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■ **eAppendix. Current Procedural Terminology Codes for Specific Procedures**

Electrocardiograms	
8951	RHYTHM ELECTROCARDIOGRAM
8952	ELECTROCARDIOGRAM
93000	ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND REPORT
93005	ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY
93010	ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND REPORT ONLY
93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT
93041	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY, NO INTERPRETATION & REPORT
93042	RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND REPORT ONLY
93045	ECG, ESOPHAGEAL LEAD (INCLUDES PLACEMENT AND INTERPRETATION)
93224	CONTINUOUS 24 HR ECG-RECORD/STORE ORIGINAL WAVEFORM, W SUPERIMPOSITION
93225	24 HR ECG-RECORD/STORE ORIGINAL WAVEFORM/SUPERIMPOSITION; RECORDING ONLY
93226	24 HR ECG-RECORD/STORE ORIGINAL WAVEFORM/SUPERIMPOSITION; ANALYZE/REPORT
93227	24 HR ECG-RECORD/STORE ORIGINAL WAVEFORM/SUPERIMPOSITION; DR'S INTERPRET
93230	24 HR ECG-RECORD/STORE ORIGINAL/FULL MINI PRINTOUT; MICRO-BASED ANALYSIS
93231	24 HR ECG-RECORD/STORE ORIGINAL/FULL MINIATURE PRINTOUT; RECORDING ONLY
93232	24 HR ECG-RECORD ORIGINAL/FULL MINI PRINTOUT; MICRO-BASE ANALYSIS/REPORT
93233	24 HR ECG-RECORD/STORE ORIGINAL/FULL MINI PRINTOUT; DR INTERPRETATION
93235	COMPLETE 24 HR ECG/NONCONTINUOUS RECORD/REAL-TIME ANALYSIS/FULL WAVEFORM
93236	24 HR ECG/NONCONTINUOUS RECORD/REAL-TIME/FULL WAVEFORM; MONITOR/REPORT
93237	24 HR ECG/NONCONTINUOUS RECORD/REAL-TIME/FULL WAVEFORM; DR INTERPRETATION
93258	ELECTROCARDIOGRAPHIC MONITORING, 12 - 24 HOURS OF CONT. ANA
93259	ELECTROCARDIOGRAPHIC MONITORING, WITHOUT SUPERIMPOSITION SCANNING
93262	ELECTROCARDIOGRAPHIC MONITORING, 24 HOURS NONCONTINUOUS COM
93263	ELECTROCARDIOGRAPHIC MONITORING, WITHOUT SUPERIMPOSITION SCANNING
93266	ELECTROCARDIOGRAPHIC MONITORING, 24 HOURS NONCONTINUOUS COM
93274	ELECTROCARDIOGRAPHIC MONITORING UTILIZING A SYSTEM SUCH AS
93275	ELECTROCARDIOGRAPHIC MONITORING RECORDING ONLY
93276	ELECTROCARDIOGRAPHIC MONITORING SCANNING ANALYSIS WITH REPORT
93277	ELECTROCARDIOGRAPHIC MONITORING PHYSICIAN REVIEW AND INTERPRETATION, WITH REPORT
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG)
93615	
A0042	ASSESS,EKG,IV SET-UP
A0043	ASSESS,EKG,IV,BLOOD DRAWN
A0044	ASSESS,EKG,IV,DEXTROSTIX
A0045	ASSESS,EKG,IV,INJECT, BLOOD DRAWN
A0046	ASSESS,EKG,IV,INJECT,DEXTROSTIX
A0047	ASSESS,EKG,IV,INJECTIONS-MEDS
A0048	ASSESS,EKG,IV,INJECTIONS
A0049	ASSESSMENT,EKG
A0063	ALS ELECTROCARDIOGRAM
A0064	ASSESSMENT,EKG
A0065	EXAM,EKG,IV,INJECTIONS,MEDS
R0076	TRANSPORTATION OF PORTABLE EKG TO FACILITY OR LOCATION, PER PATIENT
UBC548	AMBULANCE - TELEPHONE TRANSMISSION EKG
UBC730	EKG/ECG - GENERAL CLASSIFICATION
UBC731	EKG/ECG (ELECTROCARDIOGRAM) - HOLTER MONITOR
UBC732	EKG/ECG TELEMETRY
UBC739	EKG/ECG - OTHER EKG/ECG
UBC985	PROFESSIONAL FEES - EKG

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Physician Perception of Reimbursement for Outpatient Procedures

■ eAppendix. Current Procedural Terminology Codes for Specific Procedures (Continued)

Radiographs or x-rays	
870	HEAD/NECK SOFT TISS XRAY
871	OTHER HEAD/NECK X-RAY
872	X-RAY OF SPINE
873	THORAX SOFT TISSUE X-RAY
874	OTHER X-RAY OF THORAX
875	BILIARY TRACT X-RAY
876	OTHER DIGESTIVE SYS XRAY
877	X-RAY OF URINARY SYSTEM
878	FEMALE GENITAL X-RAY
879	MALE GENITAL X-RAY
880	SOFT TISSUE X-RAY ABDOM
881	OTHER X-RAY OF ABDOMEN
882	SKEL XRAY-LIMBS & PELVIS
883	OTHER X-RAY*
8702	BRAIN/SKULL CONTRAST X-RAY
8706	NASOPHARY CONTRAST X-RAY
8709	HEAD SOFT TISS X-RAY NEC
8711	FULL-MOUTH X-RAY
8712	DENTAL X-RAY NEC
8714	CONTRAST X-RAY OF ORBIT
8715	CONTRAST X-RAY OF SINUS
8716	FACIAL BONE X-RAY NEC
8717	SKULL X-RAY NEC
8722	CERVICAL SPINE X-RAY NEC
8723	THORACIC SPINE X-RAY NEC
8724	LUMBOSAC SPINE X-RAY NEC
8729	SPINAL X-RAY NEC
8739	THORAX SFT TISS XRAY NEC
8743	RIB/STERNUM/CLAVIC X-RAY
8744	ROUTINE CHEST X-RAY
8749	CHEST X-RAY NEC
8759	BILIARY TRACT X-RAY NEC
8765	INTESTINAL X-RAY NEC
8769	DIGESTIVE TRACT XRAY NEC
8779	URINARY SYSTEM X-RAY NEC
8781	X-RAY OF GRAVID UTERUS
8785	TUBE UTERUS X-RAY NEC
8789	FEMALE GENITAL X-RAY NEC
8792	PROSTAT/SEM VES XRAY NEC
8795	EPIDIDYMIS/VAS X-RAY NEC
8799	MALE GENITAL X-RAY NEC
8809	ABDOMINAL WALL X-RAY NEC
8811	PELVIC DYE CONTRAST XRAY
8812	PELVIC GAS CONTRAST XRAY
8816	RETROPERITONEAL XRAY NEC
8819	ABDOMINAL X-RAY NEC
8821	SKL XRAY-SHOULDER/UP ARM
8822	SKEL XRAY-ELBOW/FOREARM
8823	SKEL XRAY-WRIST HAND
8824	SKEL XRAY-UPPER LIMB NOS

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■ eAppendix. Current Procedural Terminology Codes for Specific Procedures (Continued)

Radiographs or x-rays (continued)	
8826	SKEL XRAY-PELVIS/HIP NEC
8827	SKEL XRAY-THIGH/KNEE/LEG
8828	SKEL XRAY-ANKLE FOOT
8829	SKEL XRAY-LOWER LIMB NOS
8831	SKELETAL SERIES X-RAY
8833	OTHER SKELETAL X-RAY
8835	UP LIMB SFT TIS XRAY NEC
8837	LO LIMB SFT TIS XRAY NEC
8839	X-RAY NEC AND NOS
9514	X-RAY STUDY OF EYE
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE
70130	COMPLETE RADIOLOGIC MASTOIT EXAMINATION, MINIMUM OF 3 VIEWS PER SIDE
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS
70220	COMPLETE RADIOLOGIC PARANASAL SINUS EXAMINATION, MINIMUM OF THREE VIEWS
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH
70328	RADIOLOGIC TMJ EXAMINATION, OPEN AND CLOSED MOUTH; UNILATERAL
70330	RADIOLOGIC TMJ EXAMINATION, OPEN AND CLOSED MOUTH; BILATERAL
70350	CEPHALOGRAM, ORTHODONTIC
70355	ORTHOPANTOGRAM
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL
71021	RADIOLOG CHEST EXAM, 2 VIEWS, FRONTAL & LATERAL; & APICAL LORDOTIC PROC
71022	RADIOLOG CHEST EXAM, 2 VIEWS, FRONTAL & LATERAL; & OBLIQUE PROJECTIONS
71023	RADIOLOG CHEST EXAM, 2 VIEWS, FRONTAL & LATERAL; WITH FLUOROSCOPY
71030	RADIOLOGIC CHEST EXAM, COMPLETE, MINIMUM OF FOUR VIEWS
71034	RADIOLOGIC CHEST EXAM, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY
71035	RADIOLOGIC CHEST EXAM, SPECIAL VIEWS
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; MINIMUM OF THREE VIEWS
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; MINIMUM OF FOUR VIEWS
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT, MINIMUM OF THREE VIEWS
72010	RADIOLOGIC SPINE EXAM, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL

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Physician Perception of Reimbursement for Outpatient Procedures

■ eAppendix. Current Procedural Terminology Codes for Specific Procedures (Continued)

Radiographs or x-rays (continued)	
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS
72052	RADIOLOGIC SPINE EXAM, CERVICAL; COMPLETE
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL
72072	RADIOLOGIC SPINE EXAM; THORACIC, ANTEROPOSTERIOR AND LATERAL
72074	RADIOLOGIC SPINE EXAM; THORACIC, COMPLETE, MINIMUM OF FOUR VIEWS
72080	RADIOLOGIC SPINE EXAM; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL
72090	RADIOLOGIC SPINE EXAM; SCOLIOSIS STUDY
72100	RADIOLOGIC SPINE EXAM; LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL
72110	RADIOLOGIC SPINE EXAM; LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS
72114	RADIOLOGIC SPINE EXAM, LUMBOSACRAL; COMPLETE
72120	RADIOLOGIC SPINE EXAM, LUMBOSACRAL, BENDING VIEWS ONLY, AT LEAST FOUR VIEWS
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY
72180	RADIOLOGIC EXAMINATION, PELVIS; STEREO
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS
73500	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; ONE VIEW
73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, MINIMUM OF TWO VIEWS
73520	RADIOLOGIC HIP EXAM, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE
73540	RADIOLOGIC EXAM, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS
73542	RADIOLOGIC EXAM SACROILIAC JOINT ARTHROGRAPHY RADIOLOGICAL S & I
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS
73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS
73562	RADIOLOG KNEE EXAM; ANTEROPOSTERIOR, LATERAL & OBLIQUE, MINIMUM 3 VIEWS
73564	COMPLETE RADIOLOGIC KNEE EXAMINATION
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR
73590	RADIOLOGIC EXAM; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS

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■ **eAppendix. Current Procedural Terminology Codes for Specific Procedures (Continued)**

Radiographs or x-rays (continued)	
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW
74010	RADIOLOGIC ABDOMEN EXAM; ANTEROPOSTERIOR, OBLIQUE AND CONE VIEWS
74020	COMPLETE RADIOLOGIC ABDOMEN EXAMINATION
74022	RADIOLOGIC EXAMINATION, COMPLETE ACUTE ABDOMEN SERIES
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS
74230	SWALLOWING FUNCTION, PHARYNX/ESOPHAGUS, WITH CINERADIOGRAPHY/VIDEO
74240	RADIOLOGIC UPPER GI EXAMINATION
74241	RADIOLOGIC UPPER GI EXAMINATION, WITH KUB
74245	RADIOLOGIC UPPER GI EXAMINATION; WITH SMALL BOWEL
74246	RADIOLOG UPPER GI EXAM, AIR CONTRAST & SPECIFIC HI DENSITY BA, EFFERVESC
74247	RADIOLOG UPPER GI EXAM, AIR CONTR & SPEC HI DENSITY BA, EFFERVES, & KUB
74249	RADIOLOG UPPER GI EXAM, AIR CONTR & SPEC HI DENSITY BA, EFFERVES & SM GUT
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL
74251	RADIOLOGIC EXAMINATION, SMALL BOWEL; VIA ENTEROCLYSIS TUBE
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; REPEAT EXAM OR MULTIPLE DAY EXAM
74710	PELVIMETRY
76006	RADIOLOGIC EXAM, STRESS VIEWS, ANY JOINT, STRESS APPLIED BY A PHYS
76010	RADIOLOG EXAMIN NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD
76020	BONE AGE STUDIES
76040	BONE LENGTH STUDIES (ORTHOENOXENOGAM, SCANOGRAM)
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE
76065	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT
76066	JOINT SURVEY, SINGLE VIEW, ONE OR MORE JOINTS (SPECIFY)
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN
76100	RADIOLOGIC EXAM, SINGLE PLANE BODY SECTION NOT WITH UROGRAPHY
76101	UNILAT RADIOLOGIC EXAM, COMPLEX MOTION BODY SECTION NOT WITH UROGRAPHY
76102	BILAT RADIOLOGIC EXAM, COMPLEX MOTION BODY SECTION NOT WITH UROGRAPHY
76105	BILAT RADIOLOGIC EXAM, COMPLEX MOTION BODY SECTION NOT WITH UROGRAPHY TO COMPLEMENT ROUTINE EXAMINATION
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT
76150	XERORADIOGRAPHY
77421	STEREOSCOPIC X-RAY GUIDANCE
82370	CALCULUS (STONE); X-RAY DIFFRACTION
C9722	STEREOSCOPIC KV X-RAY IMAGING WITH INFRARED TRACKING FOR LOCALIZATION OF
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT
R0070	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURS
R0075	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURS
UBC320	RADIOLOGY DIAGNOSTIC - GENERAL CLASSIFICATION
UBC324	RADIOLOGY DIAGNOSTIC - CHEST XRAY
UBC329	RADIOLOGY DIAGNOSTIC - OTHER
UBC972	PROFESSIONAL FEES - RADIOLOGY/DIAGNOSTIC

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Physician Perception of Reimbursement for Outpatient Procedures

■ eAppendix. Current Procedural Terminology Codes for Specific Procedures (Continued)

Urine microalbumin	
81000	NON-AUTOMATED URINALYSIS BY DIP STICK/TABLET REAGENT, WITH MICROSCOPY
81002	NON-AUTOMATED URINALYSIS, BY DIP STICK/TABLET REAGENT, NO MICROSCOPY
82042	ALBUMIN; URINE, QUANTITATIVE
82043	ALBUMIN; URINE, MICROALBUMIN, QUANTITATIVE
82044	ALBUMIN; URINE, MICROALBUMIN, SEMIQUANTITATIVE
Pap smears	
9146	CELL BLK/PAP-FEMALE GEN
88141	CYTOPATHOLOGY, CERVIX/VAGINA; REQUIRING INTERPRETATION BY PHYSICIAN
88142	VAGINAL CYTOPATHOLOGY-THIN LAYER PREP, DR SUPERVISED TECHNOLOGIST SCREEN
88143	CYTOPATHOLOGY W/MANUAL SCREENING & RESEARCH UNDER PHYS SUPV
88147	CERVICAL/VAGINAL CYTOPATH SMEARS, AUTO SCREENING SYSTEM UNDER DR.
88148	CERVICAL/VAGINAL CYTOPATH SMEARS; AUTO SCREEN SYSTEM W MANUAL RESC
88150	VAGINAL CYTOPATHOLOGY, UP TO 3 SMEARS; DR SUPERVISED TECHNOLOGIST SCREEN
88151	VAGINAL CYTOPATHOLOGY, REQUIRING INTERPRETATION BY PHYSICIAN
88152	VAGINAL CYTOPATHOLOGY, UP TO 3 SMEARS; MANUAL SCREEN/AUTOMATED RESCREEN
88153	CERV/VAG CYTOPATH SLIDES; MANUAL SCREEN/REScreenING UNDR DR. SUPER
88154	CERV/VAG CYTOPATH SLIDE-MAN SCRn/COMP-RESCRn/CELL SELECT/DR SUPRV
88155	VAGINAL CYTOPATHOLOGY, UP TO 3 SMEARS W DEFINITIVE HORMONAL EVALUATION
88156	VAGINAL TBS CYTOPATHOLOGY-UP TO 3 SMEARS; DR SUPERVISN/TECHNICIAN SCREEN
88157	CYTOPATHOLOGY, SMEARS, REQUIRING INTERPRETATION BY PHYSICIAN
88158	VAGINAL TBS CYTOPATHOLOGY-UP TO 3 SMEARS; MANUAL SCREEN/AUTO RESCREEN
88164	CERV/VAG TBS CYTOPATH SLIDES; MANUAL SCREEN UNDER PHYSICIAN SUPERV
88165	CERV/VAG TBS CYTOPATH SLIDES; MANUAL SCREEN/REScreen UNDR DR. SUPE
88166	CERV/VAG TBS CYTOPATH SLIDES; MANUAL SCREEN/COMPUTR RESCREEN W DR.
88167	CERV/VAG TBS CYTOPATH SLIDES; MAN SCRn/COMPUT RESCRn/CELL SELECT/D
88174	CYTOPATH CERV/VAG THIN LAY PREP; SCR AUTO PHYS
88175	CYTOPATH CERV/VAG THIN LAY PREP; AUTO&MNL RESCR
G0123	CYTOPATHOLOGY SCREENING-CERVICAL OR VAGINAL
G0124	SCREENING CYTOPATHOLOGY REQUIRING INTERPRETATION BY PHYSICIAN
G0141	SCREENING CYTOPATHOLOGY PERFORMED BY AUTOMATED SYSTEM, PHY INTERPRET.
G0143	CYTOPATHOLOGY SCREENING-CERVICAL OR VAGINAL
G0144	CYTOPATHOLOGY SCREENING-CERVICAL OR VAGINAL
G0145	CYTOPATHOLOGY SCREENING-CERVICAL OR VAGINAL
G0147	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY
G0148	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY
P3000	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, B
P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, R
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CER
UBC923	OTHER DIAGNOSTIC SERVICES - PAP SMEAR
X9047	ANNUAL EXAM FEM INCL BRST PELVIC & PAP SMEAR SPEC ONLY
HbA1C	
83036	HEMOGLOBIN; GLYCATED
83037	GLYCOSYLATED HB, HOME DEVICE
G8015	DB PT MOST REC HGB A1C LEVL DOC >9%
G8016	DB PT MOST REC HGB A1C DOC </= 9%
G8017	CLIN DOC DB PT NOT ELIG HGB A1C MSR
G8018	CLIN NOT PROV CARE DB PT TM HGB A1C