED CARPAL BONE, LEFT WRIST, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Administrative	
Outpatient	73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, OTHER EXTREMITY	1	0		
Outpatient	73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	STRICTURE OF ARTERY	1	0		
Outpatient	73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	ANESTHESIA OF SKIN	1	0		
Outpatient	73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	BRACHIAL PLEXUS DISORDERS	0	2	Administrative	
Outpatient	73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	ANESTHESIA OF SKIN	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	BENIGN NEOPLASM OF SHORT BONES OF RIGHT UPPER LIMB	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	2	0		

Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	LUPUS ANTICOAGULANT SYNDROME	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	LESION OF RADIAL NERVE, LEFT UPPER LIMB	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	MONOPLÉGIA OF UPPER LIMB AFFECTING RIGHT DOMINANT SIDE	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PSORIASIS, UNSPECIFIED	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HAND	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	INFLAMMATORY POLYARTHROPATHY	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, LEFT SHOULDER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PRIMARY OSTEOARTHRITIS, RIGHT HAND	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	3	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	OTHER SPECIFIED ACQUIRED DEFORMITIES OF UNSPECIFIED LIMB	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	OTHER INSTABILITY, LEFT HAND	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN RIGHT SHOULDER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN LEFT SHOULDER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN LEFT WRIST	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN JOINTS OF LEFT HAND	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	STIFFNESS OF RIGHT HAND, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	STIFFNESS OF LEFT HAND, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT HAND	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT HAND	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	GANGLION, RIGHT ELBOW	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	GANGLION, RIGHT WRIST	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	GANGLION, RIGHT HAND	1	0		

Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	OTHER ENTHESOPATHIES, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	ENTHESOPATHY, UNSPECIFIED	2	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN RIGHT ARM	2	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN LEFT ARM	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN RIGHT FOREARM	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN LEFT FOREARM	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN RIGHT HAND	13	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN LEFT HAND	15	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN RIGHT FINGER(S)	3	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN LEFT FINGER(S)	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	OTHER SPECIFIED SOFT TISSUE DISORDERS	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PARTIAL PHYSEAL ARREST, LEFT DISTAL RADIUS	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	DISORDER OF BONE, UNSPECIFIED	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSPECIFIED	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	OTHER SPECIFIED CHROMOSOME ABNORMALITIES	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	LOCALIZED SWELLING, MASS AND LUMP, RIGHT UPPER LIMB	3	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	FRACTURE OF UNSPECIFIED PART OF SCAPULA, UNSPECIFIED SHOULDER, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	STRAIN OF MUSCLE, FASCIA AND TENDON OF OTHER PARTS OF BICEPS, RIGHT ARM, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	CONTUSION OF LEFT ELBOW, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	UNSPECIFIED FRACTURE OF SHAFT OF UNSPECIFIED ULNA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	TRAUMATIC RUPTURE OF RIGHT ULNAR COLLATERAL LIGAMENT, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	TRAUMATIC RUPTURE OF LEFT ULNAR COLLATERAL LIGAMENT, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	CONTUSION OF LEFT MIDDLE FINGER WITH DAMAGE TO NAIL, SUBSEQUENT ENCOUNTER	1	0		

Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	CONTUSION OF RIGHT HAND, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	UNSPECIFIED SUPERFICIAL INJURY OF LEFT HAND, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	LACERATION WITH FOREIGN BODY OF LEFT INDEX FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	UNSPECIFIED OPEN WOUND OF RIGHT HAND, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	UNSPECIFIED FRACTURE OF NAVICULAR "SCAPHOID" BONE OF LEFT WRIST, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	NONDISPLACED FRACTURE OF MIDDLE THIRD OF NAVICULAR "SCAPHOID" BONE OF LEFT WRIST, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	DISLOCATION OF PROXIMAL INTERPHALANGEAL JOINT OF RIGHT RING FINGER, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	SPRAIN OF CARPAL JOINT OF RIGHT WRIST, INITIAL ENCOUNTER	2	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	SPRAIN OF CARPAL JOINT OF RIGHT WRIST, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	UNSPECIFIED SPRAIN OF RIGHT THUMB, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	UNSPECIFIED SPRAIN OF LEFT THUMB, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	UNSPECIFIED SPRAIN OF RIGHT MIDDLE FINGER, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	UNSPECIFIED SPRAIN OF RIGHT LITTLE FINGER, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	SPRAIN OF METACARPOMETACARPAL JOINT OF RIGHT THUMB, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	SPRAIN OF METACARPOMETACARPAL JOINT OF UNSPECIFIED THUMB, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	SPRAIN OF METACARPOMETACARPAL JOINT OF LEFT INDEX FINGER, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	OTHER SPRAIN OF RIGHT THUMB, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	SPRAIN OF OTHER PART OF RIGHT WRIST AND HAND, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	SPRAIN OF OTHER PART OF LEFT WRIST AND HAND, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	SPRAIN OF UNSPECIFIED PART OF RIGHT WRIST AND HAND, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	INJURY OF ULNAR NERVE AT WRIST AND HAND LEVEL OF RIGHT ARM, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	UNSPECIFIED INJURY OF OTHER SPECIFIED MUSCLES, FASCIA AND TENDONS AT WRIST AND HAND LEVEL, RIGHT HAND, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	STRAIN OF OTHER SPECIFIED MUSCLES, FASCIA AND TENDONS AT WRIST AND HAND LEVEL, LEFT HAND, SEQUELA	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	UNSPECIFIED INJURY OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT WRIST AND HAND LEVEL, LEFT HAND, INITIAL ENCOUNTER	1	0		

Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	OTHER SPECIFIED INJURIES OF RIGHT WRIST, HAND AND FINGER(S), INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	UNSPECIFIED INJURY OF LEFT WRIST, HAND AND FINGER(S), INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	BITTEN BY DOG, INITIAL ENCOUNTER	1	0		
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	MALIGNANT NEOPLASM OF BRANCHIAL CLEFT	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT UPPER LIMB	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	ARTHROPATHIC PSORIASIS, UNSPECIFIED	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	INFLAMMATORY POLYARTHROPATHY	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	UNSPECIFIED DEFORMITY OF RIGHT FINGER(S)	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN RIGHT SHOULDER	0	2	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN LEFT SHOULDER	0	2	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN LEFT ELBOW	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN JOINTS OF RIGHT HAND	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED HAND	0	2	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT HAND	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED UPPER ARM	0	2	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT WRIST	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT UPPER ARM	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	ENTHESOPATHY, UNSPECIFIED	0	2	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN RIGHT ARM	0	2	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN LEFT ARM	0	4	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN ARM, UNSPECIFIED	0	1	Administrative	

Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN RIGHT UPPER ARM	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN LEFT FOREARM	0	2	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN RIGHT HAND	0	6	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN LEFT HAND	0	2	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN RIGHT FINGER(S)	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PAIN IN LEFT FINGER(S)	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	OTHER SPECIFIED SOFT TISSUE DISORDERS	0	2	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	PARTIAL PHYSEAL ARREST, LEFT DISTAL RADIUS	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	LOCALIZED SWELLING, MASS AND LUMP, LEFT UPPER LIMB	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	CONTUSION OF RIGHT SHOULDER, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	SPRAIN OF OTHER SPECIFIED PARTS OF RIGHT SHOULDER GIRDLE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	STRAIN OF MUSCLE, FASCIA AND TENDON OF OTHER PARTS OF BICEPS, RIGHT ARM, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	STRAIN OF MUSCLE, FASCIA AND TENDON OF OTHER PARTS OF BICEPS, LEFT ARM, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	UNSPECIFIED SUPERFICIAL INJURY OF LEFT HAND, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	UNSPECIFIED FRACTURE OF RIGHT WRIST AND HAND, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	UNSPECIFIED SPRAIN OF RIGHT INDEX FINGER, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Hospital	SPRAIN OF METACARPOPHALANGEAL JOINT OF LEFT THUMB, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITH CONTRAST MATERIAL	Hospital	PAIN IN UNSPECIFIED JOINT	1	0		
Outpatient	73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITH CONTRAST MATERIAL	Hospital	PAIN IN RIGHT UPPER ARM	0	1	Administrative	
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	CHRONIC VIRAL HEPATITIS C	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED INFECTIOUS DISEASE	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		

Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN, UNSPECIFIED	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	5	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	MERKEL CELL CARCINOMA OF LEFT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF SCAPULA AND LONG BONES OF LEFT UPPER LIMB	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN LIPOMATOUS NEOPLASM OF SKIN AND SUBCUTANEOUS TISSUE OF LEFT ARM	2	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF LEFT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF OTHER SPECIFIED SITES	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	BRACHIAL PLEXUS DISORDERS	5	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	LOCAL INFECTION OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	RHEUMATOID ARTHRITIS, UNSPECIFIED	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	EFFUSION, UNSPECIFIED JOINT	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN UNSPECIFIED JOINT	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN LEFT SHOULDER	1	0		

Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN RIGHT ELBOW	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED JOINT DISORDERS, LEFT HAND	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN RIGHT UPPER ARM	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN LEFT UPPER ARM	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN RIGHT HAND	3	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN LEFT HAND	4	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN LEFT FINGER(S)	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	FIBROMYALGIA	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED SOFT TISSUE DISORDERS	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	ACUTE HEMATOGENOUS OSTEOMYELITIS, RIGHT HAND	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER ACUTE OSTEOMYELITIS, OTHER SITE	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER CHRONIC OSTEOMYELITIS, LEFT HAND	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	OSTEOLYSIS, LEFT SHOULDER	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF BONE, SHOULDER	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, RIGHT UPPER LIMB	5	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, LEFT UPPER LIMB	7	0		

Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	STRAIN OF MUSCLE, FASCIA AND TENDON OF OTHER PARTS OF BICEPS, RIGHT ARM, INITIAL ENCOUNTER	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED OPEN WOUND OF RIGHT HAND, INITIAL ENCOUNTER	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	STRAIN OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT WRIST AND HAND LEVEL, UNSPECIFIED HAND, INITIAL ENCOUNTER	1	0		
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	0	1	Administrative	
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	POLYNEUROPATHY, UNSPECIFIED	0	1	Administrative	
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT HAND	0	1	Administrative	
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	PRIMARY OSTEOARTHRITIS, RIGHT HAND	0	1	Administrative	
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN UNSPECIFIED JOINT	0	2	Administrative	
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN THORACIC SPINE	0	1	Administrative	
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT HAND	0	1	Administrative	
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN RIGHT HAND	0	1	Administrative	
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN RIGHT FINGER(S)	0	2	Administrative	
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	OSTEOLYSIS, LEFT SHOULDER	0	1	Administrative	

Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	ANESTHESIA OF SKIN	0	1	Administrative	
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, RIGHT UPPER LIMB	0	1	Administrative	
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	INJURY OF BRACHIAL PLEXUS, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Free Standing Imaging Center	STRAIN OF MUSCLE, FASCIA AND TENDON OF OTHER PARTS OF BICEPS, RIGHT ARM, SEQUELA	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	DISORDERS OF OTHER SPECIFIED CRANIAL NERVES	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	BRACHIAL PLEXUS DISORDERS	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	LESION OF ULNAR NERVE, RIGHT UPPER LIMB	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	CAUSALGIA OF LEFT UPPER LIMB	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	ACUTE PAIN DUE TO TRAUMA	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER CHRONIC PAIN	18	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT SHOULDER WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	RHEUMATOID ARTHRITIS, UNSPECIFIED	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER	4	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED ARTHRITIS, LEFT SHOULDER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS OF FIRST CARPOMETACARPAL JOINT, LEFT HAND	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	13	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	6	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	4	0		

Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PRIMARY OSTEOARTHRITIS, RIGHT ELBOW	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PRIMARY OSTEOARTHRITIS, RIGHT WRIST	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT SHOULDER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT WRIST	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED ACQUIRED DEFORMITIES OF RIGHT UPPER ARM	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	CHONDROMALACIA PATELLAE, LEFT KNEE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	LOOSE BODY IN UNSPECIFIED JOINT	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	LOOSE BODY IN LEFT ELBOW	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT SHOULDER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT ELBOW	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	DISORDER OF LIGAMENT, RIGHT ELBOW	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	DISORDER OF LIGAMENT, LEFT ELBOW	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	DISORDER OF LIGAMENT, RIGHT WRIST	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	DISORDER OF LIGAMENT, LEFT WRIST	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	RECURRENT DISLOCATION, RIGHT SHOULDER	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	RECURRENT DISLOCATION, LEFT SHOULDER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	RECURRENT DISLOCATION, UNSPECIFIED SHOULDER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED	8	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED	4	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT WRIST, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	JOINT DERANGEMENT, UNSPECIFIED	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	HEMARTHROSIS, LEFT SHOULDER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	HEMARTHROSIS, LEFT ELBOW	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	FISTULA, RIGHT SHOULDER	1	0		

Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN UNSPECIFIED WRIST	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN JOINTS OF UNSPECIFIED HAND	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN RIGHT KNEE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	STIFFNESS OF RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED	3	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED JOINT DISORDERS, RIGHT SHOULDER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED JOINT DISORDERS, LEFT SHOULDER	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED JOINT DISORDERS, LEFT ELBOW	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPINAL STENOSIS, CERVICAL REGION	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER CERVICAL DISC DEGENERATION AT C5-C6 LEVEL	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	RADICULOPATHY, CERVICAL REGION	5	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	CERVICALGIA	3	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	MUSCLE WEAKNESS (GENERALIZED)	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	RADIAL STYLOID TENOSYNOVITIS (DE QUERVAIN)	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT FOREARM	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SYNOVITIS AND TENOSYNOVITIS, OTHER SITE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT UPPER ARM	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, UNSPECIFIED SITE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT UPPER ARM	3	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPONTANEOUS RUPTURE OF OTHER TENDONS, LEFT UPPER ARM	4	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED UPPER ARM	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	GANGLION, RIGHT ELBOW	1	0		

Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	GANGLION, RIGHT WRIST	6	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	GANGLION, LEFT WRIST	3	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT SHOULDER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED DISORDERS OF TENDON, RIGHT SHOULDER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED DISORDERS OF TENDON, LEFT SHOULDER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED DISORDERS OF TENDON, LEFT ELBOW	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT WRIST	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT SHOULDER	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, LEFT SHOULDER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT UPPER ARM	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	8	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	ADHESIVE CAPSULITIS OF LEFT SHOULDER	10	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF UNSPECIFIED SHOULDER, NOT SPECIFIED AS TRAUMATIC	5	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	32	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	13	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	INCOMPLETE ROTATOR CUFF TEAR OR RUPTURE OF UNSPECIFIED SHOULDER, NOT SPECIFIED AS TRAUMATIC	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	INCOMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	12	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	INCOMPLETE ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	8	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF UNSPECIFIED SHOULDER, NOT SPECIFIED AS TRAUMATIC	3	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	38	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	24	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	BICIPITAL TENDINITIS, RIGHT SHOULDER	7	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	BICIPITAL TENDINITIS, LEFT SHOULDER	5	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	CALCIFIC TENDINITIS OF RIGHT SHOULDER	2	0		

Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	CALCIFIC TENDINITIS OF LEFT SHOULDER	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER	3	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	33	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	IMPINGEMENT SYNDROME OF LEFT SHOULDER	20	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	BURSITIS OF RIGHT SHOULDER	7	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	BURSITIS OF LEFT SHOULDER	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SHOULDER LESIONS, UNSPECIFIED SHOULDER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SHOULDER LESIONS, RIGHT SHOULDER	6	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SHOULDER LESIONS, LEFT SHOULDER	5	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	MEDIAL EPICONDYLITIS, RIGHT ELBOW	3	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	MEDIAL EPICONDYLITIS, LEFT ELBOW	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	LATERAL EPICONDYLITIS, RIGHT ELBOW	12	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	LATERAL EPICONDYLITIS, LEFT ELBOW	6	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER ENTHESOPATHIES, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	ENTHESOPATHY, UNSPECIFIED	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	MYALGIA, OTHER SITE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN LEFT ARM	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN RIGHT UPPER ARM	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN LEFT FOREARM	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN LEFT HAND	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN RIGHT FINGER(S)	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	FIBROMYALGIA	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OSTEOLYSIS, LEFT SHOULDER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED OSTEOCHONDROPATHIES, RIGHT UPPER ARM	1	0		

Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	LOCALIZED SWELLING, MASS AND LUMP, LEFT UPPER LIMB	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN, UNSPECIFIED	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	WEAKNESS	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	CONTUSION OF RIGHT SHOULDER, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	FRACTURE OF UNSPECIFIED PART OF SCAPULA, LEFT SHOULDER, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	FRACTURE OF OTHER PART OF SCAPULA, RIGHT SHOULDER, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED FRACTURE OF UPPER END OF RIGHT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	DISPLACED FRACTURE OF GREATER TUBEROSITY OF LEFT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	NONDISPLACED FRACTURE OF GREATER TUBEROSITY OF RIGHT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED FRACTURE OF LOWER END OF LEFT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	DISPLACED FRACTURE (AVULSION) OF MEDIAL EPICONDYLE OF RIGHT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	NONDISPLACED FRACTURE (AVULSION) OF MEDIAL EPICONDYLE OF RIGHT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	FRACTURE OF LEFT SHOULDER GIRDLE, PART UNSPECIFIED, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED DISLOCATION OF RIGHT SHOULDER JOINT, INITIAL ENCOUNTER	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED DISLOCATION OF LEFT SHOULDER JOINT, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED DISLOCATION OF LEFT SHOULDER JOINT, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED DISLOCATION OF RIGHT ACROMIOCLAVICULAR JOINT, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED DISLOCATION OF RIGHT ACROMIOCLAVICULAR JOINT, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	DISLOCATION OF OTHER PARTS OF RIGHT SHOULDER GIRDLE, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED SPRAIN OF RIGHT SHOULDER JOINT, INITIAL ENCOUNTER	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED SPRAIN OF LEFT SHOULDER JOINT, INITIAL ENCOUNTER	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPRAIN OF RIGHT ROTATOR CUFF CAPSULE, INITIAL ENCOUNTER	4	0		

Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER INJURY OF MUSCLE, FASCIA AND TENDON OF OTHER PARTS OF BICEPS, LEFT ARM, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	STRAIN OF MUSCLE, FASCIA AND TENDON OF TRICEPS, RIGHT ARM, INITIAL ENCOUNTER	3	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	STRAIN OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT SHOULDER AND UPPER ARM LEVEL, RIGHT ARM, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED PHYSEAL FRACTURE OF UPPER END OF HUMERUS, RIGHT ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED INJURY OF RIGHT SHOULDER AND UPPER ARM, INITIAL ENCOUNTER	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED INJURY OF LEFT SHOULDER AND UPPER ARM, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	DISPLACED FRACTURE OF OLECRANON PROCESS WITH INTRAARTICULAR EXTENSION OF LEFT ULNA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED FRACTURE OF SHAFT OF RIGHT ULNA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED FRACTURE OF THE LOWER END OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER FRACTURES OF LOWER END OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED DISLOCATION OF LEFT ULNOHUMERAL JOINT, INITIAL ENCOUNTER	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED SPRAIN OF RIGHT ELBOW, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	RADIAL COLLATERAL LIGAMENT SPRAIN OF RIGHT ELBOW, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	ULNAR COLLATERAL LIGAMENT SPRAIN OF RIGHT ELBOW, INITIAL ENCOUNTER	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	ULNAR COLLATERAL LIGAMENT SPRAIN OF LEFT ELBOW, INITIAL ENCOUNTER	3	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPRAIN OF RIGHT ELBOW, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPRAIN OF RIGHT ELBOW, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	STRAIN OF OTHER EXTENSOR MUSCLE, FASCIA AND TENDON AT FOREARM LEVEL, RIGHT ARM, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	STRAIN OF OTHER EXTENSOR MUSCLE, FASCIA AND TENDON AT FOREARM LEVEL, UNSPECIFIED ARM, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED INJURY OF RIGHT ELBOW, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED INJURY OF UNSPECIFIED ELBOW, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	CONTUSION OF LEFT WRIST, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED FRACTURE OF NAVICULAR "SCAPHOID" BONE OF RIGHT WRIST, INITIAL ENCOUNTER FOR CLOSED FRACTURE	3	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED FRACTURE OF NAVICULAR "SCAPHOID" BONE OF LEFT WRIST, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		

Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED FRACTURE OF NAVICULAR YSCAPHOID" BONE OF UNSPECIFIED WRIST, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	NONDISPLACED FRACTURE OF MIDDLE THIRD OF NAVICULAR YSCAPHOID" BONE OF RIGHT WRIST, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	DISPLACED FRACTURE OF PROXIMAL THIRD OF NAVICULAR YSCAPHOID" BONE OF LEFT WRIST, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	NONDISPLACED FRACTURE OF PROXIMAL THIRD OF NAVICULAR YSCAPHOID" BONE OF RIGHT WRIST, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	NONDISPLACED FRACTURE OF BODY OF HAMATE YUNCIFORM" BONE, RIGHT WRIST, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	DISPLACED FRACTURE OF MIDDLE PHALANX OF RIGHT RING FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SUBLUXATION OF LEFT WRIST AND HAND, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED SPRAIN OF RIGHT WRIST, SUBSEQUENT ENCOUNTER	2	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED SPRAIN OF LEFT WRIST, INITIAL ENCOUNTER	3	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPRAIN OF CARPAL JOINT OF RIGHT WRIST, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPRAIN OF CARPAL JOINT OF RIGHT WRIST, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPRAIN OF CARPAL JOINT OF LEFT WRIST, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED SPRAIN OF RIGHT WRIST, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED SPRAIN OF LEFT WRIST, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED SPRAIN OF UNSPECIFIED WRIST, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED SPRAIN OF RIGHT INDEX FINGER, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPRAIN OF METACARPOPHALANGEAL JOINT OF RIGHT THUMB, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPRAIN OF OTHER PART OF RIGHT WRIST AND HAND, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPRAIN OF OTHER PART OF LEFT WRIST AND HAND, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED INJURIES OF RIGHT WRIST, HAND AND FINGER(S), INITIAL ENCOUNTER	4	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED INJURIES OF LEFT WRIST, HAND AND FINGER(S), SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED INJURY OF LEFT WRIST, HAND AND FINGER(S), INITIAL ENCOUNTER	1	0		

Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	DISPLACED FRACTURE OF MEDIAL CONDYLE OF RIGHT TIBIA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED FALL, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED POSTPROCEDURAL STATES	3	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Physical Medicine & Rehabilitation	LATERAL EPICONDYLITIS, LEFT ELBOW	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Surgery, Orthopedic	PAIN IN LEFT SHOULDER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Surgery, Orthopedic	UNSPECIFIED DISLOCATION OF LEFT SHOULDER JOINT, INITIAL ENCOUNTER	1	0		
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVEMENT DISORDERS	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	NERVE ROOT AND PLEXUS DISORDER, UNSPECIFIED	0	2	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	CARPAL TUNNEL SYNDROME, UNSPECIFIED UPPER LIMB	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED MONONEUROPATHY OF LEFT UPPER LIMB	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	POLYNEUROPATHY, UNSPECIFIED	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER CHRONIC PAIN	0	8	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	TRAUMATIC ARTHROPATHY, LEFT SHOULDER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	ARTHROPATHY, UNSPECIFIED	0	2	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PRIMARY OSTEOARTHRITIS, RIGHT SHOULDER	0	3	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SHOULDER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED ELBOW	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT WRIST	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED	0	2	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	JOINT DERANGEMENT, UNSPECIFIED	0	2	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER INSTABILITY, RIGHT SHOULDER	0	2	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER INSTABILITY, LEFT SHOULDER	0	2	Administrative	

Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	EFFUSION, RIGHT SHOULDER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	EFFUSION, LEFT KNEE	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN RIGHT SHOULDER	0	1	Administrative	OVERTURNED
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN RIGHT SHOULDER	0	95	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN LEFT SHOULDER	0	89	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN UNSPECIFIED SHOULDER	0	7	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN RIGHT ELBOW	0	9	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN LEFT ELBOW	0	3	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN RIGHT WRIST	0	6	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN LEFT WRIST	0	9	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN UNSPECIFIED WRIST	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN LEFT HIP	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	STIFFNESS OF RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED	0	2	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED JOINT DISORDERS, RIGHT SHOULDER	0	3	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	JOINT DISORDER, UNSPECIFIED	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPONDYLOLYSIS, CERVICAL REGION	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, CERVICAL REGION	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	RADICULOPATHY, CERVICAL REGION	0	4	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	CERVICALGIA	0	3	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SCIATICA, RIGHT SIDE	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	LOW BACK PAIN	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	DORSALGIA, UNSPECIFIED	0	1	Administrative	

Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED DISORDERS OF MUSCLE	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	RADIAL STYLOID TENOSYNOVITIS (DE QUERVAIN)	0	2	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED UPPER ARM	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	GANGLION, RIGHT WRIST	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	GANGLION, LEFT WRIST	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	GANGLION, RIGHT HAND	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT WRIST	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT SHOULDER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, UNSPECIFIED SHOULDER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, LEFT UPPER ARM	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	0	2	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	ADHESIVE CAPSULITIS OF LEFT SHOULDER	0	5	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	0	12	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	0	8	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	INCOMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	0	3	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	INCOMPLETE ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	0	3	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF UNSPECIFIED SHOULDER, NOT SPECIFIED AS TRAUMATIC	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	0	3	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	0	5	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	BICIPITAL TENDINITIS, RIGHT SHOULDER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	BICIPITAL TENDINITIS, LEFT SHOULDER	0	3	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	0	1	Administrative	OVERTURNED
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	0	8	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	IMPINGEMENT SYNDROME OF LEFT SHOULDER	0	1	Administrative	

Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	BURSITIS OF UNSPECIFIED SHOULDER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	BURSITIS OF RIGHT SHOULDER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	BURSITIS OF LEFT SHOULDER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SHOULDER LESIONS, RIGHT SHOULDER	0	3	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	MEDIAL EPICONDYLITIS, RIGHT ELBOW	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	LATERAL EPICONDYLITIS, RIGHT ELBOW	0	4	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	LATERAL EPICONDYLITIS, LEFT ELBOW	0	3	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN RIGHT ARM	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN LEFT ARM	0	2	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN IN LEFT FOREARM	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	LOCALIZED SWELLING, MASS AND LUMP, NECK	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED UPPER LIMB	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	LOCALIZED SWELLING, MASS AND LUMP, UPPER LIMB, BILATERAL	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PAIN, UNSPECIFIED	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	STRAIN OF MUSCLE AND TENDON OF BACK WALL OF THORAX, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	CONTUSION OF RIGHT SHOULDER, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	FRACTURE OF LEFT SHOULDER GIRDLE, PART UNSPECIFIED, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPRAIN OF RIGHT ROTATOR CUFF CAPSULE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPRAIN OF LEFT ROTATOR CUFF CAPSULE, INITIAL ENCOUNTER	0	2	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPRAIN OF RIGHT SHOULDER JOINT, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPRAIN OF LEFT ACROMIOCLAVICULAR JOINT, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPRAIN OF OTHER SPECIFIED PARTS OF RIGHT SHOULDER GIRDLE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED INJURY OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF LEFT SHOULDER, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED INJURY OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF LEFT SHOULDER, SUBSEQUENT ENCOUNTER	0	1	Administrative	

Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, INITIAL ENCOUNTER	0	2	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF LEFT SHOULDER, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER INJURY OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER INJURY OF MUSCLE, FASCIA AND TENDON OF OTHER PARTS OF BICEPS, RIGHT ARM, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	STRAIN OF OTHER MUSCLES, FASCIA AND TENDONS AT SHOULDER AND UPPER ARM LEVEL, LEFT ARM, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	STRAIN OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT SHOULDER AND UPPER ARM LEVEL, RIGHT ARM, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED INJURY OF SHOULDER AND UPPER ARM, UNSPECIFIED ARM, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED INJURY OF RIGHT SHOULDER AND UPPER ARM, INITIAL ENCOUNTER	0	3	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	ULNAR COLLATERAL LIGAMENT SPRAIN OF RIGHT ELBOW, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	ULNAR COLLATERAL LIGAMENT SPRAIN OF UNSPECIFIED ELBOW, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED INJURY OF RIGHT ELBOW, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED INJURY OF LEFT ELBOW, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED INJURY OF UNSPECIFIED ELBOW, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER	0	2	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED SPRAIN OF RIGHT WRIST, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED SPRAIN OF LEFT WRIST, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED SPRAIN OF LEFT WRIST, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	OTHER SPECIFIED SPRAIN OF UNSPECIFIED WRIST, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	SPRAIN OF OTHER PART OF LEFT WRIST AND HAND, INITIAL ENCOUNTER	0	2	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	STRAIN OF OTHER SPECIFIED MUSCLES, FASCIA AND TENDONS AT WRIST AND HAND LEVEL, LEFT HAND, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	UNSPECIFIED INJURY OF RIGHT WRIST, HAND AND FINGER(S), INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;WITHOUT CONTRAST MATERIAL(S)	Ambulatory Surgery Center	PERSON INJURED IN UNSPECIFIED MOTOR-VEHICLE ACCIDENT, TRAFFIC, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	LESION OF ULNAR NERVE, UNSPECIFIED UPPER LIMB	1	0		

Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	CHRONIC PAIN DUE TO TRAUMA	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER CHRONIC POSTPROCEDURAL PAIN	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER CHRONIC PAIN	4	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	CUTANEOUS ABSCESS OF RIGHT UPPER LIMB	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	3	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PRIMARY OSTEOARTHRITIS, LEFT WRIST	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED WRIST	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	RECURRENT DISLOCATION, RIGHT SHOULDER	2	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	CONTRACTURE, RIGHT SHOULDER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED	3	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT SHOULDER, NOT ELSEWHERE CLASSIFIED	6	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER INSTABILITY, RIGHT SHOULDER	9	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER INSTABILITY, LEFT SHOULDER	11	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	EFFUSION, RIGHT SHOULDER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	EFFUSION, RIGHT ELBOW	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT SHOULDER	55	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT SHOULDER	45	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN UNSPECIFIED SHOULDER	5	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT ELBOW	4	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT ELBOW	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT WRIST	9	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT WRIST	4	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT HIP	1	0		

Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	CERVICALGIA	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	TRANSIENT SYNOVITIS, RIGHT ELBOW	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT SHOULDER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	ADHESIVE CAPSULITIS OF LEFT SHOULDER	4	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	3	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	2	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	INCOMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	INCOMPLETE ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	2	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF UNSPECIFIED SHOULDER, NOT SPECIFIED AS TRAUMATIC	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	7	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	8	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	BICIPITAL TENDINITIS, RIGHT SHOULDER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	BICIPITAL TENDINITIS, LEFT SHOULDER	3	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	4	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	IMPINGEMENT SYNDROME OF LEFT SHOULDER	4	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SHOULDER LESIONS, RIGHT SHOULDER	2	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	MEDIAL EPICONDYLITIS, LEFT ELBOW	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER CONGENITAL MALFORMATIONS OF UPPER LIMB(S), INCLUDING SHOULDER GIRDLE	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED SUBLUXATION OF RIGHT SHOULDER JOINT, INITIAL ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED DISLOCATION OF RIGHT SHOULDER JOINT, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED DISLOCATION OF LEFT SHOULDER JOINT, INITIAL ENCOUNTER	3	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	ANTERIOR SUBLUXATION OF LEFT HUMERUS, INITIAL ENCOUNTER	2	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	ANTERIOR DISLOCATION OF RIGHT HUMERUS, INITIAL ENCOUNTER	1	0		

Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER DISLOCATION OF RIGHT SHOULDER JOINT, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED SPRAIN OF RIGHT SHOULDER JOINT, INITIAL ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED SPRAIN OF LEFT SHOULDER JOINT, INITIAL ENCOUNTER	2	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SPRAIN OF LEFT ROTATOR CUFF CAPSULE, INITIAL ENCOUNTER	2	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SPRAIN OF LEFT ROTATOR CUFF CAPSULE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SPRAIN OF UNSPECIFIED ROTATOR CUFF CAPSULE, INITIAL ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SUPERIOR GLENOID LABRUM LESION OF RIGHT SHOULDER, INITIAL ENCOUNTER	16	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SUPERIOR GLENOID LABRUM LESION OF RIGHT SHOULDER, SUBSEQUENT ENCOUNTER	2	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, INITIAL ENCOUNTER	12	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, SUBSEQUENT ENCOUNTER	2	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SUPERIOR GLENOID LABRUM LESION OF UNSPECIFIED SHOULDER, INITIAL ENCOUNTER	3	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED INJURY OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF LEFT SHOULDER, INITIAL ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, INITIAL ENCOUNTER	2	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF LEFT SHOULDER, INITIAL ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	STRAIN OF MUSCLE, FASCIA AND TENDON OF LONG HEAD OF BICEPS, RIGHT ARM, INITIAL ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	STRAIN OF MUSCLE, FASCIA AND TENDON OF LONG HEAD OF BICEPS, LEFT ARM, INITIAL ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED INJURY OF MUSCLE, FASCIA AND TENDON OF TRICEPS, LEFT ARM, INITIAL ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	STRAIN OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT SHOULDER AND UPPER ARM LEVEL, LEFT ARM, INITIAL ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	MEDIAL DISLOCATION OF RIGHT ULNOHUMERAL JOINT, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED SPRAIN OF RIGHT ELBOW, INITIAL ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	ULNAR COLLATERAL LIGAMENT SPRAIN OF RIGHT ELBOW, INITIAL ENCOUNTER	4	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	ULNAR COLLATERAL LIGAMENT SPRAIN OF LEFT ELBOW, INITIAL ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	ULNAR COLLATERAL LIGAMENT SPRAIN OF UNSPECIFIED ELBOW, INITIAL ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPRAIN OF RIGHT ELBOW, INITIAL ENCOUNTER	1	0		

Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	NONDISPLACED FRACTURE OF TRIQUETRUM "CUNEIFORM" BONE, LEFT WRIST, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	TRAUMATIC RUPTURE OF OTHER LIGAMENT OF UNSPECIFIED WRIST, INITIAL ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED SPRAIN OF LEFT WRIST, INITIAL ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED SPRAIN OF LEFT WRIST, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SPRAIN OF CARPAL JOINT OF RIGHT WRIST, INITIAL ENCOUNTER	3	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED SPRAIN OF LEFT WRIST, INITIAL ENCOUNTER	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED INJURIES OF RIGHT WRIST, HAND AND FINGER(S), INITIAL ENCOUNTER	2	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED INJURIES OF LEFT WRIST, HAND AND FINGER(S), INITIAL ENCOUNTER	2	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED INJURY OF LEFT WRIST, HAND AND FINGER(S), INITIAL ENCOUNTER	2	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	ENCOUNTER FOR FOLLOW-UP EXAMINATION AFTER COMPLETED TREATMENT FOR CONDITIONS OTHER THAN MALIGNANT NEOPLASM	1	0		
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER CHRONIC PAIN	0	1	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED ACQUIRED DEFORMITIES OF RIGHT UPPER ARM	0	1	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT SHOULDER, NOT ELSEWHERE CLASSIFIED	0	2	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER INSTABILITY, RIGHT SHOULDER	0	2	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT SHOULDER	0	13	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT ELBOW	0	2	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT WRIST	0	1	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT WRIST	0	1	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	CERVICALGIA	0	2	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	0	1	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	0	2	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	BICIPITAL TENDINITIS, LEFT SHOULDER	0	1	Administrative	

Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	0	2	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER ENTHESOPATHIES, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED DISLOCATION OF RIGHT SHOULDER JOINT, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED SPRAIN OF RIGHT SHOULDER JOINT, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED SPRAIN OF LEFT SHOULDER JOINT, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SPRAIN OF LEFT ROTATOR CUFF CAPSULE, INITIAL ENCOUNTER	0	4	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SUPERIOR GLENOID LABRUM LESION OF RIGHT SHOULDER, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, INITIAL ENCOUNTER	0	6	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	STRAIN OF OTHER MUSCLES, FASCIA AND TENDONS AT SHOULDER AND UPPER ARM LEVEL, RIGHT ARM, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	ULNAR COLLATERAL LIGAMENT SPRAIN OF UNSPECIFIED ELBOW, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	TRAUMATIC RUPTURE OF OTHER LIGAMENT OF UNSPECIFIED WRIST, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	MERKEL CELL CARCINOMA OF LEFT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	BENIGN LIPOMATOUS NEOPLASM OF SKIN AND SUBCUTANEOUS TISSUE OF LEFT ARM	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	HEMANGIOMA UNSPECIFIED SITE	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD, FACE AND NECK	1	0		

Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF LEFT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	LESION OF ULNAR NERVE, LEFT UPPER LIMB	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	OTHER CHRONIC PAIN	2	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	INFLAMMATORY POLYARTHROPATHY	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	PRIMARY OSTEOARTHRITIS, LEFT SHOULDER	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	PAIN IN RIGHT SHOULDER	4	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	PAIN IN LEFT SHOULDER	2	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	PAIN IN UNSPECIFIED SHOULDER	2	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	PAIN IN RIGHT ELBOW	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	PAIN IN RIGHT WRIST	2	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	PAIN IN JOINTS OF RIGHT HAND	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	PAIN IN RIGHT HIP	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	STIFFNESS OF RIGHT WRIST, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	OTHER SPECIFIED JOINT DISORDERS, RIGHT SHOULDER	1	0		

Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	OTHER SPECIFIED JOINT DISORDERS, LEFT WRIST	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT HAND	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED HAND	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	GANGLION, UNSPECIFIED SITE	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	OTHER INFECTIVE BURSTITIS, UNSPECIFIED SITE	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	BICIPITAL TENDINITIS, RIGHT SHOULDER	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	IMPINGEMENT SYNDROME OF LEFT SHOULDER	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	PARESTHESIA OF SKIN	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, RIGHT UPPER LIMB	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, LEFT UPPER LIMB	6	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER PARTS OF MUSCULOSKELETAL SYSTEM	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	ABNORMAL RESULTS OF FUNCTION STUDIES OF OTHER ORGANS AND SYSTEMS	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	SPRAIN OF UNSPECIFIED ROTATOR CUFF CAPSULE, INITIAL ENCOUNTER	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	SUPERIOR GLENOID LABRUM LESION OF LEFT SHOULDER, INITIAL ENCOUNTER	1	0		

Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF LEFT SHOULDER, INITIAL ENCOUNTER	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	UNSPECIFIED DISLOCATION OF RIGHT RADIAL HEAD, SEQUELA	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	ULNAR COLLATERAL LIGAMENT SPRAIN OF RIGHT ELBOW, INITIAL ENCOUNTER	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER	1	0		
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	POLYNEUROPATHY, UNSPECIFIED	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	OTHER CHRONIC PAIN	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	INFLAMMATORY POLYARTHROPATHY	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT ELBOW, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	EFFUSION, UNSPECIFIED JOINT	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	PAIN IN RIGHT SHOULDER	0	6	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	PAIN IN LEFT SHOULDER	0	2	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	PAIN IN RIGHT ELBOW	0	1	Administrative	

Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	RADICULOPATHY, CERVICAL REGION	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	CERVICALGIA	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	OTHER SPECIFIED DISORDERS OF TENDON, LEFT SHOULDER	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	OTHER SPECIFIED DISORDERS OF SYNOVIUM, RIGHT ELBOW	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	OSTEOLYSIS, LEFT SHOULDER	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, RIGHT UPPER LIMB	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, LEFT UPPER LIMB	0	2	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, LEFT LOWER LIMB	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	FRACTURE OF UNSPECIFIED PART OF SCAPULA, UNSPECIFIED SHOULDER, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	STRAIN OF MUSCLE, FASCIA AND TENDON OF TRICEPS, LEFT ARM, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	UNSPECIFIED INJURY OF RIGHT SHOULDER AND UPPER ARM, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	OTHER SPECIFIED SPRAIN OF LEFT WRIST, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIALS	Free Standing Imaging Center	PAIN IN RIGHT ARM	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LESION OF LATERAL POPLITEAL NERVE, RIGHT LOWER LIMB	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER CHRONIC PAIN	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ACQUIRED KERATOSIS (KERATODERMA) PALMARIS ET PLANTARIS	1	0		

Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED ARTHRITIS, RIGHT ANKLE AND FOOT	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHARCOT'S JOINT, LEFT ANKLE AND FOOT	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	9	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	4	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	17	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	22	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	3	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PRIMARY OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	POST-TRAUMATIC OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	POST-TRAUMATIC OSTEOARTHRITIS, LEFT ANKLE AND FOOT	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	POST-TRAUMATIC OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	HALLUX VALGUS (ACQUIRED), RIGHT FOOT	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	VALGUS DEFORMITY, NOT ELSEWHERE CLASSIFIED, LEFT HIP	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNEQUAL LIMB LENGTH (ACQUIRED), RIGHT FEMUR	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PATELLOFEMORAL DISORDERS, RIGHT KNEE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHONDROMALACIA PATELLAE, RIGHT KNEE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CHRONIC INSTABILITY OF KNEE, RIGHT KNEE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CONTRACTURE, RIGHT ANKLE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	EFFUSION, LEFT KNEE	1	0		

Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	EFFUSION, UNSPECIFIED KNEE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT HIP	5	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT HIP	4	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN UNSPECIFIED HIP	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT KNEE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT KNEE	8	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN UNSPECIFIED KNEE	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	10	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	4	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED HIP	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED JOINT DISORDERS, LEFT ANKLE AND FOOT	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PLANTAR FASCIAL FIBROMATOSIS	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PERONEAL TENDINITIS, RIGHT LEG	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	METATARSALGIA, LEFT FOOT	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT THIGH	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT LOWER LEG	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT FOOT	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT FOOT	3	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	STRESS FRACTURE, RIGHT TIBIA, INITIAL ENCOUNTER FOR FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	IDIOPATHIC ASEPTIC NECROSIS OF UNSPECIFIED BONE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER OSTEONECROSIS, LEFT FEMUR	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OSTEOCHONDRITIS DISSECANS, RIGHT ANKLE AND JOINTS OF RIGHT FOOT	1	0		

Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	Other congenital varus deformities of feet, left foot	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, LEFT LOWER LIMB	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	FRACTURE OF UNSPECIFIED PART OF NECK OF LEFT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH DELAYED HEALING	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER FRACTURE OF SHAFT OF LEFT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH NONUNION	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NONDISPLACED FRACTURE OF MEDIAL CONDYLE OF LEFT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF LEFT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SUPERFICIAL FOREIGN BODY, RIGHT LOWER LEG, INITIAL ENCOUNTER	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED COMMINUTED FRACTURE OF RIGHT PATELLA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF UPPER END OF UNSPECIFIED TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED BICONDYLAR FRACTURE OF LEFT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER FRACTURE OF UPPER END OF RIGHT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF SHAFT OF RIGHT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED COMMINUTED FRACTURE OF SHAFT OF RIGHT TIBIA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER FRACTURE OF LOWER END OF RIGHT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER FRACTURE OF LOWER END OF LEFT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF SHAFT OF UNSPECIFIED FIBULA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF MEDIAL MALLEOLUS OF LEFT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF LATERAL MALLEOLUS OF LEFT FIBULA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED BIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED BIMALLEOLAR FRACTURE OF LEFT LOWER LEG, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED TRIMALLEOLAR FRACTURE OF RIGHT LOWER LEG, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED PILON FRACTURE OF RIGHT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER TEAR OF MEDIAL MENISCUS, CURRENT INJURY, RIGHT KNEE, INITIAL ENCOUNTER	2	0		

Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER TEAR OF LATERAL MENISCUS, CURRENT INJURY, UNSPECIFIED KNEE, INITIAL ENCOUNTER	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SALTER-HARRIS TYPE II PHYSEAL FRACTURE OF LOWER END OF RIGHT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SALTER-HARRIS TYPE III PHYSEAL FRACTURE OF LOWER END OF LEFT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED INJURY OF RIGHT LOWER LEG, INITIAL ENCOUNTER	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF RIGHT CALCANEUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF LEFT CALCANEUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF BODY OF LEFT CALCANEUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF ANTERIOR PROCESS OF RIGHT CALCANEUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NONDISPLACED OTHER FRACTURE OF TUBEROSITY OF RIGHT CALCANEUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED OTHER EXTRAARTICULAR FRACTURE OF RIGHT CALCANEUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED INTRAARTICULAR FRACTURE OF RIGHT CALCANEUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NONDISPLACED FRACTURE OF CUBOID BONE OF RIGHT FOOT, SEQUELA	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF MEDIAL CUNEIFORM OF LEFT FOOT, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF SECOND METATARSAL BONE, RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF FOURTH METATARSAL BONE, RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISPLACED FRACTURE OF FIFTH METATARSAL BONE, LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER FRACTURE OF RIGHT FOOT, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF UNSPECIFIED FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISLOCATION OF TARSOMETATARSAL JOINT OF LEFT FOOT, INITIAL ENCOUNTER	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED SPRAIN OF LEFT FOOT, INITIAL ENCOUNTER	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	SPRAIN OF TARSOMETATARSAL LIGAMENT OF RIGHT FOOT, INITIAL ENCOUNTER	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CRUSHING INJURY OF LEFT FOOT, INITIAL ENCOUNTER	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NOT ELSEWHERE CLASSIFIED, INITIAL ENCOUNTER	1	0		

Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MECHANICAL LOOSENING OF INTERNAL RIGHT KNEE PROSTHETIC JOINT, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PERIPROSTHETIC OSTEOLYSIS OF INTERNAL PROSTHETIC RIGHT HIP JOINT, INITIAL ENCOUNTER	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	BREAKDOWN (MECHANICAL) OF OTHER INTERNAL ORTHOPEDIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN DUE TO INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED COMPLICATION OF INTERNAL ORTHOPEDIC PROSTHETIC DEVICE, IMPLANT AND GRAFT, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PRESENCE OF LEFT ARTIFICIAL HIP JOINT	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ARTHRODESIS STATUS	1	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED POSTPROCEDURAL STATES	2	0		
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	HEREDITARY MOTOR AND SENSORY NEUROPATHY	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CUTANEOUS ABSCESS OF LIMB, UNSPECIFIED	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ACQUIRED KERATOSIS (KERATODERMA) PALMARIS ET PLANTARIS	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	0	4	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	0	3	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	0	7	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	0	7	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	POST-TRAUMATIC OSTEOARTHRITIS, LEFT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	HALLUX VALGUS (ACQUIRED), UNSPECIFIED FOOT	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER ACQUIRED DEFORMITIES OF RIGHT FOOT	0	1	Administrative	

Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER ACQUIRED DEFORMITIES OF LEFT FOOT	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNEQUAL LIMB LENGTH (ACQUIRED), RIGHT FEMUR	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED ACQUIRED DEFORMITIES OF RIGHT THIGH	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT HIP	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT HIP	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT KNEE	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN UNSPECIFIED ANKLE AND JOINTS OF UNSPECIFIED FOOT	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED JOINT DISORDERS, RIGHT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED JOINT DISORDERS, LEFT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT THIGH	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT LOWER LEG	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT FOOT	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT FOOT	0	3	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, LEFT LOWER LIMB	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CONTUSION OF LEFT LOWER LEG, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF UNSPECIFIED TALUS, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NONDISPLACED FRACTURE OF FIRST METATARSAL BONE, RIGHT FOOT, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	0	1	Administrative	
Outpatient	73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PERIPROSTHETIC OSTEOLYSIS OF INTERNAL PROSTHETIC RIGHT HIP JOINT, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LONG BONES OF LEFT LOWER LIMB	1	0		
Outpatient	73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	1	0		

Outpatient	73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	5	0		
Outpatient	73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PAIN IN RIGHT HIP	1	0		
Outpatient	73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PAIN IN RIGHT KNEE	2	0		
Outpatient	73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	PAIN IN UNSPECIFIED KNEE	1	0		
Outpatient	73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	SHORT ACHILLES TENDON (ACQUIRED), LEFT ANKLE	1	0		
Outpatient	73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	2	0		
Outpatient	73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER	1	0		
Outpatient	73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	0	1	Administrative	
Outpatient	73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED SOFT TISSUE DISORDERS	0	1	Administrative	
Outpatient	73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED FRACTURE OF RIGHT CALCANEUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Administrative	
Outpatient	73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1	0		
Outpatient	73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	GANGLION, RIGHT ANKLE AND FOOT	1	0		
Outpatient	73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	1	0		
Outpatient	73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	PAIN IN UNSPECIFIED HIP	0	1	Administrative	
Outpatient	73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	PAIN IN RIGHT LEG	0	1	Administrative	
Outpatient	73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	PAIN IN RIGHT LOWER LEG	0	1	Administrative	
Outpatient	73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	0	1	Administrative	
Outpatient	73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF FLOOR OF MOUTH, UNSPECIFIED	1	0		
Outpatient	73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	1	0		
Outpatient	73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	1	0		

Outpatient	73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ATHEROSCLEROSIS OF NATIVE ARTERIES OF OTHER EXTREMITIES WITH ULCERATION	1	0		
Outpatient	73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OTHER SPECIFIED SOFT TISSUE DISORDERS	1	0		
Outpatient	73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	1	0		
Outpatient	73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	BUCKET-HANDLE TEAR OF MEDIAL MENISCUS, CURRENT INJURY, RIGHT KNEE, INITIAL ENCOUNTER	1	0		
Outpatient	73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	TINEA UNGUIUM	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN NEOPLASM OF LONG BONES OF LEFT LOWER LIMB	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN LIPOMATOUS NEOPLASM OF SKIN AND SUBCUTANEOUS TISSUE OF RIGHT LEG	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	TARSAL TUNNEL SYNDROME, LEFT LOWER LIMB	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	LESION OF PLANTAR NERVE, UNSPECIFIED LOWER LIMB	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	LESION OF PLANTAR NERVE, RIGHT LOWER LIMB	3	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	LESION OF PLANTAR NERVE, LEFT LOWER LIMB	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED MONONEUROPATHIES OF RIGHT LOWER LIMB	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CHRONIC PAIN	5	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	CUTANEOUS ABSCESS OF LEFT FOOT	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	CELLULITIS OF UNSPECIFIED TOE	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	CELLULITIS OF LEFT LOWER LIMB	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	1	0		

Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	GOUT, UNSPECIFIED	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	HALLUX RIGIDUS, LEFT FOOT	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER ACQUIRED DEFORMITIES OF RIGHT FOOT	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	LOOSE BODY IN UNSPECIFIED JOINT	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER INSTABILITY, RIGHT ANKLE	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER INSTABILITY, RIGHT FOOT	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER INSTABILITY, LEFT FOOT	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	EFFUSION, RIGHT FOOT	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	EFFUSION, LEFT FOOT	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT SHOULDER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN UNSPECIFIED SHOULDER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT HIP	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT KNEE	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	9	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	7	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN UNSPECIFIED ANKLE AND JOINTS OF UNSPECIFIED FOOT	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED JOINT	5	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED JOINT DISORDERS, RIGHT ANKLE AND FOOT	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	JUVENILE DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	DERMATOPOLYMYOSITIS, UNSPECIFIED WITH MYOPATHY	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SPONDYLOSIS, UNSPECIFIED	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	LOW BACK PAIN	1	0		

Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED THIGH	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT ANKLE AND FOOT	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, LEFT LOWER LEG	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT ANKLE AND FOOT	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SPONTANEOUS RUPTURE OF UNSPECIFIED TENDON	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	TRANSIENT SYNOVITIS, LEFT ANKLE AND FOOT	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED DISORDERS OF TENDON, RIGHT ANKLE AND FOOT	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PLANTAR FASCIAL FIBROMATOSIS	6	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	ACHILLES TENDINITIS, RIGHT LEG	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PERONEAL TENDINITIS, RIGHT LEG	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	METATARSALGIA, RIGHT FOOT	3	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	MYALGIA, OTHER SITE	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	RESIDUAL FOREIGN BODY IN SOFT TISSUE	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT LEG	5	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT THIGH	4	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT THIGH	3	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN UNSPECIFIED THIGH	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT LOWER LEG	6	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT LOWER LEG	3	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN UNSPECIFIED LOWER LEG	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT FOOT	38	0		

Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT FOOT	37	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN UNSPECIFIED FOOT	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT TOE(S)	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED SOFT TISSUE DISORDERS	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRESS FRACTURE, RIGHT FEMUR, INITIAL ENCOUNTER FOR FRACTURE	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRESS FRACTURE, LEFT FEMUR, INITIAL ENCOUNTER FOR FRACTURE	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRESS FRACTURE, UNSPECIFIED FEMUR, INITIAL ENCOUNTER FOR FRACTURE	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRESS FRACTURE, RIGHT TIBIA, INITIAL ENCOUNTER FOR FRACTURE	3	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRESS FRACTURE, RIGHT FOOT, INITIAL ENCOUNTER FOR FRACTURE	8	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRESS FRACTURE, RIGHT FOOT, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRESS FRACTURE, LEFT FOOT, INITIAL ENCOUNTER FOR FRACTURE	4	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRESS FRACTURE, LEFT FOOT, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRESS FRACTURE, RIGHT TOE(S), SUBSEQUENT ENCOUNTER FOR FRACTURE WITH NONUNION	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CYST OF BONE, LEFT ANKLE AND FOOT	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC MULTIFOCAL OSTEOMYELITIS, UNSPECIFIED SITE	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OSTEOMYELITIS, UNSPECIFIED	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED DISORDERS OF BONE, LOWER LEG	3	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	DISORDER OF BONE, UNSPECIFIED	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CONGENITAL MALFORMATIONS OF LOWER LIMB(S), INCLUDING PELVIC GIRDLE	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	ANESTHESIA OF SKIN	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	5	0		

Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, LEFT LOWER LIMB	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, LOWER LIMB, BILATERAL	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LIMBS	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED FRACTURE OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED INJURY OF MUSCLE, FASCIA AND TENDON OF THE POSTERIOR MUSCLE GROUP AT THIGH LEVEL, RIGHT THIGH, SEQUELA	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF MUSCLE, FASCIA AND TENDON OF THE POSTERIOR MUSCLE GROUP AT THIGH LEVEL, RIGHT THIGH, INITIAL ENCOUNTER	4	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF MUSCLE, FASCIA AND TENDON OF THE POSTERIOR MUSCLE GROUP AT THIGH LEVEL, RIGHT THIGH, SEQUELA	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF MUSCLE, FASCIA AND TENDON OF THE POSTERIOR MUSCLE GROUP AT THIGH LEVEL, LEFT THIGH, INITIAL ENCOUNTER	3	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	CONTUSION OF RIGHT LOWER LEG, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED FRACTURE OF SHAFT OF LEFT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	NONDISPLACED FRACTURE OF MEDIAL MALLEOLUS OF LEFT TIBIA, SEQUELA	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED INJURY OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF LEFT ACHILLES TENDON, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED INJURY OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF OTHER MUSCLE(S) AND TENDON(S) OF POSTERIOR MUSCLE GROUP AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	LACERATION OF OTHER MUSCLE(S) AND TENDON(S) OF POSTERIOR MUSCLE GROUP AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF MUSCLE(S) AND TENDON(S) OF PERONEAL MUSCLE GROUP AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF UNSPECIFIED MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED INJURY OF RIGHT LOWER LEG, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	CONTUSION OF RIGHT FOOT, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	CONTUSION OF LEFT FOOT, INITIAL ENCOUNTER	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	LACERATION WITHOUT FOREIGN BODY, LEFT FOOT, INITIAL ENCOUNTER	1	0		

Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	NONDISPLACED AVULSION FRACTURE OF TUBEROSITY OF RIGHT CALCANEUS, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	DISPLACED FRACTURE OF POSTERIOR PROCESS OF LEFT TALUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	DISPLACED FRACTURE OF NAVICULAR "SCAPHOID" OF LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	NONDISPLACED FRACTURE OF SECOND METATARSAL BONE, LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	DISPLACED FRACTURE OF FOURTH METATARSAL BONE, RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	NONDISPLACED FRACTURE OF FOURTH METATARSAL BONE, RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	NONDISPLACED FRACTURE OF FIFTH METATARSAL BONE, RIGHT FOOT, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	NONDISPLACED FRACTURE OF FIFTH METATARSAL BONE, LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF RIGHT LESSER TOE(S), SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED FRACTURE OF RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE	4	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED FRACTURE OF RIGHT FOOT, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED FRACTURE OF LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	DISLOCATION OF TARSOMETATARSAL JOINT OF LEFT FOOT, INITIAL ENCOUNTER	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SPRAIN OF OTHER LIGAMENT OF UNSPECIFIED ANKLE, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SPRAIN OF METATARSOPHALANGEAL JOINT OF RIGHT GREAT TOE, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SPRAIN OF METATARSOPHALANGEAL JOINT OF LEFT GREAT TOE, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED SPRAIN OF RIGHT FOOT, INITIAL ENCOUNTER	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED SPRAIN OF LEFT FOOT, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SPRAIN OF TARSOMETATARSAL LIGAMENT OF RIGHT FOOT, INITIAL ENCOUNTER	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SPRAIN OF TARSOMETATARSAL LIGAMENT OF RIGHT FOOT, SEQUELA	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SPRAIN OF TARSOMETATARSAL LIGAMENT OF LEFT FOOT, INITIAL ENCOUNTER	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	LACERATION OF MUSCLE AND TENDON OF LONG EXTENSOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, RIGHT FOOT, INITIAL ENCOUNTER	1	0		

Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF OTHER SPECIFIED MUSCLES AND TENDONS AT ANKLE AND FOOT LEVEL, RIGHT FOOT, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF UNSPECIFIED MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, LEFT FOOT, INITIAL ENCOUNTER	2	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	CRUSHING INJURY OF RIGHT FOOT, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED INJURY OF RIGHT FOOT, SEQUELA	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED INJURY OF LEFT FOOT, INITIAL ENCOUNTER	1	0		
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN NEOPLASM OF LONG BONES OF LEFT LOWER LIMB	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	BENIGN LIPOMATOUS NEOPLASM OF SKIN AND SUBCUTANEOUS TISSUE OF RIGHT LEG	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	TARSAL TUNNEL SYNDROME, RIGHT LOWER LIMB	0	2	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	TARSAL TUNNEL SYNDROME, LEFT LOWER LIMB	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	LESION OF PLANTAR NERVE, RIGHT LOWER LIMB	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	LESION OF PLANTAR NERVE, LEFT LOWER LIMB	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED MONONEUROPATHIES OF RIGHT LOWER LIMB	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	MYOPATHY, UNSPECIFIED	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER CHRONIC PAIN	0	2	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	CUTANEOUS ABSCESS OF LEFT FOOT	0	2	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	CELLULITIS OF RIGHT LOWER LIMB	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	TRAUMATIC ARTHROPATHY, LEFT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	HALLUX RIGIDUS, RIGHT FOOT	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	BUNION OF LEFT FOOT	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER ACQUIRED DEFORMITIES OF LEFT FOOT	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	CONTRACTURE, RIGHT ANKLE	0	1	Administrative	

Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER INSTABILITY, RIGHT ANKLE	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT HIP	0	2	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT HIP	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT KNEE	0	2	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT KNEE	0	2	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	0	5	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	0	6	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED JOINT DISORDERS, RIGHT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED ANKLE AND FOOT	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	DERMATOPOLYMYOSITIS, UNSPECIFIED WITH MYOPATHY	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	RADICULOPATHY, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SCIATICA, RIGHT SIDE	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	LOW BACK PAIN	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	FOREIGN BODY GRANULOMA OF SOFT TISSUE, NOT ELSEWHERE CLASSIFIED, RIGHT THIGH	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED THIGH	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	TRANSIENT SYNOVITIS, LEFT KNEE	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	TRANSIENT SYNOVITIS, LEFT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	GANGLION, RIGHT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED DISORDERS OF TENDON, RIGHT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, LEFT LOWER LEG	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER BURSITIS OF KNEE, UNSPECIFIED KNEE	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PLANTAR FASCIAL FIBROMATOSIS	0	4	Administrative	

Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	ACHILLES TENDINITIS, UNSPECIFIED LEG	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	ACHILLES TENDINITIS, RIGHT LEG	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	0	2	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	METATARSALGIA, RIGHT FOOT	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	METATARSALGIA, LEFT FOOT	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	ENTHESOPATHY, UNSPECIFIED	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	MYALGIA, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT LEG	0	2	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT LEG	0	3	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT THIGH	0	2	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT THIGH	0	3	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN UNSPECIFIED THIGH	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT LOWER LEG	0	3	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT LOWER LEG	0	4	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT FOOT	0	22	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT FOOT	0	14	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT TOE(S)	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED SOFT TISSUE DISORDERS	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRESS FRACTURE, RIGHT FOOT, INITIAL ENCOUNTER FOR FRACTURE	0	3	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRESS FRACTURE, RIGHT FOOT, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRESS FRACTURE, LEFT FOOT, INITIAL ENCOUNTER FOR FRACTURE	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	CHRONIC MULTIFOCAL OSTEOMYELITIS, RIGHT ANKLE AND FOOT	0	1	Administrative	

Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	PARESTHESIA OF SKIN	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	0	2	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, LEFT LOWER LIMB	0	2	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, LOWER LIMB, BILATERAL	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	CONTUSION OF LEFT HIP, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED FRACTURE OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED SPRAIN OF LEFT HIP, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF ADDUCTOR MUSCLE, FASCIA AND TENDON OF UNSPECIFIED THIGH, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF MUSCLE, FASCIA AND TENDON OF THE POSTERIOR MUSCLE GROUP AT THIGH LEVEL, RIGHT THIGH, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF MUSCLE, FASCIA AND TENDON OF THE POSTERIOR MUSCLE GROUP AT THIGH LEVEL, LEFT THIGH, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF MUSCLE, FASCIA AND TENDON OF THE POSTERIOR MUSCLE GROUP AT THIGH LEVEL, UNSPECIFIED THIGH, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	CONTUSION OF RIGHT LOWER LEG, SEQUELA	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED INJURY OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED INJURY OF LEFT ACHILLES TENDON, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF OTHER MUSCLE(S) AND TENDON(S) OF POSTERIOR MUSCLE GROUP AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF MUSCLE(S) AND TENDON(S) OF PERONEAL MUSCLE GROUP AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF OTHER MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	OTHER SPECIFIED INJURIES OF LEFT LOWER LEG, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	CONTUSION OF RIGHT FOOT, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	CONTUSION OF RIGHT FOOT, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	DISPLACED FRACTURE OF POSTERIOR PROCESS OF RIGHT TALUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Administrative	

Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	FRACTURE OF UNSPECIFIED METATARSAL BONE(S), LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF RIGHT LESSER TOE(S), SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SUBLUXATION OF LEFT ANKLE JOINT, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SPRAIN OF INTERPHALANGEAL JOINT OF RIGHT GREAT TOE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	SPRAIN OF METATARSOPHALANGEAL JOINT OF UNSPECIFIED TOE(S), SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED SPRAIN OF RIGHT FOOT, INITIAL ENCOUNTER	0	2	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED SPRAIN OF LEFT FOOT, INITIAL ENCOUNTER	0	2	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF UNSPECIFIED MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, LEFT FOOT, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	STRAIN OF UNSPECIFIED MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, UNSPECIFIED FOOT, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Family Practice	UNSPECIFIED INJURY OF LEFT FOOT, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	PAIN IN RIGHT FOOT	0	1	Administrative	
Outpatient	73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITH CONTRAST MATERIAL	Family Practice	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1	0		
Outpatient	73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITH CONTRAST MATERIAL	Family Practice	PAIN IN RIGHT FOOT	1	0		
Outpatient	73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITH CONTRAST MATERIAL	Family Practice	SUBLUXATION OF TARSAL JOINT OF RIGHT FOOT, INITIAL ENCOUNTER	1	0		
Outpatient	73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITH CONTRAST MATERIAL	Family Practice	DERMATOPOLYMYOSITIS, UNSPECIFIED WITH MYOPATHY	0	1	Administrative	
Outpatient	73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT; WITH CONTRAST MATERIAL	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, LEFT LOWER LIMB	0	1	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	2	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF UNSPECIFIED LOWER LIMB, INCLUDING HIP	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	4	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	3	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	BENIGN LIPOMATOUS NEOPLASM, UNSPECIFIED	1	0		

Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER BENIGN NEOPLASM OF SKIN OF UNSPECIFIED LOWER LIMB, INCLUDING HIP	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	4	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	LIPOMATOSIS, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	LESION OF PLANTAR NERVE, RIGHT LOWER LIMB	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	RAYNAUD'S SYNDROME WITHOUT GANGRENE	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF UNSPECIFIED DISTAL LOWER EXTREMITY	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT FOOT LIMITED TO BREAKDOWN OF SKIN	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	CHARCOT'S JOINT, LEFT ANKLE AND FOOT	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	HALLUX RIGIDUS, RIGHT FOOT	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER HAMMER TOE(S) (ACQUIRED), UNSPECIFIED FOOT	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	BUNIONETTE OF RIGHT FOOT	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PAIN IN RIGHT HIP	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PAIN IN LEFT HIP	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PAIN IN LEFT KNEE	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	DERMATOPOLYMYOSITIS, UNSPECIFIED, ORGAN INVOLVEMENT UNSPECIFIED	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PLANTAR FASCIAL FIBROMATOSIS	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PAIN IN RIGHT LEG	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PAIN IN UNSPECIFIED LIMB	2	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PAIN IN RIGHT LOWER LEG	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PAIN IN RIGHT FOOT	4	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PAIN IN LEFT FOOT	3	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	SOFT TISSUE DISORDER, UNSPECIFIED	1	0		

Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	STRESS FRACTURE, RIGHT TIBIA, INITIAL ENCOUNTER FOR FRACTURE	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	ACUTE HEMATOGENOUS OSTEOMYELITIS, RIGHT ANKLE AND FOOT	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER SPECIFIED DISORDERS OF BONE, LOWER LEG	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	ARTERIOVENOUS MALFORMATION OF VESSEL OF LOWER LIMB	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSPECIFIED	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED LOWER LIMB	2	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	8	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, LEFT LOWER LIMB	10	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER INTRAARTICULAR FRACTURE OF LOWER END OF LEFT RADIUS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	STRAIN OF RIGHT QUADRICEPS MUSCLE, FASCIA AND TENDON, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	STRAIN OF MUSCLE, FASCIA AND TENDON OF THE POSTERIOR MUSCLE GROUP AT THIGH LEVEL, LEFT THIGH, INITIAL ENCOUNTER	1	0		
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	0	1	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	TARSAL TUNNEL SYNDROME, UNSPECIFIED LOWER LIMB	0	1	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	ACUTE PAIN DUE TO TRAUMA	0	1	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	CHRONIC PAIN DUE TO TRAUMA	0	1	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT ANKLE, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER BURSITIS OF KNEE, UNSPECIFIED KNEE	0	1	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PLANTAR FASCIAL FIBROMATOSIS	0	2	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	MYALGIA, OTHER SITE	0	1	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PAIN IN UNSPECIFIED LIMB	0	2	Administrative	

Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PAIN IN LEFT THIGH	0	1	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PAIN IN LEFT LOWER LEG	0	1	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PAIN IN RIGHT FOOT	0	1	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PAIN IN LEFT FOOT	0	4	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	OTHER SPECIFIED SOFT TISSUE DISORDERS	0	1	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	DISORDER OF BONE, UNSPECIFIED	0	1	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, HEAD	0	1	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	0	9	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, LEFT LOWER LIMB	0	2	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	PAIN, UNSPECIFIED	0	1	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	CONTUSION OF RIGHT THIGH, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	Family Practice	STRAIN OF RIGHT QUADRICEPS MUSCLE, FASCIA AND TENDON, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	BENIGN NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ANEMIA IN CHRONIC KIDNEY DISEASE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	HYPERLIPIDEMIA, UNSPECIFIED	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MULTIPLE SCLEROSIS	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	INSOMNIA, UNSPECIFIED	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LESION OF SCIATIC NERVE, RIGHT LOWER LIMB	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LESION OF SCIATIC NERVE, LEFT LOWER LIMB	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TARSAL TUNNEL SYNDROME, UNSPECIFIED LOWER LIMB	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TARSAL TUNNEL SYNDROME, RIGHT LOWER LIMB	5	0		

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TARSAL TUNNEL SYNDROME, LEFT LOWER LIMB	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CHRONIC PAIN	38	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PSORIASIS, UNSPECIFIED	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	NON-PRESSURE CHRONIC ULCER OF LEFT HEEL AND MIDFOOT WITH UNSPECIFIED SEVERITY	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RHEUMATOID ARTHRITIS, UNSPECIFIED	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CHONDROCALCINOSIS, LEFT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TRAUMATIC ARTHROPATHY, RIGHT KNEE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TRAUMATIC ARTHROPATHY, UNSPECIFIED KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TRAUMATIC ARTHROPATHY, RIGHT ANKLE AND FOOT	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED ARTHRITIS, LEFT HIP	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED ARTHRITIS, RIGHT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	6	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	5	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	BILATERAL OSTEOARTHRITIS RESULTING FROM HIP DYSPLASIA	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	5	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	28	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	31	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, RIGHT KNEE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER UNILATERAL SECONDARY OSTEOARTHRITIS OF KNEE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OSTEOARTHRITIS OF KNEE, UNSPECIFIED	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PRIMARY OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT	1	0		

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CHRONIC GOUT, UNSPECIFIED, WITHOUT TOPHUS (TOPHI)	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	VALGUS DEFORMITY, NOT ELSEWHERE CLASSIFIED, RIGHT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FOOT DROP, UNSPECIFIED FOOT	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER ACQUIRED DEFORMITIES OF LEFT FOOT	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER ACQUIRED DEFORMITIES OF UNSPECIFIED FOOT	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED ACQUIRED DEFORMITIES OF RIGHT THIGH	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED ACQUIRED DEFORMITIES OF RIGHT LOWER LEG	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED ACQUIRED DEFORMITIES OF LEFT LOWER LEG	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RECURRENT DISLOCATION OF PATELLA, RIGHT KNEE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RECURRENT DISLOCATION OF PATELLA, LEFT KNEE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PATELLOFEMORAL DISORDERS, RIGHT KNEE	7	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PATELLOFEMORAL DISORDERS, LEFT KNEE	8	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CHONDROMALACIA PATELLAE, RIGHT KNEE	15	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CHONDROMALACIA PATELLAE, LEFT KNEE	9	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CYSTIC MENISCUS, ANTERIOR HORN OF LATERAL MENISCUS, RIGHT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DERANGEMENT OF UNSPECIFIED LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DERANGEMENT OF UNSPECIFIED MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DERANGEMENT OF UNSPECIFIED MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DERANGEMENT OF ANTERIOR HORN OF MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE	11	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DERANGEMENT OF ANTERIOR HORN OF MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE	5	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DERANGEMENT OF POSTERIOR HORN OF MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DERANGEMENT OF POSTERIOR HORN OF MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE	6	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DERANGEMENT OF OTHER MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DERANGEMENT OF ANTERIOR HORN OF LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE	1	0		

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DERANGEMENT OF POSTERIOR HORN OF LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DERANGEMENT OF OTHER LATERAL MENISCUS DUE TO OLD TEAR OR INJURY, RIGHT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER MENISCUS DERANGEMENTS, UNSPECIFIED LATERAL MENISCUS, RIGHT KNEE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER MENISCUS DERANGEMENTS, UNSPECIFIED MEDIAL MENISCUS, RIGHT KNEE	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER MENISCUS DERANGEMENTS, UNSPECIFIED MEDIAL MENISCUS, LEFT KNEE	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER MENISCUS DERANGEMENTS, UNSPECIFIED MENISCUS, RIGHT KNEE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER MENISCUS DERANGEMENTS, UNSPECIFIED MENISCUS, LEFT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER MENISCUS DERANGEMENTS, POSTERIOR HORN OF MEDIAL MENISCUS, LEFT KNEE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER MENISCUS DERANGEMENTS, OTHER MEDIAL MENISCUS, RIGHT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER MENISCUS DERANGEMENTS, POSTERIOR HORN OF LATERAL MENISCUS, LEFT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER MENISCUS DERANGEMENTS, OTHER LATERAL MENISCUS, LEFT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LOOSE BODY IN KNEE, LEFT KNEE	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CHRONIC INSTABILITY OF KNEE, RIGHT KNEE	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CHRONIC INSTABILITY OF KNEE, LEFT KNEE	6	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONTANEOUS DISRUPTION OF UNSPECIFIED LIGAMENT OF LEFT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONTANEOUS DISRUPTION OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONTANEOUS DISRUPTION OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	6	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	12	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERNAL DERANGEMENTS OF UNSPECIFIED KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED INTERNAL DERANGEMENT OF UNSPECIFIED KNEE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	61	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	49	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LOOSE BODY IN UNSPECIFIED JOINT	1	0		

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LOOSE BODY IN LEFT ANKLE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED HIP	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISORDER OF LIGAMENT, RIGHT HIP	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISORDER OF LIGAMENT, LEFT ANKLE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONTRACTURE, RIGHT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONTRACTURE, LEFT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONTRACTURE, RIGHT ANKLE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONTRACTURE, LEFT ANKLE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIC JOINT DERANGEMENTS OF RIGHT HIP, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIC JOINT DERANGEMENTS OF LEFT ANKLE, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	JOINT DERANGEMENT, UNSPECIFIED	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	HEMARTHROSIS, RIGHT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	HEMARTHROSIS, LEFT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FISTULA, LEFT HIP	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INSTABILITY, RIGHT HIP	5	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INSTABILITY, LEFT HIP	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INSTABILITY, RIGHT KNEE	20	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INSTABILITY, LEFT KNEE	29	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INSTABILITY, UNSPECIFIED KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INSTABILITY, RIGHT ANKLE	11	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INSTABILITY, LEFT ANKLE	12	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INSTABILITY, UNSPECIFIED ANKLE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	EFFUSION, RIGHT HIP	2	0		

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	EFFUSION, LEFT HIP	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	EFFUSION, UNSPECIFIED HIP	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	EFFUSION, RIGHT KNEE	37	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	EFFUSION, LEFT KNEE	35	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	EFFUSION, UNSPECIFIED KNEE	18	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	EFFUSION, RIGHT ANKLE	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	EFFUSION, LEFT ANKLE	7	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN UNSPECIFIED JOINT	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN RIGHT SHOULDER	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT SHOULDER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN RIGHT HIP	98	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT HIP	73	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN UNSPECIFIED HIP	13	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN RIGHT KNEE	463	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT KNEE	485	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN UNSPECIFIED KNEE	17	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	62	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	71	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN UNSPECIFIED ANKLE AND JOINTS OF UNSPECIFIED FOOT	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OSTEOPHYTE, RIGHT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OSTEOPHYTE, RIGHT ANKLE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED HIP	2	0		

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED JOINT DISORDERS, LEFT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED JOINT DISORDERS, RIGHT ANKLE AND FOOT	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED JOINT DISORDERS, LEFT ANKLE AND FOOT	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSPECIFIED	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SCIATICA, LEFT SIDE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LOW BACK PAIN	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CALCIFIC TENDINITIS, RIGHT ANKLE AND FOOT	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CALCIFIC TENDINITIS, OTHER SITE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT ANKLE AND FOOT	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED ANKLE AND FOOT	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED	4	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, LEFT THIGH	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT LOWER LEG	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, LEFT LOWER LEG	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, RIGHT ANKLE AND FOOT	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONTANEOUS RUPTURE OF FLEXOR TENDONS, LEFT ANKLE AND FOOT	4	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED SITE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONTANEOUS RUPTURE OF OTHER TENDONS, LEFT LOWER LEG	4	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT ANKLE AND FOOT	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONTANEOUS RUPTURE OF OTHER TENDONS, LEFT ANKLE AND FOOT	2	0		

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED ANKLE AND FOOT	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	Spontaneous rupture of other tendons, other sites	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SHORT ACHILLES TENDON (ACQUIRED), RIGHT ANKLE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TRANSIENT SYNOVITIS, LEFT KNEE	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	GANGLION, RIGHT KNEE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	GANGLION, LEFT ANKLE AND FOOT	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED DISORDERS OF SYNOVIUM AND TENDON, OTHER SITE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PREPATELLAR BURSITIS, RIGHT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TROCHANTERIC BURSITIS, RIGHT HIP	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TROCHANTERIC BURSITIS, LEFT HIP	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SYNOVIAL CYST OF POPLITEAL SPACE [BAKER], RIGHT KNEE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SYNOVIAL CYST OF POPLITEAL SPACE "BAKER", LEFT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PLANTAR FASCIAL FIBROMATOSIS	11	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	GLUTEAL TENDINITIS, RIGHT HIP	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	GLUTEAL TENDINITIS, LEFT HIP	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ILIOTIBIAL BAND SYNDROME, RIGHT LEG	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PATELLAR TENDINITIS, RIGHT KNEE	6	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PATELLAR TENDINITIS, LEFT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ACHILLES TENDINITIS, RIGHT LEG	7	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ACHILLES TENDINITIS, LEFT LEG	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PERONEAL TENDINITIS, UNSPECIFIED LEG	1	0		

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PERONEAL TENDINITIS, RIGHT LEG	5	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PERONEAL TENDINITIS, LEFT LEG	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	4	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	9	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	POSTERIOR TIBIAL TENDINITIS, UNSPECIFIED LEG	5	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED ENTHESOPATHIES OF RIGHT LOWER LIMB, EXCLUDING FOOT	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED ENTHESOPATHIES OF LEFT LOWER LIMB, EXCLUDING FOOT	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MYALGIA, OTHER SITE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT LEG	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN RIGHT LOWER LEG	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT LOWER LEG	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN RIGHT FOOT	13	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT FOOT	4	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRESS FRACTURE, UNSPECIFIED SITE, INITIAL ENCOUNTER FOR FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRESS FRACTURE, RIGHT FEMUR, INITIAL ENCOUNTER FOR FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRESS FRACTURE, LEFT FEMUR, INITIAL ENCOUNTER FOR FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRESS FRACTURE, LEFT TIBIA, INITIAL ENCOUNTER FOR FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRESS FRACTURE, LEFT FIBULA, INITIAL ENCOUNTER FOR FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRESS FRACTURE, RIGHT ANKLE, INITIAL ENCOUNTER FOR FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRESS FRACTURE, RIGHT FOOT, INITIAL ENCOUNTER FOR FRACTURE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRESS FRACTURE, LEFT FOOT, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PATHOLOGICAL FRACTURE, RIGHT FEMUR, INITIAL ENCOUNTER FOR FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PATHOLOGICAL FRACTURE, UNSPECIFIED FEMUR, INITIAL ENCOUNTER FOR FRACTURE	1	0		

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SOLITARY BONE CYST, RIGHT ANKLE AND FOOT	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CYST OF BONE, RIGHT ANKLE AND FOOT	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	4	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	IDIOPATHIC ASEPTIC NECROSIS OF BONE, OTHER SITE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED DISORDERS OF BONE, LOWER LEG	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISORDER OF BONE, UNSPECIFIED	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED JUVENILE OSTEOCHONDROSIS	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED SLIPPED UPPER FEMORAL EPIPHYSIS (NONTRAUMATIC), LEFT HIP	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OSTEOCHONDritis DISSECANS OF UNSPECIFIED SITE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OSTEOCHONDritis DISSECANS, RIGHT KNEE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OSTEOCHONDritis DISSECANS, LEFT KNEE	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OSTEOCHONDritis DISSECANS, RIGHT ANKLE AND JOINTS OF RIGHT FOOT	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OSTEOCHONDritis DISSECANS, LEFT ANKLE AND JOINTS OF LEFT FOOT	4	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OSTEOCHONDROPATHY, UNSPECIFIED OF UNSPECIFIED SITE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CHONDROMALACIA, RIGHT KNEE	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CHONDROMALACIA, LEFT KNEE	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISORDER OF CARTILAGE, UNSPECIFIED	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED ACQUIRED DEFORMITIES OF MUSCULOSKELETAL SYSTEM	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SEGMENTAL AND SOMATIC DYSFUNCTION OF PELVIC REGION	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISCOID MENISCUS	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED CONGENITAL MUSCULOSKELETAL DEFORMITIES	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CONGENITAL MALFORMATIONS OF LOWER LIMB(S), INCLUDING PELVIC GIRDLE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ARTHROGRYPOSIS MULTIPLEX CONGENITA	1	0		

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	Classical Ehlers-Danlos syndrome	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LEFT LOWER QUADRANT PAIN	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LOCALIZED SWELLING, MASS AND LUMP, LEFT LOWER LIMB	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LOCALIZED SWELLING, MASS AND LUMP, LOWER LIMB, BILATERAL	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	URGENCY OF URINATION	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER FATIGUE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONTUSION OF LOWER BACK AND PELVIS, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED FRACTURE OF RIGHT ISCHIUM, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TRAUMATIC RUPTURE OF SYMPHYSIS PUBIS, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF SACROILIAC JOINT, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED SPRAIN OF LEFT THUMB, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FRACTURE OF UNSPECIFIED PART OF NECK OF RIGHT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED SPRAIN OF RIGHT HIP, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF RIGHT QUADRICEPS MUSCLE, FASCIA AND TENDON, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF LEFT QUADRICEPS MUSCLE, FASCIA AND TENDON, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF LEFT QUADRICEPS MUSCLE, FASCIA AND TENDON, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF ADDUCTOR MUSCLE, FASCIA AND TENDON OF RIGHT THIGH, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INJURY OF ADDUCTOR MUSCLE, FASCIA AND TENDON OF LEFT THIGH, INITIAL ENCOUNTER	1	0		

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED INJURY OF MUSCLE, FASCIA AND TENDON OF THE POSTERIOR MUSCLE GROUP AT THIGH LEVEL, LEFT THIGH, INITIAL ENCOUNTER	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF MUSCLE, FASCIA AND TENDON OF THE POSTERIOR MUSCLE GROUP AT THIGH LEVEL, RIGHT THIGH, INITIAL ENCOUNTER	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF MUSCLE, FASCIA AND TENDON OF THE POSTERIOR MUSCLE GROUP AT THIGH LEVEL, UNSPECIFIED THIGH, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED INJURY OF RIGHT HIP, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED INJURY OF RIGHT HIP, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONTUSION OF RIGHT KNEE, INITIAL ENCOUNTER	6	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONTUSION OF LEFT KNEE, INITIAL ENCOUNTER	7	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONTUSION OF LEFT LOWER LEG, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED SUPERFICIAL INJURY OF LEFT KNEE, INITIAL ENCOUNTER	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED FRACTURE OF RIGHT PATELLA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED FRACTURE OF LEFT PATELLA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISPLACED OSTEOCHONDRAL FRACTURE OF RIGHT PATELLA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	NONDISPLACED OSTEOCHONDRAL FRACTURE OF LEFT PATELLA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER FRACTURE OF RIGHT PATELLA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISPLACED FRACTURE OF RIGHT TIBIAL SPINE, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISPLACED FRACTURE OF LEFT TIBIAL SPINE, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISPLACED FRACTURE OF LATERAL CONDYLE OF LEFT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER FRACTURE OF UPPER END OF LEFT TIBIA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED FRACTURE OF SHAFT OF LEFT FIBULA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	NONDISPLACED FRACTURE OF LATERAL MALLEOLUS OF LEFT FIBULA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER FRACTURE OF UPPER AND LOWER END OF RIGHT FIBULA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER FRACTURE OF LEFT LOWER LEG, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH DELAYED HEALING	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED FRACTURE OF LEFT LOWER LEG, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED SUBLUXATION OF LEFT PATELLA, SUBSEQUENT ENCOUNTER	1	0		

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF MUSCLE(S) AND TENDON(S) OF PERONEAL MUSCLE GROUP AT LOWER LEG LEVEL, LEFT LEG, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF MUSCLE(S) AND TENDON(S) OF PERONEAL MUSCLE GROUP AT LOWER LEG LEVEL, UNSPECIFIED LEG, INITIAL ENCOUNTER	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INJURY OF MUSCLE(S) AND TENDON(S) OF PERONEAL MUSCLE GROUP AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF OTHER MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF UNSPECIFIED MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER	5	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF UNSPECIFIED MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INJURY OF UNSPECIFIED MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, LEFT LEG, SEQUELA	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED INJURIES OF RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED INJURY OF RIGHT LOWER LEG, INITIAL ENCOUNTER	7	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER	14	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONTUSION OF UNSPECIFIED ANKLE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONTUSION OF LEFT ANKLE, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONTUSION OF RIGHT FOOT, INITIAL ENCOUNTER	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED FRACTURE OF RIGHT CALCANEUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISPLACED FRACTURE OF POSTERIOR PROCESS OF RIGHT TALUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	NONDISPLACED DOME FRACTURE OF RIGHT TALUS, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH DELAYED HEALING	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISPLACED FRACTURE OF FIFTH METATARSAL BONE, RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED FRACTURE OF LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SUBLUXATION OF LEFT ANKLE JOINT, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	6	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	7	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF CALCANEOFIBULAR LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF CALCANEOFIBULAR LIGAMENT OF LEFT ANKLE, SUBSEQUENT ENCOUNTER	1	0		

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF DELTOID LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF DELTOID LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	3	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF TIBIOFIBULAR LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF TIBIOFIBULAR LIGAMENT OF RIGHT ANKLE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF TIBIOFIBULAR LIGAMENT OF RIGHT ANKLE, SEQUELA	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	10	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, SUBSEQUENT ENCOUNTER	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED SPRAIN OF RIGHT FOOT, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF TARSAL LIGAMENT OF LEFT FOOT, SEQUELA	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF UNSPECIFIED MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, LEFT FOOT, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED INJURY OF LEFT FOOT, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INJURY OF UNSPECIFIED BODY REGION, INITIAL ENCOUNTER	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER MECHANICAL COMPLICATION OF MUSCLE AND TENDON GRAFT, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED COMPLICATION OF INTERNAL ORTHOPEDIC PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED FALL, INITIAL ENCOUNTER	2	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OVEREXERTION FROM REPETITIVE MOVEMENTS, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PERSONAL HISTORY OF (HEALED) TRAUMATIC FRACTURE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Family Practice	PAIN IN LEFT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Internal Medicine	PAIN IN LEFT KNEE	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Pain Management	PAIN IN LEFT HIP	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	PRIMARY OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	CHONDROMALACIA PATELLAE, LEFT KNEE	1	0		

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	OTHER TEAR OF LATERAL MENISCUS, CURRENT INJURY, LEFT KNEE, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Surgery, Orthopedic	SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, INITIAL ENCOUNTER	1	0		
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	BENIGN NEOPLASM OF LONG BONES OF LEFT LOWER LIMB	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MIXED HYPERLIPIDEMIA	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MULTIPLE SCLEROSIS	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LESION OF LATERAL POPLITEAL NERVE, LEFT LOWER LIMB	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TARSAL TUNNEL SYNDROME, RIGHT LOWER LIMB	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	IDIOPATHIC PROGRESSIVE NEUROPATHY	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CHRONIC PAIN	0	14	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CHRONIC PAIN SYNDROME	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	IDIOPATHIC GOUT, RIGHT KNEE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	IDIOPATHIC GOUT, LEFT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TRAUMATIC ARTHROPATHY, LEFT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	0	3	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS, LEFT HIP	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OSTEOARTHRITIS OF HIP, UNSPECIFIED	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	0	5	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	0	11	Administrative	

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PRIMARY OSTEOARTHRITIS, RIGHT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PRIMARY OSTEOARTHRITIS, LEFT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PRIMARY OSTEOARTHRITIS, UNSPECIFIED ANKLE AND FOOT	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FOOT DROP, RIGHT FOOT	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER ACQUIRED DEFORMITIES OF RIGHT FOOT	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED ACQUIRED DEFORMITIES OF LEFT LOWER LEG	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CHONDROMALACIA PATELLAE, RIGHT KNEE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CHONDROMALACIA PATELLAE, LEFT KNEE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DERANGEMENT OF OTHER MEDIAL MENISCUS DUE TO OLD TEAR OR INJURY, LEFT KNEE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER MENISCUS DERANGEMENTS, UNSPECIFIED MEDIAL MENISCUS, RIGHT KNEE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LOOSE BODY IN KNEE, LEFT KNEE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERNAL DERANGEMENTS OF RIGHT KNEE	0	3	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INTERNAL DERANGEMENTS OF LEFT KNEE	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	0	10	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	0	7	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	FISTULA, LEFT HIP	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INSTABILITY, LEFT SHOULDER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INSTABILITY, RIGHT KNEE	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INSTABILITY, LEFT KNEE	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INSTABILITY, RIGHT ANKLE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INSTABILITY, LEFT ANKLE	0	3	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER INSTABILITY, UNSPECIFIED ANKLE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	EFFUSION, LEFT HIP	0	1	Administrative	

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	EFFUSION, UNSPECIFIED HIP	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	EFFUSION, RIGHT KNEE	0	6	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	EFFUSION, LEFT KNEE	0	4	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	EFFUSION, UNSPECIFIED KNEE	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	EFFUSION, RIGHT ANKLE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	EFFUSION, LEFT ANKLE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	EFFUSION, UNSPECIFIED ANKLE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT SHOULDER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN RIGHT HIP	0	19	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT HIP	0	24	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN UNSPECIFIED HIP	0	3	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN RIGHT KNEE	0	61	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT KNEE	0	78	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN UNSPECIFIED KNEE	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	0	30	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	0	17	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN UNSPECIFIED ANKLE AND JOINTS OF UNSPECIFIED FOOT	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED JOINT DISORDERS, UNSPECIFIED HIP	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED JOINT DISORDERS, LEFT KNEE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED JOINT DISORDERS, RIGHT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ANKYLOSING SPONDYLITIS LUMBAR REGION	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, SITE UNSPECIFIED	0	1	Administrative	

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SCIATICA, LEFT SIDE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LUMBAGO WITH SCIATICA, RIGHT SIDE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LOW BACK PAIN	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	MUSCLE WEAKNESS (GENERALIZED)	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT ANKLE AND FOOT	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED ANKLE AND FOOT	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TRANSIENT SYNOVITIS, RIGHT ANKLE AND FOOT	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	GANGLION, LEFT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	TROCHANTERIC BURSITIS, LEFT HIP	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PLANTAR FASCIAL FIBROMATOSIS	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	IMPINGEMENT SYNDROME OF LEFT SHOULDER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	GLUTEAL TENDINITIS, RIGHT HIP	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	GLUTEAL TENDINITIS, LEFT HIP	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ILIOTIBIAL BAND SYNDROME, LEFT LEG	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PATELLAR TENDINITIS, RIGHT KNEE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ACHILLES TENDINITIS, RIGHT LEG	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PERONEAL TENDINITIS, LEFT LEG	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	POSTERIOR TIBIAL TENDINITIS, LEFT LEG	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPECIFIED ENTHESOPATHIES OF LEFT LOWER LIMB, EXCLUDING FOOT	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	Other enthesopathy of left foot and ankle	0	1	Administrative	

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN RIGHT THIGH	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PAIN IN LEFT FOOT	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SOLITARY BONE CYST, RIGHT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER CYST OF BONE, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISORDER OF BONE, UNSPECIFIED	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OSTEOCHONDritis DISSECANS, LEFT KNEE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SEGMENTAL AND SOMATIC DYSFUNCTION OF PELVIC REGION	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	RIGHT UPPER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED SPRAIN OF RIGHT HIP, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF MUSCLE, FASCIA AND TENDON OF LEFT HIP, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONTUSION OF RIGHT KNEE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	CONTUSION OF LEFT KNEE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	NONDISPLACED FRACTURE OF LATERAL MALLEOLUS OF LEFT FIBULA, SEQUELA	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISPLACED BIMALLEOLAR FRACTURE OF LEFT LOWER LEG, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER FRACTURE OF LEFT LOWER LEG, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	BUCKET-HANDLE TEAR OF UNSPECIFIED MENISCUS, CURRENT INJURY, RIGHT KNEE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED TEAR OF UNSPECIFIED MENISCUS, CURRENT INJURY, LEFT KNEE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PERIPHERAL TEAR OF MEDIAL MENISCUS, CURRENT INJURY, RIGHT KNEE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PERIPHERAL TEAR OF MEDIAL MENISCUS, CURRENT INJURY, RIGHT KNEE, SUBSEQUENT ENCOUNTER	0	1	Administrative	

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	PERIPHERAL TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	COMPLEX TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INITIAL ENCOUNTER	0	3	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER TEAR OF MEDIAL MENISCUS, CURRENT INJURY, RIGHT KNEE, INITIAL ENCOUNTER	0	4	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER TEAR OF MEDIAL MENISCUS, CURRENT INJURY, UNSPECIFIED KNEE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	COMPLEX TEAR OF LATERAL MENISCUS, CURRENT INJURY, RIGHT KNEE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER TEAR OF LATERAL MENISCUS, CURRENT INJURY, RIGHT KNEE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OTHER TEAR OF LATERAL MENISCUS, CURRENT INJURY, UNSPECIFIED KNEE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF OTHER SPECIFIED PARTS OF RIGHT KNEE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF OTHER SPECIFIED PARTS OF LEFT KNEE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF UNSPECIFIED SITE OF UNSPECIFIED KNEE, SEQUELA	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, INITIAL ENCOUNTER	0	4	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF UNSPECIFIED SITE OF LEFT KNEE, INITIAL ENCOUNTER	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF LEFT ACHILLES TENDON, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF MUSCLE(S) AND TENDON(S) OF PERONEAL MUSCLE GROUP AT LOWER LEG LEVEL, LEFT LEG, SUBSEQUENT ENCOUNTER	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF UNSPECIFIED MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF UNSPECIFIED MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED INJURY OF RIGHT LOWER LEG, INITIAL ENCOUNTER	0	3	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	NONDISPLACED FRACTURE OF BODY OF LEFT CALCANEUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	DISLOCATION OF TARSOMETATARSAL JOINT OF LEFT FOOT, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	0	3	Administrative	

Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF UNSPECIFIED LIGAMENT OF UNSPECIFIED ANKLE, INITIAL ENCOUNTER	0	3	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF DELTOID LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	0	2	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF TIBIOFIBULAR LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	0	4	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, SEQUELA	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	SPRAIN OF OTHER LIGAMENT OF UNSPECIFIED ANKLE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	STRAIN OF UNSPECIFIED MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, RIGHT FOOT, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	UNSPECIFIED INJURY OF LEFT ANKLE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	OVEREXERTION FROM REPETITIVE MOVEMENTS, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Ambulatory Surgery Center	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	0	1	Administrative	
Outpatient	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;WITHOUT CONTRAST MATERIAL	Sports Medicine	PAIN IN LEFT HIP	0	1	Administrative	
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	2	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OSTEOARTHRITIS OF HIP, UNSPECIFIED	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	2	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	VALGUS DEFORMITY, NOT ELSEWHERE CLASSIFIED, LEFT HIP	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	CHONDROMALACIA PATELLAE, UNSPECIFIED KNEE	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	2	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER ARTICULAR CARTILAGE DISORDERS, RIGHT HIP	2	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED HIP	3	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER INSTABILITY, RIGHT HIP	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER INSTABILITY, LEFT HIP	1	0		

Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	EFFUSION, LEFT HIP	2	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	EFFUSION, LEFT KNEE	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT HIP	28	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT HIP	21	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN UNSPECIFIED HIP	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT KNEE	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT KNEE	3	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED JOINT DISORDERS, RIGHT HIP	4	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED JOINT DISORDERS, LEFT HIP	3	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER OSTEONECROSIS, LEFT FEMUR	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED SPRAIN OF LEFT HIP, INITIAL ENCOUNTER	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	3	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPRAIN OF RIGHT HIP, SUBSEQUENT ENCOUNTER	3	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER	3	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPRAIN OF LEFT HIP, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPRAIN OF UNSPECIFIED HIP, INITIAL ENCOUNTER	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED INJURY OF LEFT HIP, SEQUELA	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	BUCKET-HANDLE TEAR OF UNSPECIFIED MENISCUS, CURRENT INJURY, LEFT KNEE, INITIAL ENCOUNTER	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	COMPLEX TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INITIAL ENCOUNTER	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER TEAR OF MEDIAL MENISCUS, CURRENT INJURY, RIGHT KNEE, INITIAL ENCOUNTER	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INITIAL ENCOUNTER	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SPRAIN OF UNSPECIFIED SITE OF LEFT KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER CHRONIC PAIN	0	1	Administrative	

Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	NONINFECTIVE DISORDER OF LYMPHATIC VESSELS AND LYMPH NODES, UNSPECIFIED	0	1	Administrative	
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER ARTICULAR CARTILAGE DISORDERS, LEFT HIP	0	1	Administrative	
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	FISTULA, LEFT HIP	0	1	Administrative	
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN RIGHT HIP	0	5	Administrative	
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT HIP	0	1	Administrative	
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN UNSPECIFIED HIP	0	1	Administrative	
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	PAIN IN LEFT KNEE	0	3	Administrative	
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SCIATICA, LEFT SIDE	0	1	Administrative	
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	DISORDER OF BONE, UNSPECIFIED	0	1	Administrative	
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	SEGMENTAL AND SOMATIC DYSFUNCTION OF LOWER EXTREMITY	0	1	Administrative	
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPRAIN OF LEFT HIP, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER TEAR OF MEDIAL MENISCUS, CURRENT INJURY, LEFT KNEE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Family Practice	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	5	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN LIPOMATOUS NEOPLASM OF SKIN AND SUBCUTANEOUS TISSUE OF LEFT LEG	1	0		

Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	3	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER CHRONIC PAIN	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER COMPLICATION	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CELLULITIS OF RIGHT LOWER LIMB	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NON-PRESSURE CHRONIC ULCER OF LEFT HEEL AND MIDFOOT WITH FAT LAYER EXPOSED	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	INFLAMMATORY POLYARTHROPATHY	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED SITE	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PRIMARY GENERALIZED (OSTEO)ARTHRITIS	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	FOOT DROP, LEFT FOOT	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	EFFUSION, UNSPECIFIED HIP	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	EFFUSION, RIGHT ANKLE	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN RIGHT HIP	3	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN LEFT HIP	3	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN RIGHT KNEE	3	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN LEFT KNEE	4	0		

Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN UNSPECIFIED KNEE	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	2	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOW BACK PAIN	2	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SYNOVITIS AND TENOSYNOVITIS, OTHER SITE	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN RIGHT LEG	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN LEFT LEG	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN UNSPECIFIED LIMB	2	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN LEFT THIGH	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED SOFT TISSUE DISORDERS	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	STRESS FRACTURE, RIGHT TIBIA, INITIAL ENCOUNTER FOR FRACTURE	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OSTEOMYELITIS, UNSPECIFIED	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OSTEONECROSIS, UNSPECIFIED	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	DISORDER OF BONE, UNSPECIFIED	2	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSPECIFIED	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	1	0		

Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	2	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, LEFT LOWER LIMB	3	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	2	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CONTUSION OF LEFT KNEE, INITIAL ENCOUNTER	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER TEAR OF MEDIAL MENISCUS, CURRENT INJURY, RIGHT KNEE, INITIAL ENCOUNTER	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER TEAR OF LATERAL MENISCUS, CURRENT INJURY, UNSPECIFIED KNEE, INITIAL ENCOUNTER	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	STRAIN OF MUSCLE(S) AND TENDON(S) OF PERONEAL MUSCLE GROUP AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED INJURY OF OTHER MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	1	0		
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	0	1	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	TARSAL TUNNEL SYNDROME, UNSPECIFIED LOWER LIMB	0	1	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	0	2	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	FOLLICULAR CYST OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	0	1	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	0	2	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	INFLAMMATORY POLYARTHROPATHY	0	1	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	VILLONODULAR SYNOVITIS (PIGMENTED), UNSPECIFIED SITE	0	1	Administrative	

Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	0	1	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	0	1	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED INTERNAL DERANGEMENT OF UNSPECIFIED KNEE	0	1	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE	0	1	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER INSTABILITY, LEFT ANKLE	0	1	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN LEFT SHOULDER	0	1	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN LEFT HIP	0	1	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN RIGHT KNEE	0	4	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN LEFT KNEE	0	2	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	0	1	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	POSTERIOR TIBIAL TENDINITIS, RIGHT LEG	0	2	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN UNSPECIFIED LIMB	0	2	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB	0	2	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	0	1	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN, UNSPECIFIED	0	1	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BUCKET-HANDLE TEAR OF UNSPECIFIED MENISCUS, CURRENT INJURY, RIGHT KNEE, INITIAL ENCOUNTER	0	1	Administrative	

Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER TEAR OF UNSPECIFIED MENISCUS, CURRENT INJURY, RIGHT KNEE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED TEAR OF UNSPECIFIED MENISCUS, CURRENT INJURY, RIGHT KNEE, INITIAL ENCOUNTER	0	2	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	STRAIN OF UNSPECIFIED ACHILLES TENDON, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED INJURY OF OTHER MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIALS	Free Standing Imaging Center	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF UNSPECIFIED DISTAL LOWER EXTREMITY	1	0		
Outpatient	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIALS	Free Standing Imaging Center	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSPECIFIED	1	0		
Outpatient	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIALS	Free Standing Imaging Center	PAIN IN RIGHT LEG	0	1	Administrative	
Outpatient	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIALS	Free Standing Imaging Center	OTHER SPECIFIED SOFT TISSUE DISORDERS	0	1	Administrative	
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LIVER CELL CARCINOMA	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	3	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED KIDNEY	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DISORDER OF ADRENAL GLAND, UNSPECIFIED	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	HEART FAILURE, UNSPECIFIED	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	INCISIONAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	5	0		

Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CONSTIPATION, UNSPECIFIED	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED DISEASES OF LIVER	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	CALCULUS OF GALLBLADDER WITHOUT CHOLECYSTITIS WITHOUT OBSTRUCTION	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED SYMPTOMS AND SIGNS INVOLVING THE CIRCULATORY AND RESPIRATORY SYSTEMS	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UPPER ABDOMINAL PAIN, UNSPECIFIED	3	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	RIGHT UPPER QUADRANT PAIN	3	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LEFT UPPER QUADRANT PAIN	6	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	EPIGASTRIC PAIN	4	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PELVIC AND PERINEAL PAIN	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	LEFT LOWER QUADRANT PAIN	2	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	GENERALIZED ABDOMINAL PAIN	3	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED ABDOMINAL PAIN	11	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	VOMITING, UNSPECIFIED	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED JAUNDICE	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ABNORMAL LEVEL OF HORMONES IN SPECIMENS FROM MALE GENITAL ORGANS	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF LARGE INTESTINE	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF KIDNEY	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Internal Medicine	DISORDER OF ADRENAL GLAND, UNSPECIFIED	1	0		
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	BENIGN LIPOMATOUS NEOPLASM, UNSPECIFIED	0	1		Administrative
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	BENIGN NEOPLASM OF RIGHT KIDNEY	0	1		Administrative
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	0	1		Administrative

Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	BRACHIAL PLEXUS DISORDERS	0	1	Administrative	
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	NONTRAUMATIC HEMATOMA OF SOFT TISSUE	0	1	Administrative	
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	POLYCYSTIC KIDNEY, ADULT TYPE	0	1	Administrative	
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ACUTE ABDOMEN	0	1	Administrative	
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	EPIGASTRIC PAIN	0	2	Administrative	
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	RIGHT LOWER QUADRANT PAIN	0	1	Administrative	
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	GENERALIZED ABDOMINAL TENDERNESS	0	1	Administrative	
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	GENERALIZED ABDOMINAL PAIN	0	1	Administrative	
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED ABDOMINAL PAIN	0	6	Administrative	
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	0	1	Administrative	
Outpatient	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	Free Standing Imaging Center	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF PAROTID GLAND	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF TRANSVERSE COLON	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF RECTUM	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	LIVER CELL CARCINOMA	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	2	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	5	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	2	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	5	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	2	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	2	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MERKEL CELL CARCINOMA, UNSPECIFIED	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		

Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	4	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	8	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	2	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF LEFT CHOROID	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	BENIGN LIPOMATOUS NEOPLASM, UNSPECIFIED	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER DECREASED WHITE BLOOD CELL COUNT	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER DISEASES OF SPLEEN	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	HYPERALDOSTERONISM, UNSPECIFIED	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	POLYCYSTIC OVARIAN SYNDROME	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	ALCOHOL ABUSE, UNCOMPLICATED	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	EMBOLISM AND THROMBOSIS OF UNSPECIFIED ARTERY	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	ESOPHAGEAL VARICES WITH BLEEDING	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	CONSTIPATION, UNSPECIFIED	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	ABSCESS OF LIVER	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER SPECIFIED DISEASES OF LIVER	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	LIVER DISEASE, UNSPECIFIED	3	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER CHOLELITHIASIS WITHOUT OBSTRUCTION	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER CHRONIC PANCREATITIS	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	PSEUDOCYST OF PANCREAS	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	DISORDERS OF GALLBLADDER, BILIARY TRACT AND PANCREAS IN DISEASES CLASSIFIED ELSEWHERE	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	OMPHALITIS NOT OF NEWBORN	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	DERMATO(POLY)MYOSITIS IN NEOPLASTIC DISEASE	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	CYST OF KIDNEY, ACQUIRED	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	4	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	HYPOPLASTIC LEFT HEART SYNDROME	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	PRECORDIAL PAIN	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER CHEST PAIN	2	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	UPPER ABDOMINAL PAIN, UNSPECIFIED	4	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	RIGHT UPPER QUADRANT PAIN	3	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	LEFT UPPER QUADRANT PAIN	8	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	EPIGASTRIC PAIN	5	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	LOWER ABDOMINAL PAIN, UNSPECIFIED	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	LEFT LOWER QUADRANT PAIN	3	0		

Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	GENERALIZED ABDOMINAL PAIN	2	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	UNSPECIFIED ABDOMINAL PAIN	7	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	NAUSEA	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	ABDOMINAL DISTENSION (GASEOUS)	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	HEPATOMEGALY, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	3	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	LEFT UPPER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	EPIGASTRIC SWELLING, MASS OR LUMP	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	LOCALIZED ENLARGED LYMPH NODES	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	2	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LIVER AND BILIARY TRACT	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER ABDOMINAL REGIONS, INCLUDING RETROPERITONEUM	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF KIDNEY	3	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	ACQUIRED ABSENCE OF KIDNEY	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Internal Medicine	LIVER DISEASE, UNSPECIFIED	1	0		
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF GALLBLADDER	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	0	3	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	MULTIPLE MYELOMA IN REMISSION	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	BENIGN NEOPLASM OF RIGHT ADRENAL GLAND	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER VITAMIN B12 DEFICIENCY ANEMIAS	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	CONN'S SYNDROME	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	UNSPECIFIED ADRENOCORTICAL INSUFFICIENCY	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	HYPERLIPIDEMIA, UNSPECIFIED	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	HEMOCHROMATOSIS DUE TO REPEATED RED BLOOD CELL TRANSFUSIONS	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	TENSION-TYPE HEADACHE, UNSPECIFIED, NOT INTRACTABLE	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	UNSPECIFIED ACUTE APPENDICITIS	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	ABSCESS OF LIVER	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	LIVER DISEASE, UNSPECIFIED	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER CHEST PAIN	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	RIGHT UPPER QUADRANT PAIN	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	LEFT UPPER QUADRANT PAIN	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	EPIGASTRIC PAIN	0	7	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	RIGHT LOWER QUADRANT PAIN	0	1	Administrative	

Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	UNSPECIFIED ABDOMINAL PAIN	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	0	2	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	DIARRHEA, UNSPECIFIED	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	FEVER, UNSPECIFIED	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	LOCALIZED ENLARGED LYMPH NODES	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LIVER AND BILIARY TRACT	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	0	1	Administrative	
Outpatient	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	Family Practice	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF KIDNEY	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	CHRONIC VIRAL HEPATITIS C	3	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	LIVER CELL CARCINOMA	13	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF LIVER, NOT SPECIFIED AS PRIMARY OR SECONDARY	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	2	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	GASTROINTESTINAL STROMAL TUMOR OF LARGE INTESTINE	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	4	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	4	0		

Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	6	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF THYROID GLAND	2	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	MALIGNANT CARCINOID TUMOR OF THE STOMACH	2	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF LIVER	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF ENDOCRINE PANCREAS	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	HEMANGIOMA UNSPECIFIED SITE	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF RIGHT ADRENAL GLAND	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNCERTAIN BEHAVIOR OF LIVER, GALLBLADDER AND BILE DUCTS	2	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED KIDNEY	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNSPECIFIED BEHAVIOR OF DIGESTIVE SYSTEM	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RIGHT KIDNEY	2	0		

Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	THROMBOCYTOPENIA, UNSPECIFIED	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	DISEASE OF SPLEEN, UNSPECIFIED	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	HYPOTHYROIDISM, UNSPECIFIED	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	DISORDER OF PARATHYROID GLAND, UNSPECIFIED	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	PITUITARY-DEPENDENT CUSHING'S DISEASE	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	CUSHING'S SYNDROME, UNSPECIFIED	2	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	CONN'S SYNDROME	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	5	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	DISORDER OF ADRENAL GLAND, UNSPECIFIED	4	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	OTHER OVARIAN DYSFUNCTION	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	HEREDITARY HEMOCHROMATOSIS	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED SLEEP DISORDER	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ENCEPHALOPATHY, UNSPECIFIED	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ESSENTIAL (PRIMARY) HYPERTENSION	2	0		

Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	BUDD-CHIARI SYNDROME	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ACUTE EMBOLISM AND THROMBOSIS OF OTHER SPECIFIED VEINS	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	2	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	PRIMARY BILIARY CIRRHOSIS	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	UNSPECIFIED CIRRHOSIS OF LIVER	4	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	OTHER CIRRHOSIS OF LIVER	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	NONALCOHOLIC STEATOHEPATITIS (NASH)	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	4	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED DISEASES OF LIVER	3	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	LIVER DISEASE, UNSPECIFIED	3	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	PRIMARY SCLEROSING CHOLANGITIS	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ACUTE PANCREATITIS WITH UNINFECTED NECROSIS, UNSPECIFIED	2	0		

Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	CYST OF PANCREAS	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED DISEASES OF PANCREAS	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	DISEASE OF PANCREAS, UNSPECIFIED	2	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	DISORDERS OF GALLBLADDER, BILIARY TRACT AND PANCREAS IN DISEASES CLASSIFIED ELSEWHERE	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	LOCAL INFECTION OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	HIRSUTISM	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	RADICULOPATHY, SITE UNSPECIFIED	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	LOW BACK PAIN	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	PAIN IN THORACIC SPINE	2	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	SEPARATION OF MUSCLE (NONTRAUMATIC), UNSPECIFIED SITE	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	CALCULUS OF KIDNEY	2	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	CALCULUS OF URETER	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	CYST OF KIDNEY, ACQUIRED	9	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	18	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	UNSPECIFIED OVARIAN CYST, LEFT SIDE	1	0		

Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	HYPOPLASTIC LEFT HEART SYNDROME	2	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	CYSTIC DISEASE OF LIVER	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	POLYCYSTIC KIDNEY, UNSPECIFIED	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	TUBEROUS SCLEROSIS	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	UPPER ABDOMINAL PAIN, UNSPECIFIED	4	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	RIGHT UPPER QUADRANT PAIN	5	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	LEFT UPPER QUADRANT PAIN	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	EPIGASTRIC PAIN	4	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	LEFT LOWER QUADRANT PAIN	4	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	GENERALIZED ABDOMINAL PAIN	5	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	UNSPECIFIED ABDOMINAL PAIN	12	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	BILIOUS VOMITING	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	HEPATOMEGALY, NOT ELSEWHERE CLASSIFIED	3	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	OTHER ASCITES	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	2	0		

Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	RIGHT UPPER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	3	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	LEFT UPPER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	2	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	HEMATURIA, UNSPECIFIED	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	Elevation of levels of liver transaminase levels	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ABNORMAL LEVEL OF SUBSTANCES CHIEFLY NONMEDICINAL AS TO SOURCE IN SPECIMENS FROM RESPIRATORY ORGANS AND THORAX	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ABNORMAL LEVEL OF ENZYMES IN SPECIMENS FROM DIGESTIVE ORGANS AND ABDOMINAL CAVITY	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ABNORMAL LEVEL OF HORMONES IN SPECIMENS FROM OTHER ORGANS, SYSTEMS AND TISSUES	2	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF SKULL AND HEAD, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LIVER AND BILIARY TRACT	4	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ABNORMAL RADIOLOGIC FINDINGS ON DIAGNOSTIC IMAGING OF RENAL PELVIS, URETER, OR BLADDER	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ABNORMAL RADIOLOGIC FINDINGS ON DIAGNOSTIC IMAGING OF UNSPECIFIED KIDNEY	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER ABDOMINAL REGIONS, INCLUDING RETROPERITONEUM	3	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	1	0		

Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	2	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT ABNORMAL FINDINGS	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	GENETIC SUSCEPTIBILITY TO OTHER MALIGNANT NEOPLASM	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF KIDNEY	2	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Gastroenterology	LIVER CELL CARCINOMA	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Internal Medicine	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Urology	UPPER ABDOMINAL PAIN, UNSPECIFIED	1	0		
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	CHRONIC VIRAL HEPATITIS C	0	3	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF PANCREATIC DUCT	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	MALIGNANT NEOPLASM OF THYROID GLAND	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	MALIGNANT CARCINOID TUMOR OF THE STOMACH	0	1	Administrative	OVERTURNED
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	BENIGN LIPOMATOUS NEOPLASM, UNSPECIFIED	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF UNSPECIFIED KIDNEY	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	BENIGN NEOPLASM OF PITUITARY GLAND	0	1	Administrative	

Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNCERTAIN BEHAVIOR OF DIGESTIVE ORGAN, UNSPECIFIED	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED OVARY	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	CUSHING'S SYNDROME, UNSPECIFIED	0	2	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	DISORDER OF ADRENAL GLAND, UNSPECIFIED	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	UNSPECIFIED CIRRHOSIS OF LIVER	0	2	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	OTHER CIRRHOSIS OF LIVER	0	3	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	0	2	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	LIVER DISEASE, UNSPECIFIED	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	PRIMARY SCLEROSING CHOLANGITIS	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	CYST OF PANCREAS	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ACUTE ABDOMEN	0	1	Administrative	

Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	RIGHT UPPER QUADRANT PAIN	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	EPIGASTRIC PAIN	0	2	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	UNSPECIFIED ABDOMINAL PAIN	0	4	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	HEPATOMEGALY, NOT ELSEWHERE CLASSIFIED	0	2	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ENLARGED LYMPH NODES, UNSPECIFIED	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ABNORMAL WEIGHT LOSS	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	0	1	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	0	2	Administrative	
Outpatient	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	Endocrinology, Diabetes & Metabolism	LACERATION OF LIVER, UNSPECIFIED DEGREE, SEQUELA	0	1	Administrative	
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	3	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	3	0		

Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	POLYCYSTIC OVARIAN SYNDROME	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	RHEUMATIC TRICUSPID VALVE DISEASE, UNSPECIFIED	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	3	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	HYPERTENSIVE URGENCY	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	2	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) STENOSIS	4	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	Other persistent atrial fibrillation	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ATHEROSCLEROSIS OF AORTA	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ATHEROSCLEROSIS OF RENAL ARTERY	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, BILATERAL LEGS	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, UNSPECIFIED EXTREMITY	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	DISSECTION OF UNSPECIFIED SITE OF AORTA	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	DISSECTION OF THORACIC AORTA	3	0		

Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	DISSECTION OF THORACOABDOMINAL AORTA	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	9	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	4	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	THORACOABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	3	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT RUPTURE	7	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ANEURYSM OF RENAL ARTERY	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ANEURYSM OF ILIAC ARTERY	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ANEURYSM OF OTHER SPECIFIED ARTERIES	4	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	STRICTURE OF ARTERY	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	CELIAC ARTERY COMPRESSION SYNDROME	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	DISSECTION OF ARTERY OF UPPER EXTREMITY	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	4	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	IDIOPATHIC PULMONARY FIBROSIS	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ACUTE (REVERSIBLE) ISCHEMIA OF INTESTINE, PART AND EXTENT UNSPECIFIED	1	0		

Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	CHRONIC VASCULAR DISORDERS OF INTESTINE	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	LOW BACK PAIN	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	END STAGE RENAL DISEASE	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	CALCULUS OF KIDNEY	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	DISORDER OF BREAST, UNSPECIFIED	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	VARICOSE VEINS OF LOWER EXTREMITY IN THE PUERPERIUM	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	Ehlers-Danlos syndrome, unspecified	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	UPPER ABDOMINAL PAIN, UNSPECIFIED	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	RIGHT LOWER QUADRANT PAIN	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	GENERALIZED ABDOMINAL PAIN	2	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	UNSPECIFIED ABDOMINAL PAIN	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER ABDOMINAL REGIONS, INCLUDING RETROPERITONEUM	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	6	0		

Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ENCOUNTER FOR PROPHYLACTIC REMOVAL OF BREAST	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ENCOUNTER FOR SURGICAL AFTERCARE FOLLOWING SURGERY ON THE SENSE ORGANS	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ENCOUNTER FOR SURGICAL AFTERCARE FOLLOWING SURGERY ON THE CIRCULATORY SYSTEM	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	2	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF KIDNEY	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	PERSONAL HISTORY OF OTHER DISEASES OF THE CIRCULATORY SYSTEM	2	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ACQUIRED ABSENCE OF UNSPECIFIED BREAST AND NIPPLE	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	OTHER SPECIFIED POSTPROCEDURAL STATES	1	0		
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	DISSECTION OF ABDOMINAL AORTA	0	1		Administrative
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	0	3		Administrative
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	CELIAC ARTERY COMPRESSION SYNDROME	0	1		Administrative

Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	0	1	Administrative	
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	END STAGE RENAL DISEASE	0	1	Administrative	
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	SUPRAVALVULAR AORTIC STENOSIS	0	1	Administrative	
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	VOMITING, UNSPECIFIED	0	1	Administrative	
Outpatient	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Cardiovascular Disease	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	0	1	Administrative	
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	RENOVASCULAR HYPERTENSION	2	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	SECONDARY HYPERTENSION, UNSPECIFIED	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	OCCLUSION AND STENOSIS OF LEFT CAROTID ARTERY	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	DISSECTION OF THORACIC AORTA	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	2	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT RUPTURE	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	ANEURYSM OF VERTEBRAL ARTERY	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	ANEURYSM OF UNSPECIFIED SITE	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	ARTERIAL FIBROMUSCULAR DYSPLASIA	2	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	THORACIC AORTIC ECTASIA	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	PORTAL VEIN THROMBOSIS	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	POSTTHROMBOTIC SYNDROME WITHOUT COMPLICATIONS OF UNSPECIFIED EXTREMITY	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	UNSPECIFIED HYDRONEPHROSIS	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	CONGENITAL RENAL ARTERY STENOSIS	4	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	UPPER ABDOMINAL PAIN, UNSPECIFIED	1	0		

Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	EPIGASTRIC PAIN	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	UNSPECIFIED ABDOMINAL PAIN	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	NAUSEA WITH VOMITING, UNSPECIFIED	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	PRESENCE OF OTHER HEART-VALVE REPLACEMENT	1	0		
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	0	1		Administrative
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	ANEURYSM OF OTHER SPECIFIED ARTERIES	0	1		Administrative
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	ARTERIAL FIBROMUSCULAR DYSPLASIA	0	1		Administrative
Outpatient	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Free Standing Imaging Center	CONGENITAL CIRRHOSIS (OF LIVER)	0	1		Administrative
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MALIGNANT NEOPLASM OF RECTUM	4	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MALIGNANT NEOPLASM OF ENDOMETRIUM	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MALIGNANT NEOPLASM OF RIGHT OVARY	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MALIGNANT NEOPLASM OF PROSTATE	3	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	3	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	7	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	5	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER	3	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODE, UNSPECIFIED	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	FOLLICULAR LYMPHOMA GRADE IIB, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MUCOSA-ASSOCIATED LYMPHOID TISSUE "MALT-LYMPHOMA"	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	1	0		

Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MONOCLONAL GAMMOPATHY	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	HYPOGLYCEMIA, UNSPECIFIED	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	DISORDER OF ADRENAL GLAND, UNSPECIFIED	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER PRIMARY OVARIAN FAILURE	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	HYPERLIPIDEMIA, UNSPECIFIED	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER CHRONIC PAIN	3	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	UNSPECIFIED ACUTE APPENDICITIS	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT	5	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	6	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	4	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER AND UNSPECIFIED VENTRAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	7	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	UNSPECIFIED ABDOMINAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	UNSPECIFIED ABDOMINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	PARTIAL INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO CAUSE	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER PARTIAL INTESTINAL OBSTRUCTION	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER INTESTINAL OBSTRUCTION UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	3	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	10	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	CONSTIPATION, UNSPECIFIED	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER CONSTIPATION	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	POSTPROCEDURAL RETROPERITONEAL ABSCESS	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER RETROPERITONEAL ABSCESS	3	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	INTESTINAL MALABSORPTION, UNSPECIFIED	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MELENA	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	RADICULOPATHY, SITE UNSPECIFIED	3	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	LOW BACK PAIN	20	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	PAIN IN THORACIC SPINE	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER DORSALGIA	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	DORSALGIA, UNSPECIFIED	5	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	SEPARATION OF MUSCLE (NONTRAUMATIC), OTHER SITE	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	NONTRAUMATIC HEMATOMA OF SOFT TISSUE	1	0		

Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	ACUTE PYELONEPHRITIS	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	TUBULO-INTERSTITIAL NEPHRITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	HYDRONEPHROSIS WITH URETEROPELVIC JUNCTION OBSTRUCTION	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	HYDRONEPHROSIS WITH RENAL AND URETERAL CALCULOUS OBSTRUCTION	6	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	UNSPECIFIED HYDRONEPHROSIS	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER HYDRONEPHROSIS	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	CROSSING VESSEL AND STRICTURE OF URETER WITHOUT HYDRONEPHROSIS	4	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	END STAGE RENAL DISEASE	4	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	CALCULUS OF KIDNEY	261	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	CALCULUS OF URETER	29	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	CALCULUS OF KIDNEY WITH CALCULUS OF URETER	12	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	URINARY CALCULUS, UNSPECIFIED	8	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	UNSPECIFIED RENAL COLIC	8	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	CYST OF KIDNEY, ACQUIRED	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER CHRONIC CYSTITIS WITHOUT HEMATURIA	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER URETHRITIS	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	URETHRAL DISORDER, UNSPECIFIED	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	URINARY TRACT INFECTION, SITE NOT SPECIFIED	14	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	URGE INCONTINENCE	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINARY TRACT SYMPTOMS	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMPTOMS	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	ACUTE PROSTATITIS	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	CHRONIC PROSTATITIS	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	EPIDIDYMITIS	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	RIGHT TESTICULAR PAIN	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	LEFT TESTICULAR PAIN	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	TESTICULAR PAIN, UNSPECIFIED	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	UNSPECIFIED LUMP IN AXILLARY TAIL OF THE LEFT BREAST	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	CONGENITAL MALFORMATION SYNDROMES PREDOMINANTLY INVOLVING LIMBS	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER CHEST PAIN	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	ACUTE ABDOMEN	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	UPPER ABDOMINAL PAIN, UNSPECIFIED	3	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	RIGHT UPPER QUADRANT PAIN	12	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	LEFT UPPER QUADRANT PAIN	4	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	EPIGASTRIC PAIN	10	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	PELVIC AND PERINEAL PAIN	9	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	LOWER ABDOMINAL PAIN, UNSPECIFIED	13	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	RIGHT LOWER QUADRANT PAIN	33	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	LEFT LOWER QUADRANT PAIN	43	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	PERIUMBILICAL PAIN	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	RIGHT LOWER QUADRANT ABDOMINAL TENDERNESS	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	GENERALIZED ABDOMINAL PAIN	40	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	UNSPECIFIED ABDOMINAL PAIN	134	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	ABDOMINAL DISTENSION (GASEOUS)	1	0		

Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	RIGHT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	EPIGASTRIC SWELLING, MASS OR LUMP	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	SPONTANEOUS ECCHYMOSES	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	DYSURIA	3	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	PAINFUL MICTURITION, UNSPECIFIED	3	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	GROSS HEMATURIA	20	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	BENIGN ESSENTIAL MICROSCOPIC HEMATURIA	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	ASYMPTOMATIC MICROSCOPIC HEMATURIA	6	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER MICROSCOPIC HEMATURIA	7	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	HEMATURIA, UNSPECIFIED	43	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	FREQUENCY OF MICTURITION	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	ABNORMAL WEIGHT LOSS	2	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	NONSPECIFIC ELEVATION OF LEVELS OF TRANSAMINASE AND LACTIC ACID DEHYDROGENASE (LDH)	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	SOLITARY PULMONARY NODULE	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	ABNORMAL RADIOLOGIC FINDINGS ON DIAGNOSTIC IMAGING OF LEFT KIDNEY	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	DIAGNOSTIC IMAGING INCONCLUSIVE DUE TO EXCESS BODY FAT OF PATIENT	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	ELEVATED PROSTATE SPECIFIC ANTIGEN (PSA)	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	UNSPECIFIED INJURY OF ABDOMEN, INITIAL ENCOUNTER	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF PROSTATE	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	PERSONAL HISTORY OF MALIGNANT CARCINOID TUMOR OF KIDNEY	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	PERSONAL HISTORY OF URINARY CALCULI	6	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	KIDNEY TRANSPLANT STATUS	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	INTESTINAL BYPASS AND ANASTOMOSIS STATUS	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	CORONARY ANGIOPLASTY STATUS	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Obstetrics & Gynecology	OTHER INTRAOPERATIVE COMPLICATIONS OF GENITOURINARY SYSTEM	1	0		
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	Q FEVER	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	0	2	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	0	3	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	ANEMIA IN CHRONIC KIDNEY DISEASE	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	ESSENTIAL (PRIMARY) HYPERTENSION	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF LOWER EXTREMITY, BILATERAL	0	2	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	PULMONARY FIBROSIS, UNSPECIFIED	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OBSTRUCTION OF DUODENUM	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	0	2	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	0	1	Administrative	

Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	CONSTIPATION, UNSPECIFIED	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	RADICULOPATHY, SITE UNSPECIFIED	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	CERVICALGIA	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	SEPARATION OF MUSCLE (NONTRAUMATIC), OTHER SITE	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	SOFT TISSUE DISORDER, UNSPECIFIED	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	END STAGE RENAL DISEASE	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	CALCULUS OF KIDNEY	0	2	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	CALCULUS OF URETER	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	URINARY TRACT INFECTION, SITE NOT SPECIFIED	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMPTOMS	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	CHRONIC PROSTATITIS	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	TESTICULAR PAIN, UNSPECIFIED	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	POLYCYSTIC KIDNEY, UNSPECIFIED	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	SHORTNESS OF BREATH	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	CHEST PAIN, UNSPECIFIED	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	EPIGASTRIC PAIN	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	LEFT LOWER QUADRANT PAIN	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	GENERALIZED ABDOMINAL PAIN	0	3	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	UNSPECIFIED ABDOMINAL PAIN	0	6	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	ABNORMAL WEIGHT LOSS	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	NONSPECIFIC ELEVATION OF LEVELS OF TRANSAMINASE AND LACTIC ACID DEHYDROGENASE (LDH)	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	ABNORMAL RESULTS OF FUNCTION STUDIES OF OTHER ORGANS AND SYSTEMS	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	OTHER MECHANICAL COMPLICATION OF INTRAPERITONEAL DIALYSIS CATHETER, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF LARGE INTESTINE	0	1	Administrative	
Outpatient	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	Emergency Medicine	PERSONAL HISTORY OF URINARY CALCULI	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ENTEROCOLITIS DUE TO CLOSTRIDIUM DIFFICILE, RECURRENT	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CHRONIC VIRAL HEPATITIS C	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	GAMMAHERPESVIRAL MONONUCLEOSIS WITHOUT COMPLICATION	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ASCARIASIS, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF PAROTID GLAND	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	3	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF CARDIA	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF BODY OF STOMACH	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF GREATER CURVATURE OF STOMACH, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	7	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF DUODENUM	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF SMALL INTESTINE	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF SMALL INTESTINE, UNSPECIFIED	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF CECUM	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF APPENDIX	8	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF ASCENDING COLON	15	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF HEPATIC FLEXURE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF TRANSVERSE COLON	11	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF DESCENDING COLON	6	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF SIGMOID COLON	36	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	34	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	7	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF RECTUM	55	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	4	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF ANAL CANAL	6	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LIVER CELL CARCINOMA	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	INTRAHEPATIC BILE DUCT CARCINOMA	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF GALLBLADDER	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	8	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF BODY OF PANCREAS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PANCREAS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	6	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED MAIN BRONCHUS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	8	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	13	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT BRONCHUS OR LUNG	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT MELANOMA OF LEFT EAR AND EXTERNAL AURICULAR CANAL	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT MELANOMA OF SCALP AND NECK	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	3	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT MELANOMA OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT MELANOMA OF RIGHT UPPER LIMB, INCLUDING SHOULDER	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT MELANOMA OF LEFT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT MELANOMA OF RIGHT LOWER LIMB, INCLUDING HIP	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SQUAMOUS CELL CARCINOMA OF SKIN OF SCALP AND NECK	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SQUAMOUS CELL CARCINOMA OF ANAL SKIN	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SQUAMOUS CELL CARCINOMA OF SKIN OF LEFT UPPER LIMB, INCLUDING SHOULDER	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF SPECIFIED PARTS OF PERITONEUM	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF HEAD, FACE AND NECK	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	27	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	GASTROINTESTINAL STROMAL TUMOR, UNSPECIFIED SITE	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	GASTROINTESTINAL STROMAL TUMOR OF ESOPHAGUS	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	8	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	GASTROINTESTINAL STROMAL TUMOR OF LARGE INTESTINE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MERKEL CELL CARCINOMA OF LEFT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MERKEL CELL CARCINOMA OF RIGHT LOWER LIMB, INCLUDING HIP	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	10	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	11	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT MALE BREAST	1	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	6	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	10	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	6	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	6	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	30	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	13	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	6	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	12	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	8	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	18	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF LABIUM MAJUS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF EXOCERVIX	8	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF ENDOMETRIUM	39	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF MYOMETRIUM	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CORPUS UTERI	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	9	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF RIGHT OVARY	21	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF LEFT OVARY	6	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	23	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF RIGHT FALLOPIAN TUBE	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF LEFT FALLOPIAN TUBE	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED BROAD LIGAMENT	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF PLACENTA	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF GLANS PENIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF PROSTATE	42	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED UNDESCENDED TESTIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED DESCENDED TESTIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	6	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	15	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF RIGHT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	10	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF LEFT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	9	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	7	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	9	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF LEFT RENAL PELVIS	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF RIGHT CHOROID	1	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF THYROID GLAND	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INGUINAL AND LOWER LIMB LYMPH NODES	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODE, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED URINARY ORGANS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SECONDARY MALIGNANT NEOPLASM OF BONE	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED ADRENAL GLAND	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SECONDARY MALIGNANT NEOPLASM OF RIGHT ADRENAL GLAND	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	20	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT CARCINOID TUMOR OF THE DUODENUM	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT CARCINOID TUMOR OF THE JEJUNUM	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT CARCINOID TUMOR OF THE ILEUM	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT CARCINOID TUMOR OF THE APPENDIX	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT CARCINOID TUMOR OF THE STOMACH	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	1	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER MALIGNANT NEUROENDOCRINE TUMORS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SECONDARY NEUROENDOCRINE TUMORS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NODULAR SCLEROSIS HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NODULAR SCLEROSIS HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	6	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FOLLICULAR LYMPHOMA GRADE I, INTRA-ABDOMINAL LYMPH NODES	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF MULTIPLE SITES	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FOLLICULAR LYMPHOMA GRADE II, UNSPECIFIED SITE	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FOLLICULAR LYMPHOMA GRADE II, INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, UNSPECIFIED SITE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF HEAD, FACE, AND NECK	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF MULTIPLE SITES	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FOLLICULAR LYMPHOMA GRADE IIIB, INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIFFUSE FOLLICLE CENTER LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CUTANEOUS FOLLICLE CENTER LYMPHOMA, UNSPECIFIED SITE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER TYPES OF FOLLICULAR LYMPHOMA, UNSPECIFIED SITE	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER TYPES OF FOLLICULAR LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB	1	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FOLLICULAR LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SMALL CELL B-CELL LYMPHOMA, UNSPECIFIED SITE	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MANTLE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	9	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MANTLE CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MUCOSA-ASSOCIATED LYMPHOID TISSUE "MALT-LYMPHOMA"	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MULTIPLE MYELOMA IN RELAPSE	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION	8	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN REMISSION	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LYMPHOID LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	1	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPECIFIED TYPE OF CARCINOMA IN SITU OF RIGHT BREAST	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	BENIGN NEOPLASM OF CECUM	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	BENIGN NEOPLASM OF SIGMOID COLON	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	BENIGN NEOPLASM OF COLON, UNSPECIFIED	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	BENIGN NEOPLASM OF DUODENUM	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	BENIGN NEOPLASM OF LIVER	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	INTRAMURAL LEIOMYOMA OF UTERUS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LEIOMYOMA OF UTERUS, UNSPECIFIED	9	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT OVARY	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT OVARY	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER BENIGN NEUROENDOCRINE TUMORS	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	POLYCYTHEMIA VERA	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER GENITOURINARY ORGAN	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER IRON DEFICIENCY ANEMIAS	5	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	IRON DEFICIENCY ANEMIA, UNSPECIFIED	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ANEMIA, UNSPECIFIED	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	VON WILLEBRAND'S DISEASE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	GENETIC ANOMALIES OF LEUKOCYTES	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER ELEVATED WHITE BLOOD CELL COUNT	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	7	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABSCESS OF SPLEEN	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CYST OF SPLEEN	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	INFARCTION OF SPLEEN	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DISEASE OF SPLEEN, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SECONDARY POLYCYTHEMIA	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SARCOIDOSIS, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DISORDER OF ADRENAL GLAND, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ENDOCRINE DISORDER, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OVERWEIGHT	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DISORDER OF BILIRUBIN METABOLISM, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	WILSON'S DISEASE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	HYPERCALCEMIA	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DEHYDRATION	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	HYPO-OSMOLALITY AND HYPONATREMIA	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ALCOHOL ABUSE, UNCOMPLICATED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER ACUTE POSTPROCEDURAL PAIN	5	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER CHRONIC PAIN	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ENCEPHALOPATHY, UNSPECIFIED	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER PULMONARY EMBOLISM WITH ACUTE COR PULMONALE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) STENOSIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	INTRACARDIAC THROMBOSIS, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ANEURYSM OF ILIAC ARTERY	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ANEURYSM OF VERTEBRAL ARTERY	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PORTAL VEIN THROMBOSIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF RIGHT LOWER EXTREMITY	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF LEFT LOWER EXTREMITY	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF PROXIMAL LOWER EXTREMITY, BILATERAL	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CHRONIC EMBOLISM AND THROMBOSIS OF POPLITEAL VEIN, BILATERAL	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CHRONIC EMBOLISM AND THROMBOSIS OF UNSPECIFIED VEIN	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ESOPHAGEAL VARICES WITHOUT BLEEDING	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	COMPRESSION OF VEIN	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH (ACUTE) EXACERBATION	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ACUTE PULMONARY MANIFESTATIONS DUE TO RADIATION	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER DISORDERS OF LUNG	1	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER ESOPHAGITIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	14	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ULCER OF ESOPHAGUS WITHOUT BLEEDING	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER DISEASES OF STOMACH AND DUODENUM	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ACUTE APPENDICITIS WITH GENERALIZED PERITONITIS, WITHOUT ABSCESS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ACUTE APPENDICITIS WITH GENERALIZED PERITONITIS, WITH ABSCESS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ACUTE APPENDICITIS WITH LOCALIZED PERITONITIS AND GANGRENE, WITHOUT PERFORATION	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNSPECIFIED ACUTE APPENDICITIS	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER ACUTE APPENDICITIS WITHOUT PERFORATION OR GANGRENE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER APPENDICITIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNSPECIFIED APPENDICITIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPECIFIED DISEASES OF APPENDIX	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DISEASE OF APPENDIX, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	BILATERAL INGUINAL HERNIA, WITH OBSTRUCTION, WITHOUT GANGRENE, RECURRENT	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, RECURRENT	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	8	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PARASTOMAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER AND UNSPECIFIED VENTRAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	16	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNSPECIFIED ABDOMINAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNSPECIFIED ABDOMINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CROHN'S DISEASE OF SMALL INTESTINE WITH OTHER COMPLICATION	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSPECIFIED COMPLICATIONS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CROHN'S DISEASE OF LARGE INTESTINE WITH INTESTINAL OBSTRUCTION	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH FISTULA	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH ABSCESS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER ULCERATIVE COLITIS WITH UNSPECIFIED COMPLICATIONS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	10	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PARTIAL INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO CAUSE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNSPECIFIED INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIVERTICULITIS OF SMALL INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	9	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	17	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIVERTICULOSIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	21	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER IRRITABLE BOWEL SYNDROME	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CONSTIPATION, UNSPECIFIED	17	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OUTLET DYSFUNCTION CONSTIPATION	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CHRONIC IDIOPATHIC CONSTIPATION	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER CONSTIPATION	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ANAL ABSCESS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	RECTAL POLYP	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	HEMORRHAGE OF ANUS AND RECTUM	7	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DISEASE OF ANUS AND RECTUM, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FISTULA OF INTESTINE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	POLYP OF COLON	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPECIFIED DISEASES OF INTESTINE	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERITONEAL ABSCESS	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERITONEAL ADHESIONS (POSTPROCEDURAL) (POSTINFECTION)	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	HEPATIC FIBROSIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNSPECIFIED CIRRHOSIS OF LIVER	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABSCESS OF LIVER	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	1	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LIVER DISEASE, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CALCULUS OF GALLBLADDER WITHOUT CHOLECYSTITIS WITHOUT OBSTRUCTION	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CALCULUS OF BILE DUCT WITH ACUTE CHOLECYSTITIS WITHOUT OBSTRUCTION	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ALCOHOL INDUCED ACUTE PANCREATITIS WITH UNINFECTED NECROSIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSPECIFIED	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ACUTE PANCREATITIS WITH UNINFECTED NECROSIS, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ACUTE PANCREATITIS WITH INFECTED NECROSIS, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER CHRONIC PANCREATITIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PSEUDOCYST OF PANCREAS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPECIFIED DISEASES OF PANCREAS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DISEASE OF PANCREAS, UNSPECIFIED	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	POSTGASTRIC SURGERY SYNDROMES	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER COMPLICATIONS OF INTESTINAL POUCH	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF DIGESTIVE SYSTEM	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MELENA	7	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER COMPLICATIONS OF OTHER BARIATRIC PROCEDURE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CUTANEOUS ABSCESS OF ABDOMINAL WALL	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CELLULITIS OF ABDOMINAL WALL	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OMPHALITIS NOT OF NEWBORN	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER POSTPROCEDURAL COMPLICATIONS OF SKIN AND SUBCUTANEOUS TISSUE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PAIN IN RIGHT HIP	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	THROMBOTIC MICROANGIOPATHY	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LOW BACK PAIN	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DORSALGIA, UNSPECIFIED	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ACUTE PYELONEPHRITIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	TUBULO-INTERSTITIAL NEPHRITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNSPECIFIED HYDRONEPHROSIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CHRONIC KIDNEY DISEASE, STAGE 5	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CALCULUS OF KIDNEY	12	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CYST OF KIDNEY, ACQUIRED	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	VESICOINTESTINAL FISTULA	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIVERTICULUM OF BLADDER	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPECIFIED DISORDERS OF BLADDER	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	URINARY TRACT INFECTION, SITE NOT SPECIFIED	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINARY TRACT SYMPTOMS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMPTOMS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABSCESS OF PROSTATE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LEFT TESTICULAR PAIN	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPECIFIED DISORDERS OF THE MALE GENITAL ORGANS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNSPECIFIED LUMP IN THE RIGHT BREAST, UNSPECIFIED QUADRANT	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNSPECIFIED OVARIAN CYST, UNSPECIFIED SIDE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER OVARIAN CYST, RIGHT SIDE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ENDOMETRIAL HYPERPLASIA, UNSPECIFIED	1	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ENDOMETRIAL INTRAEPITHELIAL NEOPLASIA YEIN"	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	HYPERTROPHY OF UTERUS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNSPECIFIED DYSPAREUNIA	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPECIFIED CONDITIONS ASSOCIATED WITH FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	POSTPROCEDURAL SEROMA OF A GENITOURINARY SYSTEM ORGAN OR STRUCTURE FOLLOWING A GENITOURINARY SYSTEM PROCEDURE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF GENITOURINARY SYSTEM	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	HEMATOMA OF OBSTETRIC WOUND	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CYSTIC DISEASE OF LIVER	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	HEMOPTYSIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SHORTNESS OF BREATH	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PLEURODYNIA	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CHEST PAIN, UNSPECIFIED	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ACUTE ABDOMEN	6	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UPPER ABDOMINAL PAIN, UNSPECIFIED	11	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	RIGHT UPPER QUADRANT PAIN	37	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LEFT UPPER QUADRANT PAIN	27	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	EPIGASTRIC PAIN	35	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PELVIC AND PERINEAL PAIN	16	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LOWER ABDOMINAL PAIN, UNSPECIFIED	60	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	RIGHT LOWER QUADRANT PAIN	84	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LEFT LOWER QUADRANT PAIN	134	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERIUMBILICAL PAIN	20	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LEFT UPPER QUADRANT ABDOMINAL TENDERNESS	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	RIGHT LOWER QUADRANT ABDOMINAL TENDERNESS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LEFT LOWER QUADRANT ABDOMINAL TENDERNESS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABDOMINAL TENDERNESS, UNSPECIFIED SITE	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	COLIC	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	GENERALIZED ABDOMINAL PAIN	128	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNSPECIFIED ABDOMINAL PAIN	144	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NAUSEA	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	VOMITING, UNSPECIFIED	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NAUSEA WITH VOMITING, UNSPECIFIED	6	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABDOMINAL DISTENSION (GASEOUS)	11	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	HEPATOMEGALY, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	9	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	RIGHT UPPER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LEFT UPPER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	RIGHT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LEFT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERIUMBILIC SWELLING, MASS OR LUMP	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CHANGE IN BOWEL HABIT	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIARRHEA, UNSPECIFIED	4	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPECIFIED SYMPTOMS AND SIGNS INVOLVING THE DIGESTIVE SYSTEM AND ABDOMEN	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CRAMP AND SPASM	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DYSURIA	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	GROSS HEMATURIA	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER MICROSCOPIC HEMATURIA	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	HEMATURIA, UNSPECIFIED	15	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	POSTPROCEDURAL FEVER	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FEVER, UNSPECIFIED	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	HEADACHE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER FATIGUE	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LOCALIZED ENLARGED LYMPH NODES	5	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	GENERALIZED ENLARGED LYMPH NODES	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ENLARGED LYMPH NODES, UNSPECIFIED	7	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	GENERALIZED HYPERHIDROSIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABNORMAL WEIGHT LOSS	11	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ELEVATED ERYTHROCYTE SEDIMENTATION RATE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER ABNORMAL AND INCONCLUSIVE FINDINGS ON DIAGNOSTIC IMAGING OF BREAST	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LIVER AND BILIARY TRACT	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER PARTS OF DIGESTIVE TRACT	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABNORMAL RADIOLOGIC FINDINGS ON DIAGNOSTIC IMAGING OF RENAL PELVIS, URETER, OR BLADDER	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER ABDOMINAL REGIONS, INCLUDING RETROPERITONEUM	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	1	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABNORMAL RESULTS OF FUNCTION STUDIES OF OTHER ORGANS AND SYSTEMS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ELEVATED CARCINOEMBRYONIC ANTIGEN (CEA)	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ELEVATED PROSTATE SPECIFIC ANTIGEN (PSA)	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNSPECIFIED FRACTURE OF LEFT FEMUR, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	TRAUMATIC COMPARTMENT SYNDROME OF ABDOMEN, INITIAL ENCOUNTER	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	INFECTION FOLLOWING A PROCEDURE, ORGAN AND SPACE SURGICAL SITE, INITIAL ENCOUNTER	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERSON INJURED IN COLLISION BETWEEN OTHER SPECIFIED MOTOR VEHICLES (TRAFFIC), INITIAL ENCOUNTER	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ENCOUNTER FOR SURGICAL AFTERCARE FOLLOWING SURGERY ON THE DIGESTIVE SYSTEM	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF STOMACH	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF LARGE INTESTINE	3	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF RECTUM, RECTOSIGMOID JUNCTION, AND ANUS	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TRACHEA	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	4	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER PARTS OF UTERUS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TESTIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF KIDNEY	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASMS OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUES	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	2	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERSONAL HISTORY OF TUBERCULOSIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERSONAL HISTORY OF URINARY (TRACT) INFECTIONS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERSONAL HISTORY OF URINARY CALCULI	1	0		

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ACQUIRED ABSENCE OF OTHER SPECIFIED PARTS OF DIGESTIVE TRACT	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	BONE MARROW TRANSPLANT STATUS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	BARIATRIC SURGERY STATUS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Family Practice	LOWER ABDOMINAL PAIN, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Hematology	NODULAR SCLEROSIS HODGKIN LYMPHOMA, UNSPECIFIED SITE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Hematology	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Oncology	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Oncology	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Oncology, Medical	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CORPUS UTERI	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Surgery	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Surgery	OTHER DISEASES OF STOMACH AND DUODENUM	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Surgery, Colon & Rectal	DIVERTICULOSIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Urology	MALIGNANT NEOPLASM OF UNSPECIFIED DESCENDED TESTIS	1	0		
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPECIFIED VIRAL DISEASES	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF BODY OF STOMACH	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	0	4	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF CECUM	0	5	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF APPENDIX	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF ASCENDING COLON	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF HEPATIC FLEXURE	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF TRANSVERSE COLON	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF DESCENDING COLON	0	2	Administrative	

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF SIGMOID COLON	0	8	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF RECTUM	0	11	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED	0	3	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF ANAL CANAL	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	INTRAHEPATIC BILE DUCT CARCINOMA	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF GALLBLADDER	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT MALE BREAST	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	0	7	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	0	5	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF ENDOMETRIUM	0	3	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF RIGHT OVARY	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF PROSTATE	0	9	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED UNDESCENDED TESTIS	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED DESCENDED TESTIS	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF RIGHT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	0	3	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF LEFT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	0	3	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	0	3	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT NEOPLASM OF RIGHT CHOROID	0	1	Administrative	

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SECONDARY MALIGNANT NEOPLASM OF BRAIN	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT CARCINOID TUMORS OF OTHER SITES	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FOLLICULAR LYMPHOMA GRADE I, INTRA-ABDOMINAL LYMPH NODES	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MANTLE CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	0	3	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIFFUSE LARGE B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MULTIPLE MYELOMA IN RELAPSE	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	BENIGN LIPOMATOUS NEOPLASM OF KIDNEY	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LEIOMYOMA OF UTERUS, UNSPECIFIED	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	BENIGN NEOPLASM OF CRANIAL NERVES	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	IRON DEFICIENCY ANEMIA, UNSPECIFIED	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ANEMIA, UNSPECIFIED	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NEUTROPENIA, UNSPECIFIED	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER DECREASED WHITE BLOOD CELL COUNT	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	0	1	Administrative	

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CARCINOID SYNDROME	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	HYPERCALCEMIA	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER CHRONIC PAIN	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF PROXIMAL LOWER EXTREMITY, BILATERAL	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH INFLAMMATION	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ACUTE APPENDICITIS WITH GENERALIZED PERITONITIS, WITHOUT ABSCESS	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNSPECIFIED ABDOMINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PARTIAL INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO CAUSE	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CONSTIPATION, UNSPECIFIED	0	3	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CALCULUS OF GALLBLADDER WITHOUT CHOLECYSTITIS WITHOUT OBSTRUCTION	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPECIFIED DISEASES OF GALLBLADDER	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DISEASE OF PANCREAS, UNSPECIFIED	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	MELENA	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	CELLULITIS OF CHEST WALL	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	URTICARIA, UNSPECIFIED	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPECIFIC JOINT DERANGEMENTS OF UNSPECIFIED JOINT, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LOW BACK PAIN	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	0	1	Administrative	

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FEMALE INFERTILITY, UNSPECIFIED	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UPPER ABDOMINAL PAIN, UNSPECIFIED	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	RIGHT UPPER QUADRANT PAIN	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LEFT UPPER QUADRANT PAIN	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	EPIGASTRIC PAIN	0	6	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PELVIC AND PERINEAL PAIN	0	3	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LOWER ABDOMINAL PAIN, UNSPECIFIED	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	RIGHT LOWER QUADRANT PAIN	0	5	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LEFT LOWER QUADRANT PAIN	0	8	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERIUMBILICAL PAIN	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	RIGHT UPPER QUADRANT ABDOMINAL TENDERNESS	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	GENERALIZED ABDOMINAL PAIN	0	15	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNSPECIFIED ABDOMINAL PAIN	0	21	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABDOMINAL DISTENSION (GASEOUS)	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNSPECIFIED JAUNDICE	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	RIGHT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	DIARRHEA, UNSPECIFIED	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER SPECIFIED SYMPTOMS AND SIGNS INVOLVING THE DIGESTIVE SYSTEM AND ABDOMEN	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	FEVER, UNSPECIFIED	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	OTHER FATIGUE	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	LOCALIZED ENLARGED LYMPH NODES	0	1	Administrative	

Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	GENERALIZED ENLARGED LYMPH NODES	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABNORMAL WEIGHT LOSS	0	6	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	0	2	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	UNSPECIFIED INJURY OF UNSPECIFIED PART OF PANCREAS, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	ENCOUNTER FOR FOLLOW-UP EXAMINATION AFTER COMPLETED TREATMENT FOR MALIGNANT NEOPLASM	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF RECTUM, RECTOSIGMOID JUNCTION, AND ANUS	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF TESTIS	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF KIDNEY	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Cardiovascular Disease	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASMS OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUES	0	1	Administrative	
Outpatient	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	SEPSIS, UNSPECIFIED ORGANISM	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF CARDIA	2	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH	2	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF APPENDIX	2	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF ASCENDING COLON	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF TRANSVERSE COLON	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF DESCENDING COLON	1	0		

Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF SIGMOID COLON	3	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	2	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	9	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF RECTUM	4	0		
Outpatient	74178	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 REGIONS	Family Practice	LIVER CELL CARCINOMA	3	0		
Outpatient	74178	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 REGIONS	Family Practice	INTRAHEPATIC BILE DUCT CARCINOMA	3	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	2	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED MAIN BRONCHUS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT MELANOMA OF RIGHT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF SCALP AND NECK	1	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF OTHER PART OF TRUNK	1	0		

Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	3	0		
Outpatient	74178	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 REGIONS	Family Practice	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	2	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	3	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF ENDOMETRIUM	3	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF RIGHT OVARY	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	2	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF PLACENTA	1	0		

Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF PENIS, UNSPECIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF PROSTATE	15	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED UNDESCENDED TESTIS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED DESCENDED TESTIS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	4	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF LEFT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	4	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	7	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	6	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER	3	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	4	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	6	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF URINARY ORGAN, UNSPECIFIED	2	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF THYROID GLAND	5	0		
Outpatient	74178	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 REGIONS	Family Practice	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	5	0		

Outpatient	74178	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 REGIONS	Family Practice	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED URINARY ORGANS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	SECONDARY MALIGNANT NEOPLASM OF BONE	1	0		
Outpatient	74178	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 REGIONS	Family Practice	SECONDARY MALIGNANT NEOPLASM OF LEFT ADRENAL GLAND	1	0		
Outpatient	74178	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 REGIONS	Family Practice	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT CARCINOID TUMOR OF THE DUODENUM	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT CARCINOID TUMOR OF THE RECTUM	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT CARCINOID TUMOR OF THE STOMACH	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT CARCINOID TUMOR OF THE FOREGUT, UNSPECIFIED	2	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER MALIGNANT NEUROENDOCRINE TUMORS	3	0		
Outpatient	74178	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 REGIONS	Family Practice	SECONDARY CARCINOID TUMORS OF OTHER SITES	1	0		
Outpatient	74178	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 REGIONS	Family Practice	NODULAR SCLEROSIS HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	74178	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 REGIONS	Family Practice	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	74178	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 REGIONS	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	3	0		
Outpatient	74178	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 REGIONS	Family Practice	NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB	1	0		
Outpatient	74178	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 REGIONS	Family Practice	NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	2	0		

Outpatient	74178	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 REGIONS	Family Practice	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1	0		
Outpatient	74178	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 REGIONS	Family Practice	BENIGN NEOPLASM OF COLON, UNSPECIFIED	2	0		
Outpatient	74178	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 REGIONS	Family Practice	BENIGN LIPOMATOUS NEOPLASM OF KIDNEY	1	0		
Outpatient	74178	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 REGIONS	Family Practice	LEIOMYOMA OF UTERUS, UNSPECIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	BENIGN NEOPLASM OF UNSPECIFIED KIDNEY	1	0		
Outpatient	74178	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 REGIONS	Family Practice	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	1	0		
Outpatient	74178	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 REGIONS	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF RECTUM	1	0		
Outpatient	74178	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 REGIONS	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF DIGESTIVE ORGAN, UNSPECIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED OVARY	1	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER BENIGN NEUROENDOCRINE TUMORS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	1	0		
Outpatient	74178	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 REGIONS	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT KIDNEY	5	0		
Outpatient	74178	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 REGIONS	Family Practice	NEOPLASM OF UNSPECIFIED BEHAVIOR OF DIGESTIVE SYSTEM	2	0		
Outpatient	74178	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 REGIONS	Family Practice	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	1	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER PANCYTOPENIA	1	0		
Outpatient	74178	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 REGIONS	Family Practice	ANEMIA, UNSPECIFIED	1	0		

Outpatient	74178	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 REGIONS	Family Practice	ANTIPHOSPHOLIPID SYNDROME	1	0		
Outpatient	74178	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 REGIONS	Family Practice	NEUTROPENIA, UNSPECIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	IMMUNODEFICIENCY, UNSPECIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	SARCOIDOSIS, UNSPECIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER HYPOGLYCEMIA	1	0		
Outpatient	74178	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 REGIONS	Family Practice	INCREASED SECRETION OF GASTRIN	1	0		
Outpatient	74178	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 REGIONS	Family Practice	CUSHING'S SYNDROME, UNSPECIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	1	0		
Outpatient	74178	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 REGIONS	Family Practice	DISORDER OF ADRENAL GLAND, UNSPECIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MULTIPLE ENDOCRINE NEOPLASIA [MEN] TYPE IIA	1	0		
Outpatient	74178	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 REGIONS	Family Practice	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	1	0		
Outpatient	74178	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 REGIONS	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER ACUTE POSTPROCEDURAL PAIN	1	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER CHRONIC PAIN	2	0		
Outpatient	74178	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 REGIONS	Family Practice	ESSENTIAL (PRIMARY) HYPERTENSION	2	0		

Outpatient	74178	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 REGIONS	Family Practice	ESOPHAGEAL VARICES WITHOUT BLEEDING	2	0		
Outpatient	74178	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 REGIONS	Family Practice	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	2	0		
Outpatient	74178	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 REGIONS	Family Practice	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA	1	0		
Outpatient	74178	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 REGIONS	Family Practice	UNSPECIFIED CHRONIC GASTRITIS WITHOUT BLEEDING	2	0		
Outpatient	74178	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 REGIONS	Family Practice	FUNCTIONAL DYSPEPSIA	1	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER DISEASES OF STOMACH AND DUODENUM	2	0		
Outpatient	74178	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 REGIONS	Family Practice	ACUTE APPENDICITIS WITH PERFORATION AND LOCALIZED PERITONITIS, WITH ABSCESS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	UNSPECIFIED ACUTE APPENDICITIS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	UNSPECIFIED APPENDICITIS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	UNILATERAL INGUINAL HERNIA, WITH OBSTRUCTION, WITHOUT GANGRENE, NOT SPECIFIED AS RECURRENT	1	0		
Outpatient	74178	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 REGIONS	Family Practice	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT	3	0		
Outpatient	74178	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 REGIONS	Family Practice	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
Outpatient	74178	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 REGIONS	Family Practice	INCISIONAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	3	0		
Outpatient	74178	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 REGIONS	Family Practice	VENTRAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
Outpatient	74178	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 REGIONS	Family Practice	UNSPECIFIED ABDOMINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	2	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER SPECIFIED NONINFECTIVE GASTROENTERITIS AND COLITIS	1	0		

Outpatient	74178	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 REGIONS	Family Practice	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	2	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER INTESTINAL OBSTRUCTION UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION	1	0		
Outpatient	74178	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 REGIONS	Family Practice	DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
Outpatient	74178	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 REGIONS	Family Practice	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	5	0		
Outpatient	74178	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 REGIONS	Family Practice	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING	1	0		
Outpatient	74178	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 REGIONS	Family Practice	DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	1	0		
Outpatient	74178	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 REGIONS	Family Practice	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	1	0		
Outpatient	74178	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 REGIONS	Family Practice	DIVERTICULOSIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	3	0		
Outpatient	74178	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 REGIONS	Family Practice	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	6	0		
Outpatient	74178	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 REGIONS	Family Practice	CONSTIPATION, UNSPECIFIED	5	0		
Outpatient	74178	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 REGIONS	Family Practice	SLOW TRANSIT CONSTIPATION	1	0		
Outpatient	74178	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 REGIONS	Family Practice	ANAL ABSCESS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	RECTAL ABSCESS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	HEMORRHAGE OF ANUS AND RECTUM	3	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	2	0		
Outpatient	74178	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 REGIONS	Family Practice	ABSCESS OF INTESTINE	1	0		

Outpatient	74178	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 REGIONS	Family Practice	ALCOHOLIC FATTY LIVER	1	0		
Outpatient	74178	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 REGIONS	Family Practice	ALCOHOLIC HEPATITIS WITHOUT ASCITES	1	0		
Outpatient	74178	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 REGIONS	Family Practice	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER SPECIFIED DISEASES OF LIVER	2	0		
Outpatient	74178	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 REGIONS	Family Practice	LIVER DISEASE, UNSPECIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSPECIFIED	2	0		
Outpatient	74178	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 REGIONS	Family Practice	POSTCHOLECYSTECTOMY SYNDROME	1	0		
Outpatient	74178	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 REGIONS	Family Practice	MELENA	3	0		
Outpatient	74178	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 REGIONS	Family Practice	GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	PAIN IN UNSPECIFIED JOINT	1	0		
Outpatient	74178	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 REGIONS	Family Practice	LOW BACK PAIN	5	0		
Outpatient	74178	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 REGIONS	Family Practice	DORSALGIA, UNSPECIFIED	3	0		
Outpatient	74178	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 REGIONS	Family Practice	MYALGIA, UNSPECIFIED SITE	1	0		
Outpatient	74178	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 REGIONS	Family Practice	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	TUBULO-INTERSTITIAL NEPHRITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	3	0		
Outpatient	74178	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 REGIONS	Family Practice	HYDRONEPHROSIS WITH URETEROPELVIC JUNCTION OBSTRUCTION	1	0		

Outpatient	74178	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 REGIONS	Family Practice	HYDRONEPHROSIS WITH URETERAL STRICTURE, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	UNSPECIFIED HYDRONEPHROSIS	6	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER HYDRONEPHROSIS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	CROSSING VESSEL AND STRICTURE OF URETER WITHOUT HYDRONEPHROSIS	2	0		
Outpatient	74178	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 REGIONS	Family Practice	RENAL AND PERINEPHRIC ABSCESS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	CHRONIC KIDNEY DISEASE, STAGE 2 (MILD)	1	0		
Outpatient	74178	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 REGIONS	Family Practice	CHRONIC KIDNEY DISEASE, STAGE 5	1	0		
Outpatient	74178	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 REGIONS	Family Practice	CALCULUS OF KIDNEY	35	0		
Outpatient	74178	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 REGIONS	Family Practice	CALCULUS OF URETER	4	0		
Outpatient	74178	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 REGIONS	Family Practice	URINARY CALCULUS, UNSPECIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	UNSPECIFIED RENAL COLIC	1	0		
Outpatient	74178	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 REGIONS	Family Practice	CYST OF KIDNEY, ACQUIRED	11	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	12	0		
Outpatient	74178	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 REGIONS	Family Practice	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	2	0		
Outpatient	74178	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 REGIONS	Family Practice	ACUTE CYSTITIS WITHOUT HEMATURIA	1	0		
Outpatient	74178	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 REGIONS	Family Practice	ACUTE CYSTITIS WITH HEMATURIA	1	0		

Outpatient	74178	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 REGIONS	Family Practice	OTHER CHRONIC CYSTITIS WITHOUT HEMATURIA	2	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER CHRONIC CYSTITIS WITH HEMATURIA	1	0		
Outpatient	74178	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 REGIONS	Family Practice	BLADDER-NECK OBSTRUCTION	1	0		
Outpatient	74178	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 REGIONS	Family Practice	DIVERTICULUM OF BLADDER	1	0		
Outpatient	74178	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 REGIONS	Family Practice	OVERACTIVE BLADDER	1	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER SPECIFIED DISORDERS OF BLADDER	2	0		
Outpatient	74178	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 REGIONS	Family Practice	UNSPECIFIED URETHRAL STRICTURE, FEMALE	1	0		
Outpatient	74178	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 REGIONS	Family Practice	URINARY TRACT INFECTION, SITE NOT SPECIFIED	17	0		
Outpatient	74178	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 REGIONS	Family Practice	URGE INCONTINENCE	2	0		
Outpatient	74178	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 REGIONS	Family Practice	CONTINUOUS LEAKAGE	1	0		
Outpatient	74178	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 REGIONS	Family Practice	BENIGN PROSTATIC HYPERPLASIA WITH LOWER URINARY TRACT SYMPTOMS	2	0		
Outpatient	74178	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 REGIONS	Family Practice	CHRONIC PROSTATITIS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER SPECIFIED DISORDERS OF THE MALE GENITAL ORGANS	5	0		
Outpatient	74178	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 REGIONS	Family Practice	UNSPECIFIED LUMP IN LEFT BREAST, SUBAREOLAR	1	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER FEMALE URINARY-GENITAL TRACT FISTULAE	1	0		
Outpatient	74178	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 REGIONS	Family Practice	UNSPECIFIED OVARIAN CYST, LEFT SIDE	1	0		

Outpatient	74178	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 REGIONS	Family Practice	OTHER OVARIAN CYST, RIGHT SIDE	1	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER OVARIAN CYST, LEFT SIDE	1	0		
Outpatient	74178	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 REGIONS	Family Practice	EXCESSIVE AND FREQUENT MENSTRUATION WITH IRREGULAR CYCLE	1	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER SPECIFIED CONDITIONS ASSOCIATED WITH FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	1	0		
Outpatient	74178	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 REGIONS	Family Practice	UNSPECIFIED UNDESCENDED TESTICLE, UNILATERAL	1	0		
Outpatient	74178	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 REGIONS	Family Practice	POLYCYSTIC KIDNEY, UNSPECIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	CONGENITAL OCCLUSION OF URETEROPELVIC JUNCTION	2	0		
Outpatient	74178	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 REGIONS	Family Practice	DUPLICATION OF URETER	1	0		
Outpatient	74178	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 REGIONS	Family Practice	LOBULATED, FUSED AND HORSESHOE KIDNEY	1	0		
Outpatient	74178	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 REGIONS	Family Practice	ELEVATED BLOOD-PRESSURE READING, WITHOUT DIAGNOSIS OF HYPERTENSION	1	0		
Outpatient	74178	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 REGIONS	Family Practice	SHORTNESS OF BREATH	1	0		
Outpatient	74178	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 REGIONS	Family Practice	ACUTE ABDOMEN	3	0		
Outpatient	74178	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 REGIONS	Family Practice	UPPER ABDOMINAL PAIN, UNSPECIFIED	3	0		
Outpatient	74178	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 REGIONS	Family Practice	RIGHT UPPER QUADRANT PAIN	14	0		
Outpatient	74178	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 REGIONS	Family Practice	LEFT UPPER QUADRANT PAIN	5	0		
Outpatient	74178	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 REGIONS	Family Practice	EPIGASTRIC PAIN	14	0		

Outpatient	74178	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 REGIONS	Family Practice	PELVIC AND PERINEAL PAIN	14	0		
Outpatient	74178	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 REGIONS	Family Practice	LOWER ABDOMINAL PAIN, UNSPECIFIED	19	0		
Outpatient	74178	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 REGIONS	Family Practice	RIGHT LOWER QUADRANT PAIN	29	0		
Outpatient	74178	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 REGIONS	Family Practice	LEFT LOWER QUADRANT PAIN	39	0		
Outpatient	74178	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 REGIONS	Family Practice	PERIUMBILICAL PAIN	3	0		
Outpatient	74178	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 REGIONS	Family Practice	RIGHT LOWER QUADRANT ABDOMINAL TENDERNESS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	PERIUMBILIC ABDOMINAL TENDERNESS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	GENERALIZED ABDOMINAL PAIN	36	0		
Outpatient	74178	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 REGIONS	Family Practice	UNSPECIFIED ABDOMINAL PAIN	100	0		
Outpatient	74178	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 REGIONS	Family Practice	NAUSEA WITH VOMITING, UNSPECIFIED	2	0		
Outpatient	74178	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 REGIONS	Family Practice	DYSPHAGIA, UNSPECIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	ABDOMINAL DISTENSION (GASEOUS)	4	0		
Outpatient	74178	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 REGIONS	Family Practice	FULL INCONTINENCE OF FECES	1	0		
Outpatient	74178	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 REGIONS	Family Practice	SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	74178	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 REGIONS	Family Practice	HEPATOMEGALY WITH SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	UNSPECIFIED JAUNDICE	2	0		

Outpatient	74178	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 REGIONS	Family Practice	OTHER ASCITES	1	0		
Outpatient	74178	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 REGIONS	Family Practice	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	4	0		
Outpatient	74178	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 REGIONS	Family Practice	LEFT UPPER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	1	0		
Outpatient	74178	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 REGIONS	Family Practice	RIGHT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	3	0		
Outpatient	74178	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 REGIONS	Family Practice	LEFT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	2	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	2	0		
Outpatient	74178	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 REGIONS	Family Practice	DIARRHEA, UNSPECIFIED	2	0		
Outpatient	74178	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 REGIONS	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	2	0		
Outpatient	74178	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 REGIONS	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	GROSS HEMATURIA	143	0		
Outpatient	74178	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 REGIONS	Family Practice	BENIGN ESSENTIAL MICROSCOPIC HEMATURIA	1	0		
Outpatient	74178	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 REGIONS	Family Practice	ASYMPTOMATIC MICROSCOPIC HEMATURIA	24	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER MICROSCOPIC HEMATURIA	55	0		
Outpatient	74178	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 REGIONS	Family Practice	HEMATURIA, UNSPECIFIED	87	0		
Outpatient	74178	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 REGIONS	Family Practice	FREQUENCY OF MICTURITION	2	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	1	0		

Outpatient	74178	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 REGIONS	Family Practice	LOCALIZED ENLARGED LYMPH NODES	3	0		
Outpatient	74178	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 REGIONS	Family Practice	ENLARGED LYMPH NODES, UNSPECIFIED	2	0		
Outpatient	74178	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 REGIONS	Family Practice	ABNORMAL WEIGHT LOSS	1	0		
Outpatient	74178	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 REGIONS	Family Practice	PROTEINURIA, UNSPECIFIED	1	0		
Outpatient	74178	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 REGIONS	Family Practice	UNSPECIFIED ABNORMAL FINDINGS IN URINE	1	0		
Outpatient	74178	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 REGIONS	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LIVER AND BILIARY TRACT	1	0		
Outpatient	74178	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 REGIONS	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER PARTS OF DIGESTIVE TRACT	2	0		
Outpatient	74178	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 REGIONS	Family Practice	ABNORMAL RADIOLOGIC FINDINGS ON DIAGNOSTIC IMAGING OF RIGHT KIDNEY	1	0		
Outpatient	74178	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 REGIONS	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER ABDOMINAL REGIONS, INCLUDING RETROPERITONEUM	3	0		
Outpatient	74178	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 REGIONS	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	2	0		
Outpatient	74178	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 REGIONS	Family Practice	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	2	0		
Outpatient	74178	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 REGIONS	Family Practice	ELEVATED CANCER ANTIGEN 125 [CA 125]	1	0		
Outpatient	74178	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 REGIONS	Family Practice	OTHER INJURY OF UNSPECIFIED BODY REGION, INITIAL ENCOUNTER	1	0		
Outpatient	74178	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 REGIONS	Family Practice	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	74178	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 REGIONS	Family Practice	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BLADDER	2	0		
Outpatient	74178	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 REGIONS	Family Practice	PERSONAL HISTORY OF OTHER VENOUS THROMBOSIS AND EMBOLISM	1	0		

Outpatient	74178	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 REGIONS	Family Practice	PERSONAL HISTORY OF URINARY CALCULI	1	0		
Outpatient	74178	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 REGIONS	Family Practice	PERSONAL HISTORY OF OTHER DISEASES OF URINARY SYSTEM	3	0		
Outpatient	74178	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 REGIONS	Urology	OTHER MICROSCOPIC HEMATURIA	1	0		
Outpatient	74178	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 REGIONS	Family Practice	CHRONIC VIRAL HEPATITIS C	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF CARDIA	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF APPENDIX	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF ASCENDING COLON	0	2	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF SIGMOID COLON	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	0	3	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF RECTUM	0	3	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF LIVER, NOT SPECIFIED AS PRIMARY OR SECONDARY	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF BODY OF PANCREAS	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	0	2	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF SCALP AND NECK	0	1	Administrative	

Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	0	2	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF GLANS PENIS	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF PROSTATE	0	3	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF LEFT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	0	2	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	OTHER MALIGNANT NEUROENDOCRINE TUMORS	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	BENIGN LIPOMATOUS NEOPLASM, UNSPECIFIED	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	BENIGN NEOPLASM OF LEFT ADRENAL GLAND	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT TESTIS	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	NEOPLASM OF UNSPECIFIED BEHAVIOR OF DIGESTIVE SYSTEM	0	3	Administrative	

Outpatient	74178	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 REGIONS	Family Practice	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	ANDROGEN EXCESS	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	HYPERLIPIDEMIA, UNSPECIFIED	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	ORTHOSTATIC HYPOTENSION	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	0	2	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	ACUTE APPENDICITIS WITH PERFORATION AND LOCALIZED PERITONITIS, WITH ABSCESS	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT	0	2	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	OTHER COMPLETE INTESTINAL OBSTRUCTION	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	ALCOHOLIC LIVER DISEASE, UNSPECIFIED	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	LIVER DISEASE, UNSPECIFIED	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	PSEUDOCYST OF PANCREAS	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	OTHER SPECIFIED DISEASES OF PANCREAS	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	ACUTE LYMPHADENITIS OF OTHER SITES	0	1	Administrative	

Outpatient	74178	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 REGIONS	Family Practice	OTHER MUSCLE SPASM	0	2	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	CALCULUS OF KIDNEY	0	2	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	CALCULUS OF URETER	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	CALCULUS OF KIDNEY WITH CALCULUS OF URETER	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	CYST OF KIDNEY, ACQUIRED	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	0	2	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	OTHER SPECIFIED DISORDERS OF BLADDER	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	URINARY TRACT INFECTION, SITE NOT SPECIFIED	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	STRESS INCONTINENCE (FEMALE) (MALE)	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	OTHER SPECIFIED DISORDERS OF THE MALE GENITAL ORGANS	0	2	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	UPPER ABDOMINAL PAIN, UNSPECIFIED	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	RIGHT UPPER QUADRANT PAIN	0	6	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	LEFT UPPER QUADRANT PAIN	0	3	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	EPIGASTRIC PAIN	0	2	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	PELVIC AND PERINEAL PAIN	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	LOWER ABDOMINAL PAIN, UNSPECIFIED	0	1	Administrative	

Outpatient	74178	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 REGIONS	Family Practice	RIGHT LOWER QUADRANT PAIN	0	3	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	LEFT LOWER QUADRANT PAIN	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	PERIUMBILICAL PAIN	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	GENERALIZED ABDOMINAL PAIN	0	11	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	UNSPECIFIED ABDOMINAL PAIN	0	8	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	ABDOMINAL DISTENSION (GASEOUS)	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	HEPATOMEGALY, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	DIARRHEA, UNSPECIFIED	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	DYSURIA	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	GROSS HEMATURIA	0	3	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	OTHER MICROSCOPIC HEMATURIA	0	2	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	HEMATURIA, UNSPECIFIED	0	3	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	ENLARGED LYMPH NODES, UNSPECIFIED	0	1	Administrative	

Outpatient	74178	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 REGIONS	Family Practice	ANOREXIA	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	ABNORMAL WEIGHT LOSS	0	2	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	ABNORMALITY OF ALPHAFETOPROTEIN	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	ELEVATED CARCINOEMBRYONIC ANTIGEN (CEA)	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	UNSPECIFIED LACERATION OF SPLEEN, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	OTHER INJURY OF UNSPECIFIED BODY REGION, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	DISPLACEMENT OF INTRAUTERINE CONTRACEPTIVE DEVICE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	TOBACCO USE	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER ORGANS OR SYSTEMS	0	1	Administrative	
Outpatient	74178	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 REGIONS	Family Practice	PERSONAL HISTORY OF MALIGNANT MELANOMA OF SKIN	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ENDOMETRIUM	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	2	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF OTHER PARTS OF SMALL INTESTINE	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF LIVER	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF UNSPECIFIED KIDNEY	1	0		

Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF LIVER, GALLBLADDER AND BILE DUCTS	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	3	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RIGHT KIDNEY	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	BETA THALASSEMIA	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	SICKLE-CELL DISEASE WITHOUT CRISIS	2	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	DISORDER OF ADRENAL GLAND, UNSPECIFIED	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER DISORDERS OF BILIRUBIN METABOLISM	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	HEMOCHROMATOSIS DUE TO REPEATED RED BLOOD CELL TRANSFUSIONS	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER DISORDERS OF IRON METABOLISM	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED CIRRHOSIS OF LIVER	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	ABSCCESS OF LIVER	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	LIVER DISEASE, UNSPECIFIED	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	CALCULUS OF GALLBLADDER WITHOUT CHOLECYSTITIS WITHOUT OBSTRUCTION	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	CALCULUS OF BILE DUCT WITHOUT CHOLANGITIS OR CHOLECYSTITIS WITHOUT OBSTRUCTION	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	PRIMARY SCLEROSING CHOLANGITIS	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER CHOLANGITIS	1	0		

Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	OBSTRUCTION OF BILE DUCT	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED DISEASES OF BILIARY TRACT	3	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER CHRONIC PANCREATITIS	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	2	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSPECIFIED	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	PERSISTENT CLOACA	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	POLYCYSTIC KIDNEY, ADULT TYPE	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	TUBEROUS SCLEROSIS	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	UPPER ABDOMINAL PAIN, UNSPECIFIED	2	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	RIGHT UPPER QUADRANT PAIN	5	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	LEFT UPPER QUADRANT PAIN	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	EPIGASTRIC PAIN	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	GENERALIZED ABDOMINAL PAIN	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED ABDOMINAL PAIN	2	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LIVER AND BILIARY TRACT	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER ABDOMINAL REGIONS, INCLUDING RETROPERITONEUM	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	1	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	3	0		
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	PAPILLOMAVIRUS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODE, UNSPECIFIED	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF TRANSVERSE COLON	0	1	Administrative	

Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF LIVER	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	BENIGN NEOPLASM OF ENDOCRINE PANCREAS	0	2	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	DISORDER OF ADRENAL GLAND, UNSPECIFIED	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	0	2	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	PEPTIC ULCER, SITE UNSPECIFIED, UNSPECIFIED AS ACUTE OR CHRONIC, WITHOUT HEMORRHAGE OR PERFORATION	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	NONALCOHOLIC STEATOHEPATITIS (NASH)	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER SPECIFIED DISEASES OF LIVER	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	LIVER DISEASE, UNSPECIFIED	0	2	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	PRIMARY SCLEROSING CHOLANGITIS	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSPECIFIED	0	3	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	CERVICALGIA	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	CYST OF KIDNEY, ACQUIRED	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	POSTMENOPAUSAL BLEEDING	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	CONGENITAL MALFORMATION OF PERIPHERAL VASCULAR SYSTEM, UNSPECIFIED	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	RIGHT LOWER QUADRANT PAIN	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED ABDOMINAL PAIN	0	2	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	0	1	Administrative	
Outpatient	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN;WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LIVER AND BILIARY TRACT	0	1	Administrative	
Outpatient	74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL	Free Standing Imaging Center	LIVER DISEASE, UNSPECIFIED	1	0		
Outpatient	74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL	Free Standing Imaging Center	CYST OF PANCREAS	1	0		
Outpatient	74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	2	0		
Outpatient	74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL	Free Standing Imaging Center	RIGHT LOWER QUADRANT PAIN	1	0		
Outpatient	74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL	Free Standing Imaging Center	GENERALIZED ABDOMINAL PAIN	1	0		

Outpatient	74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL	Free Standing Imaging Center	HEPATOMEGALY, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL	Free Standing Imaging Center	UNSPECIFIED JAUNDICE	1	0		
Outpatient	74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1	0		
Outpatient	74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	0	1	Administrative	
Outpatient	74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNDESCENDED RIGHT TESTIS	0	2	Administrative	
Outpatient	74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	0	1	Administrative	
Outpatient	74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL	Free Standing Imaging Center	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL	Hematology/Oncology	SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	4	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CHRONIC VIRAL HEPATITIS C	4	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CECUM	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ASCENDING COLON	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF DESCENDING COLON	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF SIGMOID COLON	4	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	6	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RECTUM	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LIVER CELL CARCINOMA	18	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	INTRAHEPATIC BILE DUCT CARCINOMA	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LIVER, NOT SPECIFIED AS PRIMARY OR SECONDARY	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF BODY OF PANCREAS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF TAIL OF PANCREAS	2	0		

Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	GASTROINTESTINAL STROMAL TUMOR OF SMALL INTESTINE	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	4	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF EXOCERVIX	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ENDOMETRIUM	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF PROSTATE	4	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	11	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	4	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED CILIARY BODY	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RIGHT CILIARY BODY	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF THYROID GLAND	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	6	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ABDOMEN	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	2	0		

Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT CARCINOID TUMOR OF THE APPENDIX	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT CARCINOID TUMOR OF THE FOREGUT, UNSPECIFIED	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER MALIGNANT NEUROENDOCRINE TUMORS	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SECONDARY CARCINOID TUMORS OF LIVER	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF LIVER	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF PANCREAS	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF ENDOCRINE PANCREAS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN LIPOMATOUS NEOPLASM OF KIDNEY	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	HEMANGIOMA OF OTHER SITES	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF RIGHT KIDNEY	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF LIVER, GALLBLADDER AND BILE DUCTS	8	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN CARCINOID TUMOR OF THE APPENDIX	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER BENIGN NEUROENDOCRINE TUMORS	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED KIDNEY	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT KIDNEY	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF AORTIC BODY AND OTHER PARAGANGLIA	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	3	0		

Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NEOPLASM OF UNSPECIFIED BEHAVIOR OF DIGESTIVE SYSTEM	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	IRON DEFICIENCY ANEMIA, UNSPECIFIED	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ANEMIA IN OTHER CHRONIC DISEASES CLASSIFIED ELSEWHERE	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ANEMIA, UNSPECIFIED	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	THROMBOCYTOPENIA, UNSPECIFIED	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	EOSINOPHILIA	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER DISEASES OF SPLEEN	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SECONDARY POLYCYTHEMIA	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	IMMUNODEFICIENCY, UNSPECIFIED	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER HYPERALDOSTERONISM	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	POLYCYSTIC OVARIAN SYNDROME	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER DISORDERS OF BILIRUBIN METABOLISM	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	DISORDER OF COPPER METABOLISM, UNSPECIFIED	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	HEREDITARY HEMOCHROMATOSIS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	HEMOCHROMATOSIS DUE TO REPEATED RED BLOOD CELL TRANSFUSIONS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER HEMOCHROMATOSIS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	HEMOCHROMATOSIS, UNSPECIFIED	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER DISORDERS OF IRON METABOLISM	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SLEEP APNEA, UNSPECIFIED	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER ACUTE POSTPROCEDURAL PAIN	1	0		

Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER DISORDERS OF NERVOUS SYSTEM	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PORTAL VEIN THROMBOSIS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ESOPHAGEAL VARICES WITHOUT BLEEDING	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER PNEUMOTHORAX	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER DISORDERS OF LUNG	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PEPTIC ULCER, SITE UNSPECIFIED, UNSPECIFIED AS ACUTE OR CHRONIC, WITHOUT HEMORRHAGE OR PERFORATION	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER DISEASES OF STOMACH AND DUODENUM	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	8	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF SMALL INTESTINE WITH OTHER COMPLICATION	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH INTESTINAL OBSTRUCTION	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER COMPLICATION	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	6	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE, UNSPECIFIED, WITH ABSCESS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CONSTIPATION, UNSPECIFIED	4	0		

Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	HEMORRHAGE OF ANUS AND RECTUM	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SCLEROSING MESENTERITIS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ALCOHOLIC HEPATITIS WITHOUT ASCITES	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	5	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	4	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ALCOHOLIC LIVER DISEASE, UNSPECIFIED	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	TOXIC LIVER DISEASE WITH CHOLESTASIS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	Hepatic fibrosis, unspecified	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PRIMARY BILIARY CIRRHOSIS	4	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BILIARY CIRRHOSIS, UNSPECIFIED	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED CIRRHOSIS OF LIVER	10	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER CIRRHOSIS OF LIVER	6	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABSCESS OF LIVER	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	AUTOIMMUNE HEPATITIS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NONALCOHOLIC STEATOHEPATITIS (NASH)	5	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	12	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CHRONIC PASSIVE CONGESTION OF LIVER	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED DISEASES OF LIVER	19	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LIVER DISEASE, UNSPECIFIED	40	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CALCULUS OF GALLBLADDER WITHOUT CHOLECYSTITIS WITHOUT OBSTRUCTION	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CHRONIC CHOLECYSTITIS	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CHOLESTEROLOSIS OF GALLBLADDER	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED DISEASES OF GALLBLADDER	3	0		

Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PRIMARY SCLEROSING CHOLANGITIS	4	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OBSTRUCTION OF BILE DUCT	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED DISEASES OF BILIARY TRACT	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	DISEASE OF BILIARY TRACT, UNSPECIFIED	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	IDIOPATHIC ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BILIARY ACUTE PANCREATITIS WITH INFECTED NECROSIS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSPECIFIED	7	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ACUTE PANCREATITIS WITH INFECTED NECROSIS, UNSPECIFIED	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER CHRONIC PANCREATITIS	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CYST OF PANCREAS	22	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED DISEASES OF PANCREAS	7	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	DISEASE OF PANCREAS, UNSPECIFIED	9	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CELIAC DISEASE	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PAIN IN UNSPECIFIED LIMB	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED HYDRONEPHROSIS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CHRONIC KIDNEY DISEASE, STAGE 1	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CALCULUS OF KIDNEY	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CYST OF KIDNEY, ACQUIRED	7	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	16	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	DISORDER OF KIDNEY AND URETER, UNSPECIFIED	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINARY TRACT SYMPTOMS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	SALPINGITIS AND OOPHORITIS, UNSPECIFIED	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ENDOMETRIOSIS OF OVARY	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ATRESIA OF BILE DUCTS	1	0		

Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CYSTIC DISEASE OF LIVER	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CONGENITAL PANCREATIC CYST	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER CONGENITAL MALFORMATIONS OF PANCREAS AND PANCREATIC DUCT	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CONGENITAL RENAL CYST, UNSPECIFIED	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALFORMATION OF URACHUS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER PHAKOMATOSES, NOT ELSEWHERE CLASSIFIED	4	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UPPER ABDOMINAL PAIN, UNSPECIFIED	6	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	RIGHT UPPER QUADRANT PAIN	12	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LEFT UPPER QUADRANT PAIN	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	EPIGASTRIC PAIN	5	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOWER ABDOMINAL PAIN, UNSPECIFIED	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	RIGHT LOWER QUADRANT PAIN	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	GENERALIZED ABDOMINAL PAIN	4	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED ABDOMINAL PAIN	18	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NAUSEA	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NAUSEA WITH VOMITING, UNSPECIFIED	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABDOMINAL DISTENSION (GASEOUS)	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	HEPATOMEGALY, NOT ELSEWHERE CLASSIFIED	22	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED JAUNDICE	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	6	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	RIGHT UPPER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LEFT UPPER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	DIARRHEA, UNSPECIFIED	1	0		

Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	HEMATURIA, UNSPECIFIED	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED SYMPTOMS AND SIGNS INVOLVING THE GENITOURINARY SYSTEM	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	FEBRILE NONHEMOLYTIC TRANSFUSION REACTION	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL WEIGHT LOSS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	4	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL IMMUNOLOGICAL FINDING IN SERUM, UNSPECIFIED	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LIVER AND BILIARY TRACT	17	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER PARTS OF DIGESTIVE TRACT	15	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL RADIOLOGIC FINDINGS ON DIAGNOSTIC IMAGING OF UNSPECIFIED KIDNEY	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER ABDOMINAL REGIONS, INCLUDING RETROPERITONEUM	9	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	3	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ENCOUNTER FOR OTHER GENERAL EXAMINATION	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ENCOUNTER FOR FOLLOW-UP EXAMINATION AFTER COMPLETED TREATMENT FOR MALIGNANT NEOPLASM	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF OTHER SITES	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM, SITE UNSPECIFIED	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	2	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	GENETIC SUSCEPTIBILITY TO OTHER MALIGNANT NEOPLASM	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	FAMILY HISTORY OF MALIGNANT NEOPLASM OF DIGESTIVE ORGANS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OTHER ORGANS OR SYSTEMS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PERSONAL HISTORY OF OTHER MALIGNANT NEOPLASM OF KIDNEY	2	0		

Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ACQUIRED ABSENCE OF RIGHT BREAST AND NIPPLE	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	RADIOGRAPHIC DYE ALLERGY STATUS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LIVER TRANSPLANT STATUS	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Gastroenterology	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER PARTS OF DIGESTIVE TRACT	1	0		
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CHRONIC VIRAL HEPATITIS C	0	2	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ASPERGILLOSIS, UNSPECIFIED	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF CECUM	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF APPENDIX	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF SIGMOID COLON	0	2	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF RECTUM	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF ENDOMETRIUM	0	2	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT NEOPLASM OF LEFT CHOROID	0	2	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT CARCINOID TUMOR OF THE ILEUM	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT CARCINOID TUMOR OF THE FOREGUT, UNSPECIFIED	0	2	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	0	2	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CARCINOMA IN SITU OF PENIS	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF OTHER PARTS OF SMALL INTESTINE	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	HEMANGIOMA OF INTRA-ABDOMINAL STRUCTURES	0	3	Administrative	

Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	HEMANGIOMA OF OTHER SITES	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE, UNSPECIFIED	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LEIOMYOMA OF UTERUS, UNSPECIFIED	0	2	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND	0	2	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NEOPLASM OF UNSPECIFIED BEHAVIOR OF OTHER GENITOURINARY ORGAN	0	3	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NEOPLASM OF UNSPECIFIED BEHAVIOR OF ENDOCRINE GLANDS AND OTHER PARTS OF NERVOUS SYSTEM	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	THROMBOCYTOPENIA, UNSPECIFIED	0	3	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF ADRENAL GLAND	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	MIXED HYPERLIPIDEMIA	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	DISORDER OF IRON METABOLISM, UNSPECIFIED	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER CHRONIC PAIN	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CELIAC ARTERY COMPRESSION SYNDROME	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER PNEUMOTHORAX	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED APPENDICITIS	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED DISEASES OF INTESTINE	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED CIRRHOSIS OF LIVER	0	5	Administrative	

Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER CIRRHOSIS OF LIVER	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	0	2	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED DISEASES OF LIVER	0	4	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LIVER DISEASE, UNSPECIFIED	0	7	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	DISEASE OF BILIARY TRACT, UNSPECIFIED	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	BILIARY ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSPECIFIED	0	3	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER CHRONIC PANCREATITIS	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CYST OF PANCREAS	0	3	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED DISEASES OF PANCREAS	0	2	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CYST OF KIDNEY, ACQUIRED	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	0	4	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	URINARY TRACT INFECTION, SITE NOT SPECIFIED	0	2	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER SPECIFIED CONDITIONS ASSOCIATED WITH FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	CONGENITAL MALFORMATION OF UTERUS AND CERVIX, UNSPECIFIED	0	2	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	POLYCYSTIC KIDNEY, UNSPECIFIED	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	RIGHT UPPER QUADRANT PAIN	0	2	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LEFT UPPER QUADRANT PAIN	0	2	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	PELVIC AND PERINEAL PAIN	0	2	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	LOWER ABDOMINAL PAIN, UNSPECIFIED	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	RIGHT UPPER QUADRANT ABDOMINAL TENDERNESS	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	UNSPECIFIED ABDOMINAL PAIN	0	3	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NAUSEA	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	HEPATOMEGALY, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	

Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	OTHER DISTURBANCES OF SKIN SENSATION	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	NONSPECIFIC ELEVATION OF LEVELS OF TRANSAMINASE AND LACTIC ACID DEHYDROGENASE (LDH)	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LIVER AND BILIARY TRACT	0	2	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER ABDOMINAL REGIONS, INCLUDING RETROPERITONEUM	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Free Standing Imaging Center	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	0	1	Administrative	
Outpatient	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRA MATERIAL, FOLLOWED BY CONTRAST MATERIAL AND FURTHER SEQUENCES	Otolaryngology	OTHER CONGENITAL MALFORMATIONS OF UTERUS	0	1	Administrative	
Outpatient	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	2	0		
Outpatient	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	SECONDARY HYPERTENSION, UNSPECIFIED	1	0		
Outpatient	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	2	0		
Outpatient	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	CELIAC ARTERY COMPRESSION SYNDROME	1	0		
Outpatient	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	EMBOLISM AND THROMBOSIS OF RENAL VEIN	1	0		
Outpatient	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	CHRONIC PASSIVE CONGESTION OF LIVER	1	0		
Outpatient	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	UNSPECIFIED ABDOMINAL PAIN	1	0		
Outpatient	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF LIVER AND BILIARY TRACT	1	0		
Outpatient	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	THROMBOCYTOPENIA, UNSPECIFIED	0	1	Administrative	
Outpatient	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	TYPE 2 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS	0	1	Administrative	
Outpatient	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	0	1	Administrative	
Outpatient	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	OTHER HYPERTROPHIC CARDIOMYOPATHY	0	1	Administrative	
Outpatient	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	CELIAC ARTERY COMPRESSION SYNDROME	0	1	Administrative	
Outpatient	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	Free Standing Imaging Center	RIGHT UPPER QUADRANT PAIN	0	1	Administrative	
Outpatient	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IM AGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL	Gastroenterology	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF RECTUM	0	1	Administrative	
Outpatient	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IM AGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL	Gastroenterology	PERSONAL HISTORY OF COLONIC POLYPS	0	1	Administrative	
Outpatient	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMA GE POSTPROCESSING	Gastroenterology	PERSONAL HISTORY OF COLONIC POLYPS	1	0		

Outpatient	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMA GE POSTPROCESSING	Internal Medicine	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	4	0		
Outpatient	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMA GE POSTPROCESSING	Internal Medicine	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	0	1	Administrative	
Outpatient	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMA GE POSTPROCESSING	Internal Medicine	ENCOUNTER FOR SCREENING, UNSPECIFIED	0	1	Administrative	
Outpatient	74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION	Free Standing Imaging Center	ABNORMAL ULTRASONIC FINDING ON ANTENATAL SCREENING OF MOTHER	2	0		
Outpatient	74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION	Free Standing Imaging Center	CONTINUING PREGNANCY AFTER INTRAUTERINE DEATH OF ONE FETUS OR MORE, SECOND TRIMESTER, FETUS 2	1	0		
Outpatient	74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION	Free Standing Imaging Center	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, NOT APPLICABLE OR UNSPECIFIED	3	0		
Outpatient	74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION	Free Standing Imaging Center	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, FETUS 1	1	0		
Outpatient	74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION	Free Standing Imaging Center	MATERNAL CARE FOR (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, UNSPECIFIED, NOT APPLICABLE OR UNSPECIFIED	1	0		
Outpatient	74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION	Free Standing Imaging Center	OTHER PLACENTAL DISORDERS, UNSPECIFIED TRIMESTER	1	0		
Outpatient	74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION	Free Standing Imaging Center	CONGENITAL MALFORMATIONS OF CORPUS CALLOSUM	1	0		
Outpatient	74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION	Free Standing Imaging Center	OTHER CONGENITAL MALFORMATIONS OF GALLBLADDER	1	0		
Outpatient	74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION	Free Standing Imaging Center	ENCOUNTER FOR OTHER SPECIFIED ANTENATAL SCREENING	0	1	Administrative	
Outpatient	75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTR	Cardiovascular Disease	ANEMIA IN OTHER CHRONIC DISEASES CLASSIFIED ELSEWHERE	1	0		
Outpatient	75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTR	Cardiovascular Disease	DI GEORGE'S SYNDROME	1	0		
Outpatient	75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTR	Cardiovascular Disease	OVERWEIGHT	1	0		
Outpatient	75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTR	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
Outpatient	75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTR	Cardiovascular Disease	OTHER HYPERTROPHIC CARDIOMYOPATHY	1	0		
Outpatient	75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTR	Cardiovascular Disease	CARDIOMEGALY	1	0		
Outpatient	75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTR	Cardiovascular Disease	THORACIC AORTIC ECTASIA	1	0		
Outpatient	75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTR	Cardiovascular Disease	TETRALOGY OF FALLOT	1	0		
Outpatient	75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTR	Cardiovascular Disease	PULMONARY VALVE ATRESIA	1	0		
Outpatient	75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTR	Cardiovascular Disease	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	1	0		
Outpatient	75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTR	Cardiovascular Disease	PRECORDIAL PAIN	1	0		
Outpatient	75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTR	Cardiovascular Disease	SECONDARY POLYCYTHEMIA	0	1	Administrative	

Outpatient	75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTR	Cardiovascular Disease	MIXED HYPERLIPIDEMIA	0	1	Administrative	
Outpatient	75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTR	Cardiovascular Disease	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	0	1	Administrative	
Outpatient	75559	CARDIAC MRI W/O CONTRAST W STRESS IMAGING	Cardiovascular Disease	OVERWEIGHT	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	VIRAL CARDIOMYOPATHY	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	ANEMIA IN OTHER CHRONIC DISEASES CLASSIFIED ELSEWHERE	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	SARCOID MYOCARDITIS	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	SARCOIDOSIS, UNSPECIFIED	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	OVERWEIGHT	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	FABRY (-ANDERSON) DISEASE	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	MIXED HYPERLIPIDEMIA	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	PARKINSON'S DISEASE	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	DUCHENNE OR BECKER MUSCULAR DYSTROPHY	2	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	ISCHEMIC CARDIOMYOPATHY	2	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	PRIMARY PULMONARY HYPERTENSION	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	PULMONARY HYPERTENSION, UNSPECIFIED	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	ACUTE NONSPECIFIC IDIOPATHIC PERICARDITIS	2	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	DISEASE OF PERICARDIUM, UNSPECIFIED	2	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	NONRHEUMATIC MITRAL (VALVE) PROLAPSE	2	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) STENOSIS	1	0		

Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	OTHER NONRHEUMATIC AORTIC VALVE DISORDERS	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	INFECTIVE MYOCARDITIS	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	DILATED CARDIOMYOPATHY	2	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	OTHER HYPERTROPHIC CARDIOMYOPATHY	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	OTHER CARDIOMYOPATHIES	2	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	CARDIOMYOPATHY, UNSPECIFIED	7	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	UNSPECIFIED ATRIOVENTRICULAR BLOCK	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	SUPRAVENTRICULAR TACHYCARDIA	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	VENTRICULAR TACHYCARDIA	2	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	PAROXYSMAL ATRIAL FIBRILLATION	2	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	Other persistent atrial fibrillation	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	TYPICAL ATRIAL FLUTTER	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	VENTRICULAR PREMATURE DEPOLARIZATION	4	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	SICK SINUS SYNDROME	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	CARDIAC ARRHYTHMIA, UNSPECIFIED	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	2	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	INTRACARDIAC THROMBOSIS, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	CARDIOMEGALY	4	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	HEART DISEASE, UNSPECIFIED	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	2	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	AORTIC ECTASIA, UNSPECIFIED SITE	1	0		

Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	OTHER SPECIFIED DISORDERS OF ARTERIES AND ARTERIOLES	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	OTHER DISORDERS OF LUNG	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	OTHER CIRRHOSIS OF LIVER	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	DISCORDANT VENTRICULOARTERIAL CONNECTION	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	TETRALOGY OF FALLOT	2	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	2	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	TURNER'S SYNDROME, UNSPECIFIED	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	DYSPNEA, UNSPECIFIED	2	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	PRECORDIAL PAIN	2	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	CHEST PAIN, UNSPECIFIED	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	ABDOMINAL DISTENSION (GASEOUS)	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	2	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	COVID-19	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	2	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	PERSONAL HISTORY OF OTHER DISEASES OF THE CIRCULATORY SYSTEM	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	PRESENCE OF PROSTHETIC HEART VALVE	1	0		
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	SARCOID MYOCARDITIS	0	1	Administrative	
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	0	1	Administrative	
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	DILATED CARDIOMYOPATHY	0	2	Administrative	
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	PAROXYSMAL ATRIAL FIBRILLATION	0	1	Administrative	
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	HEART FAILURE, UNSPECIFIED	0	1	Administrative	

Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	DISSECTION OF UNSPECIFIED SITE OF AORTA	0	1	Administrative	
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	COMMON ARTERIAL TRUNK	0	1	Administrative	
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	DOUBLE OUTLET RIGHT VENTRICLE	0	1	Administrative	
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	PRECORDIAL PAIN	0	1	Administrative	
Outpatient	75561	CARDIAC MRI W/W/O CONTRAST & FURTHER SEQ	Cardiovascular Disease	CHEST PAIN, UNSPECIFIED	0	2	Administrative	
Outpatient	75563	CARDIAC MRI W/W/O CONTRAST W STRESS	Cardiovascular Disease	HYPERLIPIDEMIA, UNSPECIFIED	1	0		
Outpatient	75563	CARDIAC MRI W/W/O CONTRAST W STRESS	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	2	0		
Outpatient	75563	CARDIAC MRI W/W/O CONTRAST W STRESS	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1	0		
Outpatient	75563	CARDIAC MRI W/W/O CONTRAST W STRESS	Cardiovascular Disease	OTHER NONRHEUMATIC MITRAL VALVE DISORDERS	1	0		
Outpatient	75563	CARDIAC MRI W/W/O CONTRAST W STRESS	Cardiovascular Disease	LONG QT SYNDROME	1	0		
Outpatient	75563	CARDIAC MRI W/W/O CONTRAST W STRESS	Cardiovascular Disease	VENTRICULAR PREMATURE DEPOLARIZATION	2	0		
Outpatient	75563	CARDIAC MRI W/W/O CONTRAST W STRESS	Cardiovascular Disease	CONGENITAL MITRAL STENOSIS	1	0		
Outpatient	75563	CARDIAC MRI W/W/O CONTRAST W STRESS	Cardiovascular Disease	OTHER FORMS OF DYSPNEA	1	0		
Outpatient	75563	CARDIAC MRI W/W/O CONTRAST W STRESS	Cardiovascular Disease	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	0	2	Administrative	
Outpatient	75563	CARDIAC MRI W/W/O CONTRAST W STRESS	Cardiovascular Disease	OTHER HYPERTROPHIC CARDIOMYOPATHY	0	1	Administrative	
Outpatient	75563	CARDIAC MRI W/W/O CONTRAST W STRESS	Cardiovascular Disease	OTHER FORMS OF DYSPNEA	0	1	Administrative	
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	DI GEORGE'S SYNDROME	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	SARCOID MYOCARDITIS	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	MIXED HYPERLIPIDEMIA	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	3	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	PRIMARY PULMONARY HYPERTENSION	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	ACUTE NONSPECIFIC IDIOPATHIC PERICARDITIS	2	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	NONRHEUMATIC MITRAL (VALVE) PROLAPSE	1	0		

Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	OTHER NONRHEUMATIC AORTIC VALVE DISORDERS	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	INFECTIVE MYOCARDITIS	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	DILATED CARDIOMYOPATHY	2	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	OTHER CARDIOMYOPATHIES	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	CARDIOMYOPATHY, UNSPECIFIED	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	UNSPECIFIED ATRIOVENTRICULAR BLOCK	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	LONG QT SYNDROME	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	SUPRAVENTRICULAR TACHYCARDIA	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	TYPICAL ATRIAL FLUTTER	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	VENTRICULAR PREMATURE DEPOLARIZATION	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	CARDIOMEGALY	2	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	2	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	THORACIC AORTIC ECTASIA	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	OTHER SPECIFIED DISORDERS OF ARTERIES AND ARTERIOLES	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	OTHER DISORDERS OF LUNG	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	OTHER CIRRHOSIS OF LIVER	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	DISCORDANT VENTRICULOARTERIAL CONNECTION	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	TETRALOGY OF FALLOT	2	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	PULMONARY VALVE ATRESIA	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	CONGENITAL MITRAL STENOSIS	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED	2	0		

Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	DYSPNEA, UNSPECIFIED	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	OTHER FORMS OF DYSPNEA	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	PRECORDIAL PAIN	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	COVID-19	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	PERSONAL HISTORY OF OTHER DISEASES OF THE CIRCULATORY SYSTEM	1	0		
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	SARCOID MYOCARDITIS	0	1	Administrative	
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	0	1	Administrative	
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	0	1	Administrative	
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	0	1	Administrative	
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	DILATED CARDIOMYOPATHY	0	1	Administrative	
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	OTHER HYPERTROPHIC CARDIOMYOPATHY	0	1	Administrative	
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	PAROXYSMAL ATRIAL FIBRILLATION	0	2	Administrative	
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	HEART FAILURE, UNSPECIFIED	0	1	Administrative	
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	CARDIOMEGALY	0	1	Administrative	
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	DISSECTION OF UNSPECIFIED SITE OF AORTA	0	1	Administrative	
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	COMMON ARTERIAL TRUNK	0	1	Administrative	
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	DOUBLE OUTLET RIGHT VENTRICLE	0	1	Administrative	
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	PRECORDIAL PAIN	0	1	Administrative	
Outpatient	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LI ST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	OTHER DISORDERS OF SULFUR-BEARING AMINO-ACID METABOLISM	1	0		
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	5	0		
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	MIXED HYPERLIPIDEMIA	1	0		
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	OTHER HYPERLIPIDEMIA	1	0		

Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	HYPERLIPIDEMIA, UNSPECIFIED	5	0		
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	2	0		
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	PERICARDIAL EFFUSION (NONINFLAMMATORY)	1	0		
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	PAROXYSMAL ATRIAL FIBRILLATION	1	0		
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	ATHEROSCLEROSIS OF AORTA	1	0		
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	SHORTNESS OF BREATH	1	0		
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	1	0		
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	ENCOUNTER FOR SCREENING FOR CARDIOVASCULAR DISORDERS	3	0		
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	1	0		
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	OTHER SPECIFIED PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	0	8	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	PURE HYPERGLYCEMIDEMIA	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	MIXED HYPERLIPIDEMIA	0	16	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	ELEVATED LIPOPROTEIN(A)	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	OTHER HYPERLIPIDEMIA	0	2	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	HYPERLIPIDEMIA, UNSPECIFIED	0	23	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	DISORDER OF LIPOPROTEIN METABOLISM, UNSPECIFIED	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	HYPERCALCEMIA	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	0	9	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	ANGINA PECTORIS, UNSPECIFIED	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	0	5	Administrative	

Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	NONRHEUMATIC MITRAL (VALVE) PROLAPSE	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	PALPITATIONS	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	DYSPNEA, UNSPECIFIED	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	SHORTNESS OF BREATH	0	2	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	CHEST PAIN ON BREATHING	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	PRECORDIAL PAIN	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	CHEST PAIN, UNSPECIFIED	0	4	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	HYPERGLYCEMIA, UNSPECIFIED	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	0	1	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	ENCOUNTER FOR SCREENING FOR CARDIOVASCULAR DISORDERS	0	13	Administrative	
Outpatient	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUAN TITATIVE EVALUATION OF CORONARY CALCIUM	Free Standing Imaging Center	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	0	8	Administrative	
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	2	0		
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	COAGULATION DEFECT, UNSPECIFIED	1	0		
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1	0		
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	1	0		
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1	0		
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	NONRHEUMATIC AORTIC (VALVE) STENOSIS	1	0		

Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	1	0		
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	CARDIOMYOPATHY IN DISEASES CLASSIFIED ELSEWHERE	1	0		
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	TRIFASCICULAR BLOCK	1	0		
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	PAROXYSMAL ATRIAL FIBRILLATION	11	0		
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	Longstanding persistent atrial fibrillation	1	0		
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	Other persistent atrial fibrillation	3	0		
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	Chronic atrial fibrillation, unspecified	1	0		
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	UNSPECIFIED ATRIAL FIBRILLATION	2	0		
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	VENTRICULAR PREMATURE DEPOLARIZATION	1	0		
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	1	0		
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	MIXED HYPERLIPIDEMIA	0	1	Administrative	
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	Other persistent atrial fibrillation	0	1	Administrative	

Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	ENCOUNTER FOR SCREENING FOR CARDIOVASCULAR DISORDERS	0	2	Administrative	
Outpatient	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	Free Standing Imaging Center	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	0	1	Administrative	
Outpatient	75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE SETTING OF CONGENITAL HEART DISEASE (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF LV CARDIAC FUNCTION, RV STRUCTURE AND FUNCTION AND EVALUAT	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
Outpatient	75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE SETTING OF CONGENITAL HEART DISEASE (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF LV CARDIAC FUNCTION, RV STRUCTURE AND FUNCTION AND EVALUAT	Free Standing Imaging Center	DOUBLE OUTLET RIGHT VENTRICLE	1	0		
Outpatient	75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE SETTING OF CONGENITAL HEART DISEASE (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF LV CARDIAC FUNCTION, RV STRUCTURE AND FUNCTION AND EVALUAT	Free Standing Imaging Center	COARCTATION OF AORTA	1	0		
Outpatient	75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE SETTING OF CONGENITAL HEART DISEASE (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF LV CARDIAC FUNCTION, RV STRUCTURE AND FUNCTION AND EVALUAT	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF HEART AND CORONARY CIRCULATION	1	0		
Outpatient	75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE SETTING OF CONGENITAL HEART DISEASE (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF LV CARDIAC FUNCTION, RV STRUCTURE AND FUNCTION AND EVALUAT	Free Standing Imaging Center	OTHER SPECIFIED POSTPROCEDURAL STATES	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF TRUNK, UNSPECIFIED	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	HYPOTHYROIDISM, UNSPECIFIED	1	0		

Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	4	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	2	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	MIXED HYPERLIPIDEMIA	6	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	OTHER HYPERLIPIDEMIA	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	HYPERLIPIDEMIA, UNSPECIFIED	6	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	2	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	9	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	UNSTABLE ANGINA	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	OTHER FORMS OF ANGINA PECTORIS	3	0		

Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ANGINA PECTORIS, UNSPECIFIED	7	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	11	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS	2	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	CORONARY ARTERY ANEURYSM	2	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ISCHEMIC CARDIOMYOPATHY	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	CORONARY ATHEROSCLEROSIS DUE TO CALCIFIED CORONARY LESION	2	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) STENOSIS	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	NONRHEUMATIC AORTIC VALVE DISORDER, UNSPECIFIED	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	OTHER CARDIOMYOPATHIES	1	0		

Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	CARDIOMYOPATHY, UNSPECIFIED	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	BIFASCICULAR BLOCK	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	PAROXYSMAL ATRIAL FIBRILLATION	3	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	VENTRICULAR PREMATURE DEPOLARIZATION	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	CARDIOMEGALY	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ARTERIAL FIBROMUSCULAR DYSPLASIA	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	MUCOCUTANEOUS LYMPH NODE SYNDROME [KAWASAKI]	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	MUCOCUTANEOUS LYMPH NODE SYNDROME "KAWASAKI"	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	PAIN IN LEFT UPPER ARM	2	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	TETRALOGY OF FALLOT	1	0		

Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	CONGENITAL TRICUSPID STENOSIS	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	MALFORMATION OF CORONARY VESSELS	4	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF HEART	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	TACHYCARDIA, UNSPECIFIED	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	BRADYCARDIA, UNSPECIFIED	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	PALPITATIONS	4	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	CARDIAC MURMUR, UNSPECIFIED	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ELEVATED BLOOD-PRESSURE READING, WITHOUT DIAGNOSIS OF HYPERTENSION	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	SHORTNESS OF BREATH	13	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	PRECORDIAL PAIN	3	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	OTHER CHEST PAIN	10	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	CHEST PAIN, UNSPECIFIED	32	0		

Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF HEART AND CORONARY CIRCULATION	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSPECIFIED	5	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	5	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	10	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF RESPIRATORY ORGANS	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	AWAITING ORGAN TRANSPLANT STATUS	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	PERSONAL HISTORY OF (CORRECTED) CONGENITAL MALFORMATIONS OF HEART AND CIRCULATORY SYSTEM	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	OTHER SPECIFIED PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	HEART TRANSPLANT STATUS	1	0		
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	0	1	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	0	1	Administrative	

Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	0	1	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	FAMILIAL HYPERCHOLESTEROLEMIA	0	1	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	HYPERLIPIDEMIA, UNSPECIFIED	0	4	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	0	3	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	0	1	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	OTHER FORMS OF ANGINA PECTORIS	0	2	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ANGINA PECTORIS, UNSPECIFIED	0	1	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	0	2	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS	0	2	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	CORONARY ATHEROSCLEROSIS DUE TO CALCIFIED CORONARY LESION	0	1	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	0	1	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	PAROXYSMAL ATRIAL FIBRILLATION	0	2	Administrative	

Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	0	1	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	0	1	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	BRADYCARDIA, UNSPECIFIED	0	1	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	PALPITATIONS	0	2	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	DYSPNEA, UNSPECIFIED	0	1	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	SHORTNESS OF BREATH	0	5	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	OTHER CHEST PAIN	0	4	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	CHEST PAIN, UNSPECIFIED	0	5	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	0	1	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	0	5	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	0	1	Administrative	
Outpatient	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATI	Cardiovascular Disease	ENCOUNTER FOR SCREENING FOR CARDIOVASCULAR DISORDERS	0	1	Administrative	

Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	1	0		
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	GENDER IDENTITY DISORDER, UNSPECIFIED	1	0		
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1	0		
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	ATHEROSCLEROSIS OF AORTA	1	0		
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, UNSPECIFIED EXTREMITY	1	0		
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, BILATERAL LEGS	1	0		
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, RIGHT LEG	1	0		
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, UNSPECIFIED EXTREMITY	1	0		
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE	3	0		
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	ANEURYSM OF ILIAC ARTERY	2	0		
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	OTHER SPECIFIED PERIPHERAL VASCULAR DISEASES	1	0		
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	3	0		
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	ARTERIAL FIBROMUSCULAR DYSPLASIA	1	0		
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	OTHER SPECIFIED DISORDERS OF ARTERIES AND ARTERIOLES	1	0		
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	CHRONIC KIDNEY DISEASE, STAGE 5	1	0		

Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	ATHEROSCLEROSIS OF NATIVE ARTERIES OF OTHER EXTREMITIES WITH ULCERATION	0	1	Administrative	
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	0	3	Administrative	
Outpatient	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	Internal Medicine	AORTIC ECTASIA, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	Radiology	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	Radiology	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL REGION	1	0		
Outpatient	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	Radiology	LOW BACK PAIN	1	0		
Outpatient	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME	Radiology	RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	76380	COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	Radiology	CHRONIC MAXILLARY SINUSITIS	2	0		
Outpatient	76380	COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	Radiology	CERVICALGIA	1	0		
Outpatient	76380	COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	Radiology	SOLITARY PULMONARY NODULE	1	0		
Outpatient	76380	COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	Radiology	ALLERGIC RHINITIS DUE TO POLLEN	0	1	Administrative	
Outpatient	76380	COMPUTERIZED AXIAL TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	Radiology	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	76390	MAGNETIC RESONANCE SPECTROSCOPY	Radiology	LOCALIZED SWELLING, MASS AND LUMP, LEFT UPPER LIMB	0	1	Administrative	
Outpatient	76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	Radiology	HEMOCHROMATOSIS, UNSPECIFIED	1	0		
Outpatient	76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	Radiology	PRIMARY BILIARY CIRRHOSIS	1	0		
Outpatient	76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	Radiology	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	3	0		
Outpatient	76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	Radiology	RIGHT UPPER QUADRANT PAIN	1	0		
Outpatient	76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	Radiology	HEPATOMEGALY, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	Radiology	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	1	0		
Outpatient	76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	Radiology	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	1	0		
Outpatient	76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	Radiology	THROMBOCYTOPENIA, UNSPECIFIED	0	1	Administrative	
Outpatient	76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	Radiology	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	0	1	Administrative	
Outpatient	76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	Radiology	HEREDITARY HEMOCHROMATOSIS	0	2	Administrative	
Outpatient	76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	Radiology	OTHER DISORDERS OF IRON METABOLISM	0	1	Administrative	
Outpatient	76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	Radiology	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	Radiology	CHRONIC PASSIVE CONGESTION OF LIVER	0	1	Administrative	
Outpatient	76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	Radiology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	Radiology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	76830	ULTRASOUND, TRANSVAGINAL	obstetrics and gynecology	OVARIAN DYSFUNCTION, UNSPECIFIED	1	0		
Outpatient	76830	ULTRASOUND, TRANSVAGINAL	obstetrics and gynecology	FEMALE INFERTILITY OF OTHER ORIGIN	1	0		
Outpatient	76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING (SEPARATE PROCEDURE)	urologist	MALIGNANT NEOPLASM OF PROSTATE	6	0		
Outpatient	76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING (SEPARATE PROCEDURE)	urologist	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		

Outpatient	76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES, DOCUMENTATION OF SELECTED VESSEL PATENCY, CONCURRENT REALTIME ULTRASOUND VISUALIZATION OF VASCULAR NEEDLE ENTRY, WITH PERMANENT RECORDING AND REPORTING (LI	Surgery	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1	0		
Outpatient	76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE ABLATION	Surgery	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH PAIN	1	0		
Outpatient	76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	Surgery	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH OTHER COMPLICATIONS	1	0		
Outpatient	76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	Surgery	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	2	0		
Outpatient	76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	Surgery	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	Surgery	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	Surgery	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	5	0		
Outpatient	76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	Surgery	MALIGNANT NEOPLASM OF ENDOMETRIUM	6	0		
Outpatient	76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	Surgery	MALIGNANT NEOPLASM OF PROSTATE	6	0		
Outpatient	76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	Surgery	MALIGNANT NEOPLASM OF LEFT CHOROID	1	0		
Outpatient	76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	Surgery	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	CHRONIC PAIN SYNDROME	1	0		
Outpatient	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
Outpatient	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	LOW BACK PAIN	1	0		
Outpatient	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL OR SUBARACHNOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	CERVICAL DISC DISORDER WITH RADICULOPATHY, UNSPECIFIED CERVICAL REGION	1	0		
Outpatient	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL OR SUBARACHNOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery	OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION	1	0		
Outpatient	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	Surgery	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	77021	MAGNETIC RESONANCE IMAGING GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRATION, INJECTION, OR PLACEMENT OF LOCALIZATION DEVICE) RADIOLOGICAL SUPERVISION AND INTERPRETATION	Radiology	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER ABDOMINAL REGIONS, INCLUDING RETROPERITONEUM	1	0		
Outpatient	77021	MAGNETIC RESONANCE IMAGING GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRATION, INJECTION, OR PLACEMENT OF LOCALIZATION DEVICE) RADIOLOGICAL SUPERVISION AND INTERPRETATION	Radiology	ELEVATED PROSTATE SPECIFIC ANTIGEN (PSA)	1	0		
Outpatient	77021	MAGNETIC RESONANCE IMAGING GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRATION, INJECTION, OR PLACEMENT OF LOCALIZATION DEVICE) RADIOLOGICAL SUPERVISION AND INTERPRETATION	Radiology	NEOPLASM OF UNCERTAIN BEHAVIOR OF LEFT BREAST	0	1	Administrative	
Outpatient	77021	MAGNETIC RESONANCE IMAGING GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRATION, INJECTION, OR PLACEMENT OF LOCALIZATION DEVICE) RADIOLOGICAL SUPERVISION AND INTERPRETATION	Radiology	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	0	1	Administrative	
Outpatient	77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	Free Standing Imaging Center	MASTODYNIA	1	0		
Outpatient	77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	Free Standing Imaging Center	INCONCLUSIVE MAMMOGRAM	2	0		

Outpatient	77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	Free Standing Imaging Center	OTHER ABNORMAL AND INCONCLUSIVE FINDINGS ON DIAGNOSTIC IMAGING OF BREAST	2	0		
Outpatient	77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	Free Standing Imaging Center	BREAKDOWN (MECHANICAL) OF BREAST PROSTHESIS AND IMPLANT, INITIAL ENCOUNTER	1	0		
Outpatient	77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	Free Standing Imaging Center	LEAKAGE OF BREAST PROSTHESIS AND IMPLANT, SEQUELA	1	0		
Outpatient	77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	Free Standing Imaging Center	OTHER MECHANICAL COMPLICATION OF BREAST PROSTHESIS AND IMPLANT, INITIAL ENCOUNTER	1	0		
Outpatient	77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	Free Standing Imaging Center	GENETIC SUSCEPTIBILITY TO OTHER MALIGNANT NEOPLASM	1	0		
Outpatient	77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	Free Standing Imaging Center	BREAST IMPLANT STATUS	1	0		
Outpatient	77048	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; UNILATERAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	77048	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; UNILATERAL	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		
Outpatient	77048	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; UNILATERAL	Free Standing Imaging Center	INCONCLUSIVE MAMMOGRAM	1	0		
Outpatient	77048	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; UNILATERAL	Free Standing Imaging Center	OTHER ABNORMAL AND INCONCLUSIVE FINDINGS ON DIAGNOSTIC IMAGING OF BREAST	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	PAPILLOMAVIRUS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	2	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	2	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	3	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	5	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	3	0		

Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	LOBULAR CARCINOMA IN SITU OF LEFT BREAST	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	7	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	11	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	BENIGN NEOPLASM OF RIGHT BREAST	2	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	BENIGN NEOPLASM OF LEFT BREAST	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	NEOPLASM OF UNCERTAIN BEHAVIOR OF UNSPECIFIED BREAST	3	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	NEOPLASM OF UNCERTAIN BEHAVIOR OF RIGHT BREAST	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BREAST	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	SOLITARY CYST OF RIGHT BREAST	2	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	DIFFUSE CYSTIC MASTOPATHY OF LEFT BREAST	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	DIFFUSE CYSTIC MASTOPATHY OF UNSPECIFIED BREAST	2	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	MAMMARY DUCT ECTASIA OF UNSPECIFIED BREAST	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	OTHER BENIGN MAMMARY DYSPLASIAS OF RIGHT BREAST	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF RIGHT BREAST	2	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF LEFT BREAST	2	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	UNSPECIFIED BENIGN MAMMARY DYSPLASIA OF UNSPECIFIED BREAST	1	0		

Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	MASTITIS WITHOUT ABSCESS	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	UNSPECIFIED LUMP IN UNSPECIFIED BREAST	9	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	UNSPECIFIED LUMP IN THE RIGHT BREAST, UNSPECIFIED QUADRANT	3	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	UNSPECIFIED LUMP IN THE RIGHT BREAST, UPPER OUTER QUADRANT	2	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	UNSPECIFIED LUMP IN THE LEFT BREAST, UNSPECIFIED QUADRANT	3	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	MASTODYNIA	5	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	NIPPLE DISCHARGE	3	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	OTHER SIGNS AND SYMPTOMS IN BREAST	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	OTHER SPECIFIED DISORDERS OF BREAST	5	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	DISORDER OF BREAST, UNSPECIFIED	4	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	DEFORMITY OF RECONSTRUCTED BREAST	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	GALACTORRHEA	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	LOCALIZED SWELLING, MASS AND LUMP, NECK	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	ASYMPTOMATIC MICROSCOPIC HEMATURIA	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	LOCALIZED ENLARGED LYMPH NODES	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	MAMMOGRAPHIC MICROCALCIFICATION FOUND ON DIAGNOSTIC IMAGING OF BREAST	1	0		

Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	MAMMOGRAPHIC CALCIFICATION FOUND ON DIAGNOSTIC IMAGING OF BREAST	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	INCONCLUSIVE MAMMOGRAM	16	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	OTHER ABNORMAL AND INCONCLUSIVE FINDINGS ON DIAGNOSTIC IMAGING OF BREAST	25	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT ABNORMAL FINDINGS	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	ENCOUNTER FOR OTHER SPECIFIED SPECIAL EXAMINATIONS	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	ENCOUNTER FOR SCREENING MAMMOGRAM FOR MALIGNANT NEOPLASM OF BREAST	5	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	ENCOUNTER FOR OTHER SCREENING FOR MALIGNANT NEOPLASM OF BREAST	8	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	ENCOUNTER FOR NONPROCREATIVE SCREENING FOR GENETIC DISEASE CARRIER STATUS	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	25	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	GENETIC SUSCEPTIBILITY TO OTHER MALIGNANT NEOPLASM	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	35	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	FAMILY HISTORY OF MALIGNANT NEOPLASM OF OVARY	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	FAMILY HISTORY OF MALIGNANT NEOPLASM, UNSPECIFIED	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	FAMILY HISTORY OF CARRIER OF GENETIC DISEASE	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	FAMILY HISTORY OF OTHER SPECIFIED CONDITIONS	1	0		

Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	12	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	ACQUIRED ABSENCE OF BILATERAL BREASTS AND NIPPLES	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	OTHER SPECIFIED PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	20	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Surgery	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	0	2	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	0	2	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	BENIGN NEOPLASM OF UNSPECIFIED BREAST	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	OTHER BENIGN MAMMARY DYSPLASIAS OF UNSPECIFIED BREAST	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	UNSPECIFIED LUMP IN UNSPECIFIED BREAST	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	UNSPECIFIED LUMP IN THE RIGHT BREAST, UNSPECIFIED QUADRANT	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	UNSPECIFIED LUMP IN THE LEFT BREAST, UNSPECIFIED QUADRANT	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	GALACTORRHEA NOT ASSOCIATED WITH CHILDBIRTH	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	MASTODYNIA	0	3	Administrative	

Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	NIPPLE DISCHARGE	0	3	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	OTHER SIGNS AND SYMPTOMS IN BREAST	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	INCONCLUSIVE MAMMOGRAM	0	5	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	OTHER ABNORMAL AND INCONCLUSIVE FINDINGS ON DIAGNOSTIC IMAGING OF BREAST	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	UNSPECIFIED COMPLICATION OF INTERNAL PROSTHETIC DEVICE, IMPLANT AND GRAFT, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	ENCOUNTER FOR OTHER SCREENING FOR MALIGNANT NEOPLASM OF BREAST	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	0	3	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	FAMILY HISTORY OF CARRIER OF GENETIC DISEASE	0	1	Administrative	
Outpatient	77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	Radiology	OTHER SPECIFIED PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	0	2	Administrative	
Outpatient	77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	Hospital	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	5	0		
Outpatient	77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	Hospital	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	Hospital	SECONDARY MALIGNANT NEOPLASM OF RIGHT ADRENAL GLAND	0	1	Administrative	
Outpatient	77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	Hospital	GENETIC SUSCEPTIBILITY TO MALIGNANT NEOPLASM OF BREAST	0	1	Administrative	
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	5	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF BORDER OF TONGUE	2	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LINGUAL TONSIL	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LOWER GUM	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	2	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF VALLECULA	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	2	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	2	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	1	0		

Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF RECTUM	14	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	LIVER CELL CARCINOMA	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	2	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF GLOTTIS	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF SUBGLOTTIS	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	2	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF TRACHEA	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	5	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	5	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LOWER LOBE, UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT MALE BREAST	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	2	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	7	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	3	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	21	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	15	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	5	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	4	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	8	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	4	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	5	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF ENDOMETRIUM	9	0		

Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF PROSTATE	43	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LEFT CHOROID	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF FRONTAL LOBE	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF TEMPORAL LOBE	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF PARIETAL LOBE	4	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	5	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF THYROID GLAND	4	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	3	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE REGIONS	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	3	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	2	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF SKIN	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	23	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	15	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT CARCINOID TUMOR OF THE FOREGUT, UNSPECIFIED	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MIXED CELLULARITY HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	2	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	4	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MULTIPLE MYELOMA IN RELAPSE	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	2	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	CARCINOMA IN SITU OF LARYNX	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	9	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	9	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	BENIGN NEOPLASM OF THYMUS	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	BENIGN NEOPLASM OF CEREBRAL MENINGES	2	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	2	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	THYROTOXICOSIS WITH DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	THYROTOXICOSIS, UNSPECIFIED WITHOUT THYROTOXIC CRISIS OR STORM	1	0		

Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	HYPERTROPHIC SCAR	3	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	HYPERTROPHY OF BREAST	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	1	0		
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	0	1	Administrative	
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF RECTUM	11	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF LOWER LOBE, UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT MALE BREAST	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	2	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	6	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	20	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	12	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	4	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	4	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	7	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	3	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF PROSTATE	7	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	SECONDARY MALIGNANT NEOPLASM OF SKIN	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	9	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	11	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		

Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	4	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MULTIPLE MYELOMA IN RELAPSE	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	2	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	CARCINOMA IN SITU OF LARYNX	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	9	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	9	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	HYPERTROPHIC SCAR	2	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	HYPERTROPHY OF BREAST	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	1	0		
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	0	1	Administrative	
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	PLANTAR WART	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF RECTUM	11	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	LIVER CELL CARCINOMA	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	2	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LOWER LOBE, UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	BASAL CELL CARCINOMA OF SKIN OF NOSE	3	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	SQUAMOUS CELL CARCINOMA OF SKIN OF SCALP AND NECK	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	BASAL CELL CARCINOMA OF SKIN OF OTHER PART OF TRUNK	2	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	BASAL CELL CARCINOMA OF SKIN OF LEFT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	SQUAMOUS CELL CARCINOMA OF SKIN OF RIGHT UPPER LIMB, INCLUDING SHOULDER	2	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	SQUAMOUS CELL CARCINOMA OF SKIN OF LEFT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	SQUAMOUS CELL CARCINOMA OF SKIN OF RIGHT LOWER LIMB, INCLUDING HIP	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT MALE BREAST	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	2	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	6	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	20	0		

Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	13	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	4	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	4	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	7	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	3	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	5	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF ENDOMETRIUM	6	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF PROSTATE	10	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LEFT CHOROID	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF SKIN	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	19	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	14	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	4	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MULTIPLE MYELOMA IN RELAPSE	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	2	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	CARCINOMA IN SITU OF LARYNX	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	CARCINOMA IN SITU OF SKIN OF RIGHT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	9	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	9	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	BENIGN NEOPLASM OF CEREBRAL MENINGES	2	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	HYPERTROPHIC SCAR	3	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	HYPERTROPHY OF BREAST	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	1	0		
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	

Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	0	1	Administrative	
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	2	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	5	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	5	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT MALE BREAST	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	4	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	12	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	8	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	3	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	4	0		

Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	6	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MALIGNANT NEOPLASM OF PROSTATE	4	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	3	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	2	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	6	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MIXED CELLULARITY HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	2	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	3	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	6	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	7	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	BENIGN NEOPLASM OF THYMUS	1	0		
Outpatient	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	0	1	Administrative	
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF RECTUM	10	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	2	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT MALE BREAST	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	5	0		

Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	18	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	12	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	3	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	3	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	6	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	2	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	5	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOMETRIUM	6	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF PROSTATE	10	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF LEFT CHOROID	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	14	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	5	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	3	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	CARCINOMA IN SITU OF LARYNX	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	9	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	9	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	BENIGN NEOPLASM OF CEREBRAL MENINGES	2	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	1	0		
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	77295	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	0	1	Administrative	
Outpatient	77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	Radiology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		

Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	PLANTAR WART	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF BASE OF TONGUE	5	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF BORDER OF TONGUE	2	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF LINGUAL TONSIL	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER GUM	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	2	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF VALLECULA	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	2	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	2	0		

Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF RECTUM	13	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	LIVER CELL CARCINOMA	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	2	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF GLOTTIS	1	0		

Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF SUBGLOTTIS	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	2	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF TRACHEA	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	5	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	5	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	BASAL CELL CARCINOMA OF SKIN OF NOSE	3	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	SQUAMOUS CELL CARCINOMA OF SKIN OF SCALP AND NECK	1	0		

Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	BASAL CELL CARCINOMA OF SKIN OF OTHER PART OF TRUNK	2	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	BASAL CELL CARCINOMA OF SKIN OF LEFT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	SQUAMOUS CELL CARCINOMA OF SKIN OF RIGHT UPPER LIMB, INCLUDING SHOULDER	2	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	SQUAMOUS CELL CARCINOMA OF SKIN OF LEFT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	SQUAMOUS CELL CARCINOMA OF SKIN OF RIGHT LOWER LIMB, INCLUDING HIP	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT MALE BREAST	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	2	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	6	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	3	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	2	0		

Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	18	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	14	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	4	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	4	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	8	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	3	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	2	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOMETRIUM	5	0		

Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF PROSTATE	39	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF FRONTAL LOBE	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF TEMPORAL LOBE	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF PARIETAL LOBE	4	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	5	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF THYROID GLAND	4	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	3	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE REGIONS	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	3	0		

Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	2	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	18	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	6	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT CARCINOID TUMOR OF THE FOREGUT, UNSPECIFIED	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MIXED CELLULARITY HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	2	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	3	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	CARCINOMA IN SITU OF LARYNX	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	CARCINOMA IN SITU OF SKIN OF RIGHT UPPER LIMB, INCLUDING SHOULDER	1	0		

Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	8	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	8	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	BENIGN NEOPLASM OF THYMUS	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	BENIGN NEOPLASM OF CEREBRAL MENINGES	2	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	2	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	THYROTOXICOSIS WITH DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	THYROTOXICOSIS, UNSPECIFIED WITHOUT THYROTOXIC CRISIS OR STORM	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	HYPERTROPHIC SCAR	2	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	1	0		
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	1	0		

Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	0	1	Administrative	
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF BASE OF TONGUE	5	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF BORDER OF TONGUE	2	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF LINGUAL TONSIL	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER GUM	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	2	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF VALLECULA	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	2	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	2	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF RECTUM	8	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	2	0		

Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOMETRIUM	5	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF PROSTATE	34	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF FRONTAL LOBE	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF TEMPORAL LOBE	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF PARIETAL LOBE	4	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	5	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	3	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE REGIONS	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	2	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	2	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	12	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	4	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MIXED CELLULARITY HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	BENIGN NEOPLASM OF THYMUS	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	BENIGN NEOPLASM OF CEREBRAL MENINGES	2	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL TOLERANCE SPECIFICATIONS	Radiation Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	

Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	MALIGNANT NEOPLASM OF RECTUM	6	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	MALIGNANT NEOPLASM OF LOWER LOBE, UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	5	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	11	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	5	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	4	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	4	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	4	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	2	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	MALIGNANT NEOPLASM OF PROSTATE	1	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES	1	0		

Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS	1	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	5	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	9	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	MULTIPLE MYELOMA IN RELAPSE	1	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	2	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	CARCINOMA IN SITU OF LARYNX	1	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	5	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	4	0		
Outpatient	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING, ROTATIONAL BEAM, OR SPECIAL BEAM CONSIDERATIONS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Radiation Oncology	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		

Outpatient	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Radiation Oncology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	5	0		
Outpatient	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOMETRIUM	6	0		
Outpatient	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Radiation Oncology	MALIGNANT NEOPLASM OF PROSTATE	6	0		
Outpatient	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Radiation Oncology	MALIGNANT NEOPLASM OF LEFT CHOROID	1	0		
Outpatient	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1	0		
Outpatient	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, OVER 12 CHANNELS), INCLUDES BASIC DOSIMETRY CALCULATION(S)	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1	0		
Outpatient	77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY		MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY		MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY		MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY		MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	3	0		
Outpatient	77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY		MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	4	0		
Outpatient	77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY		MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	2	0		
Outpatient	77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY		SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY		SECONDARY MALIGNANT NEOPLASM OF SKIN	1	0		
Outpatient	77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY		INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1	0		
Outpatient	77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY		HYPERTROPHIC SCAR	1	0		
Outpatient	77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY		HYPERTROPHY OF BREAST	1	0		
Outpatient	77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY		MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF RECTUM	11	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF LOWER LOBE, UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT MALE BREAST	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	2	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		

Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	6	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	18	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	12	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	4	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	4	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	6	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	3	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF PROSTATE	4	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	SECONDARY MALIGNANT NEOPLASM OF SKIN	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	9	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	11	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	4	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MULTIPLE MYELOMA IN RELAPSE	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	2	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	CARCINOMA IN SITU OF LARYNX	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	8	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	8	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	HYPERTROPHIC SCAR	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	HYPERTROPHY OF BREAST	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	1	0		
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	0	1	Administrative	
Outpatient	77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	Hospital	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	5	0		

Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	MALIGNANT NEOPLASM OF BORDER OF TONGUE	2	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	MALIGNANT NEOPLASM OF LINGUAL TONSIL	1	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	MALIGNANT NEOPLASM OF LOWER GUM	1	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH	1	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	2	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	1	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	MALIGNANT NEOPLASM OF VALLECULA	1	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	2	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	2	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	1	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	MALIGNANT NEOPLASM OF GLOTTIS	1	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	MALIGNANT NEOPLASM OF SUBGLOTTIS	1	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	2	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	MALIGNANT NEOPLASM OF TRACHEA	1	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	3	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	CARCINOMA IN SITU OF LARYNX	1	0		
Outpatient	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	5	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF BORDER OF TONGUE	2	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF LINGUAL TONSIL	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF LOWER GUM	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH	1	0		

Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	2	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF VALLECULA	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	2	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	2	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF RECTUM	14	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	2	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF GLOTTIS	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF SUBGLOTTIS	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	2	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF TRACHEA	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	5	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	5	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF LOWER LOBE, UNSPECIFIED BRONCHUS OR LUNG	1	0		

Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF TEMPORAL LOBE	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF PARIETAL LOBE	4	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	5	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	3	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE REGIONS	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	3	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	2	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	SECONDARY MALIGNANT NEOPLASM OF SKIN	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	23	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	15	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MIXED CELLULARITY HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	2	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	4	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MULTIPLE MYELOMA IN RELAPSE	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	2	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	CARCINOMA IN SITU OF LARYNX	1	0		

Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	9	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	9	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	BENIGN NEOPLASM OF THYMUS	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	BENIGN NEOPLASM OF CEREBRAL MENINGES	2	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	2	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	HYPERTROPHIC SCAR	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	HYPERTROPHY OF BREAST	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	1	0		
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	0	1	Administrative	
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	5	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF BORDER OF TONGUE	2	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF LINGUAL TONSIL	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF LOWER GUM	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH	1	0		

Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	2	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF VALLECULA	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	2	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	2	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF CECUM	1	0		

Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF RECTUM	13	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	2	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF GLOTTIS	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF SUBGLOTTIS	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	2	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF TRACHEA	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	5	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	5	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF LOWER LOBE, UNSPECIFIED BRONCHUS OR LUNG	1	0		

Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT MALE BREAST	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	2	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	7	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	3	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	21	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	15	0		

Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	5	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	4	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	8	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	4	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	5	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF ENDOMETRIUM	9	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF PROSTATE	39	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF FRONTAL LOBE	1	0		

Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF TEMPORAL LOBE	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF PARIETAL LOBE	4	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	5	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	3	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE REGIONS	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	3	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	2	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS	1	0		

Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	SECONDARY MALIGNANT NEOPLASM OF SKIN	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	23	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	15	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT CARCINOID TUMOR OF THE FOREGUT, UNSPECIFIED	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MIXED CELLULARITY HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	2	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	4	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MULTIPLE MYELOMA IN RELAPSE	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	2	0		

Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	CARCINOMA IN SITU OF LARYNX	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	9	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	9	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	BENIGN NEOPLASM OF THYMUS	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	BENIGN NEOPLASM OF CEREBRAL MENINGES	2	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	2	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	HYPERTROPHIC SCAR	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	HYPERTROPHY OF BREAST	1	0		
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	1	0		

Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	0	1	Administrative	
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF BASE OF TONGUE	5	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF BORDER OF TONGUE	2	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF LINGUAL TONSIL	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER GUM	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	2	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF VALLECULA	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	2	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	2	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF RECTUM	8	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	2	0		

Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOMETRIUM	5	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF PROSTATE	34	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF FRONTAL LOBE	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF TEMPORAL LOBE	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF PARIETAL LOBE	4	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	5	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	3	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE REGIONS	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	2	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	2	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	12	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	4	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MIXED CELLULARITY HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	BENIGN NEOPLASM OF THYMUS	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	BENIGN NEOPLASM OF CEREBRAL MENINGES	2	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RA DIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT PLAN	Radiation Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1	0		

Outpatient	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Radiation Oncology	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Radiation Oncology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	5	0		
Outpatient	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOMETRIUM	6	0		
Outpatient	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Radiation Oncology	MALIGNANT NEOPLASM OF PROSTATE	6	0		
Outpatient	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Radiation Oncology	MALIGNANT NEOPLASM OF LEFT CHOROID	1	0		
Outpatient	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	1	0		
Outpatient	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Radiation Oncology	CARCINOMA IN SITU OF LARYNX	1	0		
Outpatient	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1	0		
Outpatient	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1	0		
Outpatient	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Radiation Oncology	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; MULTI-SOURCE COBALT 60 BASED	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; MULTI-SOURCE COBALT 60 BASED	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	3	0		
Outpatient	77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; MULTI-SOURCE COBALT 60 BASED	Radiation Oncology	BENIGN NEOPLASM OF CEREBRAL MENINGES	2	0		
Outpatient	77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; MULTI-SOURCE COBALT 60 BASED	Radiation Oncology	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
Outpatient	77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; MULTI-SOURCE COBALT 60 BASED	Radiation Oncology	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; MULTI-SOURCE COBALT 60 BASED	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; LINEAR ACCELERATOR BASED	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING OF 1 SESSION; LINEAR ACCELERATOR BASED	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	3	0		
Outpatient	77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRA CTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Radiation Oncology	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT	1	0		
Outpatient	77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRA CTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	2	0		

Outpatient	77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRA CTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	1	0		
Outpatient	77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRA CTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	1	0		
Outpatient	77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRA CTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRA CTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	6	0		
Outpatient	77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRA CTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	3	0		
Outpatient	77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	Radiation Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1	0		
Outpatient	77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	2	0		
Outpatient	77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	Radiation Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		
Outpatient	77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	Radiation Oncology	MALIGNANT NEOPLASM OF PROSTATE	33	0		
Outpatient	77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	Radiation Oncology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE REGIONS	1	0		
Outpatient	77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	Radiation Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF BASE OF TONGUE	5	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF BORDER OF TONGUE	2	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF LINGUAL TONSIL	1	0		

Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER GUM	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	2	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF VALLECULA	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	2	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	2	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF RECTUM	8	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	2	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF GLOTTIS	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF SUBGLOTTIS	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	2	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF TRACHEA	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	5	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	2	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1	0		

Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	2	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOMETRIUM	5	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF PROSTATE	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF FRONTAL LOBE	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF TEMPORAL LOBE	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF PARIETAL LOBE	4	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	4	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	3	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	2	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	2	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	MIXED CELLULARITY HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	BENIGN NEOPLASM OF THYMUS	1	0		
Outpatient	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	Radiation Oncology	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	5	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF BORDER OF TONGUE	2	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF LINGUAL TONSIL	1	0		

Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF LOWER GUM	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	2	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF VALLECULA	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	2	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	2	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF RECTUM	7	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	2	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF GLOTTIS	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF SUBGLOTTIS	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	2	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF TRACHEA	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	5	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	3	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	1	0		

Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	5	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	3	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE REGIONS	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	2	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	2	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	2	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MIXED CELLULARITY HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	CARCINOMA IN SITU OF LARYNX	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	2	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	6	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	BENIGN NEOPLASM OF THYMUS	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFRACTION TRACKING, WHEN PERFORMED	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY	Radiation Oncology	PLANTAR WART	1	0		
Outpatient	77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY	Radiation Oncology	BASAL CELL CARCINOMA OF SKIN OF NOSE	3	0		
Outpatient	77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY	Radiation Oncology	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE	1	0		
Outpatient	77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY	Radiation Oncology	SQUAMOUS CELL CARCINOMA OF SKIN OF SCALP AND NECK	1	0		
Outpatient	77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY	Radiation Oncology	BASAL CELL CARCINOMA OF SKIN OF OTHER PART OF TRUNK	2	0		
Outpatient	77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY	Radiation Oncology	BASAL CELL CARCINOMA OF SKIN OF LEFT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY	Radiation Oncology	SQUAMOUS CELL CARCINOMA OF SKIN OF RIGHT UPPER LIMB, INCLUDING SHOULDER	2	0		

Outpatient	77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY	Radiation Oncology	SQUAMOUS CELL CARCINOMA OF SKIN OF LEFT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY	Radiation Oncology	SQUAMOUS CELL CARCINOMA OF SKIN OF RIGHT LOWER LIMB, INCLUDING HIP	1	0		
Outpatient	77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY	Radiation Oncology	CARCINOMA IN SITU OF SKIN OF RIGHT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY	Radiation Oncology	HYPERTROPHIC SCAR	2	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF RECTUM	11	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LOWER LOBE, UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT MALE BREAST	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	2	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	6	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	18	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	12	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	4	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	4	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	6	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	3	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF PROSTATE	4	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF SKIN	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	9	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	11	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		

Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	4	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MULTIPLE MYELOMA IN RELAPSE	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	2	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	CARCINOMA IN SITU OF LARYNX	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	8	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	8	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	HYPERTROPHIC SCAR	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	HYPERTROPHY OF BREAST	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	1	0		
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	77412	RADIATION TREATMENT DELIVERY, >= 1 MEV; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	0	1	Administrative	
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	5	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF BORDER OF TONGUE	2	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF LINGUAL TONSIL	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF LOWER GUM	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	2	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF VALLECULA	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	2	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	2	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF RECTUM	14	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	2	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF GLOTTIS	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF SUBGLOTTIS	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	2	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF TRACHEA	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	5	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	3	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF LOWER LOBE, UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT MALE BREAST	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	2	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST	1	0		

Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	7	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	3	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	19	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	14	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	5	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	4	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	7	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	4	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	2	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF ENDOMETRIUM	5	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF PROSTATE	38	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF FRONTAL LOBE	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF TEMPORAL LOBE	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF PARIETAL LOBE	4	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	5	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	3	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE REGIONS	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	2	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	2	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	SECONDARY MALIGNANT NEOPLASM OF SKIN	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	11	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	12	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MIXED CELLULARITY HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		

Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	2	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	4	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MULTIPLE MYELOMA IN RELAPSE	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	2	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	CARCINOMA IN SITU OF LARYNX	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	8	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	8	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	BENIGN NEOPLASM OF THYMUS	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	2	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	HYPERTROPHIC SCAR	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	HYPERTROPHY OF BREAST	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	1	0		
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	77417	THERAPEUTIC RADIOLOGY PORT IMAGE(S)	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	0	1	Administrative	
Outpatient	77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETRY WITH BLOCKING AND/OR WEDGE, AND/OR COMPENSATOR(S)	Hospital	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION	Hospital	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION	Hospital	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	5	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF BORDER OF TONGUE	2	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF LINGUAL TONSIL	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF LOWER GUM	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	2	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF VALLECULA	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	2	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	2	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF RECTUM	14	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	2	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF GLOTTIS	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF SUBGLOTTIS	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	2	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF TRACHEA	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	5	0		

Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	3	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF LOWER LOBE, UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT MALE BREAST	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	2	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	7	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	3	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	19	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	14	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	5	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	4	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	8	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	4	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	2	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF ENDOMETRIUM	5	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF PROSTATE	37	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF FRONTAL LOBE	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF TEMPORAL LOBE	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF PARIETAL LOBE	4	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	5	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	3	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE REGIONS	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	2	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	2	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS	1	0		

Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	SECONDARY MALIGNANT NEOPLASM OF SKIN	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	11	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	12	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MIXED CELLULARITY HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	2	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	4	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MULTIPLE MYELOMA IN RELAPSE	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	CARCINOMA IN SITU OF LARYNX	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	8	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	8	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	BENIGN NEOPLASM OF THYMUS	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	2	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	HYPERTROPHIC SCAR	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	HYPERTROPHY OF BREAST	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	1	0		
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	0	1	Administrative	
Outpatient	77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1	0		
Outpatient	77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY	Radiation Oncology	MALIGNANT NEOPLASM OF PROSTATE	1	0		
Outpatient	77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY	Radiation Oncology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY	Radiation Oncology	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	2	0		
Outpatient	77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CRANIAL LESION(S) (COMPLETE COURSE OF TREATMENT CONSISTING OF ONE SESSION)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CRANIAL LESION(S) (COMPLETE COURSE OF TREATMENT CONSISTING OF ONE SESSION)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	6	0		
Outpatient	77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CRANIAL LESION(S) (COMPLETE COURSE OF TREATMENT CONSISTING OF ONE SESSION)	Radiation Oncology	BENIGN NEOPLASM OF CEREBRAL MENINGES	2	0		
Outpatient	77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CRANIAL LESION(S) (COMPLETE COURSE OF TREATMENT CONSISTING OF ONE SESSION)	Radiation Oncology	BENIGN NEOPLASM OF PITUITARY GLAND	1	0		
Outpatient	77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CRANIAL LESION(S) (COMPLETE COURSE OF TREATMENT CONSISTING OF ONE SESSION)	Radiation Oncology	BENIGN NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	1	0		
Outpatient	77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Radiation Oncology	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT	1	0		

Outpatient	77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	2	0		
Outpatient	77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	1	0		
Outpatient	77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	1	0		
Outpatient	77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	6	0		
Outpatient	77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESIONS, INCLUDING IMAGE GUIDANCE, ENTIRE COURSE NOT TO EXCEED 5 FRACTIONS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	3	0		
Outpatient	77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF BASE OF TONGUE	4	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF BORDER OF TONGUE	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF LINGUAL TONSIL	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	2	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	2	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF RECTUM	14	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	2	0		

Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF GLOTTIS	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF SUBGLOTTIS	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF TRACHEA	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	4	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	2	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOMETRIUM	4	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF PROSTATE	3	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF FRONTAL LOBE	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF TEMPORAL LOBE	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF PARIETAL LOBE	4	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	2	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	1	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	2	0		
Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF SKIN	1	0		

Outpatient	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	radiology	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1	0		
Outpatient	77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	Hospital	MALIGNANT NEOPLASM OF PROSTATE	0	1	Medical Necessity	
Outpatient	77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	0	1	Medical Necessity	
Outpatient	77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	Hospital	MALIGNANT NEOPLASM OF PROSTATE	0	1	Medical Necessity	
Outpatient	77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	0	1	Medical Necessity	
Outpatient	77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		
Outpatient	77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	0	1	Medical Necessity	
Outpatient	77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	Hospital	MALIGNANT NEOPLASM OF PROSTATE	0	1	Medical Necessity	
Outpatient	77525	PROTON TREATMENT DELIVERY; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	77525	PROTON TREATMENT DELIVERY; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	1	0		
Outpatient	77525	PROTON TREATMENT DELIVERY; COMPLEX	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	77525	PROTON TREATMENT DELIVERY; COMPLEX	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	77525	PROTON TREATMENT DELIVERY; COMPLEX	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	0	1	Medical Necessity	
Outpatient	77525	PROTON TREATMENT DELIVERY; COMPLEX	Hospital	MALIGNANT NEOPLASM OF PROSTATE	0	1	Medical Necessity	
Outpatient	77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	Radiation Oncology	MALIGNANT NEOPLASM OF LEFT CHOROID	1	0		
Outpatient	77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1	0		
Outpatient	77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	Radiation Oncology	MALIGNANT NEOPLASM OF LEFT CHOROID	1	0		
Outpatient	77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77768	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; LESION DIAMETER OVER 2.0 CM AND 2 OR MORE CHANNELS, OR MULTIPLE LESIONS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; OVER 12 CHANNELS	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; OVER 12 CHANNELS	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; OVER 12 CHANNELS	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; OVER 12 CHANNELS	Radiation Oncology	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; OVER 12 CHANNELS	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; OVER 12 CHANNELS	Radiation Oncology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	4	0		
Outpatient	77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; OVER 12 CHANNELS	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOMETRIUM	6	0		
Outpatient	77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; OVER 12 CHANNELS	Radiation Oncology	MALIGNANT NEOPLASM OF PROSTATE	3	0		

Outpatient	77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; OVER 12 CHANNELS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; OVER 12 CHANNELS	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1	0		
Outpatient	77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED; OVER 12 CHANNELS	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1	0		
Outpatient	77778	INTERSTITIAL RADIATION SOURCE APPLICATION, COMPLEX, INCLUDES SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE, WHEN PERFORMED	Radiation Oncology	LIVER CELL CARCINOMA	1	0		
Outpatient	77778	INTERSTITIAL RADIATION SOURCE APPLICATION, COMPLEX, INCLUDES SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE, WHEN PERFORMED	Radiation Oncology	MALIGNANT NEOPLASM OF PROSTATE	3	0		
Outpatient	77778	INTERSTITIAL RADIATION SOURCE APPLICATION, COMPLEX, INCLUDES SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE, WHEN PERFORMED	Radiation Oncology	MALIGNANT NEOPLASM OF LEFT CHOROID	1	0		
Outpatient	77778	INTERSTITIAL RADIATION SOURCE APPLICATION, COMPLEX, INCLUDES SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE, WHEN PERFORMED	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77789	SURFACE APPLICATION OF LOW DOSE RATE RADIONUCLIDE SOURCE	Radiation Oncology	MALIGNANT NEOPLASM OF LEFT CHOROID	1	0		
Outpatient	77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1	0		
Outpatient	77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	Radiation Oncology	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1	0		
Outpatient	78264	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH);	gastroenterology	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	1	0		
Outpatient	78429	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), SINGLE STUDY; WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN	Free Standing Imaging Center	CARDIOMYOPATHY, UNSPECIFIED	1	0		
Outpatient	78429	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), SINGLE STUDY; WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	0	1	Administrative	
Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	1	0		
Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	VITAMIN D DEFICIENCY, UNSPECIFIED	1	0		
Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	OTHER OBESITY DUE TO EXCESS CALORIES	1	0		
Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	HYPERLIPIDEMIA, UNSPECIFIED	5	0		

Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	4	0		
Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS	1	0		
Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1	0		
Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	SHORTNESS OF BREATH	1	0		
Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	OTHER CHEST PAIN	1	0		
Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSPECIFIED	1	0		
Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	1	0		
Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	HYPOTHYROIDISM, UNSPECIFIED	0	2	Administrative	
Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	0	5	Administrative	
Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	OBESITY, UNSPECIFIED	0	1	Administrative	
Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	OTHER HYPERLIPIDEMIA	0	1	Administrative	
Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	0	1	Administrative	

Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	0	2	Administrative	
Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	SHORTNESS OF BREATH	0	1	Administrative	
Outpatient	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED CT Transmission scan	Free Standing Imaging Center	ENCOUNTER FOR FOLLOW-UP EXAMINATION AFTER COMPLETED TREATMENT FOR CONDITIONS OTHER THAN MALIGNANT NEOPLASM	0	2	Administrative	
Outpatient	78433	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), COMBINED PERFUSION WITH METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), DUAL RADIOTRACER (EG, MYOCARDIAL VIABILITY); WITH CONCURRENTLY CT transmission scan	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1	0		
Outpatient	78434	ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQMBF), POSITRON EMISSION TOMOGRAPHY (PET), REST AND PHARMACOLOGIC STRESS (LIST SEPARATELY IN ADDITION TOCODE FOR PRIMARY PROCEDURE)	Free Standing Imaging Center	OBESITY, UNSPECIFIED	0	1	Administrative	
Outpatient	78434	ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQMBF), POSITRON EMISSION TOMOGRAPHY (PET), REST AND PHARMACOLOGIC STRESS (LIST SEPARATELY IN ADDITION TOCODE FOR PRIMARY PROCEDURE)	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	0	2	Administrative	
Outpatient	78434	ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQMBF), POSITRON EMISSION TOMOGRAPHY (PET), REST AND PHARMACOLOGIC STRESS (LIST SEPARATELY IN ADDITION TOCODE FOR PRIMARY PROCEDURE)	Free Standing Imaging Center	SHORTNESS OF BREATH	0	1	Administrative	
Outpatient	78434	ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQMBF), POSITRON EMISSION TOMOGRAPHY (PET), REST AND PHARMACOLOGIC STRESS (LIST SEPARATELY IN ADDITION TOCODE FOR PRIMARY PROCEDURE)	Free Standing Imaging Center	CHEST PAIN, UNSPECIFIED	0	1	Administrative	
Outpatient	78434	ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQMBF), POSITRON EMISSION TOMOGRAPHY (PET), REST AND PHARMACOLOGIC STRESS (LIST SEPARATELY IN ADDITION TOCODE FOR PRIMARY PROCEDURE)	Free Standing Imaging Center	ENCOUNTER FOR FOLLOW-UP EXAMINATION AFTER COMPLETED TREATMENT FOR CONDITIONS OTHER THAN MALIGNANT NEOPLASM	0	2	Administrative	
Outpatient	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (	Cardiovascular Disease	CHRONIC VIRAL HEPATITIS C	1	0		
Outpatient	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS	Cardiovascular Disease	HYPERLIPIDEMIA, UNSPECIFIED	1	0		
Outpatient	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	2	0		
Outpatient	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS	Cardiovascular Disease	OTHER FORMS OF ANGINA PECTORIS	6	0		

Outpatient	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	2	0		
Outpatient	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS	Cardiovascular Disease	END STAGE RENAL DISEASE	1	0		
Outpatient	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS	Cardiovascular Disease	SHORTNESS OF BREATH	1	0		
Outpatient	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS	Cardiovascular Disease	OTHER CHEST PAIN	1	0		
Outpatient	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS	Cardiovascular Disease	CHEST PAIN, UNSPECIFIED	2	0		
Outpatient	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS	Cardiovascular Disease	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1	0		
Outpatient	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS	Cardiovascular Disease	HYPERLIPIDEMIA, UNSPECIFIED	0	1	Administrative	
Outpatient	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	0	1	Administrative	
Outpatient	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS	Cardiovascular Disease	ANGINA PECTORIS, UNSPECIFIED	0	1	Administrative	
Outpatient	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS	Cardiovascular Disease	CHEST PAIN, UNSPECIFIED	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/ORstress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	1	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ZOSTER WITHOUT COMPLICATIONS	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	CHRONIC VIRAL HEPATITIS C	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	HUMAN IMMUNODEFICIENCY VIRUS "HIV" DISEASE	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	LIVER CELL CARCINOMA	2	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	2	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ANEMIA, UNSPECIFIED	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	LUPUS ANTICOAGULANT SYNDROME	1	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	HYPOTHYROIDISM DUE TO MEDICAMENTS AND OTHER EXOGENOUS SUBSTANCES	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	HYPOTHYROIDISM, UNSPECIFIED	8	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	DISORDER OF THYROID, UNSPECIFIED	3	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH UNSPECIFIED COMPLICATIONS	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL	1	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	4	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	8	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	96	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS	2	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	5	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER OBESITY DUE TO EXCESS CALORIES	7	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OVERWEIGHT	5	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OBESITY, UNSPECIFIED	27	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER DISORDERS OF INTESTINAL CARBOHYDRATE ABSORPTION	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	20	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	FAMILIAL HYPERCHOLESTEROLEMIA	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PURE HYPERGLYCERIDEMIA	3	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	MIXED HYPERLIPIDEMIA	65	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER HYPERLIPIDEMIA	6	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	HYPERLIPIDEMIA, UNSPECIFIED	80	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	HYPERCALCEMIA	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	2	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	NICOTINE DEPENDENCE, CIGARETTES, WITH OTHER NICOTINE-INDUCED DISORDERS	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ANXIETY DISORDER, UNSPECIFIED	4	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER MIGRAINE, INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	NEW DAILY PERSISTENT HEADACHE (NDPH)	1	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER TRANSIENT CEREBRAL ISCHEMIC ATTACKS AND RELATED SYNDROMES	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	2	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	SLEEP APNEA, UNSPECIFIED	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	2	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	SLEEP DISORDER, UNSPECIFIED	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER CHRONIC PAIN	2	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	RHEUMATIC MITRAL VALVE DISEASE, UNSPECIFIED	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	RHEUMATIC TRICUSPID INSUFFICIENCY	2	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	RHEUMATIC DISORDERS OF BOTH MITRAL AND AORTIC VALVES	1	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	162	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	21	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE	2	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	UNSTABLE ANGINA	5	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ANGINA PECTORIS WITH DOCUMENTED SPASM	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER FORMS OF ANGINA PECTORIS	26	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ANGINA PECTORIS, UNSPECIFIED	48	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT ANTERIOR DESCENDING CORONARY ARTERY	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF ANTERIOR WALL	1	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	163	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	5	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH ANGINA PECTORIS WITH DOCUMENTED SPASM	3	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS	34	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	14	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OLD MYOCARDIAL INFARCTION	6	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ANEURYSM OF HEART	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	CORONARY ARTERY DISSECTION	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ISCHEMIC CARDIOMYOPATHY	3	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ATHEROSCLEROSIS OF CORONARY ARTERY BYPASS GRAFT(S), UNSPECIFIED, WITH OTHER FORMS OF ANGINA PECTORIS	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ATHEROSCLEROSIS OF CORONARY ARTERY BYPASS GRAFT(S), UNSPECIFIED, WITH UNSPECIFIED ANGINA PECTORIS	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ATHEROSCLEROSIS OF CORONARY ARTERY BYPASS GRAFT(S) WITHOUT ANGINA PECTORIS	2	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED	5	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	2	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PULMONARY HYPERTENSION, UNSPECIFIED	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	5	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	NONRHEUMATIC MITRAL (VALVE) PROLAPSE	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	2	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER NONRHEUMATIC AORTIC VALVE DISORDERS	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	NONRHEUMATIC TRICUSPID (VALVE) INSUFFICIENCY	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	NONRHEUMATIC TRICUSPID VALVE DISORDER, UNSPECIFIED	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER CARDIOMYOPATHIES	3	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	CARDIOMYOPATHY, UNSPECIFIED	2	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ATRIOVENTRICULAR BLOCK, COMPLETE	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	LEFT BUNDLE-BRANCH BLOCK, UNSPECIFIED	7	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	UNSPECIFIED RIGHT BUNDLE-BRANCH BLOCK	1	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER RIGHT BUNDLE-BRANCH BLOCK	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	BIFASCICULAR BLOCK	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PRE-EXCITATION SYNDROME	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	SUPRAVENTRICULAR TACHYCARDIA	3	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	VENTRICULAR TACHYCARDIA	3	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PAROXYSMAL TACHYCARDIA, UNSPECIFIED	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PAROXYSMAL ATRIAL FIBRILLATION	21	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	Longstanding persistent atrial fibrillation	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	Other persistent atrial fibrillation	1	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	Chronic atrial fibrillation, unspecified	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	TYPICAL ATRIAL FLUTTER	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	4	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	UNSPECIFIED ATRIAL FLUTTER	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ATRIAL PREMATURE DEPOLARIZATION	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	VENTRICULAR PREMATURE DEPOLARIZATION	5	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	SICK SINUS SYNDROME	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	CARDIAC ARRHYTHMIA, UNSPECIFIED	3	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	1	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	3	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	UNSPECIFIED COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	RIGHT HEART FAILURE, UNSPECIFIED	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	HEART FAILURE, UNSPECIFIED	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	CARDIOMEGALY	4	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBRAL ARTERY	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	CEREBRAL INFARCTION, UNSPECIFIED	2	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ATHEROSCLEROSIS OF AORTA	1	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT RUPTURE	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	3	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER SPECIFIED DISORDERS OF ARTERIES AND ARTERIOLES	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF LEFT LOWER EXTREMITY	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ORTHOSTATIC HYPOTENSION	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	UNSPECIFIED OSTEOARTHRITIS, UNSPECIFIED SITE	1	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PAIN IN LEFT HIP	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PAIN IN LEFT ARM	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	CHONDROCOSTAL JUNCTION SYNDROME ÝTIETZE''	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	CHRONIC KIDNEY DISEASE, STAGE 5	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	END STAGE RENAL DISEASE	3	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	TACHYCARDIA, UNSPECIFIED	5	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	BRADYCARDIA, UNSPECIFIED	5	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PALPITATIONS	33	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	CARDIAC MURMUR, UNSPECIFIED	4	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER CARDIAC SOUNDS	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ELEVATED BLOOD-PRESSURE READING, WITHOUT DIAGNOSIS OF HYPERTENSION	2	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	DYSPNEA, UNSPECIFIED	21	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	SHORTNESS OF BREATH	119	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER FORMS OF DYSPNEA	29	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PAIN IN THROAT	2	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	CHEST PAIN ON BREATHING	2	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PRECORDIAL PAIN	45	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER CHEST PAIN	68	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	CHEST PAIN, UNSPECIFIED	191	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	DIZZINESS AND GIDDINESS	3	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER FATIGUE	3	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	SYNCOPE AND COLLAPSE	7	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	EDEMA, UNSPECIFIED	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	NONSPECIFIC ELEVATION OF LEVELS OF TRANSAMINASE AND LACTIC ACID DEHYDROGENASE (LDH)	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF HEART AND CORONARY CIRCULATION	4	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ABNORMAL ELECTROMYOGRAM (EMG)	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSPECIFIED	8	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	83	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	18	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	14	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	2	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ENCOUNTER FOR SCREENING FOR CARDIOVASCULAR DISORDERS	4	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	1	0		

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	HEART TRANSPLANT STATUS	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PRESENCE OF CORONARY ANGIOPLASTY IMPLANT AND GRAFT	3	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	HYPERLIPIDEMIA, UNSPECIFIED	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	UNSTABLE ANGINA	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	CERVICALGIA	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	SHORTNESS OF BREATH	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Interventional Cardiology	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	1	0		
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	CHRONIC VIRAL HEPATITIS C	0	1	Administrative	

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	SECONDARY POLYCYTHEMIA	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	DISORDER OF THYROID, UNSPECIFIED	0	2	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	0	8	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	LOCALIZED ADIPOSITY	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	0	4	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	MIXED HYPERLIPIDEMIA	0	6	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER HYPERLIPIDEMIA	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	HYPERLIPIDEMIA, UNSPECIFIED	0	5	Administrative	

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ANXIETY DISORDER, UNSPECIFIED	0	2	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	SLEEP DISORDER, UNSPECIFIED	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	0	18	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	UNSTABLE ANGINA	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER FORMS OF ANGINA PECTORIS	0	3	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ANGINA PECTORIS, UNSPECIFIED	0	3	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING RIGHT CORONARY ARTERY	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	0	11	Administrative	

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH ANGINA PECTORIS WITH DOCUMENTED SPASM	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	0	2	Administrative	OVERTURNED
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ATHEROSCLEROSIS OF CORONARY ARTERY BYPASS GRAFT(S) WITHOUT ANGINA PECTORIS	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	LEFT ANTERIOR FASCICULAR BLOCK	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	SUPRAVENTRICULAR TACHYCARDIA	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PAROXYSMAL ATRIAL FIBRILLATION	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE	0	1	Administrative	

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SITE	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER DORSALGIA	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PAIN IN ARM, UNSPECIFIED	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	BRADYCARDIA, UNSPECIFIED	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PALPITATIONS	0	9	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	DYSPNEA, UNSPECIFIED	0	7	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	SHORTNESS OF BREATH	0	17	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER FORMS OF DYSPNEA	0	2	Administrative	

Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	PRECORDIAL PAIN	0	6	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	OTHER CHEST PAIN	0	12	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	CHEST PAIN, UNSPECIFIED	0	37	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF HEART AND CORONARY CIRCULATION	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	0	7	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	0	1	Administrative	
Outpatient	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRSTPASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Cardiovascular Disease	ENCOUNTER FOR SCREENING FOR CARDIOVASCULAR DISORDERS	0	1	Administrative	
Outpatient	78454	"MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	1	0		

Outpatient	78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/ OR EJECTION FRACTION[S], WHEN PERFORMED), SINGLE STUDY	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1	0		
Outpatient	78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR STRESS, (EXERCISE AAND/OR PHARMACOLOGICAL), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT ADDITIONAL QUANTITATIVE PROCESSING	Cardiovascular Disease	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR STRESS, (EXERCISE AAND/OR PHARMACOLOGICAL), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT ADDITIONAL QUANTITATIVE PROCESSING	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	1	0		
Outpatient	78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR STRESS, (EXERCISE AAND/OR PHARMACOLOGICAL), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT ADDITIONAL QUANTITATIVE PROCESSING	Cardiovascular Disease	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT ANTERIOR DESCENDING CORONARY ARTERY	1	0		
Outpatient	78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR STRESS, (EXERCISE AAND/OR PHARMACOLOGICAL), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT ADDITIONAL QUANTITATIVE PROCESSING	Cardiovascular Disease	ISCHEMIC CARDIOMYOPATHY	1	0		
Outpatient	78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR STRESS, (EXERCISE AAND/OR PHARMACOLOGICAL), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT ADDITIONAL QUANTITATIVE PROCESSING	Cardiovascular Disease	CARDIOMYOPATHY, UNSPECIFIED	1	0		
Outpatient	78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR STRESS, (EXERCISE AAND/OR PHARMACOLOGICAL), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT ADDITIONAL QUANTITATIVE PROCESSING	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	0	1	Administrative	
Outpatient	78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR STRESS, (EXERCISE AAND/OR PHARMACOLOGICAL), WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT ADDITIONAL QUANTITATIVE PROCESSING	Cardiovascular Disease	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	0	1	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	8	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS	3	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	3	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	OTHER OBESITY DUE TO EXCESS CALORIES	1	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	OBESITY, UNSPECIFIED	3	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	FAMILIAL HYPERCHOLESTEROLEMIA	1	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	PURE HYPERGLYCERIDEMIA	1	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	MIXED HYPERLIPIDEMIA	3	0		

Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	OTHER HYPERLIPIDEMIA	1	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	HYPERLIPIDEMIA, UNSPECIFIED	9	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	6	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	2	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	OTHER FORMS OF ANGINA PECTORIS	1	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	ANGINA PECTORIS, UNSPECIFIED	3	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	4	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS	3	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	OLD MYOCARDIAL INFARCTION	1	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	PAROXYSMAL ATRIAL FIBRILLATION	1	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	HEART FAILURE, UNSPECIFIED	1	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	CEREBRAL INFARCTION, UNSPECIFIED	1	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	TACHYCARDIA, UNSPECIFIED	1	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	PALPITATIONS	2	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	ELEVATED BLOOD-PRESSURE READING, WITHOUT DIAGNOSIS OF HYPERTENSION	1	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	SHORTNESS OF BREATH	5	0		

Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	PRECORDIAL PAIN	3	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	OTHER CHEST PAIN	4	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	CHEST PAIN, UNSPECIFIED	6	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSPECIFIED	4	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	4	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	1	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	CHRONIC VIRAL HEPATITIS C	0	1	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	0	1	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	OBESITY, UNSPECIFIED	0	2	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	MIXED HYPERLIPIDEMIA	0	2	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	HYPERLIPIDEMIA, UNSPECIFIED	0	2	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	0	3	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	SUBSEQUENT ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF OTHER SITES	0	1	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	0	7	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	0	1	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS	0	2	Administrative	

Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	0	2	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	SUPRAVENTRICULAR TACHYCARDIA	0	1	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	UNSPECIFIED ATRIAL FIBRILLATION	0	1	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	CARDIAC SEPTAL DEFECT, ACQUIRED	0	1	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	0	1	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	PALPITATIONS	0	2	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	PRECORDIAL PAIN	0	1	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	CHEST PAIN, UNSPECIFIED	0	5	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF HEART AND CORONARY CIRCULATION	0	2	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	0	3	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED; MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC)	Free Standing Imaging Center	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	0	1	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS	Free Standing Imaging Center	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	1	0		
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS	Free Standing Imaging Center	CARDIOMYOPATHY, UNSPECIFIED	0	1	Administrative	
Outpatient	78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS	Free Standing Imaging Center	UNSPECIFIED ATRIAL FIBRILLATION	0	1	Administrative	
Outpatient	78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT VENTRICULAR EJECTION FRACTION BY FIRST PASS TECHNIQUE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Cardiovascular Disease	CHEST PAIN, UNSPECIFIED	1	0		
Outpatient	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF ADULT PERSONALITY AND BEHAVIOR	1	0		
Outpatient	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	Free Standing Imaging Center	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	Free Standing Imaging Center	UNSPECIFIED CONVULSIONS	1	0		

Outpatient	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	Free Standing Imaging Center	PARKINSON'S DISEASE	0	1	Administrative	
Outpatient	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	Free Standing Imaging Center	ALZHEIMER'S DISEASE, UNSPECIFIED	0	1	Administrative	
Outpatient	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	Free Standing Imaging Center	MILD COGNITIVE IMPAIRMENT, SO STATED	0	1	Administrative	
Outpatient	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	Free Standing Imaging Center	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	0	1	Administrative	
Outpatient	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	Free Standing Imaging Center	ENCEPHALOPATHY, UNSPECIFIED	0	2	Administrative	
Outpatient	78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	Free Standing Imaging Center	OTHER AMNESIA	0	1	Administrative	
Outpatient	78709	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, MULTIPLE	Free Standing Imaging Center	ENCOUNTER FOR OTHER GENERAL EXAMINATION	1	0		
Outpatient	78709	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, MULTIPLE	Free Standing Imaging Center	HYDRONEPHROSIS WITH RENAL AND URETERAL CALCULOUS OBSTRUCTION	0	1	Administrative	
Outpatient	78812	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH	Free Standing Imaging Center	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;LIMITED AREA (EG, CHEST, HEAD/NECK)	Family Practice	SOLITARY PULMONARY NODULE	1	0		
Outpatient	78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;LIMITED AREA (EG, CHEST, HEAD/NECK)	Internal Medicine	UNSPECIFIED CONVULSIONS	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF BASE OF TONGUE	5	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF BORDER OF TONGUE	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONGUE	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF GUM, UNSPECIFIED	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF FLOOR OF MOUTH, UNSPECIFIED	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF RETROMOLAR AREA	1	0		

Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	4	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	5	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	4	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LIP, ORAL CAVITY AND PHARYNX	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	3	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	4	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF CARDIA	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF SMALL INTESTINE	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF CECUM	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF APPENDIX	1	0		

Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF ASCENDING COLON	3	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF TRANSVERSE COLON	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF DESCENDING COLON	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF SIGMOID COLON	5	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	3	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	3	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF RECTUM	7	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	INTRAHEPATIC BILE DUCT CARCINOMA	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	3	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF BODY OF PANCREAS	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE DIGESTIVE SYSTEM	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF GLOTTIS	5	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF TRACHEA	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	4	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	8	0		

Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	5	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	5	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	9	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT BRONCHUS OR LUNG	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF THYMUS	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SQUAMOUS CELL CARCINOMA OF SKIN OF LEFT EAR AND EXTERNAL AURICULAR CANAL	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MERKEL CELL CARCINOMA OF LEFT UPPER LIMB, INCLUDING SHOULDER	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	3	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	2	0		

Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF ENDOMETRIUM	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF RIGHT OVARY	4	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF LEFT FALLOPIAN TUBE	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF PROSTATE	4	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF LEFT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	3	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF URACHUS	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF URETHRA	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	3	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODE, UNSPECIFIED	1	0		

Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SECONDARY MALIGNANT NEOPLASM OF BRAIN	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT CARCINOID TUMOR OF THE BRONCHUS AND LUNG	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT CARCINOID TUMOR OF THE STOMACH	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT CARCINOID TUMOR OF THE FOREGUT, UNSPECIFIED	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT CARCINOID TUMORS OF OTHER SITES	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	OTHER MALIGNANT NEUROENDOCRINE TUMORS	4	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	OTHER SECONDARY NEUROENDOCRINE TUMORS	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	3	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	NODULAR SCLEROSIS HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	NODULAR SCLEROSIS HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	5	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES	1	0		

Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	FOLLICULAR LYMPHOMA GRADE II, INTRA-ABDOMINAL LYMPH NODES	3	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, INTRATHORACIC LYMPH NODES	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	OTHER TYPES OF FOLLICULAR LYMPHOMA, UNSPECIFIED SITE	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SMALL CELL B-CELL LYMPHOMA, UNSPECIFIED SITE	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SMALL CELL B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	4	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	10	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	8	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		

Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	3	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, UNSPECIFIED SITE	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	NON-HODGKIN LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	7	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	BENIGN NEOPLASM OF THYMUS	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF TRACHEA, BRONCHUS AND LUNG	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	OTHER BENIGN NEUROENDOCRINE TUMORS	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF AORTIC BODY AND OTHER PARAGANGLIA	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER (PTLD)	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF BONE AND ARTICULAR CARTILAGE	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	NEOPLASM OF UNSPECIFIED BEHAVIOR OF DIGESTIVE SYSTEM	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	NEOPLASM OF UNSPECIFIED BEHAVIOR OF RESPIRATORY SYSTEM	1	0		

Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	PORTAL VEIN THROMBOSIS	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	3	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	OTHER DISEASES OF MEDIASTINUM, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	OTHER DISEASES OF TONGUE	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	HEMOPTYSIS	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SHORTNESS OF BREATH	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	LOCALIZED ENLARGED LYMPH NODES	2	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	GENERALIZED ENLARGED LYMPH NODES	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SOLITARY PULMONARY NODULE	24	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	8	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	RISING PSA FOLLOWING TREATMENT FOR MALIGNANT NEOPLASM OF PROSTATE	1	0		
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER ORGANS AND SYSTEMS	1	0		

Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UPPER GUM	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF PAROTID GLAND	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	0	4	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF TONSILLAR PILLAR (ANTERIOR) (POSTERIOR)	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	0	3	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	0	3	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF PYLORUS	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF SMALL INTESTINE	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF CECUM	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF APPENDIX	0	2	Administrative	

Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF ASCENDING COLON	0	3	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF SIGMOID COLON	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	0	5	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF RECTUM	0	11	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF ANAL CANAL	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF BODY OF PANCREAS	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	0	5	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	0	5	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	0	6	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF HEART	0	1	Administrative	

Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT MELANOMA OF RIGHT UPPER LIMB, INCLUDING SHOULDER	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF SPECIFIED PARTS OF PERITONEUM	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	GASTROINTESTINAL STROMAL TUMOR, UNSPECIFIED SITE	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	0	4	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF UNSPECIFIED FEMALE BREAST	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	0	4	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	0	3	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	0	1	Administrative	

Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	0	3	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	0	3	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF ENDOCERVIX	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF EXOCERVIX	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	0	5	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF ENDOMETRIUM	0	9	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF RIGHT OVARY	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF RIGHT FALLOPIAN TUBE	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF LEFT FALLOPIAN TUBE	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF PROSTATE	0	13	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED UNDESCENDED TESTIS	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF RIGHT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	0	4	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS	0	2	Administrative	

Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF URETERIC ORIFICE	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT POORLY DIFFERENTIATED NEUROENDOCRINE TUMORS	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	OTHER MALIGNANT NEUROENDOCRINE TUMORS	0	4	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	NODULAR SCLEROSIS HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	0	3	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	NODULAR SCLEROSIS HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	NODULAR SCLEROSIS HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF HEAD, FACE, AND NECK	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	FOLLICULAR LYMPHOMA GRADE II, INTRA-ABDOMINAL LYMPH NODES	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF HEAD, FACE, AND NECK	0	1	Administrative	

Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SMALL CELL B-CELL LYMPHOMA, UNSPECIFIED SITE	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SMALL CELL B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	0	4	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF MULTIPLE SITES	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MUCOSA-ASSOCIATED LYMPHOID TISSUE "MALT-LYMPHOMA"	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	0	5	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MULTIPLE MYELOMA IN RELAPSE	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	CARCINOMA IN SITU OF COLON	0	1	Administrative	

Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	OTHER SPECIFIED TYPE OF CARCINOMA IN SITU OF RIGHT BREAST	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	CARCINOMA IN SITU OF CERVIX, UNSPECIFIED	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	OTHER BENIGN NEUROENDOCRINE TUMORS	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	MONOCLONAL GAMMOPATHY	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BONE, SOFT TISSUE, AND SKIN	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SARCOIDOSIS OF LUNG	0	2	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	HYPOTHYROIDISM, UNSPECIFIED	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	THYROTOXICOSIS, UNSPECIFIED WITHOUT THYROTOXIC CRISIS OR STORM	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	LIVER DISEASE, UNSPECIFIED	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	DISORDER OF BONE, UNSPECIFIED	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SHORTNESS OF BREATH	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	PELVIC AND PERINEAL PAIN	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, HEAD	0	1	Administrative	

Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	0	1	Administrative	OVERTURNED
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	GENERALIZED ENLARGED LYMPH NODES	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	ABNORMAL WEIGHT LOSS	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	OTHER SPECIFIED ABNORMAL FINDINGS OF BLOOD CHEMISTRY	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	SOLITARY PULMONARY NODULE	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	RISING PSA FOLLOWING TREATMENT FOR MALIGNANT NEOPLASM OF PROSTATE	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	0	1	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	0	3	Administrative	
Outpatient	78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;SKULL BASE TO MID-THIGH	Family Practice	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER ORGANS AND SYSTEMS	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT NEOPLASM OF MANDIBLE	1	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED	3	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT MELANOMA OF RIGHT EAR AND EXTERNAL AURICULAR CANAL	1	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	1	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT MELANOMA OF RIGHT LOWER LIMB, INCLUDING HIP	1	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	1	0		

Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	6	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INGUINAL AND LOWER LIMB LYMPH NODES	1	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	1	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT CARCINOID TUMOR OF THE ILEUM	2	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	2	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MYCOSIS FUNGOIDES, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	WALDENSTROM MACROGLOBULINEMIA	1	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	7	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MULTIPLE MYELOMA IN RELAPSE	1	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	UNIFOCAL LANGERHANS-CELL HISTIOCYTOSIS	1	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	SOLITARY PULMONARY NODULE	1	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	1	0		
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT MELANOMA OF SCALP AND NECK	0	3	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	0	1	Administrative	

Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT MELANOMA OF RIGHT UPPER LIMB, INCLUDING SHOULDER	0	2	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF SCALP AND NECK	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF OTHER PART OF TRUNK	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	0	2	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MERKEL CELL CARCINOMA OF LEFT UPPER LIMB, INCLUDING SHOULDER	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT NEOPLASM OF PROSTATE	0	3	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT NEOPLASM OF LEFT CHOROID	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INGUINAL AND LOWER LIMB LYMPH NODES	0	2	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	SECONDARY MALIGNANT NEOPLASM OF BRAIN	0	1	Administrative	

Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MALIGNANT CARCINOID TUMOR OF THE ILEUM	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	0	7	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MULTIPLE MYELOMA IN REMISSION	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	MULTIPLE MYELOMA IN RELAPSE	0	3	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	DISORDERS OF OPTIC CHIASM IN (DUE TO) NEOPLASM	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	OTHER DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	0	1	Administrative	
Outpatient	78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING;WHOLE BODY	Family Practice	UNSPECIFIED LUMP IN UNSPECIFIED BREAST	0	1	Administrative	
Outpatient	78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	Nuclear Radiology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	Nuclear Radiology	MALIGNANT NEOPLASM OF THYROID GLAND	4	0		
Outpatient	79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	Nuclear Radiology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	Nuclear Radiology	THYROTOXICOSIS WITH DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM	1	0		
Outpatient	79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	Nuclear Radiology	THYROTOXICOSIS, UNSPECIFIED WITHOUT THYROTOXIC CRISIS OR STORM	1	0		
Outpatient	79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	Nuclear Radiology	MALIGNANT NEOPLASM OF PROSTATE	1	0		
Outpatient	79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	Nuclear Radiology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	Nuclear Radiology	MALIGNANT CARCINOID TUMOR OF THE FOREGUT, UNSPECIFIED	1	0		
Outpatient	79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION	Nuclear Radiology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	81163	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	laboratory	FAMILY HISTORY OF MALIGNANT NEOPLASM OF BREAST	2	0		
Outpatient	81202	APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOUS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	laboratory	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
Outpatient	81210	BRAF (B-RAF PROTO-ONCOGENE, SERINE/THREONINE KINASE) (EG, COLON CANCER, MELANOMA), GENE ANALYSIS, V600 VARIANT(S)	laboratory	MALIGNANT NEOPLASM OF SIGMOID COLON	1	0		
Outpatient	81235	EGFR (EPIDERMAL GROWTH FACTOR RECEPTOR) (EG, NON-SMALL CELL LUNG CANCER) GENE ANALYSIS, COMMON VARIANTS (EG, EXON 19 LREA DELETION, L858R, T790M, G719A, G719S, L861Q)	laboratory	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
Outpatient	81275	KRAS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG) (EG, CARCINOMA) GENE ANALYSIS; VARIANTS IN EXON 2 (EG, CODONS 12 AND 13)	laboratory	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
Outpatient	81292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HE REDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	laboratory	MALIGNANT NEOPLASM OF SIGMOID COLON	1	0		

Outpatient	81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	laboratory	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
Outpatient	81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	laboratory	MALIGNANT NEOPLASM OF SIGMOID COLON	1	0		
Outpatient	81301	MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) OF MARKERS FOR MISMATCH REPAIR DEFICIENCY (EG, BAT25, BAT26), INCLUDES COMPARISON OF NEOPLASTIC AND NORMAL TISSUE, IF PERFORMED	laboratory	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
Outpatient	81311	NRAS (NEUROBLASTOMA RAS VIRAL [V-RAS] ONCOGENE HOMOLOG) (EG, COLORECTAL CARCINOMA), GENE ANALYSIS, VARIANTS IN EXON 2 (EG, CODONS 12 AND 13) AND EXON 3 (EG, CODON 61)	laboratory	MALIGNANT NEOPLASM OF SIGMOID COLON	1	0		
Outpatient	81406	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 7 (EG, ANALYSIS OF 11-25 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 26-50 EXONS)	laboratory	CRANIOSYNOSTOSIS	1	0		
Outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	laboratory	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	1	0		
Outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	laboratory	DELAYED MILESTONE IN CHILDHOOD	1	0		
Outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	laboratory	ABNORMAL ELECTROENCEPHALOGRAM (EEG)	1	0		
Outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	laboratory	FAMILY HISTORY OF COLONIC POLYPS	1	0		
Outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	laboratory	ANXIETY DISORDER, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	laboratory	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	0	1	Medical Necessity	
Outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	laboratory	TOXIC GASTROENTERITIS AND COLITIS	0	1	Medical Necessity	
Outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	laboratory	OTHER SPECIFIED CONGENITAL MUSCULOSKELETAL DEFORMITIES	0	1	Medical Necessity	
Outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	laboratory	UNSPECIFIED SPEECH DISTURBANCES	0	1	Medical Necessity	
Outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	laboratory	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	0	1	Medical Necessity	
Outpatient	81415	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	laboratory	ENCOUNTER FOR NONPROCREATIVE SCREENING FOR GENETIC DISEASE CARRIER STATUS	0	1	Medical Necessity	
Outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	laboratory	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	1	0		
Outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	laboratory	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	1	0		
Outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	laboratory	MELENA	1	0		
Outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	laboratory	MALFORMATIONS OF AQUEDUCT OF SYLVIUS	1	0		

Outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	laboratory	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	0	1	Medical Necessity	
Outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	laboratory	UNSPECIFIED SPEECH DISTURBANCES	0	1	Medical Necessity	
Outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	laboratory	SHORT STATURE (CHILD)	0	1	Medical Necessity	
Outpatient	81416	EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG, PARENTS, SIBLINGS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	laboratory	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	0	1	Medical Necessity	
Outpatient	81460	WHOLE MITOCHONDRIAL GENOME (EG, LEIGH SYNDROME, MITOCHONDRIAL ENCEPHALOMYOPATHY, LACTIC ACIDOSIS, AND STROKE-LIKE EPISODES [MELAS], MYOCLONICEPILEPSY WITH RAGGED-RED FIBERS [MERFF], NEUROPATHY, ATAXIA, AND RETINITIS PIGMENTOSA [NARP], LEBER HEREDITARY OP	laboratory	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	0	1	Medical Necessity	
Outpatient	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	laboratory	MALIGNANT NEOPLASM OF SIGMOID COLON	1	0		
Outpatient	81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	laboratory	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	1	0		
Outpatient	89250	CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS;	Obstetrics & Gynecology	VASECTOMY STATUS	0	1	Medical Necessity	
Outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN	6	0		
Outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	3	0		
Outpatient	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	3	0		
Outpatient	89254	OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID	Obstetrics & Gynecology	VASECTOMY STATUS	0	1	Medical Necessity	
Outpatient	89258	CRYOPRESERVATION; EMBRYO	Obstetrics & Gynecology	OVARIAN DYSFUNCTION, UNSPECIFIED	1	0		
Outpatient	89258	CRYOPRESERVATION; EMBRYO	Obstetrics & Gynecology	IRREGULAR MENSTRUATION, UNSPECIFIED	1	0		
Outpatient	89258	CRYOPRESERVATION; EMBRYO	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN	7	0		
Outpatient	89258	CRYOPRESERVATION; EMBRYO	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	8	0		
Outpatient	89258	CRYOPRESERVATION; EMBRYO	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	5	0		
Outpatient	89260	SPERM ISOLATION, SIMPLE PREP (EG, SPERM WASH AND SWIM-UP) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS	Obstetrics & Gynecology	VASECTOMY STATUS	0	1	Medical Necessity	
Outpatient	89261	SPERM ISOLATION; COMPLEX PREP (EG, PER COL GRADIENT,ALBUMIN GRADIENT) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS	Obstetrics & Gynecology	VASECTOMY STATUS	0	1	Medical Necessity	
Outpatient	89268	INSEMINATION OF OOCYTES	Obstetrics & Gynecology	VASECTOMY STATUS	0	1	Medical Necessity	
Outpatient	89280	ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; LESS THAN OR EQUAL TO 10 OOCYTES	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1	0		
Outpatient	89280	ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; LESS THAN OR EQUAL TO 10 OOCYTES	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1	0		

Outpatient	89281	ASSISTED OOCYTE FERTILIZATION, MICROTÉCHNIQUE; GREATER THAN 10 OOCYTES	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1	0		
Outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTÉCHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN	2	0		
Outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTÉCHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	3	0		
Outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTÉCHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1	0		
Outpatient	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTÉCHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMBRYOS	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	0	1	Medical Necessity	
Outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTÉCHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN	1	0		
Outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTÉCHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	2	0		
Outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTÉCHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	3	0		
Outpatient	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTÉCHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	89337	CRYOPRESERVATION, MATURE OOCYTE(S)	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1	0		
Outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	laboratory	OVARIAN DYSFUNCTION, UNSPECIFIED	1	0		
Outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	laboratory	OTHER ENDOMETRIOSIS	1	0		
Outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	laboratory	FEMALE INFERTILITY OF OTHER ORIGIN	5	0		
Outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	laboratory	FEMALE INFERTILITY, UNSPECIFIED	8	0		
Outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	laboratory	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	3	0		
Outpatient	89342	STORAGE, (PER YEAR); EMBRYO(S)	laboratory	ACQUIRED ABSENCE OF OTHER GENITAL ORGAN(S)	1	0		
Outpatient	89346	STORAGE, (PER YEAR); OOCYTE	laboratory	ENCOUNTER FOR FERTILITY PRESERVATION PROCEDURE	1	0		
Outpatient	89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	laboratory	FEMALE INFERTILITY, UNSPECIFIED	3	0		
Outpatient	89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	laboratory	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	4	0		
Outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatrics	PULMONARY HYPERTENSION, UNSPECIFIED	1	0		
Outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatrics	HEART FAILURE, UNSPECIFIED	1	0		
Outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatrics	NEUROENDOCRINE CELL HYPERPLASIA OF INFANCY	1	0		
Outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatrics	OTHER LOW BIRTH WEIGHT NEWBORN, 1000-1249 GRAMS	1	0		
Outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatrics	EXTREME IMMATURITY OF NEWBORN, GESTATIONAL AGE 24 COMPLETED WEEKS	1	0		
Outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatrics	EXTREME IMMATURITY OF NEWBORN, GESTATIONAL AGE 27 COMPLETED WEEKS	1	0		
Outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatrics	PRETERM NEWBORN, UNSPECIFIED WEEKS OF GESTATION	1	0		
Outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatrics	PRETERM NEWBORN, GESTATIONAL AGE 28 COMPLETED WEEKS	1	0		
Outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatrics	RESPIRATORY DISTRESS OF NEWBORN, UNSPECIFIED	1	0		
Outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatrics	BRONCHOPULMONARY DYSPLASIA ORIGINATING IN THE PERINATAL PERIOD	1	0		

Outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatrics	CONGENITAL TRICUSPID STENOSIS	1	0		
Outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatrics	PATENT DUCTUS ARTERIOSUS	1	0		
Outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatrics	CONGENITAL CYSTIC LUNG	1	0		
Outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatrics	NONRHEUMATIC AORTIC (VALVE) STENOSIS	0	1	Medical Necessity	
Outpatient	90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, F OR INTRAMUSCULAR USE, 50 MG, EACH	Pediatrics	PULMONARY HYPERTENSION OF NEWBORN	0	1	Medical Necessity	
Outpatient	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Psychiatrist	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1	0		
Outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatrist	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	61	0		
Outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatrist	GENERALIZED ANXIETY DISORDER	1	0		
Outpatient	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	Psychiatrist	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	0	7	Medical Necessity	
Outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatrist	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	1	0		
Outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatrist	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	60	0		
Outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatrist	GENERALIZED ANXIETY DISORDER	3	0		
Outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatrist	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	0	6	Medical Necessity	
Outpatient	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION	Psychiatrist	GENERALIZED ANXIETY DISORDER	0	1	Medical Necessity	
Outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatrist	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	40	0		
Outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatrist	GENERALIZED ANXIETY DISORDER	1	0		
Outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatrist	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	1	0		
Outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatrist	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE	0	1	Medical Necessity	
Outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatrist	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	0	4	Medical Necessity	
Outpatient	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT	Psychiatrist	GENERALIZED ANXIETY DISORDER	0	1	Medical Necessity	

Outpatient	90935	HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	Nephrology	END STAGE RENAL DISEASE	1	0		
Outpatient	90935	HEMODIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	Nephrology	END STAGE RENAL DISEASE	0	1	Medical Necessity	
Outpatient	90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESCRIPTION	Nephrology	END STAGE RENAL DISEASE	0	1	Medical Necessity	
Outpatient	90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	Nephrology	ANEMIA IN CHRONIC KIDNEY DISEASE	1	0		
Outpatient	90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	Nephrology	END STAGE RENAL DISEASE	1	0		
Outpatient	90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	Nephrology	END STAGE RENAL DISEASE	0	1	Medical Necessity	
Outpatient	93018	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, AND/OR PHARMACOLOGICAL STRESS; INTERPRETATION AND REPORT ONLY	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	1	0		
Outpatient	93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT	Cardiovascular Disease	UNSPECIFIED CONVULSIONS	1	0		
Outpatient	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODE FOR ECHOCARDIOGRAPHIC IMAGING); FOLLOW-UP OR LIMITED STUDY	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	1	0		
Outpatient	93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY)	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	DISORDER OF THYROID, UNSPECIFIED	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	3	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	VITAMIN D DEFICIENCY, UNSPECIFIED	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	MIXED HYPERLIPIDEMIA	2	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	HYPERLIPIDEMIA, UNSPECIFIED	1	0		

Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	DISORDER OF LIPOPROTEIN METABOLISM, UNSPECIFIED	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	POSTPROCEDURAL HYPOTHYROIDISM	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	10	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	ANGINA PECTORIS, UNSPECIFIED	2	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	2	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS	2	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	OLD MYOCARDIAL INFARCTION	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	OTHER HYPERTROPHIC CARDIOMYOPATHY	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	LEFT BUNDLE-BRANCH BLOCK, UNSPECIFIED	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	SUPRAVENTRICULAR TACHYCARDIA	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	VENTRICULAR TACHYCARDIA	1	0		

Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	PAROXYSMAL ATRIAL FIBRILLATION	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	UNSPECIFIED ATRIAL FIBRILLATION	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	VENTRICULAR PREMATURE DEPOLARIZATION	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	CARDIAC ARRHYTHMIA, UNSPECIFIED	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	PRE-EXISTING ESSENTIAL HYPERTENSION COMPLICATING PREGNANCY, FIRST TRIMESTER	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	CONGENITAL STENOSIS OF AORTIC VALVE	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	PALPITATIONS	4	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	DYSPNEA, UNSPECIFIED	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	SHORTNESS OF BREATH	3	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	PRECORDIAL PAIN	5	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	OTHER CHEST PAIN	7	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	CHEST PAIN, UNSPECIFIED	15	0		

Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	SYNCOPE AND COLLAPSE	2	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	OTHER GENERAL SYMPTOMS AND SIGNS	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF HEART AND CORONARY CIRCULATION	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	8	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	ENCOUNTER FOR AFTERCARE FOLLOWING HEART TRANSPLANT	1	0		
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	0	3		Administrative
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	OTHER FORMS OF ANGINA PECTORIS	0	1		Administrative
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	0	1		Administrative
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	PALPITATIONS	0	1		Administrative
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	SHORTNESS OF BREATH	0	3		Administrative
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	OTHER FORMS OF DYSPNEA	0	1		Administrative

Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	PRECORDIAL PAIN	0	2	Administrative	
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	CHEST PAIN, UNSPECIFIED	0	4	Administrative	
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF HEART AND CORONARY CIRCULATION	0	1	Administrative	
Outpatient	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Free Standing Imaging Center	PERSONAL HISTORY OF OTHER DISEASES OF THE CIRCULATORY SYSTEM	0	1	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	MALIGNANT NEOPLASM OF PROSTATE	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ANEMIA, UNSPECIFIED	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ACTIVATED PROTEIN C RESISTANCE	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ANTIPHOSPHOLIPID SYNDROME	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	HYPOTHYROIDISM, UNSPECIFIED	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	AUTOIMMUNE THYROIDITIS	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	1	0		

Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	3	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	28	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	2	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	OVERWEIGHT	3	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	OBESITY, UNSPECIFIED	5	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	11	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	PURE HYPERGLYCERIDEMIA	1	0		

Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	MIXED HYPERLIPIDEMIA	27	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	OTHER HYPERLIPIDEMIA	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	HYPERLIPIDEMIA, UNSPECIFIED	36	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	DISORDER OF LIPOPROTEIN METABOLISM, UNSPECIFIED	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	DISORDER OF IRON METABOLISM, UNSPECIFIED	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	HYPOVOLEMIA	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ALCOHOL ABUSE, UNCOMPLICATED	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	NICOTINE DEPENDENCE, UNSPECIFIED, IN REMISSION	2	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ANXIETY DISORDER, UNSPECIFIED	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	2	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	RHEUMATIC TRICUSPID INSUFFICIENCY	1	0		

Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	62	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE	3	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	UNSTABLE ANGINA	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	OTHER FORMS OF ANGINA PECTORIS	3	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ANGINA PECTORIS, UNSPECIFIED	7	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	37	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ATHEROSCLEROSIS OF CORONARY ARTERY BYPASS GRAFT(S) WITHOUT ANGINA PECTORIS	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED	2	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ACUTE NONSPECIFIC IDIOPATHIC PERICARDITIS	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	6	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	1	0		

Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	NONRHEUMATIC AORTIC VALVE DISORDER, UNSPECIFIED	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ATRIOVENTRICULAR BLOCK, FIRST DEGREE	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	LEFT ANTERIOR FASCICULAR BLOCK	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	LEFT BUNDLE-BRANCH BLOCK, UNSPECIFIED	2	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	UNSPECIFIED RIGHT BUNDLE-BRANCH BLOCK	2	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	PRE-EXCITATION SYNDROME	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	SUPRAVENTRICULAR TACHYCARDIA	4	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	VENTRICULAR TACHYCARDIA	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	PAROXYSMAL ATRIAL FIBRILLATION	3	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	TYPICAL ATRIAL FLUTTER	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	UNSPECIFIED ATRIAL FIBRILLATION	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	VENTRICULAR PREMATURE DEPOLARIZATION	1	0		

Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	CARDIAC ARRHYTHMIA, UNSPECIFIED	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	HEART FAILURE, UNSPECIFIED	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	CARDIOMEGALY	3	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ATHEROSCLEROSIS OF AORTA	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT RUPTURE	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	THORACIC AORTIC ECTASIA	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	PAIN IN RIGHT KNEE	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	LOW BACK PAIN	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	PAIN IN ARM, UNSPECIFIED	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	1	0		

Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	TACHYCARDIA, UNSPECIFIED	6	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	BRADYCARDIA, UNSPECIFIED	3	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	PALPITATIONS	25	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	CARDIAC MURMUR, UNSPECIFIED	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ELEVATED BLOOD-PRESSURE READING, WITHOUT DIAGNOSIS OF HYPERTENSION	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	DYSPNEA, UNSPECIFIED	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	SHORTNESS OF BREATH	23	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	OTHER FORMS OF DYSPNEA	8	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	PRECORDIAL PAIN	36	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	OTHER CHEST PAIN	22	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	CHEST PAIN, UNSPECIFIED	50	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	DIZZINESS AND GIDDINESS	2	0		

Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	SYNCOPE AND COLLAPSE	5	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	LOCALIZED EDEMA	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF HEART AND CORONARY CIRCULATION	2	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSPECIFIED	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	31	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	2	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	FAMILY HISTORY OF ISCHEMIC HEART DISEASE AND OTHER DISEASES OF THE CIRCULATORY SYSTEM	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	PRESENCE OF AORTOCORONARY BYPASS GRAFT	1	0		
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	NONTOXIC SINGLE THYROID NODULE	0	1		Administrative
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)	0	1		Administrative
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	0	3		Administrative
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	OBESITY, UNSPECIFIED	0	1		Administrative

Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	0	1	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	MIXED HYPERLIPIDEMIA	0	7	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	OTHER HYPERLIPIDEMIA	0	1	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	HYPERLIPIDEMIA, UNSPECIFIED	0	4	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ANXIETY DISORDER, UNSPECIFIED	0	2	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	0	10	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	HYPERTENSIVE URGENCY	0	1	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ANGINA PECTORIS, UNSPECIFIED	0	2	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	0	3	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ACUTE NONSPECIFIC IDIOPATHIC PERICARDITIS	0	1	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	0	2	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) STENOSIS	0	1	Administrative	

Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	UNSPECIFIED RIGHT BUNDLE-BRANCH BLOCK	0	1	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	SUPRAVENTRICULAR TACHYCARDIA	0	1	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	PAROXYSMAL ATRIAL FIBRILLATION	0	1	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ATRIAL PREMATURE DEPOLARIZATION	0	1	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	VENTRICULAR PREMATURE DEPOLARIZATION	0	1	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	TACHYCARDIA, UNSPECIFIED	0	1	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	PALPITATIONS	0	7	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	CARDIAC MURMUR, UNSPECIFIED	0	1	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	DYSPNEA, UNSPECIFIED	0	5	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	SHORTNESS OF BREATH	0	4	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	OTHER FORMS OF DYSPNEA	0	2	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	PRECORDIAL PAIN	0	8	Administrative	

Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	OTHER CHEST PAIN	0	8	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	CHEST PAIN, UNSPECIFIED	0	15	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	DIZZINESS AND GIDDINESS	0	1	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	SYNCOPE AND COLLAPSE	0	1	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	0	3	Administrative	
Outpatient	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, DURING REST AND CARDIOVASCULAR STRESS TEST USING TREADMILL, BICYCLE EXERCISE AND/OR PHARMACOLOGICALLY INDUCED STRESS, WITH INTERPRETATION	Cardiovascular Disease	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	0	1	Administrative	
Outpatient	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	Cardiovascular Disease	PRIMARY PULMONARY HYPERTENSION	2	0		
Outpatient	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	Cardiovascular Disease	PULMONARY HYPERTENSION, UNSPECIFIED	2	0		
Outpatient	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	Cardiovascular Disease	DILATED CARDIOMYOPATHY	1	0		
Outpatient	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	Cardiovascular Disease	HEART FAILURE, UNSPECIFIED	7	0		
Outpatient	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	Cardiovascular Disease	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	1	0		
Outpatient	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	Cardiovascular Disease	HEART TRANSPLANT STATUS	3	0		
Outpatient	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	Cardiovascular Disease	PRESENCE OF PROSTHETIC HEART VALVE	1	0		
Outpatient	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED	Cardiovascular Disease	PRIMARY PULMONARY HYPERTENSION	0	1	Administrative	
Outpatient	93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	Cardiovascular Disease	SHORTNESS OF BREATH	1	0		
Outpatient	93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	Cardiovascular Disease	HEART TRANSPLANT STATUS	1	0		
Outpatient	93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	Cardiovascular Disease	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	0	1	Administrative	
Outpatient	93453	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	Cardiovascular Disease	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	0	1	Administrative	

Outpatient	93453	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED	Cardiovascular Disease	COARCTATION OF AORTA	0	1	Administrative	
Outpatient	93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION;	Free Standing Imaging Center	ANGINA PECTORIS, UNSPECIFIED	1	0		
Outpatient	93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION;	Free Standing Imaging Center	DYSPNEA, UNSPECIFIED	1	0		
Outpatient	93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION;	Free Standing Imaging Center	SHORTNESS OF BREATH	1	0		
Outpatient	93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION;	Free Standing Imaging Center	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSPECIFIED	1	0		
Outpatient	93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION;	Free Standing Imaging Center	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	1	0		
Outpatient	93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION;	Free Standing Imaging Center	OTHER FORMS OF ANGINA PECTORIS	0	1	Administrative	
Outpatient	93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION;	Free Standing Imaging Center	PULMONARY FIBROSIS, UNSPECIFIED	0	1	Administrative	
Outpatient	93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION;	Free Standing Imaging Center	COARCTATION OF AORTA	0	1	Administrative	
Outpatient	93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION;	Free Standing Imaging Center	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSPECIFIED	0	1	Administrative	
Outpatient	93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT HEART CATHETERIZATION	Free Standing Imaging Center	NONRHEUMATIC AORTIC (VALVE) STENOSIS	1	0		
Outpatient	93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT HEART CATHETERIZATION	Free Standing Imaging Center	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	SARCOIDOSIS, UNSPECIFIED	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH UNSPECIFIED COMPLICATIONS	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	2	0		

Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	9	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	2	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	OBESITY, UNSPECIFIED	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	MIXED HYPERLIPIDEMIA	3	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	HYPERLIPIDEMIA, UNSPECIFIED	6	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ESSENTIAL (PRIMARY) HYPERTENSION	6	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	UNSTABLE ANGINA	8	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	OTHER FORMS OF ANGINA PECTORIS	11	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ANGINA PECTORIS, UNSPECIFIED	13	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	43	0		

Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	3	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH ANGINA PECTORIS WITH DOCUMENTED SPASM	2	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS	13	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	6	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	OLD MYOCARDIAL INFARCTION	2	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) STENOSIS	3	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	2	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	OTHER NONRHEUMATIC AORTIC VALVE DISORDERS	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	NONRHEUMATIC AORTIC VALVE DISORDER, UNSPECIFIED	2	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	DILATED CARDIOMYOPATHY	1	0		

Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	CARDIOMYOPATHY, UNSPECIFIED	3	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	LEFT BUNDLE-BRANCH BLOCK, UNSPECIFIED	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	UNSPECIFIED RIGHT BUNDLE-BRANCH BLOCK	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	OTHER RIGHT BUNDLE-BRANCH BLOCK	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	SUPRAVENTRICULAR TACHYCARDIA	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	VENTRICULAR TACHYCARDIA	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	PAROXYSMAL ATRIAL FIBRILLATION	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	Other persistent atrial fibrillation	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	UNSPECIFIED ATRIAL FLUTTER	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	CARDIOMEGALY	1	0		

Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, BILATERAL LEGS	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	THORACIC AORTIC ANEURYSM, WITHOUT RUPTURE	2	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	AORTIC ANEURYSM OF UNSPECIFIED SITE, WITHOUT RUPTURE	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	PALPITATIONS	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ELEVATED BLOOD-PRESSURE READING, WITHOUT DIAGNOSIS OF HYPERTENSION	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	DYSPNEA, UNSPECIFIED	4	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	SHORTNESS OF BREATH	10	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	PRECORDIAL PAIN	2	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	OTHER CHEST PAIN	6	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	CHEST PAIN, UNSPECIFIED	15	0		

Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	OTHER FATIGUE	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	SYNCOPE AND COLLAPSE	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF HEART AND CORONARY CIRCULATION	4	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSPECIFIED	9	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	4	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	47	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ENCOUNTER FOR PREPROCEDURAL CARDIOVASCULAR EXAMINATION	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	1	0		
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	0	2		Administrative
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	HYPERLIPIDEMIA, UNSPECIFIED	0	1		Administrative
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	HYPERCALCEMIA	0	1		Administrative

Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	UNSTABLE ANGINA	0	1	Administrative	
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ANGINA PECTORIS, UNSPECIFIED	0	6	Administrative	
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION	0	1	Administrative	
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	0	5	Administrative	
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	0	2	Administrative	
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH OTHER FORMS OF ANGINA PECTORIS	0	2	Administrative	
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	CARDIAC ARRHYTHMIA, UNSPECIFIED	0	1	Administrative	
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	PRECORDIAL PAIN	0	2	Administrative	
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	OTHER CHEST PAIN	0	2	Administrative	
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	CHEST PAIN, UNSPECIFIED	0	2	Administrative	
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSPECIFIED	0	1	Administrative	
Outpatient	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Cardiovascular Disease	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	0	2	Administrative	

Outpatient	93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Free Standing Imaging Center	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	2	0		
Outpatient	93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
Outpatient	93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Free Standing Imaging Center	UNSTABLE ANGINA	1	0		
Outpatient	93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Free Standing Imaging Center	ANGINA PECTORIS, UNSPECIFIED	1	0		
Outpatient	93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	5	0		
Outpatient	93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSTABLE ANGINA PECTORIS	1	0		
Outpatient	93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITH UNSPECIFIED ANGINA PECTORIS	2	0		
Outpatient	93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Free Standing Imaging Center	SHORTNESS OF BREATH	1	0		
Outpatient	93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Free Standing Imaging Center	CHEST PAIN, UNSPECIFIED	1	0		
Outpatient	93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Free Standing Imaging Center	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	1	0		
Outpatient	93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT ventriculography	Free Standing Imaging Center	NONRHEUMATIC AORTIC (VALVE) STENOSIS	0	1	Administrative	
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	3	0		

Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	HYPERLIPIDEMIA, UNSPECIFIED	1	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	RHEUMATIC TRICUSPID VALVE DISEASE, UNSPECIFIED	1	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	4	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	HYPERTENSIVE URGENCY	1	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	ANGINA PECTORIS, UNSPECIFIED	1	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	ISCHEMIC CARDIOMYOPATHY	1	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	PULMONARY HYPERTENSION, UNSPECIFIED	3	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	NONRHEUMATIC AORTIC (VALVE) STENOSIS	2	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY	1	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	DILATED CARDIOMYOPATHY	2	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	OTHER CARDIOMYOPATHIES	1	0		

Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE	1	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	IDIOPATHIC PULMONARY FIBROSIS	1	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	INTERSTITIAL PULMONARY DISEASE, UNSPECIFIED	1	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	SYSTEMIC SCLEROSIS, UNSPECIFIED	1	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	CONGENITAL STENOSIS OF AORTIC VALVE	1	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	1	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	SHORTNESS OF BREATH	4	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	OTHER FORMS OF DYSPNEA	2	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	OTHER CHEST PAIN	1	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	CHEST PAIN, UNSPECIFIED	2	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	ABNORMAL RESULT OF OTHER CARDIOVASCULAR FUNCTION STUDY	2	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	1	0		

Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	HEART TRANSPLANT STATUS	3	0		
Outpatient	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	COARCTATION OF AORTA	0	1	Administrative	
Outpatient	93461	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	OTHER HYPERLIPIDEMIA	1	0		
Outpatient	93461	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	PULMONARY HYPERTENSION, UNSPECIFIED	1	0		
Outpatient	93461	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	NONRHEUMATIC MITRAL (VALVE) STENOSIS	1	0		
Outpatient	93461	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	AWAITING ORGAN TRANSPLANT STATUS	1	0		
Outpatient	93461	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)	Free Standing Imaging Center	COARCTATION OF AORTA	0	1	Administrative	
Outpatient	93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Free Standing Imaging Center	CONGENITAL PULMONARY VALVE STENOSIS	1	0		
Outpatient	93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Free Standing Imaging Center	HYPOPLASTIC LEFT HEART SYNDROME	1	0		
Outpatient	93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Free Standing Imaging Center	COARCTATION OF AORTA	0	1	Administrative	
Outpatient	93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Free Standing Imaging Center	COMMON ARTERIAL TRUNK	1	0		
Outpatient	93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Free Standing Imaging Center	CONGENITAL PULMONARY VALVE STENOSIS	1	0		
Outpatient	93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Free Standing Imaging Center	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	1	0		
Outpatient	93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Free Standing Imaging Center	HYPOPLASTIC LEFT HEART SYNDROME	4	0		
Outpatient	93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Free Standing Imaging Center	COARCTATION OF AORTA	2	0		
Outpatient	93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Free Standing Imaging Center	STENOSIS OF PULMONARY ARTERY	2	0		
Outpatient	93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Free Standing Imaging Center	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	0	1	Administrative	

Outpatient	93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Cardiovascular Disease	CONGENITAL PULMONARY VALVE STENOSIS	1	0		
Outpatient	93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Cardiovascular Disease	HYPOPLASTIC LEFT HEART SYNDROME	1	0		
Outpatient	93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Cardiovascular Disease	COARCTATION OF AORTA	0	1	Administrative	
Outpatient	93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH EXISTING SEPTAL OPENING, WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Cardiovascular Disease	PRIMARY PULMONARY HYPERTENSION	1	0		
Outpatient	93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH EXISTING SEPTAL OPENING, WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Cardiovascular Disease	CONGENITAL PULMONARY VALVE STENOSIS	1	0		
Outpatient	93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH EXISTING SEPTAL OPENING, WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Cardiovascular Disease	HYPOPLASTIC LEFT HEART SYNDROME	2	0		
Outpatient	93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH EXISTING SEPTAL OPENING, WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Cardiovascular Disease	COARCTATION OF AORTA	1	0		
Outpatient	93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH EXISTING SEPTAL OPENING, WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	Cardiovascular Disease	COARCTATION OF AORTA	0	1	Administrative	
Outpatient	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUDY	Cardiovascular Disease	VARICOSE VEINS OF BILATERAL LOWER EXTREMITIES WITH PAIN	1	0		
Outpatient	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; FOLLOW-UP OR LIMITED STUDY	Cardiovascular Disease	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1	0		
Outpatient	94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S), WITH OR WITHOUT MAXIMAL VOLUNTARY VENTILATION	Pulmonary Disease	OTHER FATIGUE	0	1	Medical Necessity	
Outpatient	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, INCLUDING TEST INTERPRETATION AND REPORT, SPECIFY NUMBER OF TESTS	Allergy & Immunology	OTHER FATIGUE	0	1	Medical Necessity	
Outpatient	95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; SINGLE INJECTION	Allergy & Immunology	OTHER FATIGUE	0	1	Medical Necessity	
Outpatient	95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; 2 OR MORE INJECTIONS	Allergy & Immunology	OTHER FATIGUE	0	1	Medical Necessity	
Outpatient	95165	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY; SINGLE OR MULTIPLE ANTIGENS (SPECIFY NUMBER OF DOSES)	Allergy & Immunology	OTHER FATIGUE	0	1	Medical Necessity	
Outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	AUTISTIC DISORDER	1	0		
Outpatient	95700	ELECTROENCEPHALOGRAPH (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		

Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	4	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	2	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITH STATUS EPILEPTICUS	1	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	OTHER SEIZURES	3	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	1	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	2	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	2	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	ENCEPHALOPATHY, UNSPECIFIED	1	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	CHROMOSOMAL ABNORMALITY, UNSPECIFIED	1	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	1	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	OTHER ABNORMALITIES OF GAIT AND MOBILITY	1	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	1	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	TRANSIENT ALTERATION OF AWARENESS	1	0		

Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	ALTERED MENTAL STATUS, UNSPECIFIED	2	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	FLUENCY DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE	1	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	UNSPECIFIED CONVULSIONS	17	0		
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	MILD COGNITIVE IMPAIRMENT, SO STATED	0	1	Medical Necessity	
Outpatient	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	neurology	UNSPECIFIED CONVULSIONS	0	2	Medical Necessity	
Outpatient	95708	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	1	0		
Outpatient	95711	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS UNMONITORED	neurology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	2	0		
Outpatient	95711	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS UNMONITORED	neurology	UNSPECIFIED CONVULSIONS	1	0		
Outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	neurology	OTHER INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION	1	0		
Outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	2	0		
Outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	neurology	UNSPECIFIED CONVULSIONS	1	0		
Outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	0	1	Medical Necessity	
Outpatient	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	neurology	UNSPECIFIED CONVULSIONS	0	1	Medical Necessity	
Outpatient	95713	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	neurology	OTHER INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION	1	0		
Outpatient	95713	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	neurology	UNSPECIFIED CONVULSIONS	1	0		

Outpatient	95713	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	neurology	OTHER FATIGUE	0	1	Medical Necessity	
Outpatient	95713	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	neurology	UNSPECIFIED CONVULSIONS	0	1	Medical Necessity	
Outpatient	95714	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95714	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95714	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	neurology	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95714	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	neurology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		
Outpatient	95714	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	neurology	ENCEPHALOPATHY, UNSPECIFIED	1	0		
Outpatient	95714	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	neurology	ALTERED MENTAL STATUS, UNSPECIFIED	1	0		
Outpatient	95714	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	neurology	UNSPECIFIED CONVULSIONS	1	0		
Outpatient	95714	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS UNMONITORED	neurology	OTHER SEIZURES	0	1	Medical Necessity	
Outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	3	0		
Outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	4	0		
Outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	neurology	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITH STATUS EPILEPTICUS	1	0		
Outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	neurology	OTHER SEIZURES	3	0		
Outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORINGAND MAINTENANCE	neurology	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		

Outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	neurology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		
Outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	neurology	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	1	0		
Outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	neurology	FLUENCY DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE	1	0		
Outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	neurology	UNSPECIFIED CONVULSIONS	10	0		
Outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	0	1	Medical Necessity	
Outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	neurology	UNSPECIFIED CONVULSIONS	0	3	Medical Necessity	
Outpatient	95715	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	neurology	PERSONAL HISTORY OF OTHER MENTAL AND BEHAVIORAL DISORDERS	0	1	Medical Necessity	
Outpatient	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	neurology	CHROMOSOMAL ABNORMALITY, UNSPECIFIED	1	0		
Outpatient	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	neurology	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	1	0		
Outpatient	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	neurology	ALTERED MENTAL STATUS, UNSPECIFIED	1	0		
Outpatient	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	neurology	UNSPECIFIED CONVULSIONS	3	0		
Outpatient	95716	ELECTROENCEPHALOGRAPH WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	neurology	UNSPECIFIED CONVULSIONS	0	1	Medical Necessity	
Outpatient	95718	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OF EEG RECORDING WITH VIDEO	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		

Outpatient	95718	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OF EEG RECORDING WITH VIDEO	neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95718	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OF EEG RECORDING WITH VIDEO	neurology	TRANSIENT ALTERATION OF AWARENESS	1	0		
Outpatient	95718	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OF EEG RECORDING WITH VIDEO	neurology	UNSPECIFIED CONVULSIONS	1	0		
Outpatient	95718	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OF EEG RECORDING WITH VIDEO	neurology	DYSARTHRIA AND ANARTHRIA	0	1	Medical Necessity	
Outpatient	95719	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	1	0		
Outpatient	95720	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	AUTISTIC DISORDER	1	0		
Outpatient	95720	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	2	0		
Outpatient	95720	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95720	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	3	0		
Outpatient	95720	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	OTHER SEIZURES	3	0		
Outpatient	95720	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	2	0		
Outpatient	95720	ELECTROENCEPHALOGRAPH (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		

Outpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	2	0		
Outpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	ENCEPHALOPATHY, UNSPECIFIED	1	0		
Outpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	UNSPECIFIED ABNORMAL INVOLUNTARY MOVEMENTS	1	0		
Outpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	TRANSIENT ALTERATION OF AWARENESS	1	0		
Outpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	FLUENCY DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE	1	0		
Outpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	UNSPECIFIED CONVULSIONS	4	0		
Outpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	ABNORMAL ELECTROENCEPHALOGRAM (EEG)	1	0		
Outpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	MILD COGNITIVE IMPAIRMENT, SO STATED	0	1		Medical Necessity
Outpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	0	1		Medical Necessity
Outpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	OTHER FATIGUE	0	1		Medical Necessity
Outpatient	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRETATION	neurology	UNSPECIFIED CONVULSIONS	0	1		Medical Necessity

Outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	neurology	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	neurology	ABNORMAL ELECTROENCEPHALOGRAM (EEG)	1	0		
Outpatient	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 36 HOURS, UP TO 60	neurology	UNSPECIFIED CONVULSIONS	0	1	Medical Necessity	
Outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	neurology	AUTISTIC DISORDER	1	0		
Outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	2	0		
Outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	neurology	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	neurology	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE, WITH STATUS EPILEPTICUS	1	0		
Outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	neurology	OTHER SEIZURES	1	0		
Outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	neurology	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	neurology	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	1	0		
Outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	neurology	FLUENCY DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE	1	0		

Outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	neurology	UNSPECIFIED CONVULSIONS	8	0		
Outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	neurology	OTHER SEIZURES	0	1	Medical Necessity	
Outpatient	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT, COMPLETE STUDY GREATER THAN 60 HOURS, UP TO 84	neurology	UNSPECIFIED CONVULSIONS	0	1	Medical Necessity	
Outpatient	95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OBESITY, UNSPECIFIED	1	0		
Outpatient	95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SLEEPWALKING (SOMNAMBULISM)	1	0		
Outpatient	95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	AUTISTIC DISORDER	1	0		
Outpatient	95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	INSOMNIA, UNSPECIFIED	2	0		
Outpatient	95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SLEEP APNEA, UNSPECIFIED	9	0		
Outpatient	95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	7	0		
Outpatient	95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	PARASOMNIA, UNSPECIFIED	1	0		
Outpatient	95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SLEEP DISORDER, UNSPECIFIED	2	0		
Outpatient	95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL	1	0		
Outpatient	95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	HYPERTROPHY OF TONSILS	3	0		
Outpatient	95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	3	0		
Outpatient	95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	DOWN SYNDROME, UNSPECIFIED	1	0		
Outpatient	95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SNORING	8	0		
Outpatient	95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OTHER ABNORMALITIES OF BREATHING	1	0		
Outpatient	95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BI-LEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SLEEP APNEA, UNSPECIFIED	2	0		
Outpatient	95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BI-LEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	4	0		
Outpatient	95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BI-LEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SLEEP DISORDER, UNSPECIFIED	1	0		

Outpatient	95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BI-LEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	HYPERTROPHY OF TONSILS	1	0		
Outpatient	95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BI-LEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	1	0		
Outpatient	95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BI-LEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SNORING	3	0		
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	HYPOTHYROIDISM, UNSPECIFIED	1	0		
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	OBESITY, UNSPECIFIED	2	0		
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	OTHER INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION	2	0		
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	RESTLESS LEGS SYNDROME	1	0		
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	HYPERSOMNIA, UNSPECIFIED	16	0		
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	OTHER HYPERSOMNIA	5	0		
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	SLEEP APNEA, UNSPECIFIED	2	0		
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	8	0		
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	NARCOLEPSY WITH CATAPLEXY	2	0		
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	NARCOLEPSY WITHOUT CATAPLEXY	4	0		
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	SLEEP DISORDER, UNSPECIFIED	1	0		
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	CHRONIC FATIGUE, UNSPECIFIED	1	0		
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	

Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	HYPERSOMNIA, UNSPECIFIED	0	2	Administrative	
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	IDIOPATHIC HYPERSOMNIA WITHOUT LONG SLEEP TIME	0	2	Administrative	
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	0	3	Administrative	
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	NARCOLEPSY WITH CATAPLEXY	0	1	Administrative	
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	NARCOLEPSY WITHOUT CATAPLEXY	0	2	Administrative	
Outpatient	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	Pulmonary Disease	CHRONIC FATIGUE, UNSPECIFIED	0	1	Administrative	
Outpatient	95806	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEART RATE, OXYGEN SATURATION, RESPIRATORY AIRFLOW, AND RESPIRATORY EFFORT (EG , THORACOABDOMINAL MOVEMENT)	Free Standing Imaging Center	DISORIENTATION, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND OXYGEN SATURATION, ATTENDED BY A TECHNOLOGIST.	Free Standing Imaging Center	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	0	1	Administrative	
Outpatient	95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Family Practice	SLEEP APNEA, UNSPECIFIED	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	VISCERAL LARVA MIGRANS	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SICKLE-CELL DISEASE WITHOUT CRISIS	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	HEREDITARY DEFICIENCY OF OTHER CLOTTING FACTORS	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SECONDARY POLYCYTHEMIA	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	HYPOTHYROIDISM, UNSPECIFIED	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	2	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	TESTICULAR HYPOFUNCTION	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	10	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OBESITY, UNSPECIFIED	8	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	MIXED HYPERLIPIDEMIA	2	0		

Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	GENERALIZED ANXIETY DISORDER	2	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	ANXIETY DISORDER, UNSPECIFIED	2	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	PRIMARY INSOMNIA	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	PSYCHOPHYSIOLOGIC INSOMNIA	2	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OTHER INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION	6	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OTHER SLEEP DISORDERS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	2	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	TRANSIENT TIC DISORDER	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	RESTLESS LEGS SYNDROME	7	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OTHER EPILEPSY, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	INSOMNIA, UNSPECIFIED	3	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OTHER INSOMNIA	2	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	HYPERSOMNIA, UNSPECIFIED	26	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OTHER HYPERSOMNIA	6	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SLEEP APNEA, UNSPECIFIED	53	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	129	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	CENTRAL SLEEP APNEA IN CONDITIONS CLASSIFIED ELSEWHERE	1	0		

Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	NARCOLEPSY WITH CATAPLEXY	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	NARCOLEPSY WITHOUT CATAPLEXY	4	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	PARASOMNIA, UNSPECIFIED	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	REM SLEEP BEHAVIOR DISORDER	3	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	PERIODIC LIMB MOVEMENT DISORDER	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SLEEP RELATED BRUXISM	2	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SLEEP DISORDER, UNSPECIFIED	7	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	CHRONIC RHINITIS	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	HYPERTROPHY OF TONSILS WITH HYPERTROPHY OF ADENOIDS	2	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OTHER SPECIFIED RESPIRATORY DISORDERS	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OTHER SPECIFIED ANOMALIES OF JAW SIZE	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	Other congenital malformation syndromes predominantly associated with short stature	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	PALPITATIONS	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	MOUTH BREATHING	2	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	APNEA, NOT ELSEWHERE CLASSIFIED	3	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SNORING	10	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OTHER AMNESIA	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	CHRONIC FATIGUE, UNSPECIFIED	2	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	ENCOUNTER FOR OTHER SPECIFIED SPECIAL EXAMINATIONS	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Neurology	RESTLESS LEGS SYNDROME	1	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Otolaryngology	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		

Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Pulmonary Disease	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	2	0		
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Family Practice	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SECONDARY POLYCYTHEMIA	0	2	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	0	5	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OTHER OBESITY DUE TO EXCESS CALORIES	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OVERWEIGHT	0	2	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OBESITY, UNSPECIFIED	0	11	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	MIXED HYPERLIPIDEMIA	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	HYPERLIPIDEMIA, UNSPECIFIED	0	2	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	PRIMARY INSOMNIA	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	UNSPECIFIED BEHAVIORAL SYNDROMES ASSOCIATED WITH PHYSIOLOGICAL DISTURBANCES AND PHYSICAL FACTORS	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	RESTLESS LEGS SYNDROME	0	6	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	INSOMNIA, UNSPECIFIED	0	9	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OTHER INSOMNIA	0	2	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	HYPERSOMNIA, UNSPECIFIED	0	16	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	IDIOPATHIC HYPERSOMNIA WITHOUT LONG SLEEP TIME	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OTHER HYPERSOMNIA	0	2	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	CIRCADIAN RHYTHM SLEEP DISORDER, UNSPECIFIED TYPE	0	3	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SLEEP APNEA, UNSPECIFIED	0	93	Administrative	

Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	0	2	Administrative	OVERTURNED
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	0	235	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SLEEP RELATED HYPOVENTILATION IN CONDITIONS CLASSIFIED ELSEWHERE	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OTHER SLEEP APNEA	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	NARCOLEPSY WITH CATAPLEXY	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	NARCOLEPSY WITHOUT CATAPLEXY	0	3	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	REM SLEEP BEHAVIOR DISORDER	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OTHER SLEEP DISORDERS	0	2	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SLEEP DISORDER, UNSPECIFIED	0	3	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	ESSENTIAL (PRIMARY) HYPERTENSION	0	2	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	CONDUCTION DISORDER, UNSPECIFIED	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SYSTEMIC SCLEROSIS WITH LUNG INVOLVEMENT	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	ACUTE CYSTITIS WITH HEMATURIA	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	APNEA, NOT ELSEWHERE CLASSIFIED	0	6	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SNORING	0	15	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	0	2	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	SOMNOLENCE	0	6	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	CHRONIC FATIGUE, UNSPECIFIED	0	1	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Free Standing Imaging Center	OTHER FATIGUE	0	2	Administrative	
Outpatient	95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	Internal Medicine	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	SICKLE-CELL DISEASE WITHOUT CRISIS	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	HEREDITARY DEFICIENCY OF OTHER CLOTTING FACTORS	1	0		

Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	SECONDARY POLYCYTHEMIA	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	HYPOTHYROIDISM, UNSPECIFIED	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	4	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	TESTICULAR HYPOFUNCTION	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES	15	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OTHER OBESITY DUE TO EXCESS CALORIES	2	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OVERWEIGHT	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OBESITY, UNSPECIFIED	7	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	PURE HYPERGLYCEMIA	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	BIPOLAR DISORDER, UNSPECIFIED	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OTHER SOMATOFORM DISORDERS	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	PRIMARY INSOMNIA	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	INSOMNIA DUE TO OTHER MENTAL DISORDER	1	0		

Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	INSUFFICIENT SLEEP SYNDROME	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	RESTLESS LEGS SYNDROME	2	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OTHER EPILEPSY, NOT INTRACTABLE, WITH STATUS EPILEPTICUS	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	INSOMNIA, UNSPECIFIED	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OTHER INSOMNIA	2	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	HYPERSOMNIA, UNSPECIFIED	15	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OTHER HYPERSOMNIA	5	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	SLEEP APNEA, UNSPECIFIED	26	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	PRIMARY CENTRAL SLEEP APNEA	9	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	309	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	IDIOPATHIC SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	SLEEP RELATED HYPOVENTILATION IN CONDITIONS CLASSIFIED ELSEWHERE	2	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	CENTRAL SLEEP APNEA IN CONDITIONS CLASSIFIED ELSEWHERE	2	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OTHER SLEEP APNEA	1	0		

Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	NARCOLEPSY WITHOUT CATAPLEXY	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	PARASOMNIA, UNSPECIFIED	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	SLEEP DISORDER, UNSPECIFIED	4	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	ISCHEMIC CARDIOMYOPATHY	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OTHER CARDIOMYOPATHIES	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	CHRONIC RHINITIS	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	CENTRILOBULAR EMPHYSEMA	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OTHER SPECIFIED ANOMALIES OF JAW SIZE	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	APNEA, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	SNORING	3	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	SOMNOLENCE	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	PERSONAL HISTORY OF OTHER DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Internal Medicine	SLEEP APNEA, UNSPECIFIED	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Pulmonary Disease	OTHER HYPERSOMNIA	1	0		
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Pulmonary Disease	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	1	0		

Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	LEIOMYOMA OF UTERUS, UNSPECIFIED	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	SECONDARY POLYCYTHEMIA	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	VITAMIN D DEFICIENCY, UNSPECIFIED	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OTHER OBESITY DUE TO EXCESS CALORIES	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OBESITY, UNSPECIFIED	0	1	Administrative	OVERTURNED
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OBESITY, UNSPECIFIED	0	2	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	HYPERLIPIDEMIA, UNSPECIFIED	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE MANIC	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	GENERALIZED ANXIETY DISORDER	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OTHER SOMATOFORM DISORDERS	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	PSYCHOPHYSIOLOGIC INSOMNIA	0	2	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OTHER INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION	0	9	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	RESTLESS LEGS SYNDROME	0	2	Administrative	

Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	INSOMNIA, UNSPECIFIED	0	2	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	INSOMNIA DUE TO MEDICAL CONDITION	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OTHER INSOMNIA	0	2	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	HYPERSOMNIA, UNSPECIFIED	0	7	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OTHER HYPERSOMNIA	0	2	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	CIRCADIAN RHYTHM SLEEP DISORDER, UNSPECIFIED TYPE	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	SLEEP APNEA, UNSPECIFIED	0	30	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	PRIMARY CENTRAL SLEEP APNEA	0	2	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	0	214	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	CENTRAL SLEEP APNEA IN CONDITIONS CLASSIFIED ELSEWHERE	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	REM SLEEP BEHAVIOR DISORDER	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	OTHER SLEEP DISORDERS	0	2	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	SLEEP DISORDER, UNSPECIFIED	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	0	1	Administrative	

Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	APNEA, NOT ELSEWHERE CLASSIFIED	0	2	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	SNORING	0	5	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Family Practice	SOMNOLENCE	0	1	Administrative	
Outpatient	95811	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 VENTILATION, ATTENDED BY A TECHNOLOGIST	Internal Medicine	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	0	1	Administrative	
Outpatient	95816	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND DROWSY	Neurology	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	0	1	Medical Necessity	
Outpatient	95819	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND ASLEEP	Neurology	UNSPECIFIED CONVULSIONS	1	0		
Outpatient	95819	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND ASLEEP	Neurology	DYSARTHRIA AND ANARTHRIA	0	1	Medical Necessity	
Outpatient	95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS.	Pediatric Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS.	Pediatric Orthopedic	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	2	0		
Outpatient	95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS.	Pediatric Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	95938	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	Pediatric Orthopedic	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	0	1	Medical Necessity	
Outpatient	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	UNSPECIFIED CORD COMPRESSION	1	0		
Outpatient	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	MUSCLE WEAKNESS (GENERALIZED)	1	0		
Outpatient	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILEIN THE OPERATING ROOM, PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPTIC SPIKE ANALYSIS)	Neurology	OTHER SEIZURES	1	0		
Outpatient	95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPTIC SPIKE ANALYSIS)	Neurology	UNSPECIFIED CONVULSIONS	1	0		
Outpatient	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTI	Neurology	CHRONIC PAIN SYNDROME	1	0		
Outpatient	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTI	Neurology	CHRONIC PAIN SYNDROME	5	0		
Outpatient	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTI	Neurology	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB	1	0		

Outpatient	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTI	Neurology	COMPLEX REGIONAL PAIN SYNDROME I OF LEFT LOWER LIMB	2	0		
Outpatient	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTI	Neurology	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTI	Neurology	LOW BACK PAIN	1	0		
Outpatient	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT GROUP[S], INTERLEAVING, AMPLITUDE, PULSE WIDTH, FREQUENCY [HZ], ON/OFF CYCLING, BURST, MAGNET MODE, DOSE LOCKOUT, PATIENT SELECTABLE PARAMETERS, RESPONSIVE NEUROSTI	Neurology	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	Allergy & Immunology	ARTICULAR DISC DISORDER OF BILATERAL TEMPOROMANDIBULAR JOINT	1	0		
Outpatient	97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	Physical Medicine	AUTISTIC DISORDER	0	1	Administrative	
Outpatient	97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	Physical Medicine	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	0	1	Administrative	
Outpatient	97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	Physical Medicine	BOUTONNIERE DEFORMITY OF RIGHT FINGER(S)	0	1	Administrative	
Outpatient	97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	Physical Medicine	RADICULOPATHY, CERVICOTHORACIC REGION	0	1	Administrative	
Outpatient	97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	Physical Medicine	RADICULOPATHY, LUMBAR REGION	0	1	Administrative	
Outpatient	97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	Physical Medicine	CERVICALGIA	0	3	Administrative	
Outpatient	97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	Physical Medicine	LOW BACK PAIN	0	2	Administrative	
Outpatient	97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	Physical Medicine	PAIN IN THORACIC SPINE	0	1	Administrative	
Outpatient	97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	Physical Medicine	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	0	1	Administrative	
Outpatient	97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	Physical Medicine	PATELLAR TENDINITIS, LEFT KNEE	0	1	Administrative	
Outpatient	97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	Physical Medicine	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION	0	1	Administrative	
Outpatient	97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	Physical Medicine	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	0	4	Administrative	
Outpatient	97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	Physical Medicine	SEGMENTAL AND SOMATIC DYSFUNCTION OF PELVIC REGION	0	2	Administrative	
Outpatient	97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	Physical Medicine	SEGMENTAL AND SOMATIC DYSFUNCTION OF UPPER EXTREMITY	0	1	Administrative	
Outpatient	97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	Physical Medicine	HEADACHE	0	1	Administrative	
Outpatient	97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	Physical Medicine	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	OTHER DYSTONIA	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	LESION OF LATERAL POPLITEAL NERVE, RIGHT LOWER LIMB	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	CELLULITIS OF UNSPECIFIED PART OF LIMB	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	BOUTONNIERE DEFORMITY OF RIGHT FINGER(S)	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PATELLOFEMORAL DISORDERS, RIGHT KNEE	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PATELLOFEMORAL DISORDERS, LEFT KNEE	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	CHONDROMALACIA PATELLAE, LEFT KNEE	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PAIN IN RIGHT SHOULDER	3	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PAIN IN LEFT SHOULDER	3	0		

Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PAIN IN RIGHT ELBOW	2	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PAIN IN LEFT HIP	2	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PAIN IN RIGHT KNEE	4	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PAIN IN LEFT KNEE	2	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	2	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	ARTICULAR DISC DISORDER OF LEFT TEMPOROMANDIBULAR JOINT	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	CERVICOCRANIAL SYNDROME	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	OTHER SPECIFIED DORSOPATHIES, LUMBAR REGION	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	RADICULOPATHY, LUMBAR REGION	6	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	CERVICALGIA	6	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	LUMBAGO WITH SCIATICA, LEFT SIDE	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	LOW BACK PAIN	11	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PAIN IN THORACIC SPINE	2	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	DORSALGIA, UNSPECIFIED	2	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	MUSCLE WEAKNESS (GENERALIZED)	3	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	MUSCLE SPASM OF BACK	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	OTHER MUSCLE SPASM	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	TROCHANTERIC BURSITIS, RIGHT HIP	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PLANTAR FASCIAL FIBROMATOSIS	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	BICIPITAL TENDINITIS, RIGHT SHOULDER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	2	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	IMPINGEMENT SYNDROME OF LEFT SHOULDER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	OTHER SPECIFIED ENTHESOPATHIES OF LEFT LOWER LIMB, EXCLUDING FOOT	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	ENTHESOPATHY, UNSPECIFIED	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	MYALGIA, UNSPECIFIED SITE	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PAIN IN LEFT LEG	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PAIN IN RIGHT FOREARM	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PAIN IN LEFT FINGER(S)	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PAIN IN RIGHT FOOT	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION	4	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	2	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF SACRAL REGION	2	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF PELVIC REGION	4	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF LOWER EXTREMITY	2	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	CONGENITAL DEFORMITY OF SPINE	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PELVIC AND PERINEAL PAIN	2	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	UNSTEADINESS ON FEET	1	0		

Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	DIZZINESS AND GIDDINESS	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	DISLOCATION OF UNSPECIFIED CERVICAL VERTEBRAE, INITIAL ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, INITIAL ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER	3	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SPRAIN OF SACROILIAC JOINT, INITIAL ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	UNSPECIFIED SUBLUXATION OF LEFT SHOULDER JOINT, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	ANTERIOR DISLOCATION OF LEFT HUMERUS, INITIAL ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SPRAIN OF RIGHT ROTATOR CUFF CAPSULE, SEQUELA	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	UNSPECIFIED INJURY OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF LEFT SHOULDER, SUBSEQUENT ENCOUNTER	2	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	OTHER INJURY OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, SEQUELA	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	DISPLACED FRACTURE OF HEAD OF UNSPECIFIED RADIUS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	UNSPECIFIED FRACTURE OF SHAFT OF RIGHT RADIUS, INITIAL ENCOUNTER FOR OPEN FRACTURE TYPE I OR II	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	UNSPECIFIED FRACTURE OF THE LOWER END OF RIGHT RADIUS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	UNSPECIFIED FRACTURE OF LOWER END OF RIGHT ULNA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	NONDISPLACED FRACTURE OF LEFT ULNA STYLOID PROCESS, SEQUELA	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	STRAIN OF EXTENSOR MUSCLE, FASCIA AND TENDON OF FINGER, UNSPECIFIED FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	DISLOCATION OF PROXIMAL INTERPHALANGEAL JOINT OF RIGHT LITTLE FINGER, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	STRAIN OF RIGHT QUADRICEPS MUSCLE, FASCIA AND TENDON, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	STRAIN OF OTHER SPECIFIED MUSCLES, FASCIA AND TENDONS AT THIGH LEVEL, LEFT THIGH, INITIAL ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	STRAIN OF UNSPECIFIED MUSCLES, FASCIA AND TENDONS AT THIGH LEVEL, RIGHT THIGH, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	DISPLACED TRANSVERSE FRACTURE OF LEFT PATELLA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	NONDISPLACED FRACTURE OF LATERAL MALLEOLUS OF RIGHT FIBULA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	STRAIN OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	OTHER SPECIFIED INJURY OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	STRAIN OF OTHER MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, LEFT LEG, SUBSEQUENT ENCOUNTER	1	0		

Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	OTHER INJURY OF UNSPECIFIED BODY REGION, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	3	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	2	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	HISTORY OF FALLING	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PRESENCE OF ARTIFICIAL KNEE JOINT, BILATERAL	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	OTHER SPECIFIED POSTPROCEDURAL STATES	1	0		
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	0	1	Administrative	
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PAIN IN LEFT HIP	0	1	Administrative	
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PAIN IN RIGHT KNEE	0	1	Administrative	
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	CERVICALGIA	0	2	Administrative	
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	LOW BACK PAIN	0	3	Administrative	
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	PAIN IN THORACIC SPINE	0	2	Administrative	
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	MEDIAL EPICONDYLITIS, RIGHT ELBOW	0	1	Administrative	
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION	0	1	Administrative	
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	0	3	Administrative	
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF SACRAL REGION	0	1	Administrative	
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF LEFT SHOULDER, SUBSEQUENT ENCOUNTER	0	2	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	AUTISTIC DISORDER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	OTHER DYSTONIA	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	LESION OF LATERAL POPLITEAL NERVE, RIGHT LOWER LIMB	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	OTHER CHRONIC PAIN	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	BENIGN PAROXYSMAL VERTIGO, BILATERAL	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	POSTMASTECTOMY LYMPHEDEMA SYNDROME	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	ACUTE RESPIRATORY DISTRESS SYNDROME	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	CELLULITIS OF UNSPECIFIED PART OF LIMB	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	1	0		

Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	BOUTONNIERE DEFORMITY OF RIGHT FINGER(S)	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PATELLOFEMORAL DISORDERS, RIGHT KNEE	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PATELLOFEMORAL DISORDERS, LEFT KNEE	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	CHONDROMALACIA PATELLAE, LEFT KNEE	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PAIN IN RIGHT SHOULDER	6	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PAIN IN LEFT SHOULDER	6	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PAIN IN RIGHT ELBOW	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PAIN IN LEFT HIP	4	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PAIN IN RIGHT KNEE	7	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PAIN IN LEFT KNEE	5	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	4	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STIFFNESS OF RIGHT FOOT, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	ARTICULAR DISC DISORDER OF LEFT TEMPOROMANDIBULAR JOINT	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	POSTURAL KYPHOSIS, CERVICOTHORACIC REGION	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACOLUMBAR REGION	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		

Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	OTHER SPECIFIED DORSOPATHIES, LUMBAR REGION	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	RADICULOPATHY, CERVICAL REGION	3	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	RADICULOPATHY, LUMBAR REGION	8	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	CERVICALGIA	8	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	LUMBAGO WITH SCIATICA, LEFT SIDE	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	LOW BACK PAIN	16	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PAIN IN THORACIC SPINE	4	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	DORSALGIA, UNSPECIFIED	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	MUSCLE WEAKNESS (GENERALIZED)	3	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	OTHER MUSCLE SPASM	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT SHOULDER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	TROCHANTERIC BURSITIS, RIGHT HIP	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PLANTAR FASCIAL FIBROMATOSIS	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	BICIPITAL TENDINITIS, RIGHT SHOULDER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	IMPINGEMENT SYNDROME OF LEFT SHOULDER	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	ACHILLES TENDINITIS, UNSPECIFIED LEG	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	ACHILLES TENDINITIS, LEFT LEG	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	OTHER SPECIFIED ENTHESOPATHIES OF LEFT LOWER LIMB, EXCLUDING FOOT	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	MEDIAL EPICONDYLITIS, RIGHT ELBOW	1	0		

Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	LATERAL EPICONDYLITIS, RIGHT ELBOW	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	LATERAL EPICONDYLITIS, LEFT ELBOW	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	ENTHESOPATHY, UNSPECIFIED	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	MYALGIA, UNSPECIFIED SITE	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PAIN IN LEFT LEG	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PAIN IN RIGHT FOREARM	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PAIN IN RIGHT FINGER(S)	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PAIN IN LEFT FINGER(S)	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PAIN IN RIGHT FOOT	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF SACRAL REGION	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF PELVIC REGION	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF LOWER EXTREMITY	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	VULVODYNIA, UNSPECIFIED	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	CONGENITAL DEFORMITY OF SPINE	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	OTHER SPECIFIED CONGENITAL MALFORMATION SYNDROMES, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PELVIC AND PERINEAL PAIN	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	UNSTEADINESS ON FEET	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	OTHER ABNORMALITIES OF GAIT AND MOBILITY	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	OTHER LACK OF COORDINATION	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	DIZZINESS AND GIDDINESS	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	CHRONIC FATIGUE, UNSPECIFIED	1	0		

Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	UNSPECIFIED LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	FEEDING DIFFICULTIES	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	UNDERWEIGHT	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, INITIAL ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STRAIN OF MUSCLE AND TENDON OF FRONT WALL OF THORAX, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	UNSPECIFIED FRACTURE OF RIGHT ACETABULUM, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SPRAIN OF SACROILIAC JOINT, INITIAL ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STRAIN OF MUSCLE, FASCIA AND TENDON OF ABDOMEN, INITIAL ENCOUNTER	3	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STRAIN OF MUSCLE, FASCIA AND TENDON OF ABDOMEN, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INITIAL ENCOUNTER	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	DISPLACED OBLIQUE FRACTURE OF SHAFT OF HUMERUS, RIGHT ARM, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	UNSPECIFIED SUBLUXATION OF LEFT SHOULDER JOINT, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	ANTERIOR DISLOCATION OF LEFT HUMERUS, INITIAL ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SPRAIN OF RIGHT ROTATOR CUFF CAPSULE, SEQUELA	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	UNSPECIFIED INJURY OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF LEFT SHOULDER, SUBSEQUENT ENCOUNTER	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	OTHER INJURY OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, SEQUELA	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STRAIN OF OTHER MUSCLES, FASCIA AND TENDONS AT SHOULDER AND UPPER ARM LEVEL, LEFT ARM, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	DISPLACED FRACTURE OF HEAD OF UNSPECIFIED RADIUS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	UNSPECIFIED FRACTURE OF SHAFT OF RIGHT RADIUS, INITIAL ENCOUNTER FOR OPEN FRACTURE TYPE I OR II	1	0		

Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	UNSPECIFIED FRACTURE OF THE LOWER END OF RIGHT RADIUS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	UNSPECIFIED FRACTURE OF LOWER END OF RIGHT ULNA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	NONDISPLACED FRACTURE OF LEFT ULNA STYLOID PROCESS, SEQUELA	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STRAIN OF EXTENSOR MUSCLE, FASCIA AND TENDON OF FINGER, UNSPECIFIED FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SPRAIN OF CARPAL JOINT OF RIGHT WRIST, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	OTHER SPRAIN OF RIGHT HIP, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STRAIN OF RIGHT QUADRICEPS MUSCLE, FASCIA AND TENDON, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STRAIN OF OTHER SPECIFIED MUSCLES, FASCIA AND TENDONS AT THIGH LEVEL, LEFT THIGH, INITIAL ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STRAIN OF UNSPECIFIED MUSCLES, FASCIA AND TENDONS AT THIGH LEVEL, RIGHT THIGH, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	DISPLACED TRANSVERSE FRACTURE OF LEFT PATELLA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	NONDISPLACED FRACTURE OF LATERAL MALLEOLUS OF RIGHT FIBULA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INITIAL ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STRAIN OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STRAIN OF UNSPECIFIED ACHILLES TENDON, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	OTHER SPECIFIED INJURY OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STRAIN OF OTHER MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, LEFT LEG, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	OTHER INJURY OF UNSPECIFIED BODY REGION, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	ENCOUNTER FOR ROUTINE POSTPARTUM FOLLOW-UP	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	3	0		

Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	2	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	HISTORY OF FALLING	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PRESENCE OF ARTIFICIAL KNEE JOINT, BILATERAL	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	OTHER SPECIFIED POSTPROCEDURAL STATES	1	0		
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PAIN IN RIGHT SHOULDER	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PAIN IN RIGHT KNEE	0	3	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PAIN IN LEFT KNEE	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	CERVICALGIA	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	LOW BACK PAIN	0	2	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	PAIN IN THORACIC SPINE	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	OTHER BURSAL CYST, OTHER SITE	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	MEDIAL EPICONDYLITIS, RIGHT ELBOW	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	LATERAL EPICONDYLITIS, RIGHT ELBOW	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF SACRAL REGION	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF UPPER EXTREMITY	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	VULVODYNIA, UNSPECIFIED	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	OTHER SPECIFIED CONGENITAL MALFORMATION SYNDROMES, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	

Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	OTHER ABNORMALITIES OF GAIT AND MOBILITY	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	CHRONIC FATIGUE, UNSPECIFIED	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	UNSPECIFIED LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STRAIN OF MUSCLE AND TENDON OF FRONT WALL OF THORAX, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF LEFT SHOULDER, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF LEFT SHOULDER, SUBSEQUENT ENCOUNTER	0	3	Administrative	
Outpatient	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Chiropractor	DISPLACED TRANSVERSE FRACTURE OF LEFT PATELLA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	0	1	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	OTHER DYSTONIA	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	LESION OF LATERAL POPLITEAL NERVE, RIGHT LOWER LIMB	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	OTHER CHRONIC PAIN	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	POSTMASTECTOMY LYMPHEDEMA SYNDROME	2	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	ACUTE RESPIRATORY DISTRESS SYNDROME	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	CELLULITIS OF UNSPECIFIED PART OF LIMB	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PRIMARY OSTEOARTHRITIS, UNSPECIFIED SITE	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	BOUTONNIERE DEFORMITY OF RIGHT FINGER(S)	1	0		

Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PATELLOFEMORAL DISORDERS, RIGHT KNEE	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PATELLOFEMORAL DISORDERS, LEFT KNEE	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	CHONDROMALACIA PATELLAE, LEFT KNEE	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN RIGHT SHOULDER	6	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN LEFT SHOULDER	4	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN RIGHT ELBOW	2	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN LEFT HIP	3	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN RIGHT KNEE	8	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN LEFT KNEE	3	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	2	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT	4	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	STIFFNESS OF RIGHT FOOT, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	ARTICULAR DISC DISORDER OF LEFT TEMPOROMANDIBULAR JOINT	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	POSTURAL KYPHOSIS, CERVICOTHORACIC REGION	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	2	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	OTHER SPECIFIED DORSOPATHIES, LUMBAR REGION	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	RADICULOPATHY, CERVICAL REGION	3	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	RADICULOPATHY, LUMBAR REGION	7	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	CERVICALGIA	6	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	LUMBAGO WITH SCIATICA, LEFT SIDE	1	0		

Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	LOW BACK PAIN	10	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN THORACIC SPINE	4	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	DORSALGIA, UNSPECIFIED	2	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	MUSCLE WEAKNESS (GENERALIZED)	3	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	OTHER MUSCLE SPASM	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	UNSPECIFIED DISORDER OF SYNOVIUM AND TENDON, RIGHT SHOULDER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	TROCHANTERIC BURSITIS, RIGHT HIP	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PLANTAR FASCIAL FIBROMATOSIS	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	BICIPITAL TENDINITIS, RIGHT SHOULDER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	2	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	IMPINGEMENT SYNDROME OF LEFT SHOULDER	2	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	ACHILLES TENDINITIS, UNSPECIFIED LEG	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	OTHER SPECIFIED ENTHESOPATHIES OF LEFT LOWER LIMB, EXCLUDING FOOT	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	MEDIAL EPICONDYLITIS, RIGHT ELBOW	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	LATERAL EPICONDYLITIS, RIGHT ELBOW	2	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	ENTHESOPATHY, UNSPECIFIED	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN LEFT LEG	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN RIGHT FOREARM	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN RIGHT FINGER(S)	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN LEFT FINGER(S)	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN RIGHT FOOT	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION	1	0		

Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	SEGMENTAL AND SOMATIC DYSFUNCTION OF PELVIC REGION	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	VULVODYNIA, UNSPECIFIED	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	CONGENITAL DEFORMITY OF SPINE	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PELVIC AND PERINEAL PAIN	2	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	UNSTEADINESS ON FEET	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	OTHER ABNORMALITIES OF GAIT AND MOBILITY	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	DIZZINESS AND GIDDINESS	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	DISLOCATION OF UNSPECIFIED CERVICAL VERTEBRAE, INITIAL ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	UNSPECIFIED FRACTURE OF RIGHT ACETABULUM, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	SUBLUXATION OF L4/L5 LUMBAR VERTEBRA, INITIAL ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	STRAIN OF MUSCLE, FASCIA AND TENDON OF ABDOMEN, INITIAL ENCOUNTER	3	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	STRAIN OF MUSCLE, FASCIA AND TENDON OF ABDOMEN, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	DISPLACED OBLIQUE FRACTURE OF SHAFT OF HUMERUS, RIGHT ARM, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	UNSPECIFIED SUBLUXATION OF LEFT SHOULDER JOINT, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	ANTERIOR DISLOCATION OF LEFT HUMERUS, INITIAL ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	UNSPECIFIED INJURY OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF LEFT SHOULDER, SUBSEQUENT ENCOUNTER	2	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	OTHER INJURY OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, SEQUELA	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	STRAIN OF OTHER MUSCLES, FASCIA AND TENDONS AT SHOULDER AND UPPER ARM LEVEL, LEFT ARM, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	DISPLACED FRACTURE OF HEAD OF UNSPECIFIED RADIUS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		

Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	UNSPECIFIED FRACTURE OF THE LOWER END OF RIGHT RADIUS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	UNSPECIFIED FRACTURE OF LOWER END OF RIGHT ULNA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	NONDISPLACED FRACTURE OF LEFT ULNA STYLOID PROCESS, SEQUELA	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	SPRAIN OF CARPAL JOINT OF RIGHT WRIST, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	OTHER SPRAIN OF RIGHT HIP, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	STRAIN OF RIGHT QUADRICEPS MUSCLE, FASCIA AND TENDON, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	STRAIN OF OTHER SPECIFIED MUSCLES, FASCIA AND TENDONS AT THIGH LEVEL, LEFT THIGH, INITIAL ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	STRAIN OF UNSPECIFIED MUSCLES, FASCIA AND TENDONS AT THIGH LEVEL, RIGHT THIGH, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	DISPLACED TRANSVERSE FRACTURE OF LEFT PATELLA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	NONDISPLACED FRACTURE OF LATERAL MALLEOLUS OF RIGHT FIBULA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF RIGHT KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF RIGHT KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, INITIAL ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	SPRAIN OF ANTERIOR CRUCIATE LIGAMENT OF LEFT KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	STRAIN OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	STRAIN OF UNSPECIFIED ACHILLES TENDON, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	OTHER SPECIFIED INJURY OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	STRAIN OF OTHER MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, LEFT LEG, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	OTHER INJURY OF UNSPECIFIED BODY REGION, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	ENCOUNTER FOR ROUTINE POSTPARTUM FOLLOW-UP	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	2	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PERSONAL HISTORY OF OTHER DISEASES OF THE DIGESTIVE SYSTEM	2	0		

Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	HISTORY OF FALLING	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PRESENCE OF ARTIFICIAL KNEE JOINT, BILATERAL	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	OTHER SPECIFIED POSTPROCEDURAL STATES	1	0		
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN RIGHT SHOULDER	0	1	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN LEFT HIP	0	1	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN RIGHT KNEE	0	1	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN LEFT KNEE	0	1	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	STIFFNESS OF RIGHT KNEE, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	CERVICALGIA	0	1	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	LOW BACK PAIN	0	2	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	PAIN IN THORACIC SPINE	0	1	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	OTHER BURSAL CYST, OTHER SITE	0	1	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	MEDIAL EPICONDYLITIS, RIGHT ELBOW	0	1	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	LATERAL EPICONDYLITIS, RIGHT ELBOW	0	1	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION	0	2	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	SEGMENTAL AND SOMATIC DYSFUNCTION OF UPPER EXTREMITY	0	1	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF LEFT SHOULDER, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF LEFT SHOULDER, SUBSEQUENT ENCOUNTER	0	2	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	OTHER SPRAIN OF RIGHT HIP, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	DISPLACED TRANSVERSE FRACTURE OF LEFT PATELLA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	0	1	Administrative	
Outpatient	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION) ONE OR MORE REGIONS, EACH 15 MINUTES	Hospital	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	1	0		

Outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Applied Behavioral Health Therapist	ANXIETY DISORDER, UNSPECIFIED	1	0		
Outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Applied Behavioral Health Therapist	ADJUSTMENT DISORDER WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT	1	0		
Outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Applied Behavioral Health Therapist	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	1	0		
Outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Applied Behavioral Health Therapist	AUTISTIC DISORDER	145	0		
Outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Applied Behavioral Health Therapist	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	2	0		
Outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Applied Behavioral Health Therapist	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	1	0		
Outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Applied Behavioral Health Therapist	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	1	0		
Outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Applied Behavioral Health Therapist	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	1	0		
Outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Applied Behavioral Health Therapist	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1	0		
Outpatient	97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES OF THE PHYSICIANS OR OTHER QUALIFIED HEALTH CARE PROFESSIONALS TIME FACE-TO-FACE WITH PATIENT AND/OR GUARDIAN(S)/CAREGIVER(S) A	Radiation Oncology	AUTISTIC DISORDER	0	1	Medical Necessity	
Outpatient	97152	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	AUTISTIC DISORDER	55	0		
Outpatient	97152	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	1	0		
Outpatient	97152	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1	0		

Outpatient	97152	BEHAVIOR IDENTIFICATIONSUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	AUTISTIC DISORDER	0	3	Medical Necessity	
Outpatient	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	MILD INTELLECTUAL DISABILITIES	1	0		
Outpatient	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	1	0		
Outpatient	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	1	0		
Outpatient	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	AUTISTIC DISORDER	147	0		
Outpatient	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	2	0		
Outpatient	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	1	0		
Outpatient	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1	0		
Outpatient	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	AUTISTIC DISORDER	0	40	Medical Necessity	
Outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Applied Behavioral Health Therapist	AUTISTIC DISORDER	30	0		
Outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Applied Behavioral Health Therapist	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	1	0		
Outpatient	97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,FACE-TO-FACE WITH TWO OR MORE PATIENTS, EACH 15 MINUTES	Applied Behavioral Health Therapist	AUTISTIC DISORDER	0	3	Medical Necessity	
Outpatient	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	1	0		
Outpatient	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	AUTISTIC DISORDER	146	0		
Outpatient	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1	0		

Outpatient	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	1	0		
Outpatient	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	2	0		
Outpatient	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	1	0		
Outpatient	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1	0		
Outpatient	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	WANDERING IN DISEASES CLASSIFIED ELSEWHERE	1	0		
Outpatient	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WHICH MAY INCLUDE SIMULTANEOUS DIRECTION OF TECHNICIAN, FACE-TO-FACE WITH ONE PATIENT, EACH 15 MINUTES	Applied Behavioral Health Therapist	AUTISTIC DISORDER	0	19	Medical Necessity	
Outpatient	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT),FACE- TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	Applied Behavioral Health Therapist	ANXIETY DISORDER, UNSPECIFIED	1	0		
Outpatient	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT),FACE- TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	Applied Behavioral Health Therapist	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	1	0		
Outpatient	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT),FACE- TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	Applied Behavioral Health Therapist	DEVELOPMENTAL DISORDER OF SPEECH AND LANGUAGE, UNSPECIFIED	1	0		
Outpatient	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT),FACE- TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	Applied Behavioral Health Therapist	AUTISTIC DISORDER	146	0		
Outpatient	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT),FACE- TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	Applied Behavioral Health Therapist	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED	1	0		
Outpatient	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT),FACE- TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	Applied Behavioral Health Therapist	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	1	0		
Outpatient	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT),FACE- TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	Applied Behavioral Health Therapist	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	2	0		
Outpatient	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT),FACE- TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	Applied Behavioral Health Therapist	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1	0		

Outpatient	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT THE PATIENT PRESENT),FACE- TO-FACE WITH GUARDIAN(S)/CAREGIVER(S), EACH 15 MINUTES	Applied Behavioral Health Therapist	AUTISTIC DISORDER	0	1	Medical Necessity	
Outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Applied Behavioral Health Therapist	MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER	1	0		
Outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Applied Behavioral Health Therapist	AUTISTIC DISORDER	15	0		
Outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Applied Behavioral Health Therapist	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	1	0		
Outpatient	97157	MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE WITH MULTIPLE SETS OF GUARDIANS/CAREGIVERS, EACH 15 MINUTES	Applied Behavioral Health Therapist	AUTISTIC DISORDER	0	1	Medical Necessity	
Outpatient	97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH MULTIPLE PATIENTS, EACH 15 MINUTES	Applied Behavioral Health Therapist	AUTISTIC DISORDER	7	0		
Outpatient	97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE-TO-FACE WITH MULTIPLE PATIENTS, EACH 15 MINUTES	Applied Behavioral Health Therapist	AUTISTIC DISORDER	0	1	Medical Necessity	
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	LYMPHEDEMA, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	POSTMASTECTOMY LYMPHEDEMA SYNDROME	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	RECTAL PROLAPSE	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT HIP	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	BOUTONNIERE DEFORMITY OF RIGHT FINGER(S)	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	PATELLOFEMORAL DISORDERS, RIGHT KNEE	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	CHONDROMALACIA PATELLAE, LEFT KNEE	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	PAIN IN RIGHT SHOULDER	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	PAIN IN LEFT SHOULDER	2	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	PAIN IN RIGHT ELBOW	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	PAIN IN LEFT HIP	1	0		

Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	PAIN IN RIGHT KNEE	4	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	PAIN IN LEFT KNEE	4	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	SPONDYLOLISTHESIS, LUMBAR REGION	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH RADICULOPATHY	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	CERVICALGIA	2	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	LUMBAGO WITH SCIATICA, LEFT SIDE	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	LOW BACK PAIN	2	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	PAIN IN THORACIC SPINE	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	TROCHANTERIC BURSITIS, RIGHT HIP	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	PLANTAR FASCIAL FIBROMATOSIS	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	BICIPITAL TENDINITIS, LEFT SHOULDER	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	IMPINGEMENT SYNDROME OF LEFT SHOULDER	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	LATERAL EPICONDYLITIS, LEFT ELBOW	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	PAIN IN RIGHT LEG	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	PAIN IN LEFT FINGER(S)	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	OSTEOLYSIS, LEFT SHOULDER	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	VULVODYNIA, UNSPECIFIED	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	PELVIC AND PERINEAL PAIN	2	0		

Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	LOWER ABDOMINAL PAIN, UNSPECIFIED	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	OTHER ABNORMALITIES OF GAIT AND MOBILITY	2	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	DIZZINESS AND GIDDINESS	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	UNSPECIFIED LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT IN CHILDHOOD	2	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	UNSPECIFIED FRACTURE OF RIGHT ACETABULUM, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INITIAL ENCOUNTER	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	UNSPECIFIED FRACTURE OF SHAFT OF RIGHT RADIUS, INITIAL ENCOUNTER FOR OPEN FRACTURE TYPE I OR II	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	OTHER FRACTURE OF UPPER AND LOWER END OF LEFT FIBULA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	OTHER TEAR OF LATERAL MENISCUS, CURRENT INJURY, LEFT KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	OTHER SPECIFIED POSTPROCEDURAL STATES	1	0		
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	POSTMASTECTOMY LYMPHEDEMA SYNDROME	0	1	Administrative	
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	TROCHANTERIC BURSITIS, RIGHT HIP	0	1	Administrative	
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	IMPINGEMENT SYNDROME OF LEFT SHOULDER	0	1	Administrative	
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	VULVODYNIA, UNSPECIFIED	0	1	Administrative	
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	PELVIC AND PERINEAL PAIN	0	1	Administrative	
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	DIZZINESS AND GIDDINESS	0	1	Administrative	
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Occupational Therapy	OTHER SPECIFIED POSTPROCEDURAL STATES	0	1	Administrative	
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	SPINAL MUSCULAR ATROPHY, UNSPECIFIED	2	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	OTHER DYSTONIA	1	0		

Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	POSTMASTECTOMY LYMPHEDEMA SYNDROME	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	CELLULITIS OF UNSPECIFIED PART OF LIMB	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	BOUTONNIERE DEFORMITY OF RIGHT FINGER(S)	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	PATELLOFEMORAL DISORDERS, RIGHT KNEE	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	PAIN IN LEFT SHOULDER	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	PAIN IN LEFT HIP	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	PAIN IN RIGHT KNEE	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	SPINAL STENOSIS, LUMBAR REGION WITHOUT NEUROGENIC CLAUDICATION	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	RADICULOPATHY, LUMBAR REGION	3	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	CERVICALGIA	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	LOW BACK PAIN	3	0		

Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	DORSALGIA, UNSPECIFIED	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	MUSCLE WEAKNESS (GENERALIZED)	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	TROCHANTERIC BURSITIS, RIGHT HIP	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	BICIPITAL TENDINITIS, RIGHT SHOULDER	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	IMPINGEMENT SYNDROME OF RIGHT SHOULDER	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	IMPINGEMENT SYNDROME OF LEFT SHOULDER	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	MEDIAL EPICONDYLITIS, RIGHT ELBOW	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	PAIN IN RIGHT FOREARM	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	PAIN IN RIGHT FOOT	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	VULVODYNIA, UNSPECIFIED	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	CONGENITAL DEFORMITY OF SPINE	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS, INITIAL ENCOUNTER	1	0		

Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	STRAIN OF MUSCLE, FASCIA AND TENDON OF ABDOMEN, INITIAL ENCOUNTER	3	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	UNSPECIFIED SUBLUXATION OF LEFT SHOULDER JOINT, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	ANTERIOR DISLOCATION OF LEFT HUMERUS, INITIAL ENCOUNTER	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	DISPLACED FRACTURE OF HEAD OF UNSPECIFIED RADIUS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	UNSPECIFIED FRACTURE OF THE LOWER END OF RIGHT RADIUS, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	SPRAIN OF CARPAL JOINT OF RIGHT WRIST, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	STRAIN OF RIGHT QUADRICEPS MUSCLE, FASCIA AND TENDON, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	DISPLACED TRANSVERSE FRACTURE OF LEFT PATELLA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	NONDISPLACED FRACTURE OF LATERAL MALLEOLUS OF RIGHT FIBULA, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	STRAIN OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	1	0		

Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	OTHER INJURY OF UNSPECIFIED BODY REGION, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	ENCOUNTER FOR ROUTINE POSTPARTUM FOLLOW-UP	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	HISTORY OF FALLING	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	OTHER SPECIFIED POSTPROCEDURAL STATES	1	0		
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	SEGMENTAL AND SOMATIC DYSFUNCTION OF SACRAL REGION	0	1	Administrative	
Outpatient	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS INUSE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES	Occupational Therapy	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, SUBSEQUENT ENCOUNTER	0	1	Administrative	
Outpatient	97607	NEGATIVE PRESSURE WOUND THERAPY, (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DISPOSABLE, NON-DURABLE MEDICAL EQUIPMENT INCLUDING PROVISION OF EXUDATE MANAGEMENT COLLECTION SYSTEM, TOPICAL APPLICATION(S), WOUND ASSESSMENT,AND INSTRUCTIONS FOR ONG	vendor	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	Occupational Therapy	CONGENITAL DEFORMITY OF SPINE	1	0		
Outpatient	97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED), UPPER EXTREMITY(IES), LOWER EXTREMITY(IES) AND/OR TRUNK, INITIAL ORTHOTIC(S) ENCOUNTER, EACH 15 MINUTES	vendor	LATERAL EPICONDYLITIS, RIGHT ELBOW	1	0		
Outpatient	97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED), UPPER EXTREMITY(IES), LOWER EXTREMITY(IES) AND/OR TRUNK, INITIAL ORTHOTIC(S) ENCOUNTER, EACH 15 MINUTES	vendor	OTHER ABNORMALITIES OF GAIT AND MOBILITY	1	0		
Outpatient	97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED), UPPER EXTREMITY(IES), LOWER EXTREMITY(IES) AND/OR TRUNK, INITIAL ORTHOTIC(S) ENCOUNTER, EACH 15 MINUTES	vendor	STRAIN OF EXTENSOR MUSCLE, FASCIA AND TENDON OF FINGER, UNSPECIFIED FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER	1	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	PAIN IN LEFT HIP	1	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	OTHER SPONDYLOSIS WITH MYELOPATHY, LUMBAR REGION	1	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH RADICULOPATHY	1	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	CERVICOCRANIAL SYNDROME	1	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	RADICULOPATHY, CERVICOTHORACIC REGION	1	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	CERVICALGIA	7	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	LOW BACK PAIN	7	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	PAIN IN THORACIC SPINE	6	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	MUSCLE SPASM OF BACK	1	0		

Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	OTHER MUSCLE SPASM	1	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	LATERAL EPICONDYLITIS, LEFT ELBOW	1	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	MYALGIA, UNSPECIFIED SITE	1	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	4	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION	10	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	10	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF SACRAL REGION	3	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF PELVIC REGION	11	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF LOWER EXTREMITY	3	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF UPPER EXTREMITY	1	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	DISLOCATION OF UNSPECIFIED CERVICAL VERTEBRAE, INITIAL ENCOUNTER	1	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, INITIAL ENCOUNTER	1	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	SPRAIN OF LIGAMENTS OF THORACIC SPINE, INITIAL ENCOUNTER	2	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	SUBLUXATION OF L4/L5 LUMBAR VERTEBRA, INITIAL ENCOUNTER	1	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER	2	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	SPRAIN OF SACROILIAC JOINT, INITIAL ENCOUNTER	2	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INITIAL ENCOUNTER	3	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF LEFT SHOULDER, INITIAL ENCOUNTER	1	0		
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	PAIN IN THORACIC SPINE	0	1	Administrative	
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF LUMBAR REGION	0	1	Administrative	
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	SPRAIN OF LIGAMENTS OF THORACIC SPINE, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL; ONE OR TWO REGIONS	Chiropractor	SPRAIN OF SACROILIAC JOINT, INITIAL ENCOUNTER	0	1	Administrative	
Outpatient	98942	CHIROPRACTIC MANIPULATIVE TREATMENT, (CMT); SPINAL FIVE REGIONS	Chiropractor	CERVICALGIA	3	0		
Outpatient	98942	CHIROPRACTIC MANIPULATIVE TREATMENT, (CMT); SPINAL FIVE REGIONS	Chiropractor	LUMBAGO WITH SCIATICA, RIGHT SIDE	2	0		
Outpatient	98942	CHIROPRACTIC MANIPULATIVE TREATMENT, (CMT); SPINAL FIVE REGIONS	Chiropractor	LOW BACK PAIN	1	0		
Outpatient	98942	CHIROPRACTIC MANIPULATIVE TREATMENT, (CMT); SPINAL FIVE REGIONS	Chiropractor	PAIN IN THORACIC SPINE	1	0		
Outpatient	98942	CHIROPRACTIC MANIPULATIVE TREATMENT, (CMT); SPINAL FIVE REGIONS	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF CERVICAL REGION	3	0		
Outpatient	98942	CHIROPRACTIC MANIPULATIVE TREATMENT, (CMT); SPINAL FIVE REGIONS	Chiropractor	SEGMENTAL AND SOMATIC DYSFUNCTION OF THORACIC REGION	1	0		
Outpatient	98942	CHIROPRACTIC MANIPULATIVE TREATMENT, (CMT); SPINAL FIVE REGIONS	Chiropractor	SUBLUXATION COMPLEX (VERTEBRAL) OF THORACIC REGION	1	0		
Outpatient	98942	CHIROPRACTIC MANIPULATIVE TREATMENT, (CMT); SPINAL FIVE REGIONS	Chiropractor	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INITIAL ENCOUNTER	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS INFECTION, UNSPECIFIED SITE	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	BACTERIAL INFECTION, UNSPECIFIED	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	2	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	SUDDEN IDIOPATHIC HEARING LOSS, LEFT EAR	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE	3	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION OF OTHER PART OF FOOT	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	2	0		

Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	GANGRENE, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	CELLULITIS OF LEFT UPPER LIMB	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	OTHER SPECIFIED DISORDERS OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	NON-PRESSURE CHRONIC ULCER OF LEFT ANKLE WITH NECROSIS OF MUSCLE	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	NON-PRESSURE CHRONIC ULCER OF LEFT ANKLE WITH BONE INVOLVEMENT WITHOUT EVIDENCE OF NECROSIS	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT FOOT WITH NECROSIS OF MUSCLE	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT FOOT WITH UNSPECIFIED SEVERITY	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT LOWER LEG WITH UNSPECIFIED SEVERITY	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	OTHER ACUTE OSTEOMYELITIS, RIGHT ANKLE AND FOOT	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT	2	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	OTHER CHRONIC OSTEOMYELITIS, LEFT HAND	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	TRAUMATIC COMPARTMENT SYNDROME OF LEFT LOWER EXTREMITY, SEQUELA	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NOT ELSEWHERE CLASSIFIED, INITIAL ENCOUNTER	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	DISRUPTION OF INTERNAL OPERATION (SURGICAL) WOUND, NOT ELSEWHERE CLASSIFIED, INITIAL ENCOUNTER	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	2	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	EXPOSURE TO OTHER IONIZING RADIATION, SEQUELA	1	0		
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	0	1	Medical Necessity	
Outpatient	99183	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	Surgery	ENCOUNTER FOR ADJUSTMENT OR REMOVAL OF LEFT BREAST IMPLANT	0	1	Medical Necessity	
Outpatient	99213	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 HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LO	Mental Health Partial Day Hospital	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1	0		
Outpatient	99214	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 DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/	Mental Health Partial Day Hospital	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1	0		

Outpatient	99215	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 COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELIN	Mental Health Partial Day Hospital	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1	0		
Outpatient	99354	PROLONGED EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY PROCEDURE) IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT BEYOND THE USUAL SERVICE; FIRST HOUR (LIST SEPARATELY IN	psychiatrist	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1	0		
Outpatient	99355	PROLONGED EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY PROCEDURE) IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT BEYOND THE USUAL SERVICE; EACH ADDITIONAL 30 MINUTES (LI	psychiatrist	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	1	0		
Outpatient	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 ALS	Ambulance Service	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 ALS	Ambulance Service	ALTERED MENTAL STATUS, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 ALS	Ambulance Service	OTHER SPECIFIED TRANSPORT ACCIDENTS, INITIAL ENCOUNTER	0	1	Medical Necessity	
Outpatient	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Ambulance Service	PARTIAL INTESTINAL OBSTRUCTION, UNSPECIFIED AS TO CAUSE	0	1	Medical Necessity	
Outpatient	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Ambulance Service	ALTERED MENTAL STATUS, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Ambulance Service	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	0	1	Medical Necessity	
Outpatient	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Ambulance Service	OTHER SPECIFIED TRANSPORT ACCIDENTS, INITIAL ENCOUNTER	0	1	Medical Necessity	
Outpatient	A0434	SPECIALTY CARE TRANSPORT (SCT)	Ambulance Service	ELEVATED WHITE BLOOD CELL COUNT, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	A0434	SPECIALTY CARE TRANSPORT (SCT)	Ambulance Service	ABRASION OF OTHER PART OF HEAD, INITIAL ENCOUNTER	0	1	Medical Necessity	
Outpatient	A0434	SPECIALTY CARE TRANSPORT (SCT)	Ambulance Service	GASTROSTOMY STATUS	0	1	Medical Necessity	
Outpatient	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	Air ambulance	TACHYCARDIA, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	Air ambulance	FEVER, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	Air ambulance	DIFFUSE TRAUMATIC BRAIN INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION, INITIAL ENCOUNTER	0	1	Medical Necessity	
Outpatient	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	Air ambulance	OTHER SPECIFIED TRANSPORT ACCIDENTS, INITIAL ENCOUNTER	0	1	Medical Necessity	
Outpatient	A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	vendor	OTHER SYMPTOMS AND SIGNS INVOLVING THE NERVOUS SYSTEM	1	0		
Outpatient	A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH	vendor	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH PAIN	1	0		
Outpatient	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE	Surgery, Neurological	CHRONIC PAIN SYNDROME	2	0		
Outpatient	C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	Surgery, Neurological	CHRONIC PAIN SYNDROME	1	0		
Outpatient	C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR	Surgery, Neurological	CHRONIC PAIN SYNDROME	1	0		
Outpatient	C1820	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON HIGH-FREQUENCY WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	Surgery, Neurological	CHRONIC PAIN SYNDROME	2	0		
Outpatient	C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	Surgery, Neurological	RADICULOPATHY, CERVICAL REGION	0	2	Medical Necessity	
Outpatient	C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQUENCY, WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	Surgery, Neurological	CHRONIC PAIN SYNDROME	1	0		
Outpatient	C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQUENCY, WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	Surgery, Neurological	OTHER SPONDYLOSIS, LUMBAR REGION	1	0		
Outpatient	C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQUENCY, WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	Surgery, Neurological	ALGONEURODYSTROPHY, UNSPECIFIED SITE	1	0		
Outpatient	C1897	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	Surgery, Neurological	CHRONIC PAIN SYNDROME	1	0		
Outpatient	C1897	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	Surgery, Neurological	COMPLEX REGIONAL PAIN SYNDROME I, UNSPECIFIED	1	0		
Outpatient	C2616	BRACHYTHERAPY SOURCE, NON-STRANDED, YTTRIUM-90, PER SOURCE	Radiation Oncology	LIVER CELL CARCINOMA	1	0		
Outpatient	C2616	BRACHYTHERAPY SOURCE, NON-STRANDED, YTTRIUM-90, PER SOURCE	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		

Outpatient	C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST;	Hospital	ENCOUNTER FOR OTHER SCREENING FOR MALIGNANT NEOPLASM OF BREAST	0	1	Administrative	
Outpatient	C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST;	Hospital	OTHER SPECIFIED PERSONAL RISK FACTORS, NOT ELSEWHERE CLASSIFIED	0	1	Administrative	
Outpatient	C8910	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	Hospital	CONGENITAL INSUFFICIENCY OF AORTIC VALVE	0	1	Administrative	
Outpatient	C8914	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	Hospital	DEEP PHLEBOTHROMBOSIS IN PREGNANCY, UNSPECIFIED TRIMESTER	0	1	Administrative	
Outpatient	C8919	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS	Hospital	DEEP PHLEBOTHROMBOSIS IN PREGNANCY, UNSPECIFIED TRIMESTER	0	1	Administrative	
Outpatient	C9063	INJECTION, EPTINEZUMAB-JJMR, 1 MG	ambulatory surgical center	MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	C9063	INJECTION, EPTINEZUMAB-JJMR, 1 MG	ambulatory surgical center	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	C9063	INJECTION, EPTINEZUMAB-JJMR, 1 MG	ambulatory surgical center	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	3	0		
Outpatient	C9066	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 10 MG	ambulatory surgical center	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Cardiovascular Disease	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	3	0		
Outpatient	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Cardiovascular Disease	GENERALIZED ANXIETY DISORDER	1	0		
Outpatient	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1	0		
Outpatient	C9726	PLACEMENT AND REMOVAL (IF PERFORMED) OF APPLICATOR INTO BREAST FOR RADIATION THERAPY	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	E0748	OSTEOGENIC STIMULATOR , NONINVASIVE, SPINAL APPLICATIONS	DME	SPINAL STENOSIS, CERVICAL REGION	3	0		
Outpatient	E0951	HEEL LOOP/HOLDER, WITH OR WITHOUT ANKLE STRAP, EACH	DME	ANOXIC BRAIN DAMAGE, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, PREFABRICATED, INCLUDING FIXED HARDWARE, EACH	DME	PARAPLEGIA, UNSPECIFIED	1	0		
Outpatient	E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	DME	RETT'S SYNDROME	1	0		
Outpatient	E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	DME	FACIOSCAPULOHUMERAL MUSCULAR DYSTROPHY	1	0		
Outpatient	E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	DME	LOCKED-IN STATE	1	0		
Outpatient	E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH	DME	AMYOTROPHIC LATERAL SCLEROSIS	1	0		
Outpatient	G0151	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Physical Therapy	HYPERLIPIDEMIA, UNSPECIFIED	1	0		
Outpatient	G0151	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Physical Therapy	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	1	0		
Outpatient	G0151	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Physical Therapy	ESSENTIAL (PRIMARY) HYPERTENSION	0	1	Medical Necessity	OVERTURNED
Outpatient	G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Speech Therapy	OTHER SPECIFIED CHROMOSOME ABNORMALITIES	1	0		
Outpatient	G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT AND ARTHROGRAPHY	Physical Medicine & Rehabilitation	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	15	0		
Outpatient	G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT AND ARTHROGRAPHY	Physical Medicine & Rehabilitation	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED	5	0		

Outpatient	G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT AND ARTHROGRAPHY	Physical Medicine & Rehabilitation	SACROILIITIS, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS INFECTION, UNSPECIFIED SITE	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	SUDDEN IDIOPATHIC HEARING LOSS, LEFT EAR	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	HEMIPLEGIA AND HEMIPARESIS FOLLOWING CEREBRAL INFARCTION AFFECTING RIGHT DOMINANT SIDE	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION OF CALF	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION OF OTHER PART OF FOOT	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	CELLULITIS OF LEFT UPPER LIMB	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	CELLULITIS OF LEFT LOWER LIMB	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	NON-PRESSURE CHRONIC ULCER OF LEFT ANKLE WITH BONE INVOLVEMENT WITHOUT EVIDENCE OF NECROSIS	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF RIGHT FOOT WITH UNSPECIFIED SEVERITY	2	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	NON-PRESSURE CHRONIC ULCER OF OTHER PART OF LEFT LOWER LEG WITH UNSPECIFIED SEVERITY	2	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	NONTRAUMATIC COMPARTMENT SYNDROME OF LEFT LOWER EXTREMITY	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	OTHER ACUTE OSTEOMYELITIS, LEFT ANKLE AND FOOT	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	OTHER CHRONIC OSTEOMYELITIS, LEFT HAND	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	UNSPECIFIED OPEN WOUND OF RIGHT BREAST, INITIAL ENCOUNTER	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	DISRUPTION OF EXTERNAL OPERATION (SURGICAL) WOUND, NOT ELSEWHERE CLASSIFIED, INITIAL ENCOUNTER	2	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT) FAILURE	5	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	OTHER COMPLICATIONS OF SKIN GRAFT (ALLOGRAFT) (AUTOGRAFT)	3	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	EXPOSURE TO OTHER IONIZING RADIATION, SEQUELA	1	0		
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	0	1	Medical Necessity	
Outpatient	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	hospital	ENCOUNTER FOR ADJUSTMENT OR REMOVAL OF RIGHT BREAST IMPLANT	0	1	Medical Necessity	
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	1	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	MONOCLONAL GAMMOPATHY	1	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	34	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	NICOTINE DEPENDENCE, UNSPECIFIED, IN REMISSION	3	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	14	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	NICOTINE DEPENDENCE, CIGARETTES, IN REMISSION	1	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	NICOTINE DEPENDENCE, CIGARETTES, WITH UNSPECIFIED NICOTINE-INDUCED DISORDERS	2	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	NICOTINE DEPENDENCE, OTHER TOBACCO PRODUCT, UNCOMPLICATED	1	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	EMPHYSEMA, UNSPECIFIED	1	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	3	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	RESPIRATORY BRONCHIOLITIS INTERSTITIAL LUNG DISEASE	1	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	WHEEZING	1	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	SOLITARY PULMONARY NODULE	6	0		

Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD	2	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT ABNORMAL FINDINGS	2	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF RESPIRATORY ORGANS	40	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	ENCOUNTER FOR SCREENING FOR CARDIOVASCULAR DISORDERS	1	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	ENCOUNTER FOR IMMUNIZATION	1	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	TOBACCO USE	21	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	PERSONAL HISTORY OF NICOTINE DEPENDENCE	40	0		
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	OTHER PRIMARY THROMBOCYTOPENIA	0	1	Administrative	
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	0	1	Administrative	
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	NICOTINE DEPENDENCE, CIGARETTES, UNCOMPLICATED	0	1	Administrative	
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	RESPIRATORY CONDITIONS DUE TO SMOKE INHALATION	0	1	Administrative	
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	LOCALIZED SWELLING, MASS AND LUMP, TRUNK	0	1	Administrative	
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	SOLITARY PULMONARY NODULE	0	1	Administrative	
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF RESPIRATORY ORGANS	0	2	Administrative	
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	HORMONE SENSITIVE MALIGNANCY STATUS	0	1	Administrative	
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	FAMILY HISTORY OF MALIGNANT NEOPLASM OF TRACHEA, BRONCHUS AND LUNG	0	2	Administrative	
Outpatient	G0297	LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING	Family Practice	PERSONAL HISTORY OF NICOTINE DEPENDENCE	0	3	Administrative	
Outpatient	G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Skilled Nursing	NAUSEA WITH VOMITING, UNSPECIFIED	1	0		
Outpatient	G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Skilled Nursing	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	0	1	Medical Necessity	
Outpatient	G0453	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY), PER PATIENT, (ATTENTION DIRECTED EXCLUSIVELY TO ONE PATIENT) EACH 15 MINUTES (LIST IN ADDITION TO PRIMARY CODE)	Surgery, Orthopedic	RADICULOPATHY, CERVICAL REGION	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	5	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF BORDER OF TONGUE	2	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF LINGUAL TONSIL	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF LOWER GUM	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	2	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF VALLECULA	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	2	0		

Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	2	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF RECTUM	7	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	2	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF GLOTTIS	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF SUBGLOTTIS	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	2	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF TRACHEA	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	5	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	3	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	2	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	4	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	1	0		

Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	9	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	5	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	2	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	3	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	2	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF ENDOMETRIUM	4	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF PROSTATE	34	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF FRONTAL LOBE	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF TEMPORAL LOBE	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF PARIETAL LOBE	3	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	5	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	3	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE REGIONS	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	2	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	2	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	2	0		

Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	3	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MIXED CELLULARITY HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	CARCINOMA IN SITU OF LARYNX	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	2	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	6	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	BENIGN NEOPLASM OF THYMUS	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	G6005	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS: 11-19MEV	Hospital	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF RECTUM	11	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF GALLBLADDER	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF LOWER LOBE, UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT MALE BREAST	1	0		

Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	2	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	6	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	18	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	12	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	4	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	4	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	6	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	3	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF PROSTATE	4	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	1	0		

Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	SECONDARY MALIGNANT NEOPLASM OF SKIN	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	9	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	11	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	4	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MULTIPLE MYELOMA IN RELAPSE	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION	2	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	CARCINOMA IN SITU OF LARYNX	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	8	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	8	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		

Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	HYPERTROPHIC SCAR	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	PALMAR FASCIAL FIBROMATOSIS [DUPUYTREN]	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	HYPERTROPHY OF BREAST	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	1	0		
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	G6014	RADIATION TREATMENT DELIVERY,3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, ELECTRON BEAM; 20MEV OR GREATER	Hospital	SECONDARY MALIGNANT NEOPLASM OF BONE	0	1	Administrative	
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF BASE OF TONGUE	5	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF BORDER OF TONGUE	2	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF LINGUAL TONSIL	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER GUM	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF TONSILLAR FOSSA	2	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF VALLECULA	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX	2	0		

Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	2	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF CECUM	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF RECTUM	8	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	2	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF GLOTTIS	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF SUBGLOTTIS	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	2	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF TRACHEA	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	5	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	2	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG	1	0		

Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	2	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF VAGINA	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOCERVIX	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	2	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF ENDOMETRIUM	5	0		

Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF PROSTATE	34	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF FRONTAL LOBE	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF TEMPORAL LOBE	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF PARIETAL LOBE	4	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF OCCIPITAL LOBE	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	4	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	3	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE REGIONS	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	2	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	2	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BONE	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MIXED CELLULARITY HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	BENIGN NEOPLASM OF THYMUS	1	0		

Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	NEOPLASM OF UNCERTAIN BEHAVIOR OF CONNECTIVE AND OTHER SOFT TISSUE	1	0		
Outpatient	G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	Radiation Oncology	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	0	1	Administrative	
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	ALCOHOL DEPENDENCE, UNCOMPLICATED	2	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	OPIOID DEPENDENCE, UNCOMPLICATED	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	CANNABIS DEPENDENCE, UNCOMPLICATED	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	CANNABIS USE, UNSPECIFIED, UNCOMPLICATED	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	SCHIZOPHRENIA, UNSPECIFIED	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES, MODERATE	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	BIPOLAR DISORDER, CURRENT EPISODE MANIC SEVERE WITH PSYCHOTIC FEATURES	2	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	BIPOLAR II DISORDER	2	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES	4	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	7	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	28	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	DISRUPTIVE MOOD DYSREGULATION DISORDER	3	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]	4	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	GENERALIZED ANXIETY DISORDER	8	0		

Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	ANXIETY DISORDER, UNSPECIFIED	5	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	6	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	POST-TRAUMATIC STRESS DISORDER, CHRONIC	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	ANOREXIA NERVOSA, RESTRICTING TYPE	3	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	4	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	BULIMIA NERVOSA	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	OTHER SPECIFIED EATING DISORDER	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	BORDERLINE PERSONALITY DISORDER	3	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	TRANSEXUALISM	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	GENDER IDENTITY DISORDER, UNSPECIFIED	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	OTHER CONDUCT DISORDERS	1	0		
Outpatient	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	Mental Health Partial Day Hospital	NON-CELIAC GLUTEN SENSITIVITY	1	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	ALCOHOL DEPENDENCE, UNCOMPLICATED	20	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	OPIOID DEPENDENCE, UNCOMPLICATED	3	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	CANNABIS ABUSE, UNCOMPLICATED	1	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	CANNABIS DEPENDENCE, UNCOMPLICATED	3	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, UNCOMPLICATED	2	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED	4	0		

Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	COCAINE DEPENDENCE, UNCOMPLICATED	6	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED	6	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	HALLUCINOGEN ABUSE, UNCOMPLICATED	2	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	NICOTINE DEPENDENCE, UNSPECIFIED, UNCOMPLICATED	4	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	BIPOLAR II DISORDER	1	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED	5	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	2	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	4	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	1	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	GENERALIZED ANXIETY DISORDER	3	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	ANXIETY DISORDER, UNSPECIFIED	2	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED	1	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	POST-TRAUMATIC STRESS DISORDER, CHRONIC	1	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	EATING DISORDER, UNSPECIFIED	1	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	ANTISOCIAL PERSONALITY DISORDER	1	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE	1	0		

Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	INSOMNIA, UNSPECIFIED	1	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	ALCOHOLIC HEPATITIS WITHOUT ASCITES	1	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	PSEUDOFOLLICULITIS BARBAE	1	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS "HIV" INFECTION STATUS	1	0		
Outpatient	H2036	ALCOHOL AND/OR DRUG TREATMENT PROGRAM, PER DIEM	Chemical Dependency Intensive Outpat	ALCOHOL DEPENDENCE, UNCOMPLICATED	0	1	Medical Necessity	
Outpatient	J0129	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)	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HAND WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1	0		
Outpatient	J0129	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)	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	6	0		
Outpatient	J0129	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)	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	5	0		
Outpatient	J0129	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)	Rheumatology	PSORIATIC SPONDYLITIS	0	1	Medical Necessity	
Outpatient	J0129	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)	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	0	2	Medical Necessity	
Outpatient	J0135	INJECTION, ADALIMUMAB, 20 MG	Rheumatology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	2	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE	1	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	3	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL	1	0		

Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	9	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	3	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE	1	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	3	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	2	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE	2	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	6	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE	1	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL	2	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	CENTRAL RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	3	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	CENTRAL RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	4	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	4	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	7	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, LEFT EYE, WITH RETINAL NEOVASCULARIZATION	1	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, BILATERAL, WITH MACULAR EDEMA	1	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	RETINAL TELANGIECTASIS, UNSPECIFIED EYE	2	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	3	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH INACTIVE CHOROIDAL NEOVASCULARIZATION	2	0		
Outpatient	J0178	INJECTION, AFLIBERCEPT, 1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, BILATERAL, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	4	0		
Outpatient	J0202	INJECTION, ALEMTUZUMAB, 1 MG	Oncology, Medical	MULTIPLE SCLEROSIS	1	0		
Outpatient	J0490	INJECTION, BELIMUMAB, 10 MG	Rheumatology	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLVEMENT UNSPECIFIED	4	0		
Outpatient	J0490	INJECTION, BELIMUMAB, 10 MG	Rheumatology	OTHER FORMS OF SYSTEMIC LUPUS ERYTHEMATOSUS	1	0		
Outpatient	J0490	INJECTION, BELIMUMAB, 10 MG	Rheumatology	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	5	0		
Outpatient	J0490	INJECTION, BELIMUMAB, 10 MG	Rheumatology	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	J0490	INJECTION, BELIMUMAB, 10 MG	Rheumatology	PERSONAL HISTORY OF OTHER DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE	0	1	Medical Necessity	
Outpatient	J0517	INJECTION, BENRALIZUMAB, 1 MG	Allergy & Immunology	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	7	0		
Outpatient	J0517	INJECTION, BENRALIZUMAB, 1 MG	Allergy & Immunology	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	2	0		
Outpatient	J0584	INJECTION, BUROSUMAB-TWZA 1 MG	orthopedic	FAMILIAL HYPOPHOSPHATEMIA	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	OTHER SOMATOFORM DISORDERS	1	0		

Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	SPASMODIC TORTICOLLIS	11	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	IDIOPATHIC OROFACIAL DYSTONIA	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	BLEPHAROSPASM	5	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	DYSTONIA, UNSPECIFIED	2	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVEMENT DISORDERS	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	2	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	3	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	25	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	8	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	36	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC TENSION-TYPE HEADACHE, NOT INTRACTABLE	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	OTHER HEADACHE SYNDROME	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CLONIC HEMIFACIAL SPASM, LEFT	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CLONIC HEMIFACIAL SPASM, UNSPECIFIED	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	OTHER CEREBRAL PALSY	2	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CEREBRAL PALSY, UNSPECIFIED	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	DISEASE OF SPINAL CORD, UNSPECIFIED	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	HEMIPLEGIA AND HEMIPARESIS FOLLOWING UNSPECIFIED CEREBROVASCULAR DISEASE AFFECTING RIGHT DOMINANT SIDE	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	LARYNGEAL SPASM	5	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	ANAL FISSURE, UNSPECIFIED	5	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	PRIMARY FOCAL HYPERHIDROSIS, AXILLA	5	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	PRIMARY FOCAL HYPERHIDROSIS, SOLES	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CERVICALGIA	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	OTHER MUSCLE SPASM	2	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	OTHER SPECIFIED DISORDERS OF MUSCLE	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	OVERACTIVE BLADDER	5	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	STRESS INCONTINENCE (FEMALE) (MALE)	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	URGE INCONTINENCE	2	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	HIRSCHSPRUNG'S DISEASE	2	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	OVERACTIVE BLADDER	0	1	Medical Necessity	
Outpatient	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	Neurology	COUGH	0	1	Medical Necessity	
Outpatient	J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	Neurology	SPASMODIC TORTICOLLIS	2	0		
Outpatient	J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	Neurology	SPASTIC QUADRIPLÉGIC CEREBRAL PALSY	2	0		
Outpatient	J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	Neurology	UNSPECIFIED ABNORMALITIES OF GAIT AND MOBILITY	1	0		
Outpatient	J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	Neurology	OTHER DYSTONIA	1	0		

Outpatient	J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	Neurology	SPASMODIC TORTICOLLIS	3	0		
Outpatient	J0717	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 ADMINISTERED)	Rheumatology	ARTHROPATHIC PSORIASIS, UNSPECIFIED	6	0		
Outpatient	J0717	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 ADMINISTERED)	Rheumatology	OTHER PSORIATIC ARTHROPATHY	1	0		
Outpatient	J0717	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 ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	2	0		
Outpatient	J0717	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 ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	5	0		
Outpatient	J0717	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 ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED	7	0		
Outpatient	J0717	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 ADMINISTERED)	Rheumatology	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	1	0		
Outpatient	J0717	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 ADMINISTERED)	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED	0	2	Medical Necessity	
Outpatient	J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	Obstetrics & Gynecology	OTHER OVARIAN DYSFUNCTION	1	0		
Outpatient	J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	2	0		
Outpatient	J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	Obstetrics & Gynecology	ENCOUNTER FOR MALE FACTOR INFERTILITY IN FEMALE PATIENT	1	0		
Outpatient	J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1	0		
Outpatient	J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	Obstetrics & Gynecology	ENCOUNTER FOR OTHER PROCREATIVE MANAGEMENT	1	0		
Outpatient	J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Hematology	SICKLE-CELL DISEASE WITHOUT CRISIS	1	0		
Outpatient	J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	Hematology	PAIN IN UNSPECIFIED JOINT	1	0		
Outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology	MALIGNANT NEOPLASM OF SIGMOID COLON	1	0		
Outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology	OTHER MYELODYSPLASTIC SYNDROMES	3	0		
Outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology	OTHER IRON DEFICIENCY ANEMIAS	1	0		
Outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology	ANEMIA IN CHRONIC KIDNEY DISEASE	3	0		
Outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology	NEUTROPENIA, UNSPECIFIED	1	0		
Outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology	MYELOFIBROSIS	3	0		
Outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	1	0		
Outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology	Chronic kidney disease, stage 3b	1	0		
Outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)	2	0		
Outpatient	J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Hematology	END STAGE RENAL DISEASE	3	0		
Outpatient	J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	Hematology	END STAGE RENAL DISEASE	2	0		
Outpatient	J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	Hematology	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	1	0		
Outpatient	J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	Hematology	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	1	0		

Outpatient	J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	Hematology	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED BRONCHUS AND LUNG	0	1	Medical Necessity	
Outpatient	J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	Hematology	ESSENTIAL (HEMORRHAGIC) THROMBOCYTHEMIA	0	1	Medical Necessity	
Outpatient	J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	Hematology	ANEMIA IN CHRONIC KIDNEY DISEASE	0	1	Medical Necessity	
Outpatient	J0887	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)	Hematology	ANEMIA IN CHRONIC KIDNEY DISEASE	2	0		
Outpatient	J0887	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)	Hematology	END STAGE RENAL DISEASE	1	0		
Outpatient	J0887	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)	Hematology	DEPENDENCE ON RENAL DIALYSIS	1	0		
Outpatient	J0887	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)	Hematology	END STAGE RENAL DISEASE	0	1	Medical Necessity	
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	2	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	4	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	2	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	MALIGNANT NEOPLASM OF PROSTATE	2	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	SECONDARY MALIGNANT NEOPLASM OF BONE	4	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	MULTIPLE MYELOMA IN REMISSION	1	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	GASTRO-ESOPHAGEAL REFLUX DISEASE WITH ESOPHAGITIS	1	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SITE, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	1	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	32	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	3	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	OTHER SPECIFIED DISORDERS OF BONE DENSITY AND STRUCTURE, RIGHT THIGH	1	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	WEDGE COMPRESSION FRACTURE OF FIRST LUMBAR VERTEBRA, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	LONG TERM (CURRENT) USE OF OTHER AGENTS AFFECTING ESTROGEN RECEPTORS AND ESTROGEN LEVELS	1	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	1	0		
Outpatient	J0897	INJECTION, DENOSUMAB, 1 MG	Internal Medicine	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	0	2	Medical Necessity	
Outpatient	J1300	INJECTION, ECULIZUMAB, 10 MG	Vendor	UNSPECIFIED OPTIC NEURITIS	1	0		
Outpatient	J1300	INJECTION, ECULIZUMAB, 10 MG	Vendor	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA "MARCHIAFAVA-MICHELII"	0	1	Medical Necessity	
Outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	hematology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	2	0		
Outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	hematology	OTHER IRON DEFICIENCY ANEMIAS	1	0		
Outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	hematology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	8	0		
Outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	hematology	ANEMIA, UNSPECIFIED	1	0		
Outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	hematology	IRON DEFICIENCY	1	0		
Outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	hematology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	0	1	Medical Necessity	
Outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	hematology	ACUTE POSTHEMORRHAGIC ANEMIA	0	1	Medical Necessity	
Outpatient	J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	hematology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	0	1	Medical Necessity	
Outpatient	J1442	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	Oncology, Medical	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	1	0		
Outpatient	J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	Oncology, Medical	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	0	1	Medical Necessity	

Outpatient	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN REMISSION	1	0		
Outpatient	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	LYMPHOID LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	IMMUNE THROMBOCYTOPENIC PURPURA	1	0		
Outpatient	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	3	0		
Outpatient	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	IMMUNODEFICIENCY WITH PREDOMINANTLY ANTIBODY DEFECTS, UNSPECIFIED	1	0		
Outpatient	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	MYASTHENIA GRAVIS WITHOUT (ACUTE) EXACERBATION	3	0		
Outpatient	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	LUNG TRANSPLANT REJECTION	1	0		
Outpatient	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	LUNG TRANSPLANT STATUS	1	0		
Outpatient	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Allergy & Immunology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	2	0		
Outpatient	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	Allergy & Immunology	DISORDER INVOLVING THE IMMUNE MECHANISM, UNSPECIFIED	1	0		
Outpatient	J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	3	0		
Outpatient	J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	OTHER DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	1	0		
Outpatient	J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	OTHER DERMATOMYOSITIS WITH MYOPATHY	1	0		
Outpatient	J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	FINDING OF OPIATE DRUG IN BLOOD	1	0		
Outpatient	J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	Allergy & Immunology	LUNG TRANSPLANT STATUS	2	0		
Outpatient	J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY WITH PREDOMINANT ABNORMALITIES OF B-CELL NUMBERS AND FUNCTION	2	0		
Outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Allergy & Immunology	HEREDITARY HYPOGAMMAGLOBULINEMIA	2	0		
Outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Allergy & Immunology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	2	0		
Outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Allergy & Immunology	OTHER IMMUNODEFICIENCIES WITH PREDOMINANTLY ANTIBODY DEFECTS	2	0		
Outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Allergy & Immunology	COMBINED IMMUNODEFICIENCY, UNSPECIFIED	1	0		
Outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY WITH PREDOMINANT ABNORMALITIES OF B-CELL NUMBERS AND FUNCTION	1	0		
Outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Allergy & Immunology	OTHER COMMON VARIABLE IMMUNODEFICIENCIES	1	0		
Outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Allergy & Immunology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	4	0		
Outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Allergy & Immunology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1	0		

Outpatient	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	Allergy & Immunology	ANTIBODY DEFICIENCY WITH NEAR-NORMAL IMMUNOGLOBULINS OR WITH HYPERIMMUNOGLOBULINEMIA	0	1	Medical Necessity	
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Hematology/Oncology	VIRAL INFECTION, UNSPECIFIED	1	0		
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Hematology/Oncology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	3	0		
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Hematology/Oncology	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G (IGG) SUBCLASSES	2	0		
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Hematology/Oncology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	3	0		
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Hematology/Oncology	OTHER SPECIFIED DISORDERS INVOLVING THE IMMUNE MECHANISM, NOT ELSEWHERE CLASSIFIED	2	0		
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Hematology/Oncology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	8	0		
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Hematology/Oncology	MULTIFOCAL MOTOR NEUROPATHY	2	0		
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Hematology/Oncology	DRUG-INDUCED POLYNEUROPATHY	1	0		
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Hematology/Oncology	MYASTHENIA GRAVIS WITH (ACUTE) EXACERBATION	3	0		
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Hematology/Oncology	OTHER INFLAMMATORY AND IMMUNE MYOPATHIES, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Hematology/Oncology	JUVENILE DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	1	0		
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Hematology/Oncology	DERMATOPOLYMYOSITIS, UNSPECIFIED WITH MYOPATHY	1	0		
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Hematology/Oncology	KIDNEY TRANSPLANT STATUS	1	0		
Outpatient	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON- LYOPHILIZED (E.G. LIQUID), 500 MG	Hematology/Oncology	OTHER INFLAMMATORY POLYNEUROPATHIES	2	0		
Outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Hematology/Oncology	IMMUNE THROMBOCYTOPENIC PURPURA	3	0		
Outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Hematology/Oncology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	2	0		
Outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Hematology/Oncology	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	2	0		
Outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Hematology/Oncology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	1	0		
Outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Hematology/Oncology	ARTERITIS, UNSPECIFIED	1	0		
Outpatient	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	Hematology/Oncology	ADULT FAILURE TO THRIVE	0	1	Medical Necessity	
Outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON- LYOPHILIZED, (E.G. LIQUID), 500 MG	Internal Medicine	IMMUNE THROMBOCYTOPENIC PURPURA	1	0		
Outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON- LYOPHILIZED, (E.G. LIQUID), 500 MG	Internal Medicine	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1	0		
Outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON- LYOPHILIZED, (E.G. LIQUID), 500 MG	Internal Medicine	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G (IGG) SUBCLASSES	1	0		

Outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON- LYOPHILIZED, (E.G. LIQUID), 500 MG	Internal Medicine	ANTIBODY DEFICIENCY WITH NEAR-NORMAL IMMUNOGLOBULINS OR WITH HYPERIMMUNOGLOBULINEMIA	1	0		
Outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON- LYOPHILIZED, (E.G. LIQUID), 500 MG	Internal Medicine	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED	1	0		
Outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON- LYOPHILIZED, (E.G. LIQUID), 500 MG	Internal Medicine	MULTIFOCAL MOTOR NEUROPATHY	2	0		
Outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON- LYOPHILIZED, (E.G. LIQUID), 500 MG	Internal Medicine	LUNG TRANSPLANT STATUS	1	0		
Outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON- LYOPHILIZED, (E.G. LIQUID), 500 MG	Internal Medicine	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G (IGG) SUBCLASSES	1	0		
Outpatient	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON- LYOPHILIZED, (E.G. LIQUID), 500 MG	Internal Medicine	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	0	1	Medical Necessity	
Outpatient	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	Allergy & Immunology	COMBINED IMMUNODEFICIENCY, UNSPECIFIED	1	0		
Outpatient	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	Allergy & Immunology	OTHER COMMON VARIABLE IMMUNODEFICIENCIES	2	0		
Outpatient	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	Allergy & Immunology	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	1	0		
Outpatient	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	Allergy & Immunology	STIFF-MAN SYNDROME	1	0		
Outpatient	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	Allergy & Immunology	MULTIPLE SCLEROSIS	2	0		
Outpatient	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	Allergy & Immunology	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	2	0		
Outpatient	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	Allergy & Immunology	POLYMYOSITIS WITH MYOPATHY	1	0		
Outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	ARTHROPATHIC PSORIASIS, UNSPECIFIED	1	0		
Outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	OTHER PSORIATIC ARTHROPATHY	2	0		
Outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HAND WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1	0		
Outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	11	0		
Outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	1	0		
Outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	7	0		
Outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	2	0		
Outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION	1	0		
Outpatient	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	Rheumatology	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	3	0		
Outpatient	J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	Obstetrics & Gynecology	SUPERVISION OF PREGNANCY WITH HISTORY OF PRE-TERM LABOR, SECOND TRIMESTER	2	0		
Outpatient	J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	Obstetrics & Gynecology	SUPERVISION OF PREGNANCY WITH HISTORY OF PRE-TERM LABOR, THIRD TRIMESTER	2	0		
Outpatient	J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	Obstetrics & Gynecology	SUPERVISION OF PREGNANCY WITH HISTORY OF PRE-TERM LABOR, UNSPECIFIED TRIMESTER	2	0		
Outpatient	J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	Obstetrics & Gynecology	SUPERVISION OF PREGNANCY WITH OTHER POOR REPRODUCTIVE OR OBSTETRIC HISTORY, FIRST TRIMESTER	1	0		
Outpatient	J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	Obstetrics & Gynecology	SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER	1	0		
Outpatient	J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	Obstetrics & Gynecology	PRETERM LABOR WITHOUT DELIVERY, THIRD TRIMESTER	1	0		

Outpatient	J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	Physician Assistant	SUPERVISION OF PREGNANCY WITH HISTORY OF PRE-TERM LABOR, SECOND TRIMESTER	1	0		
Outpatient	J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	Physician Assistant	SUPERVISION OF PREGNANCY WITH HISTORY OF PRE-TERM LABOR, UNSPECIFIED TRIMESTER	1	0		
Outpatient	J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	Physician Assistant	PERSONAL HISTORY OF PRE-TERM LABOR	2	0		
Outpatient	J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	Physician Assistant	SUPERVISION OF PREGNANCY WITH HISTORY OF PRE-TERM LABOR, SECOND TRIMESTER	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	MALIGNANT NEOPLASM OF CHEEK MUCOSA	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	VON WILLEBRAND'S DISEASE	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	OTHER SPECIFIED DISORDERS INVOLVING THE IMMUNE MECHANISM, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CHRONIC IRIDOCYCLITIS, BILATERAL	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	3	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA	2	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSPECIFIED COMPLICATIONS	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS	5	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF LARGE INTESTINE WITH RECTAL BLEEDING	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS	6	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	6	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH INTESTINAL OBSTRUCTION	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER COMPLICATION	2	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS	3	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	13	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	4	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE (CHRONIC) PROCTITIS WITH RECTAL BLEEDING	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	LEFT SIDED COLITIS WITH OTHER COMPLICATION	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	8	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED WITH RECTAL BLEEDING	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	PSORIASIS VULGARIS	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ARTHROPATHIC PSORIASIS, UNSPECIFIED	2	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY	2	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	PSORIATIC SPONDYLITIS	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	OTHER PSORIATIC ARTHROPATHY	2	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	PSORIASIS, UNSPECIFIED	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SITE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	8	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	5	0		

Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	RHEUMATOID ARTHRITIS, UNSPECIFIED	2	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE	2	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE	2	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	DIARRHEA, UNSPECIFIED	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	OTHER SPECIFIED ABNORMAL IMMUNOLOGICAL FINDINGS IN SERUM	1	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	2	0		
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS	0	1	Medical Necessity	
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	0	1	Medical Necessity	
Outpatient	J1745	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	0	2	Medical Necessity	
Outpatient	J1930	INJECTION, LANREOTIDE, 1 MG	Oncology, Medical	MALIGNANT CARCINOID TUMOR OF UNSPECIFIED SITE	1	0		
Outpatient	J1930	INJECTION, LANREOTIDE, 1 MG	Oncology, Medical	OTHER MALIGNANT NEUROENDOCRINE TUMORS	1	0		
Outpatient	J1930	INJECTION, LANREOTIDE, 1 MG	Oncology, Medical	ACROMEGALY AND PITUITARY GIGANTISM	1	0		
Outpatient	J2182	INJECTION, MEPOLIZUMAB, 1 MG	Critical Care Medicine	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	1	0		
Outpatient	J2182	INJECTION, MEPOLIZUMAB, 1 MG	Critical Care Medicine	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	5	0		
Outpatient	J2182	INJECTION, MEPOLIZUMAB, 1 MG	Critical Care Medicine	PULMONARY EOSINOPHILIA, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	J2323	INJECTION, NATALIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	8	0		
Outpatient	J2350	INJECTION, OCRELIZUMAB, 1 MG	Neurology	MULTIPLE SCLEROSIS	26	0		
Outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED	6	0		
Outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	1	0		
Outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED	15	0		
Outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	1	0		
Outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	UNSPECIFIED ASTHMA, UNCOMPLICATED	1	0		
Outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	29	0		
Outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	OTHER URTICARIA	2	0		
Outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION	1	0		
Outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	2	0		
Outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	OTHER URTICARIA	1	0		
Outpatient	J2357	INJECTION, OMALIZUMAB, 5 MG	Allergy & Immunology	IDIOPATHIC URTICARIA	0	1	Medical Necessity	
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF RECTUM	2	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF BODY OF PANCREAS	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1	0		

Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED BRONCHUS AND LUNG	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	2	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	5	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	4	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	3	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	2	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	4	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF ENDOMETRIUM	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED FALLOPIAN TUBE	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF PROSTATE	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF LEFT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	NODULAR SCLEROSIS HODGKIN LYMPHOMA, UNSPECIFIED SITE	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	2	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	9	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	NEUTROPENIA, UNSPECIFIED	3	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	DECREASED WHITE BLOOD CELL COUNT, UNSPECIFIED	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	ADVERSE EFFECT OF ANTINEOPLASTIC AND IMMUNOSUPPRESSIVE DRUGS, INITIAL ENCOUNTER	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	1	0		
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	0	1	Medical Necessity	
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	J2505	INJECTION, PEGFILGRASTIM, 6 MG	Oncology, Medical	NEUTROPENIA, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE	1	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE	1	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1	0		

Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE	1	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE	1	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	2	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, RIGHT EYE	1	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE	1	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE	1	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	CENTRAL RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	3	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	CENTRAL RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	1	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	2	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	2	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	RETINAL NEOVASCULARIZATION, UNSPECIFIED, LEFT EYE	2	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, LEFT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	2	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, BILATERAL, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	1	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	VITREOUS HEMORRHAGE, BILATERAL	1	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	DEGENERATIVE MYOPIA WITH CHOROIDAL NEOVASCULARIZATION, RIGHT EYE	1	0		
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE	0	1		Medical Necessity
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE	0	1		Medical Necessity
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	0	1		Medical Necessity
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	0	2		Medical Necessity
Outpatient	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	Ophthalmology	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, LEFT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	0	1		Medical Necessity
Outpatient	J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1	0		
Outpatient	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Neurology	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS	1	0		
Outpatient	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	Neurology	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	2	0		
Outpatient	J3111	INJECTION, ROMOSUZUMAB-AQQG, 1 MG	Rheumatology	AGE-RELATED OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE	2	0		
Outpatient	J3145	INJECTION, TESTOSTERONE UNDECANOATE, 1 MG	urologist	TESTICULAR HYPOFUNCTION	1	0		
Outpatient	J3241	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	Ophthalmology	THYROTOXICOSIS WITH DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM	1	0		

Outpatient	J3262	INJECTION, TOCILIZUMAB, 1 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	3	0		
Outpatient	J3262	INJECTION, TOCILIZUMAB, 1 MG	Rheumatology	RHEUMATOID ARTHRITIS, UNSPECIFIED	1	0		
Outpatient	J3262	INJECTION, TOCILIZUMAB, 1 MG	Rheumatology	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	0	1	Medical Necessity	
Outpatient	J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	Rheumatology	TRANSSEXUALISM	1	0		
Outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Rheumatology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	1	0		
Outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Rheumatology	CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION	1	0		
Outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Rheumatology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1	0		
Outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Rheumatology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH RECTAL BLEEDING	1	0		
Outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Rheumatology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1	0		
Outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Rheumatology	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	1	0		
Outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Rheumatology	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	1	0		
Outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Rheumatology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1	0		
Outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Rheumatology	DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY	1	0		
Outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Rheumatology	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS	0	1	Medical Necessity	
Outpatient	J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	Rheumatology	ARTHROPATHIC PSORIASIS, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	2	0		
Outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION	1	0		
Outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	1	0		
Outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH RECTAL BLEEDING	2	0		
Outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1	0		
Outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	1	0		
Outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	1	0		
Outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	1	0		
Outpatient	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	Gastroenterology	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	0	1	Medical Necessity	
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Rheumatology	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS	4	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Rheumatology	CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION	1	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Rheumatology	CROHN'S DISEASE OF LARGE INTESTINE WITH RECTAL BLEEDING	1	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Rheumatology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS	4	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Rheumatology	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER COMPLICATION	2	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Rheumatology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	9	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Rheumatology	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS	2	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Rheumatology	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING	1	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Rheumatology	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSPECIFIED COMPLICATIONS	1	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Rheumatology	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	1	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Rheumatology	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	1	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Rheumatology	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS	4	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Rheumatology	ULCERATIVE COLITIS, UNSPECIFIED WITH FISTULA	1	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Rheumatology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	1	0		
Outpatient	J3380	INJECTION, VEDOLIZUMAB, 1 MG	Rheumatology	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS	0	1	Medical Necessity	
Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiovascular Disease	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		

Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiovascular Disease	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiovascular Disease	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	1	0		
Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiovascular Disease	COMBINED IMMUNODEFICIENCY, UNSPECIFIED	1	0		
Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiovascular Disease	THYROTOXICOSIS WITH DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM	1	0		
Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiovascular Disease	FAMILIAL HYPERCHOLESTEROLEMIA	1	0		
Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiovascular Disease	DISORDER OF PHOSPHORUS METABOLISM, UNSPECIFIED	1	0		
Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiovascular Disease	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE	1	0		
Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiovascular Disease	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES	5	0		
Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiovascular Disease	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	1	0		
Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiovascular Disease	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	1	0		
Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiovascular Disease	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	2	0		
Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiovascular Disease	ENDOMETRIOSIS OF UTERUS	1	0		
Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiovascular Disease	FEMALE INFERTILITY, UNSPECIFIED	1	0		
Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiovascular Disease	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiovascular Disease	MIXED HYPERLIPIDEMIA	0	1	Medical Necessity	
Outpatient	J3490	UNCLASSIFIED DRUGS	Cardiovascular Disease	ENCOUNTER FOR NONPROCREATIVE SCREENING FOR GENETIC DISEASE CARRIER STATUS	0	1	Medical Necessity	
Outpatient	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	Hematology	HEREDITARY FACTOR VIII DEFICIENCY	4	0		
Outpatient	J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	Hospital	VON WILLEBRAND'S DISEASE	2	0		
Outpatient	J7189	FACTOR VIIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOSEVEN RT), 1 MICROGRAM	Hematology	HEREDITARY FACTOR VIII DEFICIENCY	1	0		
Outpatient	J7189	FACTOR VIIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	Hematology	HEREDITARY FACTOR VIII DEFICIENCY	1	0		
Outpatient	J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	Hematology	HEREDITARY FACTOR VIII DEFICIENCY	3	0		
Outpatient	J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	Hematology	HEREDITARY FACTOR VIII DEFICIENCY	8	0		
Outpatient	J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	Hematology	HEREDITARY FACTOR IX DEFICIENCY	1	0		
Outpatient	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	Hematology	HEREDITARY FACTOR IX DEFICIENCY	3	0		
Outpatient	J7205	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	Hematology	HEREDITARY FACTOR VIII DEFICIENCY	2	0		
Outpatient	J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	Hematology	HEREDITARY FACTOR VIII DEFICIENCY	3	0		
Outpatient	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	Hematology	HEREDITARY FACTOR VIII DEFICIENCY	1	0		
Outpatient	J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (LILETTA), 52 MG	Obstetrics & Gynecology	ENCOUNTER FOR INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE	1	0		
Outpatient	J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	0	2	Medical Necessity	
Outpatient	J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	0	1	Medical Necessity	

Outpatient	J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	0	2	Medical Necessity	
Outpatient	J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	Surgery, Orthopedic	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	0	1	Medical Necessity	
Outpatient	J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED SITE	1	0		
Outpatient	J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	Surgery, Orthopedic	CHONDROMALACIA, RIGHT KNEE	1	0		
Outpatient	J7401	MOMETASONE FUROATE SINUS IMPLANT, 10 MICROGRAMS	Otolaryngology	CHRONIC MAXILLARY SINUSITIS	1	0		
Outpatient	J7686	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG	pulmonary	PRIMARY PULMONARY HYPERTENSION	1	0		
Outpatient	J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	Nurse Practitioner	CHRONIC VIRAL HEPATITIS C	1	0		
Outpatient	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1	0		
Outpatient	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED BRONCHUS AND LUNG	1	0		
Outpatient	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG	1	0		
Outpatient	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	Oncology, Medical	OTHER MALIGNANT NEUROENDOCRINE TUMORS	1	0		
Outpatient	J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG	Hematology/Oncology	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG	Hematology/Oncology	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF RECTUM	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED BRONCHUS AND LUNG	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF TEMPORAL LOBE	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE	2	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, RIGHT EYE	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE	3	0		

Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	5	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	2	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	3	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE	4	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE	2	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL	7	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE	2	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL	2	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	CENTRAL RETINAL VEIN OCCLUSION, RIGHT EYE, WITH MACULAR EDEMA	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	CENTRAL RETINAL VEIN OCCLUSION, LEFT EYE, STABLE	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	TRIBUTARY (BRANCH) RETINAL VEIN OCCLUSION, LEFT EYE, WITH MACULAR EDEMA	3	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	OTHER NON-DIABETIC PROLIFERATIVE RETINOPATHY, RIGHT EYE	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, RIGHT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	4	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, LEFT EYE, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	2	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	EXUDATIVE AGE-RELATED MACULAR DEGENERATION, BILATERAL, WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	2	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	CYSTOID MACULAR DEGENERATION, LEFT EYE	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	CENTRAL SEROUS CHORIORETINOPATHY, BILATERAL	1	0		
Outpatient	J9035	INJECTION, BEVACIZUMAB, 10 MG	Oncology, Medical	VITREOUS HEMORRHAGE, RIGHT EYE	1	0		
Outpatient	J9041	INJECTION, BORTEZOMIB (VELCADE), 0.1 MG	Oncology, Medical	MONOCLONAL GAMMOPATHY	1	0		
Outpatient	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	Oncology, Medical	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	Oncology, Medical	NODULAR SCLEROSIS HODGKIN LYMPHOMA, UNSPECIFIED SITE	1	0		
Outpatient	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	Oncology, Medical	OTHER HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	J9055	INJECTION, CETUXIMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF SIGMOID COLON	1	0		
Outpatient	J9055	INJECTION, CETUXIMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF RECTUM	1	0		
Outpatient	J9055	INJECTION, CETUXIMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF GLOTTIS	1	0		
Outpatient	J9055	INJECTION, CETUXIMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	1	0		
Outpatient	J9145	INJECTION, DARATUMUMAB, 10 MG	Hematology/Oncology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	4	0		
Outpatient	J9145	INJECTION, DARATUMUMAB, 10 MG	Hematology/Oncology	MULTIPLE MYELOMA IN RELAPSE	1	0		
Outpatient	J9145	INJECTION, DARATUMUMAB, 10 MG	Hematology/Oncology	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	0	1	Medical Necessity	
Outpatient	J9173	INJECTION, DURVALUMAB, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG	2	0		

Outpatient	J9173	INJECTION, DURVALUMAB, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	J9173	INJECTION, DURVALUMAB, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	1	0		
Outpatient	J9173	INJECTION, DURVALUMAB, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	J9173	INJECTION, DURVALUMAB, 10 MG	Hematology/Oncology	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG	1	0		
Outpatient	J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG	Oncology, Medical	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER	1	0		
Outpatient	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	2	0		
Outpatient	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Oncology, Medical	MALIGNANT NEOPLASM OF PROSTATE	3	0		
Outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Oncology, Medical	MALIGNANT NEOPLASM OF PROSTATE	11	0		
Outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	0	1	Medical Necessity	
Outpatient	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION) 7.5 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	0	1	Medical Necessity	
Outpatient	J9228	INJECTION, IPILIMUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1	0		
Outpatient	J9228	INJECTION, IPILIMUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	3	0		
Outpatient	J9228	INJECTION, IPILIMUMAB, 1 MG	Oncology, Medical	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
Outpatient	J9228	INJECTION, IPILIMUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	2	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG	3	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED BRONCHUS AND LUNG	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	2	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT MELANOMA OF SCALP AND NECK	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT MELANOMA OF LEFT UPPER LIMB, INCLUDING SHOULDER	1	0		

Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF RIGHT OVARY	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED URINARY ORGANS	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF ETHMOIDAL SINUS	0	1		Medical Necessity
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	0	1		Medical Necessity
Outpatient	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	0	1		Medical Necessity
Outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CHEEK MUCOSA	1	0		
Outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED	2	0		
Outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG	1	0		
Outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology, Medical	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP	1	0		
Outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS	2	0		
Outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS	7	0		
Outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK	1	0		
Outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF PELVIS	1	0		
Outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology, Medical	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT	1	0		
Outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology, Medical	NODULAR SCLEROSIS HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology, Medical	ENCOUNTER FOR OTHER SPECIFIED PROPHYLACTIC MEASURES	1	0		
Outpatient	J9299	INJECTION, NIVOLUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	0	1		Medical Necessity
Outpatient	J9303	INJECTION, PANITUMUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF SIGMOID COLON	1	0		
Outpatient	J9303	INJECTION, PANITUMUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	1	0		
Outpatient	J9303	INJECTION, PANITUMUMAB, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF RECTUM	2	0		
Outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	2	0		
Outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	4	0		
Outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	5	0		
Outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	2	0		
Outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		
Outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	3	0		
Outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology, Medical	ESTROGEN RECEPTOR POSITIVE STATUS (ER+)	1	0		

Outpatient	J9306	INJECTION, PERTUZUMAB, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	0	1	Medical Necessity	
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	MANTLE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES	1	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	BURKITT LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE	2	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN REMISSION	1	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	ANTIPHOSPHOLIPID SYNDROME	1	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	IMMUNE THROMBOCYTOPENIC PURPURA	2	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	THROMBOCYTOPENIA, UNSPECIFIED	2	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	ARTERITIS, UNSPECIFIED	1	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	2	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES	1	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	1	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	RHEUMATOID ARTHRITIS, UNSPECIFIED	3	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	WEGENER'S GRANULOMATOSIS WITHOUT RENAL INVOLVEMENT	1	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	OTHER ORGAN OR SYSTEM INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS	1	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	JUVENILE DERMATOMYOSITIS, ORGAN INVOLVEMENT UNSPECIFIED	1	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	DERMATOPOLYMYOSITIS, UNSPECIFIED WITH MYOPATHY	1	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	DERMATOPOLYMYOSITIS, UNSPECIFIED WITH OTHER ORGAN INVOLVEMENT	1	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	UNSPECIFIED NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES	1	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	TRISOMY 21, NONMOSAICISM (MEIOTIC NONDISJUNCTION)	1	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	1	0		
Outpatient	J9312	INJECTION, RITUXIMAB, 10 MG	Nurse Practitioner	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	0	1	Medical Necessity	
Outpatient	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	1	0		
Outpatient	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	Oncology, Medical	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE	1	0		
Outpatient	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	Oncology, Medical	ESTROGEN RECEPTOR NEGATIVE STATUS YER-"	1	0		
Outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	1	0		
Outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CARDIA	1	0		
Outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED	1	0		
Outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST	2	0		

Outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1	0		
Outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	3	0		
Outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		
Outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology, Medical	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	4	0		
Outpatient	J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR, 10 MG	Oncology, Medical	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	DME Vendor	MULTIPLE SCLEROSIS	0	1	Medical Necessity	
Outpatient	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	DME Vendor	CEREBRAL PALSY, UNSPECIFIED	1	0		
Outpatient	L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	DME Vendor	SPINAL STENOSIS, LUMBOSACRAL REGION	1	0		
Outpatient	L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	DME Vendor	FUSION OF SPINE, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated	DME Vendor	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated	DME Vendor	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated	DME Vendor	LOW BACK PAIN	1	0		

Outpatient	L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE	DME Vendor	ACQUIRED ABSENCE OF LEFT LEG ABOVE KNEE	1	0		
Outpatient	L5530	PREPARATORY, BELOW KNEE PTB TYPE SOCKET , NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	DME Vendor	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1	0		
Outpatient	L5624	S/A L5618, ABOVE KNEE	DME Vendor	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN LEFT HIP AND KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	L5631	ACRYLIC SOCKET ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION,	DME Vendor	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN LEFT HIP AND KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	DME Vendor	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN LEFT HIP AND KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	L5650	DISARTICULATION SOCKET ADD TO LOW EXT, TOTAL CONTRACT, ABOVE KNEE	DME Vendor	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN LEFT HIP AND KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	L5651	EXTERNAL FRAME ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET,	DME Vendor	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN LEFT HIP AND KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING	DME Vendor	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN LEFT HIP AND KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	DME Vendor	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN LEFT HIP AND KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	L5701	ATTACHMENT PLATE, MOLDED TO PATIENT MODEL REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING	DME Vendor	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN LEFT HIP AND KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	DME Vendor	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN LEFT HIP AND KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	L5950	(TITANIUM, CARBON FIBER OR EQUAL) ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL	DME Vendor	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN LEFT HIP AND KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON.	DME Vendor	COMPLETE TRAUMATIC AMPUTATION OF UNSPECIFIED LOWER LEG, LEVEL UNSPECIFIED, INITIAL ENCOUNTER	1	0		
Outpatient	L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON.	DME Vendor	ACQUIRED ABSENCE OF LEFT LEG BELOW KNEE	1	0		
Outpatient	L5999	LOWER EXTREMITY PROTHESIS, NOT OTHERWISE SPECIFIED	DME Vendor	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN RIGHT HIP AND KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	L5999	LOWER EXTREMITY PROTHESIS, NOT OTHERWISE SPECIFIED	DME Vendor	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN LEFT HIP AND KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	DME Vendor	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN LEFT HIP AND KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES.	DME Vendor	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN LEFT HIP AND KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	DME Vendor	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN LEFT HIP AND KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	DME Vendor	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN LEFT HIP AND KNEE, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	L8614	COCHLEAR DEVICE/SYSTEM	DME Vendor	SENSORINEURAL HEARING LOSS, BILATERAL	1	0		
Outpatient	L8614	COCHLEAR DEVICE/SYSTEM	DME Vendor	UNSPECIFIED SENSORINEURAL HEARING LOSS	1	0		
Outpatient	L8614	COCHLEAR DEVICE/SYSTEM	DME Vendor	UNSPECIFIED SENSORINEURAL HEARING LOSS	0	1	Medical Necessity	
Outpatient	L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Otolaryngology	SENSORINEURAL HEARING LOSS, BILATERAL	1	0		
Outpatient	L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	Surgery, Neurological	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB	1	0		
Outpatient	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	Surgery, Neurological	CHRONIC PAIN SYNDROME	5	0		
Outpatient	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	Surgery, Neurological	COMPLEX REGIONAL PAIN SYNDROME I, UNSPECIFIED	2	0		

Outpatient	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	Surgery, Neurological	COMPLEX REGIONAL PAIN SYNDROME I OF RIGHT LOWER LIMB	1	0		
Outpatient	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	Surgery, Neurological	PAIN IN THORACIC SPINE	1	0		
Outpatient	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	4	0		
Outpatient	L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	Surgery, Neurological	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR, REPLACEMENT ONLY	Surgery, Neurological	OTHER CHRONIC PAIN	1	0		
Outpatient	L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	Surgery, Neurological	CHRONIC PAIN SYNDROME	1	0		
Outpatient	L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	Surgery, Neurological	RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	Surgery, Neurological	CHRONIC PAIN SYNDROME	1	0		
Outpatient	L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	Surgery, Neurological	COMPLEX REGIONAL PAIN SYNDROME I, UNSPECIFIED	1	0		
Outpatient	L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	Surgery, Neurological	NEURALGIA AND NEURITIS, UNSPECIFIED	1	0		
Outpatient	L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	Surgery, Neurological	POSTLAMINECTOMY SYNDROME, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	otolaryngology	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, LEFT EAR	1	0		
Outpatient	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	otolaryngology	CONDUCTIVE HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	otolaryngology	SENSORINEURAL HEARING LOSS, UNILATERAL, RIGHT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	otolaryngology	SENSORINEURAL HEARING LOSS, UNILATERAL, LEFT EAR, WITH RESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	otolaryngology	SUDDEN IDIOPATHIC HEARING LOSS, LEFT EAR	1	0		
Outpatient	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	otolaryngology	SCAR CONDITIONS AND FIBROSIS OF SKIN	1	0		
Outpatient	L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	otolaryngology	CONDUCTIVE HEARING LOSS, UNILATERAL, LEFT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT	otolaryngology	CONDUCTIVE HEARING LOSS, UNILATERAL, RIGHT EAR, WITH UNRESTRICTED HEARING ON THE CONTRALATERAL SIDE	1	0		
Outpatient	L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT	otolaryngology	CONGENITAL MALFORMATION OF EAR, UNSPECIFIED	1	0		
Outpatient	L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT	otolaryngology	CONGENITAL MALFORMATION OF EAR, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	NPR	(TITANIUM, CARBON FIBER OR EQUAL) ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRALIGHT MATERIAL	Non Par	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	1	0		

Outpatient	NPR	3-DIMENSIONAL RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	NPR	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	Non Par	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	NPR	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	Non Par	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	NPR	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	Surgery, Plastic and Reconstructive	URETHRAL FISTULA	1	0		
Outpatient	NPR	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	DME Vendor	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	NPR	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, RECOMBINANT OR PURIFIED COMPONENT, EACH	Non Par	ANAPHYLACTIC REACTION DUE TO MILK AND DAIRY PRODUCTS, INITIAL ENCOUNTER	1	0		
Outpatient	NPR	ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN	Non Par	SECONDARY MAST CELL ACTIVATION	1	0		
Outpatient	NPR	ANGIOGRAPHY, EXTREMITY, BILATERAL; SUPERVISION AND INTERPRETATION ONLY	Non Par	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1	0		
Outpatient	NPR	ANTEPARTUM CARE ONLY; 4-6 VISITS	Obstetrics & Gynecology	SINGLE LIVEBORN INFANT, DELIVERED VAGINALLY	1	0		
Outpatient	NPR	ANTEPARTUM CARE ONLY; 4-6 VISITS	Obstetrics & Gynecology	ENCOUNTER FOR ROUTINE POSTPARTUM FOLLOW-UP	0	1	Medical Necessity	
Outpatient	NPR	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	Obstetrics & Gynecology	ENCOUNTER FOR SUPERVISION OF OTHER NORMAL PREGNANCY, UNSPECIFIED TRIMESTER	1	0		
Outpatient	NPR	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	Obstetrics & Gynecology	ENCOUNTER FOR ROUTINE POSTPARTUM FOLLOW-UP	0	1	Medical Necessity	
Outpatient	NPR	AORTOGRAPHY, ABDOMINAL, TRANSLUMBAR, BY SERIALOGRAPHY; SUPERVISION AND INTERPRETATION ONLY	Non Par	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1	0		
Outpatient	NPR	Application of a modality to one or more areas; ultrasound, each 15 minutes	Chiropractor	MUSCLE WEAKNESS (GENERALIZED)	1	0		
Outpatient	NPR	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DESKECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	NPR	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL ; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	NPR	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION)	Surgery, Orthopedic	OTHER SPECIFIED DISORDERS OF CARTILAGE, OTHER SITE	0	1	Medical Necessity	
Outpatient	NPR	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF THE AUTOGRAFT[S])	Surgery, Orthopedic	OTHER SPECIFIED DISORDERS OF CARTILAGE, OTHER SITE	0	1	Medical Necessity	
Outpatient	NPR	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	Surgery, Orthopedic	BICIPITAL TENDINITIS, UNSPECIFIED SHOULDER	1	0		
Outpatient	NPR	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH CORACOACROMIAL LIGAMENT (IE, ARCH) RELEASE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	BICIPITAL TENDINITIS, UNSPECIFIED SHOULDER	1	0		
Outpatient	NPR	AUTOMATIC EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	Non Par	DILATED CARDIOMYOPATHY	1	0		
Outpatient	NPR	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, CALCULATION OF NON-IONIZING RADIATION SURFACE AND DEPTH DO, AS REQUIRED DURING COURSE OF TREATMENT, ONLY	Radiation Oncology	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	NPR	BED CRADLE, ANY TYPE	Non Par	AMYOTROPHIC LATERAL SCLEROSIS	1	0		
Outpatient	NPR	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	Non Par	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	NPR	BLOOD COUNT; COMPLETE (CBC)K AUTOMATED (HGB, HCT, RBC, WBC, AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	Non Par	ANAPHYLACTIC REACTION DUE TO TREE NUTS AND SEEDS, INITIAL ENCOUNTER	1	0		

Outpatient	NPR	BREAST RECONSTRUCTION OF A SINGLE BREAST WITH "STACKED" DEPP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP(S) AND/OR GLUTEAL ARTERY PERFORATOR (GAP) FLAP(S), INCLUDING HARVESTING OF THE FLAP(S), MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE(S) AND SHAPING T	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	NPR	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	NPR	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	NPR	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	1	0		
Outpatient	NPR	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	Surgery, Plastic and Reconstructive	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	1	0		
Outpatient	NPR	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS	Pediatric Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	NPR	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS	Pediatric Orthopedic	SCIATICA, UNSPECIFIED SIDE	0	1	Medical Necessity	
Outpatient	NPR	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Otolaryngology	SENSORINEURAL HEARING LOSS, BILATERAL	1	0		
Outpatient	NPR	COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: ALBUMIN (82040) BILIRUBIN, TOTAL (82247) CALCIUM, TOTAL (82310) CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) PHOSPHATASE, ALKALINE (84075) PO	Non Par	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	0	1	Medical Necessity	
Outpatient	NPR	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANC OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION IN SUPPORT OF THE RADIATION ONCOLOGIST, REPORTED PER WEEK OF THERAPY	Non Par	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	NPR	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE, EACH 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Pediatric Orthopedic	SCIATICA, UNSPECIFIED SIDE	0	1	Medical Necessity	
Outpatient	NPR	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE OR NEARBY) OR FOR MONITORING OF MORE THAN ONE CASE WHILEIN THE OPERATING ROOM, PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Surgery, Orthopedic	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	NPR	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH FIRST METATARSAL AND MEDIAL CUNEIFORM JOINT ARTHRODESIS, ANY METHOD	Non Par	PAIN IN RIGHT FOOT	1	0		
Outpatient	NPR	C-REACTIVE PROTEIN;	Non Par	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	0	1	Medical Necessity	
Outpatient	NPR	CREATION OF ARTERIOVENOUS FISTULA, PERCUTANEOUS; DIRECT, ANY SITE, INCLUDING ALL IMAGING AND RADIOLOGIC SUPERVISION AND INTERPRETATION, WHEN PERFORMED AND SECONDARY PROCEDURES TO REDIRECT BLOOD FLOW (E.G., TRANSLUMINAL BALLOON ANGIOPLASTY, COIL EMBOLIZ	Non Par	ARTERIOVENOUS FISTULA, ACQUIRED	1	0		
Outpatient	NPR	CREATION OF ARTERIOVENOUS FISTULA, PERCUTANEOUS USING MAGNETIC-GUIDED ARTERIAL AND VENOUS CATHETERS AND RADIOFREQUENCY ENERGY, INCLUDING FLOW-DIRECTING PROCEDURES (E.G., VASCULAR COIL EMBOLIZATION WITH RADIOLOGIC SUPERVISION AND INTERPRETATION, WHEN PERF	Non Par	ARTERIOVENOUS FISTULA, ACQUIRED	1	0		
Outpatient	NPR	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT; FIRST 30-74 MINUTES	Non Par	ENCOUNTER FOR SUPERVISION OF OTHER NORMAL PREGNANCY, UNSPECIFIED TRIMESTER	0	1	Medical Necessity	

Outpatient	NPR	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	Non Par	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	NPR	DEFINITIVE OBTURATOR PROSTHESIS	Non Par	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	NPR	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE (S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	Vascular & Interventional Radiology	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	1	0		
Outpatient	NPR	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Non Par	OTHER SPONDYLOSIS, LUMBOSACRAL REGION	1	0		
Outpatient	NPR	DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND/OR GROSS MOTOR, LANGUAGE, COGNITIVE LEVEL, SOCIAL, MEMORY AND/OR EXECUTIVE FUNCTIONS BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS WHEN PERFORMED), BY PHYSICIAN OR OTHER QUALIFIED HEALTH CAR	Non Par	OTHER SPECIFIED DISORDERS OF MUSCLE	2	0		
Outpatient	NPR	DIALYSIS CIRCUIT PERMANENT VASCULAR EMBOLIZATION OR OCCLUSION (INCLUDING MAIN CIRCUIT OR ANY ACCESSORY VEINS), ENDOVASCULAR, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO COMPLETE THE INTERVENTION (LIST SEPARATELY IN	Non Par	STRICTURE OF ARTERY	0	1	Medical Necessity	
Outpatient	NPR	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Skilled Nursing	ISCHEMIC CARDIOMYOPATHY	1	0		
Outpatient	NPR	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Skilled Nursing	CELLULITIS OF RIGHT UPPER LIMB	1	0		
Outpatient	NPR	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	Non Par	LESION OF ULNAR NERVE, LEFT UPPER LIMB	1	0		
Outpatient	NPR	DRUG TEST(S), DEFINITIVE, UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/	Non Par	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBOSACRAL REGION	1	0		
Outpatient	NPR	DRUG TEST(S), DEFINITIVE, UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/	Non Par	OTHER LONG TERM (CURRENT) DRUG THERAPY	1	0		
Outpatient	NPR	DRUG TEST(S), DEFINITIVE, UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/	Non Par	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	0	1	Medical Necessity	
Outpatient	NPR	DRUG TEST(S), DEFINITIVE, UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/	Non Par	OTHER LONG TERM (CURRENT) DRUG THERAPY	0	5	Medical Necessity	
Outpatient	NPR	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (	Non Par	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	1	0		
Outpatient	NPR	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (	Non Par	OTHER LONG TERM (CURRENT) DRUG THERAPY	1	0		

Outpatient	NPR	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (	Non Par	DRUG ABUSE COUNSELING AND SURVEILLANCE OF DRUG ABUSER	0	1	Medical Necessity	
Outpatient	NPR	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (	Non Par	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	0	1	Medical Necessity	
Outpatient	NPR	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (	Non Par	OTHER LONG TERM (CURRENT) DRUG THERAPY	0	1	Medical Necessity	
Outpatient	NPR	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; BY INSTRUMENT CHEMISTRY ANALYZERS (EG, UTILIZING IMMUNOASSAY [EG, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), CHROMATOGRAPHY (EG, GC, HPLC), AND MASS SPECTROMETRY EI	Non Par	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	1	0		
Outpatient	NPR	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; BY INSTRUMENT CHEMISTRY ANALYZERS (EG, UTILIZING IMMUNOASSAY [EG, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), CHROMATOGRAPHY (EG, GC, HPLC), AND MASS SPECTROMETRY EI	Non Par	OTHER LONG TERM (CURRENT) DRUG THERAPY	2	0		
Outpatient	NPR	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; BY INSTRUMENT CHEMISTRY ANALYZERS (EG, UTILIZING IMMUNOASSAY [EG, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), CHROMATOGRAPHY (EG, GC, HPLC), AND MASS SPECTROMETRY EI	Non Par	CHRONIC PAIN SYNDROME	0	1	Medical Necessity	
Outpatient	NPR	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; BY INSTRUMENT CHEMISTRY ANALYZERS (EG, UTILIZING IMMUNOASSAY [EG, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), CHROMATOGRAPHY (EG, GC, HPLC), AND MASS SPECTROMETRY EI	Non Par	OTHER LONG TERM (CURRENT) DRUG THERAPY	0	5	Medical Necessity	
Outpatient	NPR	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW FOR PREOPERATIVE VESSEL ASSESSMENT PRIOR TO CREATION OF HEMODIALYSIS ACCESS COMPLETE; BILATERAL STUDY	Non Par	ARTERIOVENOUS FISTULA, ACQUIRED	1	0		
Outpatient	NPR	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW FOR PREOPERATIVE VESSEL ASSESSMENT PRIOR TO CREATION OF HEMODIALYSIS ACCESS COMPLETE; UNILATERAL STUDY	Non Par	ARTERIOVENOUS FISTULA, ACQUIRED	1	0		
Outpatient	NPR	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)	DME	FOOT DROP, RIGHT FOOT	0	1	Medical Necessity	
Outpatient	NPR	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)	DME	OTHER INSTABILITY, LEFT KNEE	0	1	Medical Necessity	
Outpatient	NPR	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	DME	SPONDYLOLISTHESIS, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	NPR	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Non Par	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	NPR	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Non Par	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	NPR	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	Non Par	ABNORMAL ELECTROENCEPHALOGRAM (EEG)	1	0		
Outpatient	NPR	ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY)	Non Par	SCIATICA, UNSPECIFIED SIDE	0	1	Medical Necessity	

Outpatient	NPR	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND DROWSY	Non Par	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	NPR	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND DROWSY	Non Par	OTHER ABNORMALITIES OF GAIT AND MOBILITY	0	1	Medical Necessity	
Outpatient	NPR	ELECTROENCEPHALOGRAM (EEG) WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	Non Par	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	NPR	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS OF EEG RECORDING, INTERPRE	Non Par	UNSPECIFIED CONVULSIONS	1	0		
Outpatient	NPR	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Non Par	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	NPR	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Non Par	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	NPR	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Non Par	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	NPR	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Non Par	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS	1	0		
Outpatient	NPR	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS WITH INTERMITTENT MONITORING AND MAINTENANCE	Non Par	UNSPECIFIED CONVULSIONS	1	0		
Outpatient	NPR	ENDOSCOPIC PLANTAR FASCIOTOMY	Non Par	PALMAR FASCIAL FIBROMATOSIS "DUPUYTREN"	1	0		
Outpatient	NPR	EQUAL) ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ("MCP" OR	Non Par	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	NPR	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (EG, RECEPTIVE AND EXPRESSIVE LANGUAGE)	Non Par	AUTISTIC DISORDER	1	0		
Outpatient	NPR	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	Non Par	ANGINA PECTORIS, UNSPECIFIED	1	0		
Outpatient	NPR	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	Non Par	SLEEP APNEA, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	NPR	FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY NAMED AXIAL VESSEL	Non Par	SCROTAL TRANSPOSITION	1	0		
Outpatient	NPR	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; EACH ADDITIONAL MARKER (LIST SEPARATELY IN ADDITION TO CODE FOR FIRST MARKER)	Non Par	SECONDARY MAST CELL ACTIVATION	1	0		
Outpatient	NPR	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; FIRST MARKER	Non Par	ANAPHYLACTIC REACTION DUE TO PEANUTS, INITIAL ENCOUNTER	1	0		
Outpatient	NPR	FORM-FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	Non Par	OTHER SPECIFIED POSTPROCEDURAL STATES	0	1	Medical Necessity	
Outpatient	NPR	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	Non Par	FISSURED, NOTCHED AND CLEFT NOSE	1	0		
Outpatient	NPR	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; 20 SQ CM OR LESS	Non Par	HYPOSPADIAS, PENOSCROTAL	1	0		
Outpatient	NPR	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED	Non Par	FOOT DROP, RIGHT FOOT	0	1	Medical Necessity	

Outpatient	NPR	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA, IGD, IGG, IGM, EACH	Non Par	ANAPHYLACTIC REACTION DUE TO TREE NUTS AND SEEDS, INITIAL ENCOUNTER	1	0		
Outpatient	NPR	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE	Non Par	ANAPHYLACTIC REACTION DUE TO PEANUTS, INITIAL ENCOUNTER	1	0		
Outpatient	NPR	GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMUNOGLOBULIN SUBCLASSES (EG, I GG1, 2, 3, OR 4), EACH	Non Par	ANAPHYLACTIC REACTION DUE TO TREE NUTS AND SEEDS, INITIAL ENCOUNTER	1	0		
Outpatient	NPR	GRAFT; EAR CARTILAGE TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	Non Par	DEVIATED NASAL SEPTUM	1	0		
Outpatient	NPR	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	Non Par	CLEFT HARD AND SOFT PALATE WITH UNILATERAL CLEFT LIP	1	0		
Outpatient	NPR	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, AND/OR FEET; 25 CC OR LESS INJECTATE	Non Par	FISSURED, NOTCHED AND CLEFT NOSE	1	0		
Outpatient	NPR	HEMOGLOBIN; GLYCOSYLATED (A1C)	Non Par	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	0	1	Medical Necessity	
Outpatient	NPR	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATI	Non Par	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	1	0		
Outpatient	NPR	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	Non Par	CEREBRAL INFARCTION, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	NPR	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESECTION, ELECTROSURGICAL ABLATION, THERMOABLATION)	Non Par	ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING OF OTHER SPECIFIED BODY STRUCTURES	0	1	Medical Necessity	
Outpatient	NPR	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT ANTIGEN; QUANTITATIVE, NOT OTHERWISE SPECIFIED	Non Par	ANAPHYLACTIC REACTION DUE TO PEANUTS, INITIAL ENCOUNTER	1	0		
Outpatient	NPR	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (IE, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Non Par	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	NPR	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR ORAL SURGICAL SPLINT.	Non Par	MANDIBULAR HYPERPLASIA	1	0		
Outpatient	NPR	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	Non Par	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	NPR	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	Non Par	ENCOUNTER FOR FULL-TERM UNCOMPLICATED DELIVERY	1	0		
Outpatient	NPR	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE OR INTRACATHETER)	Non Par	ARTERIOVENOUS FISTULA, ACQUIRED	1	0		
Outpatient	NPR	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTE	Surgery, Neurological	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	NPR	INTERACTIVE COMPLEXITY (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	Non Par	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1	0		
Outpatient	NPR	INTERNAL NEUROLYSIS BY DISSECTION, WITH OR WITHOUT MICRODISSECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEUROPLASTY)	Non Par	FLAIL JOINT, LEFT HAND	1	0		
Outpatient	NPR	INTERNAL NEUROLYSIS BY DISSECTION, WITH OR WITHOUT MICRODISSECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEUROPLASTY)	Non Par	PAIN IN RIGHT LOWER LEG	1	0		
Outpatient	NPR	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT	Non Par	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1	0		
Outpatient	NPR	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S) (EG; SPINAL OR LATERAL RECESS STENOSIS) SINGLE VERTEBRAL SEGMENT; LUMBAR	Surgery, Orthopedic	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	NPR	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY	Surgery	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	0	1	Medical Necessity	

Outpatient	NPR	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOLESTEROL, SERUM, TOTAL (82465) LIPOPROTEIN, DIRECT MEASUREMENT, HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL) (83718) TRIGLYCERIDES (84478)	Non Par	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	0	1	Medical Necessity	
Outpatient	NPR	MAGNESIUM	Non Par	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	0	1	Medical Necessity	
Outpatient	NPR	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING	Non Par	DYSPHAGIA, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	NPR	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE	Non Par	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	NPR	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY; COMPLETE, FIVE OR MORE MUSCLES STUDIED, INNERVATED BY THREE OR MORE NERVES OR FOUR OR MORE SPINAL LE	Non Par	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	NPR	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS.	Non Par	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	2	Medical Necessity	
Outpatient	NPR	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXTREMITY OR NON-LIMB (AXIAL) MUSCLES (UNILATERAL OR BILATERAL), OTHER THAN THORACIC PARASPINAL, CRANIAL NERVE SUPPLIED MUSCLES, OR SPHINCTERS	Non Par	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	NPR	NEEDLE, STERILE, ANY SIZE, EACH	Non Par	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	NPR	NERVE CONDUCTION STUDIES; 9-10 STUDIES	Non Par	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	NPR	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Non Par	INJURY OF DEEP PERONEAL NERVE AT ANKLE AND FOOT LEVEL, RIGHT LEG, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	NPR	NERVE PEDICLE TRANSFER; FIRST STAGE	Non Par	FOOT DROP, RIGHT FOOT	1	0		
Outpatient	NPR	NEUROLYSIS AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	Non Par	INJURY OF BRACHIAL PLEXUS, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	NPR	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY ONE METHOD	Non Par	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	0	1	Medical Necessity	
Outpatient	NPR	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	Non Par	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, LEFT THIGH	0	1	Medical Necessity	
Outpatient	NPR	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED	Non Par	FLAIL JOINT, LEFT HAND	1	0		
Outpatient	NPR	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED	Non Par	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL REGION	1	0		
Outpatient	NPR	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Non Par	SPINA BIFIDA, UNSPECIFIED	1	0		
Outpatient	NPR	NURSING HOME, PER TRIP TO FACILITY OR LOCATION, ONE PATIENT SEEN TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME, PER TRIP TO FACILITY OR LOCATION, ONE PATIENT SEEN	Non Par	DYSPHAGIA, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	NPR	OCCUPATIONAL THERAPY EVALUATION, HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY, WHICH INCLUDES REVIEW OF MEDICAL AND/OR THERAPY RECORDS AND EXTENSIVE ADDITIONAL REVIEW OF PHYSICAL, COGNITIVE, OR PSYC	Non Par	AUTISTIC DISORDER	1	0		
Outpatient	NPR	OCCUPATIONAL THERAPY EVALUATION, HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY, WHICH INCLUDES REVIEW OF MEDICAL AND/OR THERAPY RECORDS AND EXTENSIVE ADDITIONAL REVIEW OF PHYSICAL, COGNITIVE, OR PSYC	Non Par	OTHER SPECIFIED DISORDERS OF MUSCLE	1	0		
Outpatient	NPR	OCCUPATIONAL THERAPY EVALUATION, HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY, WHICH INCLUDES REVIEW OF MEDICAL AND/OR THERAPY RECORDS AND EXTENSIVE ADDITIONAL REVIEW OF PHYSICAL, COGNITIVE, OR PSYC	Non Par	ABNORMAL REFLEX	0	1	Medical Necessity	
Outpatient	NPR	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSICIAN	Non Par	SUPERVISION OF HIGH RISK PREGNANCY, UNSPECIFIED, SECOND TRIMESTER	0	1	Medical Necessity	

Outpatient	NPR	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PHYSI	Non Par	SUPERVISION OF HIGH RISK PREGNANCY, UNSPECIFIED, SECOND TRIMESTER	0	1	Medical Necessity
Outpatient	NPR	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 EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION O	Non Par	ANGINA PECTORIS, UNSPECIFIED	1	0	
Outpatient	NPR	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 EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATI	Non Par	DYSPHAGIA, UNSPECIFIED	0	1	Medical Necessity
Outpatient	NPR	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 DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH	Non Par	UMBILICAL HERNIA WITH OBSTRUCTION, WITHOUT GANGRENE	1	0	
Outpatient	NPR	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL. USUALLY, THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY, 5 MINUT	Non Par	OTHER SPECIFIED DISORDERS OF MUSCLE	1	0	
Outpatient	NPR	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 COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELIN	Non Par	ANGINA PECTORIS, UNSPECIFIED	1	0	
Outpatient	NPR	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 DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/	Non Par	ANGINA PECTORIS, UNSPECIFIED	1	0	
Outpatient	NPR	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 DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/	Non Par	OTHER OVARIAN CYST, RIGHT SIDE	1	0	
Outpatient	NPR	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 DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/	Non Par	SINGLE LIVEBORN INFANT, BORN OUTSIDE HOSPITAL	1	0	
Outpatient	NPR	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 DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/	Non Par	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITH PERFORATION AND ABSCESS WITHOUT BLEEDING	0	1	Medical Necessity
Outpatient	NPR	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 PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICALDECISION MAKING. COUNSELIN	Non Par	ANGINA PECTORIS, UNSPECIFIED	1	0	
Outpatient	NPR	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 HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LO	Non Par	ANGINA PECTORIS, UNSPECIFIED	1	0	

Outpatient	NPR	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 HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LO	Non Par	OTHER OVARIAN CYST, RIGHT SIDE	1	0		
Outpatient	NPR	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 HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LO	Non Par	UNSPECIFIED LUMP IN UNSPECIFIED BREAST	0	1	Medical Necessity	
Outpatient	NPR	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 HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LO	Non Par	LIMITATION OF ACTIVITIES DUE TO DISABILITY	0	1	Medical Necessity	
Outpatient	NPR	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY BY USE OF SKIN GRAFT TUBE AND/OR ISLAND FLAP	Non Par	DEFICIENT FORESKIN	1	0		
Outpatient	NPR	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIP HYSEAL SEPARATION; WITH INTERNAL FIXATION OF 3 OR MORE FRAGMENTS	Non Par	UNSPECIFIED FRACTURE OF THE LOWER END OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	1	0		
Outpatient	NPR	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROGRAM; COMPREHENSIVE, NEW PATIENT, ONE OR MORE VISITS	Non Par	ROUND HOLE, LEFT EYE	1	0		
Outpatient	NPR	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; COMPREHENSIVE, ESTABLISHED PATIENT, ONE OR MORE VISITS	Non Par	UNSPECIFIED PERIPHERAL RETINAL DEGENERATION	1	0		
Outpatient	NPR	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; INTERMEDIATE, ESTABLISHED PATIENT	Non Par	ROUND HOLE, LEFT EYE	1	0		
Outpatient	NPR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	Non Par	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	2	0		
Outpatient	NPR	PELITE, ALIPLAST, PLASTAZOTE OR EQUAL) ADD TO LOW EXT, SOCKET INSERT, BELOW KNEE	Non Par	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	NPR	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR INFUSION FOR THROMBOLYSIS, DIALYSIS CIRCUIT, ANY METHOD, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION, DIAGNOSTIC ANGIOGRAPHY, FLUOROSCOPIC GUIDANCE, CATHETER PLACEMENT(S),	Non Par	STRICTURE OF ARTERY	0	1	Medical Necessity	
Outpatient	NPR	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG, KYPHOPLASTY), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION, INCLUSIVE OF ALL IMAGING GUIDANCE	Non Par	LOW BACK PAIN	1	0		
Outpatient	NPR	PERIPROSTHETIC CAPSULECTOMY, BREAST	Non Par	ENCOUNTER FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY	1	0		
Outpatient	NPR	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 OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES I	Physical Therapy	SPECIFIC DEVELOPMENTAL DISORDER OF MOTOR FUNCTION	1	0		
Outpatient	NPR	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE	Non Par	FISSURED, NOTCHED AND CLEFT NOSE	1	0		
Outpatient	NPR	PRESCRIPTION DRUG MONITORING, EVALUATION OF DRUGS PRESENT BY LC-MS/MS, URINE, 31 DRUG PANEL, REPORTED AS QUANTITATIVE RESULTS, DETECTED OR NOT DETECTED, PER DATE OF SERVICE	Non Par	OTHER LONG TERM (CURRENT) DRUG THERAPY	1	0		
Outpatient	NPR	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	Non Par	AMYOTROPHIC LATERAL SCLEROSIS	1	0		

Outpatient	NPR	PROSTHETIC SHRINKER,BELOW KNEE,EACH	Non Par	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	NPR	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	Non Par	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	NPR	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	Non Par	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	NPR	PROSTHETIC,EYE,PLASTIC,CUSTOM	Non Par	ENCOUNTER FOR FITTING AND ADJUSTMENT OF ARTIFICIAL LEFT EYE	1	0		
Outpatient	NPR	PSYCHIATRIC DIAGNOSTIC EVALUATION	Non Par	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1	0		
Outpatient	NPR	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Non Par	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD	1	0		
Outpatient	NPR	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	Non Par	MENTAL DISORDER, NOT OTHERWISE SPECIFIED	1	0		
Outpatient	NPR	PULMONARY STRESS TESTING (EG, 6-MINUTE WALK TEST), INCLUDING MEASUREMENT OF HEART RATE, OXIMETRY, AND OXYGEN TITRATION, WHEN PERFORMED	Non Par	ANGINA PECTORIS, UNSPECIFIED	1	0		
Outpatient	NPR	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	Non Par	DYSPHAGIA, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	NPR	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	Non Par	DYSPHAGIA, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	NPR	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 2 OR 3 VIEWS	Non Par	DYSPHAGIA, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	NPR	RADIOLOGIC EXAMINATION, SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPH INCLUDING SCOUT NECK RADIOGRAPH(S) AND DELAYED IMAGE(S), WHEN PERFORMED, CONTRAST (EG, BARIUM) STUDY	Non Par	DYSPHAGIA, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	NPR	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	Non Par	DYSPHAGIA, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	NPR	RADIOLOGIC EXAMINATION, UPPER GASTROINTESTINAL TRACT, INCLUDING SCOUT ABDOMINAL RADIOGRAPH(S) AND DELAYED IMAGE(S) ,WHEN PERFORMED; SINGLE-CONTRAST (EG, BARIUM) STUDY	Non Par	DYSPHAGIA, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	NPR	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	Non Par	DYSPHAGIA, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	NPR	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT.	Surgery, Oral & Maxillofacial	OPEN ANTERIOR OCCLUSAL RELATIONSHIP	1	0		
Outpatient	NPR	RECONSTRUCTION MIDFACE, LEFORT I;SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT	Surgery, Oral & Maxillofacial	ENCOUNTER FOR OTHER PLASTIC AND RECONSTRUCTIVE SURGERY FOLLOWING MEDICAL PROCEDURE OR HEALED INJURY	1	0		
Outpatient	NPR	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; IN INTERNAL RIGID FIXATION	Surgery, Oral & Maxillofacial	OTHER JAW ASYMMETRY	1	0		
Outpatient	NPR	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE AND RECONSTRUCTION OF URETHRA AND PENIS BY USE OF LOCAL SKIN AS GRAFTS AND ISLAND FLAPS AND SKIN BROUGHT IN AS	Non Par	DEFICIENT FORESKIN	1	0		
Outpatient	NPR	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC	Non Par	BICIPITAL TENDINITIS, UNSPECIFIED SHOULDER	1	0		
Outpatient	NPR	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	Non Par	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1	0		
Outpatient	NPR	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL STENT PLACEMENT (S) AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	Non Par	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1	0		
Outpatient	NPR	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL STENT PLACEMENT (S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	Non Par	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	1	0		
Outpatient	NPR	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLA LENGTHENING; TIP, SEPTUM, OSETOTOMIES	Non Par	FISSURED, NOTCHED AND CLEFT NOSE	1	0		
Outpatient	NPR	S/A L5618,BELOW KNEE	Non Par	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	NPR	SACRAL NERVE STIMULATION TEST LEAD, EACH	Non Par	SPONDYLOLISTHESIS, LUMBAR REGION	0	1	Medical Necessity	

Outpatient	NPR	SCROTOPLASTY; COMPLICATED	Non Par	DEFICIENT FORESKIN	1	0		
Outpatient	NPR	SCROTOPLASTY; COMPLICATED	Non Par	HYPOSPADIAS, PENOSCROTAL	1	0		
Outpatient	NPR	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY, INCLUDING ARTERIAL PUNCTURE AND CATHETER PLACEMENT(S), FLUOROSCOPY, CONTRAST INJECTION(S), IMAGE POSTPROCESSING, PERMANENT RECORDING OF	Non Par	PERIPHERAL VASCULAR DISEASE, UNSPECIFIED	1	0		
Outpatient	NPR	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Occupational Therapy	COLOSTOMY STATUS	1	0		
Outpatient	NPR	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	Physical Therapy	HEART TRANSPLANT STATUS	1	0		
Outpatient	NPR	SOMATOSTATIN	Non Par	OTHER LONG TERM (CURRENT) DRUG THERAPY	0	1	Medical Necessity	
Outpatient	NPR	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	Non Par	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	NPR	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S), WITH OR WITHOUT MAXIMAL VOLUNTARY VENTILATION	Non Par	ANGINA PECTORIS, UNSPECIFIED	1	0		
Outpatient	NPR	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CRANIAL LESION(S) (COMPLETE COURSE OF TREATMENT CONSISTING OF ONE SESSION)	Non Par	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	NPR	SUSPENSION ("PTS" OR SIMILAR) S/A L5666,MOLDED SUPRACOND SUSPENS(PTS THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Non Par	COMPLETE TRAUMATIC AMPUTATION AT LEVEL BETWEEN KNEE AND ANKLE, RIGHT LOWER LEG, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	NPR	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Non Par	CONVERSION DISORDER WITH SENSORY SYMPTOM OR DEFICIT	1	0		
Outpatient	NPR	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Non Par	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	1	0		
Outpatient	NPR	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Non Par	ANISOMETROPIA	1	0		
Outpatient	NPR	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USEOF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Non Par	ABNORMAL REFLEX	0	1	Medical Necessity	
Outpatient	NPR	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Non Par	ANISOMETROPIA	1	0		
Outpatient	NPR	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AN ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Non Par	ENCOUNTER FOR OTHER SPECIFIED AFTERCARE	1	0		
Outpatient	NPR	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	Non Par	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	NPR	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	NPR	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	NPR	THYROID STIMULATING HORMONE (TSH)	Non Par	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	0	1	Medical Necessity	
Outpatient	NPR	THYROXINE, FREE	Non Par	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	0	1	Medical Necessity	
Outpatient	NPR	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Obstetrics & Gynecology	UNSPECIFIED DISORDER OF BREAST ASSOCIATED WITH PREGNANCY AND THE PUERPERIUM	1	0		
Outpatient	NPR	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Obstetrics & Gynecology	ENCOUNTER FOR SUPERVISION OF OTHER NORMAL PREGNANCY, UNSPECIFIED TRIMESTER	1	0		
Outpatient	NPR	TOTAL OBSTETRIC CARE INCLUDES ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND POSTPARTUM CARE	Obstetrics & Gynecology	ENCOUNTER FOR ROUTINE POSTPARTUM FOLLOW-UP	0	1	Medical Necessity	
Outpatient	NPR	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CENTRAL DIALYSIS SEGMENT, PERFORMED THROUGH DIALYSIS CIRCUIT, INCLUDING ALL IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION REQUIRED TO PERFORM THE STENTING, AND ALL ANGIOPLASTY IN THE CENTRAL DI	Non Par	STRICTURE OF ARTERY	0	1	Medical Necessity	
Outpatient	NPR	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES, MOLDS OR CASTS)	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		

Outpatient	NPR	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	NPR	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	Hospital	SECONDARY MALIGNANT NEOPLASM OF BRAIN	1	0		
Outpatient	NPR	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	Non Par	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	1	0		
Outpatient	NPR	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	Non Par	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	1	0		
Outpatient	NPR	TRIDOTHYRONINE (T-3); FREE	Non Par	LONG TERM (CURRENT) USE OF OPIATE ANALGESIC	0	1	Medical Necessity	
Outpatient	NPR	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA;	Non Par	ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE OF EAR DRUM, RECURRENT, BILATERAL	1	0		
Outpatient	NPR	ULTRALIGHTWEIGHT WHEELCHAIR	Non Par	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	1	0		
Outpatient	NPR	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	Non Par	UNSPECIFIED LUMP IN UNSPECIFIED BREAST	0	1	Medical Necessity	
Outpatient	NPR	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION PLUS DETAILED FETAL ANATOMIC EXAMINATION, TRANSABDOMINAL APPROACH; SINGLE OR FIRST GESTATION	Non Par	MATERNAL CARE FOR OTHER (SUSPECTED) FETAL ABNORMALITY AND DAMAGE, NOT APPLICABLE OR UNSPECIFIED	0	1	Medical Necessity	
Outpatient	NPR	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Non Par	AMYOTROPHIC LATERAL SCLEROSIS	1	0		
Outpatient	NPR	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Non Par	FOOT DROP, RIGHT FOOT	1	0		
Outpatient	NPR	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Non Par	STRESS INCONTINENCE (FEMALE) (MALE)	1	0		
Outpatient	NPR	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Non Par	ILLNESS, UNSPECIFIED	1	0		
Outpatient	NPR	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Non Par	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE	0	1	Medical Necessity	
Outpatient	NPR	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Non Par	OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	0	1	Medical Necessity	
Outpatient	NPR	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Non Par	CHEST PAIN ON BREATHING	0	1	Medical Necessity	
Outpatient	NPR	UNLISTED EVALUATION AND MANAGEMENT SERVICE	Non Par	ILLNESS, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	NPR	UNLISTED PHYSICAL MEDICINE SERVICE OR PROCEDURE	Non Par	COMPLETE TRAUMATIC TRANSPHALANGEAL AMPUTATION OF RIGHT THUMB, SUBSEQUENT ENCOUNTER	0	1	Medical Necessity	
Outpatient	NPR	UNLISTED PROCEDURE, SPINE	Non Par	RADICULOPATHY, LUMBAR REGION	1	0		
Outpatient	NPR	UPPER EXTREMITY PROTHESIS, NOT OTHERWISE SPECIFIED	Non Par	COMPLETE TRAUMATIC TRANSPHALANGEAL AMPUTATION OF RIGHT RING FINGER, SUBSEQUENT ENCOUNTER	0	1	Medical Necessity	
Outpatient	NPR	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON TYPE PROCEDURE)	Non Par	CONGENITAL CHORDEE	1	0		
Outpatient	NPR	URIC ACID; BLOOD, CHEMICAL	Non Par	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	0	1	Medical Necessity	
Outpatient	NPR	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS)	Obstetrics & Gynecology	ENCOUNTER FOR SUPERVISION OF OTHER NORMAL PREGNANCY, UNSPECIFIED TRIMESTER	0	1	Medical Necessity	
Outpatient	NPR	WIG, ANY TYPE, EACH	Non Par	OTHER SPECIFIED NONSCARRING HAIR LOSS	1	0		
Outpatient	NPR	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	Non Par	CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMBS	0	1	Medical Necessity	
Outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	hematology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	9	0		
Outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	hematology	OTHER IRON DEFICIENCY ANEMIAS	8	0		
Outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	hematology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	7	0		
Outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	hematology	ANEMIA, UNSPECIFIED	1	0		
Outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	hematology	MALABSORPTION DUE TO INTOLERANCE, NOT ELSEWHERE CLASSIFIED	1	0		
Outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	hematology	INTESTINAL MALABSORPTION, UNSPECIFIED	1	0		

Outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	hematology	ADVERSE EFFECT OF UNSPECIFIED DRUGS, MEDICAMENTS AND BIOLOGICAL SUBSTANCES, INITIAL ENCOUNTER	2	0		
Outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	hematology	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)	0	2	Medical Necessity	
Outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	hematology	OTHER IRON DEFICIENCY ANEMIAS	0	2	Medical Necessity	
Outpatient	Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	hematology	IRON DEFICIENCY ANEMIA, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	Q4116	ALLODERM, PER SQUARE CENTIMETER	Surgery, Plastic and Reconstructive	MASTODYNIA	1	0		
Outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Vendor	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX	1	0		
Outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Vendor	MALIGNANT NEOPLASM OF SIGMOID COLON	1	0		
Outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Vendor	MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT FEMALE BREAST	1	0		
Outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Vendor	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		
Outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Vendor	OTHER LYMPHOID LEUKEMIA NOT HAVING ACHIEVED REMISSION	1	0		
Outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Vendor	OTHER PANCYTOPENIA	1	0		
Outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Vendor	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	7	0		
Outpatient	Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	Vendor	ADVERSE EFFECT OF ANTINEOPLASTIC AND IMMUNOSUPPRESSIVE DRUGS, SUBSEQUENT ENCOUNTER	1	0		
Outpatient	Q5103	INJECTION, INFILIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	Vendor	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT	2	0		
Outpatient	Q5103	INJECTION, INFILIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	Vendor	UNSPECIFIED JUVENILE RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE	2	0		
Outpatient	Q5104	INJECTION, INFILIXIMAB-ABDA, BIOSIMILAR, (RENFLIXIS), 10 MG	Vendor	RHEUMATOID ARTHRITIS, UNSPECIFIED	1	0		
Outpatient	Q5104	INJECTION, INFILIXIMAB-ABDA, BIOSIMILAR, (RENFLIXIS), 10 MG	Vendor	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, MULTIPLE SITES	0	1	Medical Necessity	
Outpatient	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Vendor	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED BRONCHUS AND LUNG	1	0		
Outpatient	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Vendor	MYELODYSPLASTIC SYNDROME, UNSPECIFIED	4	0		
Outpatient	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Vendor	ANEMIA IN CHRONIC KIDNEY DISEASE	6	0		
Outpatient	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Vendor	ANEMIA, UNSPECIFIED	2	0		
Outpatient	Q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Vendor	CHRONIC KIDNEY DISEASE, UNSPECIFIED	2	0		
Outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Vendor	MALIGNANT NEOPLASM OF TRANSVERSE COLON	1	0		
Outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Vendor	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED	1	0		
Outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Vendor	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	1	0		
Outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Vendor	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED	1	0		
Outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Vendor	MALIGNANT NEOPLASM OF EXOCERVIX	1	0		
Outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Vendor	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED	1	0		
Outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Vendor	MALIGNANT NEOPLASM OF RIGHT OVARY	1	0		
Outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Vendor	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF FEMALE GENITAL ORGANS	1	0		
Outpatient	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Vendor	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED	1	0		
Outpatient	Q5108	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	Vendor	MALIGNANT NEOPLASM OF RECTUM	1	0		
Outpatient	Q5108	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	Vendor	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	Q5108	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	Vendor	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	Q5108	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	Vendor	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	MALIGNANT NEOPLASM OF CARDIA	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	MALIGNANT NEOPLASM OF APPENDIX	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	MALIGNANT NEOPLASM OF RECTUM	1	0		

Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	4	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST	3	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST	2	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED MALE BREAST	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER (PTLD)	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)	1	0		
Outpatient	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG.	Vendor	ADVERSE EFFECT OF ANTINEOPLASTIC AND IMMUNOSUPPRESSIVE DRUGS, INITIAL ENCOUNTER	1	0		
Outpatient	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, 10 MG	Vendor	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF MULTIPLE SITES	1	0		
Outpatient	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, 10 MG	Vendor	OTHER TYPES OF FOLLICULAR LYMPHOMA, UNSPECIFIED SITE	1	0		
Outpatient	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, 10 MG	Vendor	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, 10 MG	Vendor	UNSPECIFIED B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES	1	0		
Outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Vendor	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST	1	0		
Outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Vendor	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST	2	0		
Outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Vendor	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST	1	0		
Outpatient	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Vendor	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		
Outpatient	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Vendor	FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Vendor	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK	1	0		
Outpatient	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Vendor	THROMBOTIC MICROANGIOPATHY	1	0		
Outpatient	Q5120	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO), 0.5 MG	Vendor	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG	0	1	Medical Necessity	
Outpatient	S0122	INJECTION, MENOTROPINS, 75 IU	Vendor	FEMALE INFERTILITY, UNSPECIFIED	1	0		
Outpatient	S0122	INJECTION, MENOTROPINS, 75 IU	Vendor	POLYCYSTIC OVARIAN SYNDROME	1	0		
Outpatient	S1040	CRANIAL REMOLDING ORTHOSIS, RIDIG, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDING FITTING AND ADJUSTMENT(S)	DME Vendor	PLAGIOCEPHALY	1	0		
Outpatient	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THEFLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST	1	0		

Outpatient	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO ABREAST, UNILATERAL	Surgery, Plastic and Reconstructive	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BREAST	1	0		
Outpatient	S2112	ARTHROSCOPY, KNEE, SURGICAL FOR HARVESTING OF CARTILAGE (CHONDROCYTE CELLS)	Surgery, Orthopedic	OTHER ARTICULAR CARTILAGE DISORDERS, UNSPECIFIED SITE	1	0		
Outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Obstetrics & Gynecology	FEMALE INFERTILITY OF TUBAL ORIGIN	1	0		
Outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN	6	0		
Outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	10	0		
Outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	3	0		
Outpatient	S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	0	1	Medical Necessity	
Outpatient	S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	Obstetrics & Gynecology	OVARIAN DYSFUNCTION, UNSPECIFIED	1	0		
Outpatient	S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN	3	0		
Outpatient	S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	3	0		
Outpatient	S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	Obstetrics & Gynecology	ENCOUNTER FOR MALE FACTOR INFERTILITY IN FEMALE PATIENT	1	0		
Outpatient	S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	2	0		
Outpatient	S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, CASE RATE; NOT OTHERWISE SPECIFIED	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	0	2	Medical Necessity	
Outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Obstetrics & Gynecology	ENDOMETRIOSIS OF PELVIC PERITONEUM	1	0		
Outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Obstetrics & Gynecology	OTHER ENDOMETRIOSIS	1	0		
Outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN	4	0		
Outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	13	0		
Outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	6	0		
Outpatient	S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Obstetrics & Gynecology	ACQUIRED ABSENCE OF OTHER GENITAL ORGAN(S)	1	0		
Outpatient	S4018	FROZEN EMBRYO TRANSFER PROCEDURE CANCELLED BEFORE TRANSFER, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1	0		
Outpatient	S4021	IN VITRO FERTILIZATION PROCEDURE CANCELLED AFTER ASPIRATION, CASE RATE	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1	0		
Outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY OF TUBAL ORIGIN	1	0		
Outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY OF OTHER ORIGIN	4	0		
Outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	9	0		

Outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	6	0		
Outpatient	S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	0	2	Medical Necessity	
Outpatient	S4025	DONOR SERVICES FOR IN VITRO FERTILIZATION (SPERM OR EMBRYO), CASE RATE	Obstetrics & Gynecology	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE	1	0		
Outpatient	S4035	STIMULATED INTRAUTERIN INSEMINATION (IUI), CASE RATE	Obstetrics & Gynecology	FEMALE INFERTILITY, UNSPECIFIED	1	0		
Outpatient	S4035	STIMULATED INTRAUTERIN INSEMINATION (IUI), CASE RATE	Obstetrics & Gynecology	ENCOUNTER FOR OTHER PROCREATIVE MANAGEMENT	1	0		
Outpatient	S8030	SCLERAL APPLICATION OF TANTALUM RING(S) FOR LOCALIZATION OF LESIONS FOR PROTON	Obstetrics & Gynecology	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG	1	0		
Outpatient	S8030	SCLERAL APPLICATION OF TANTALUM RING(S) FOR LOCALIZATION OF LESIONS FOR PROTON	Obstetrics & Gynecology	MALIGNANT NEOPLASM OF BASE OF TONGUE	0	1	Administrative	
Outpatient	S9123	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)	LPrivate Duty Nursing	ESSENTIAL (PRIMARY) HYPERTENSION	1	0		
Outpatient	S9123	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)	LPrivate Duty Nursing	TRACHEOSTOMY STATUS	2	0		
Outpatient	S9123	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)	LPrivate Duty Nursing	CEREBRAL PALSY, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	S9123	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)	LPrivate Duty Nursing	DELETION OF SHORT ARM OF CHROMOSOME 5	0	1	Medical Necessity	
Outpatient	S9123	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)	LPrivate Duty Nursing	ENCOUNTER FOR ATTENTION TO GASTROSTOMY	0	1	Medical Necessity	
Outpatient	S9123	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)	LPrivate Duty Nursing	GASTROSTOMY STATUS	0	1	Medical Necessity	
Outpatient	S9123	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)	LPrivate Duty Nursing	DEPENDENCE ON SUPPLEMENTAL OXYGEN	0	1	Medical Necessity	
Outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Private Duty Nursing	ENCOUNTER FOR ATTENTION TO GASTROSTOMY	1	0		
Outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Private Duty Nursing	PERSONAL HISTORY OF (HEALED) OTHER PATHOLOGICAL FRACTURE	1	0		
Outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Private Duty Nursing	TRACHEOSTOMY STATUS	1	0		
Outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Private Duty Nursing	CEREBRAL PALSY, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Private Duty Nursing	CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA	0	1	Medical Necessity	
Outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Private Duty Nursing	DELETION OF SHORT ARM OF CHROMOSOME 5	0	1	Medical Necessity	
Outpatient	S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	Private Duty Nursing	ENCOUNTER FOR ATTENTION TO GASTROSTOMY	0	1	Medical Necessity	
Outpatient	S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	Hospital	OTHER SPECIFIED ANXIETY DISORDERS	1	0		
Outpatient	S9537	HOME THERAPY; HEMATOPOIETIC HORMONE INJECTION THERAPY (E.G., ERYTHROPOIETIN, G-CSF, GM-CSF); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY),	Private Duty Nursing	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND	1	0		
Outpatient	T1000	PRIVATE DUTY/INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES	Private Duty Nursing	CEREBRAL PALSY, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	T1000	PRIVATE DUTY/INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES	Private Duty Nursing	FAMILIAL DYSAUTONOMIA (RILEY-DAY)	0	1	Medical Necessity	
Outpatient	T1000	PRIVATE DUTY/INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES	Private Duty Nursing	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	0	1	Medical Necessity	
Outpatient	T1000	PRIVATE DUTY/INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES	Private Duty Nursing	HYPOPLASTIC LEFT HEART SYNDROME	0	1	Medical Necessity	
Outpatient	T1002	RN SERVICES, UP TO 15 MINUTES	Private Duty Nursing	SCOLIOSIS, UNSPECIFIED	0	1	Medical Necessity	
Outpatient	T1003	LPN/LVN SERVICES, UP TO 15 MINUTES	Private Duty Nursing	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	0	1	Medical Necessity	
Outpatient	V2623	PROSTHETIC,EYE,PLASTIC,CUSTOM	Vendor	ACQUIRED ABSENCE OF EYE	1	0		