

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	0002M	LIVER DISEASES, TEN BIOCHEMICAL ASSAYS UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS	4/1/2018	12/31/2382	1
PRA	0003M	LIVER DISEASES, TEN BIOCHEMICAL ASSAYS UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS	4/1/2018	12/31/2382	1
PRA	0004M	SCOLIOSIS, DNS ANALYSIS OF 53 SINGLE NUCLEOTIDE POLYMORPHISMS, USING SALIVA, PROGNOSTIC ALGORITHM REPORTED	7/1/2017	12/31/2382	1
PRA	0006M	UTILIZING FRESH HEPATOCELLULAR CARCINOMA TUMOR TISSUE, WITH ALPHA-FETOPROTEIN LEVEL, ALGORITHM REPORTED AS	1/1/2015	12/31/2382	1
PRA	0007M	ONCOLOGY (GASTROINTESTINAL NEUROENDOCRINE TUMORS), REAL-TIME PCR EXPRESSION ANALYSIS OF 51 GENES, UTILIZING	1/1/2015	12/31/2382	1
PRA	0011M	ONCOLOGY, PROSTATE CANCER, MRNA EXPRESSION ASSAY OF 12 GENES (10 CONTENT AND 2 HOUSEKEEPING), RT-PCR TEST UTILIZING BLOOD PLASMA AND URINE, ALGORITHMS TO PREDICT HIGH-GRADE PROSTATE CANCER RISK	10/1/2018	12/31/2382	1
PRA	0012M	ONCOLOGY (UROTHELIAL), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF FIVE GENES (MDK, HOXA13, CDC2 [CDK1], IGFBP5, AND CXCR2), UTILIZING URINE, ALGORITHM REPORTED AS A RISK SCORE FOR HAVING UROTHELIAL CARCINOMA	1/1/2019	12/31/2382	1
PRA	0013M	ONCOLOGY (UROTHELIAL), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF FIVE GENES (MDK, HOXA13, CDC2 [CDK1], IGFBP5, AND CXCR2), UTILIZING URINE, ALGORITHM REPORTED AS A RISK SCORE FOR	1/1/2019	12/31/2382	1
PRA	0024U	GLYCOSYLATED ACUTE PHASE PROTEINS (GLYCA), NUCLEAR MAGNETIC RESONANCE SPECTROSCOPY, QUANTITATIVE	7/1/2018	12/31/2382	1
PRA	0025U	TENOFOVIR, BY LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS), URINE, QUANTITATIVE	7/1/2018	12/31/2382	1
PRA	0026U	ONCOLOGY (THYROID), DNA AND MRNA OF 112 GENES, NEXT-GENERATION SEQUENCING, FINE NEEDLE ASPIRATE OF THYROID NODULE, ALGORITHMIC ANALYSIS REPORTED AS A CATEGORICAL RESULT ("POSITIVE, HIGH PROBABILITY OF MALIGNANCY" OR "NEGATIVE,	7/1/2018	12/31/2382	1
PRA	0027U	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS EXONS 12-15	7/1/2018	12/31/2382	1
PRA	0029U	DRUG METABOLISM (ADVERSE DRUG REACTIONS AND DRUG RESPONSE), TARGETED SEQUENCE ANALYSIS (IE, CYP1A2, CYP2C9, CYP2C19, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLC01B1, VKORC1 AND RS12777823)	7/1/2018	12/31/2382	1
PRA	0030U	DRUG METABOLISM (WARFARIN DRUG RESPONSE), TARGETED SEQUENCE ANALYSIS (IE, CYP2C9, CYP4F2, VKORC1, RS12777823)	7/1/2018	12/31/2382	1
PRA	0031U	CYP1A2 (CYTOCHROME P450 FAMILY 1, SUBFAMILY A, MEMBER 2)(EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS (IE, *1F, *1K, *6, *7)	7/1/2018	12/31/2382	1
PRA	0032U	COMT (CATECHOL-O-METHYLTRANSFERASE)(DRUG METABOLISM) GENE ANALYSIS, C.472G>A (RS4680) VARIANT	7/1/2018	12/31/2382	1
PRA	0033U	HTR2A (5-HYDROXYTRYPTAMINE RECEPTOR 2A), HTR2C (5-HYDROXYTRYPTAMINE RECEPTOR 2C) (EG, CITALOPRAM METABOLISM) GENE ANALYSIS, COMMON VARIANTS (IE, HTR2A RS7997012 [C.614-2211T>C],	7/1/2018	12/31/2382	1
PRA	0034U	TPMT (THIOPURINE S-METHYLTRANSFERASE), NUDT15 (NUDIX HYDROXYLASE 15)(EG, THIOPURINE METABOLISM) GENE ANALYSIS, COMMON VARIANTS (IE, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)	7/1/2018	12/31/2382	1
PRA	0035U	TESTING FOR PRESENCE OF PRION PROTEIN IN CEREBROSPINAL FLUID	1/1/2019	12/31/2382	1
PRA	0036U	EXOME GENE ANALYSIS FOR SOMATIC MUTATION IN TUMOR TISSUE	1/1/2019	12/31/2382	1
PRA	0037U	DNA GENE ANALYSIS OF 324 GENES IN SOLID ORGAN TUMOR TISSUE	1/1/2019	12/31/2382	1
PRA	0038U	MEASUREMENT OF VITAMIN D IN SERUM	1/1/2019	12/31/2382	1
PRA	0039U	TESTING FOR ANTI-DNA ANTIBODY	1/1/2019	12/31/2382	1
PRA	0040U	GENE ANALYSIS (T(9;22)) FOR TRANSLOCATION ANALYSIS	1/1/2019	12/31/2382	1
PRA	0041U	IGM ANTIBODY DETECTION TEST FOR BORRELIA BURGDORFERI	1/1/2019	12/31/2382	1
PRA	0042T	CREBRAL PERFUSION ANALYSIS USING COMPUTED TOMOGRAPHY WITH CONTRAST ADMINISTRATION, INCLUDING POST PROCESSING	10/1/2010	12/31/2382	1

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PRA	0042U	IGG ANTIBODY DETECTION TEST FOR BORRELIA BURGDORFERI	1/1/2019	12/31/2382	1
PRA	0043U	IGM ANTIBODY DETECTION TEST FOR TICK-BORNE RELAPSING FEVER BORRELIA GROUP	1/1/2019	12/31/2382	1
PRA	0044U	IGM ANTIBODY DETECTION TEST FOR TICK-BORNE RELAPSING FEVER BORRELIA GROUP	1/1/2019	12/31/2382	1
PRA	0045U	MRNA GENE ANALYSIS OF 12 GENES IN BREAST DUCTAL CARCINOMA IN SITU TUMOR TISSUE	1/1/2019	12/31/2382	1
PRA	0046U	GENE ANALYSIS (FMS-RELATED TYROSINE KINASE 3) FOR INTERNAL TANDEM DUPLICATION VARIANTS	1/1/2019	12/31/2382	1
PRA	0047U	MRNA GENE ANALYSIS OF 17 GENES IN PROSTATE TUMOR TISSUE	1/1/2019	12/31/2382	1
PRA	0048U	DNA GENE ANALYSIS OF 468 GENES IN SOLID ORGAN TUMOR TISSUE	1/1/2019	12/31/2382	1
PRA	0049U	GENE ANALYSIS (NUCLEOPHOSMIN)	1/1/2019	12/31/2382	1
PRA	0050U	DNA GENE ANALYSIS OF TARGETED SEQUENCES IN 194 GENES FOR ACUTE MYELOGENOUS LEUKEMIA	1/1/2019	12/31/2382	1
PRA	0051U	TESTING FOR PRESENCE OF 31 PRESCRIPTION DRUGS IN URINE	1/1/2019	12/31/2382	1
PRA	0052U	MEASUREMENT OF ALL FIVE MAJOR LIPOPROTEIN CLASSES AND SUBCLASSES IN BLOOD	1/1/2019	12/31/2382	1
PRA	0053U	FISH ANALYSIS OF 4 GENES IN PROSTATE NEEDLE BIOPSY SPECIMEN	1/1/2019	12/31/2382	1
PRA	0054T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE	10/1/2016	12/31/2382	1
PRA	0054U	MEASUREMENT OF 14 OR MORE DRUG CLASSES IN CAPILLARY BLOOD	1/1/2019	12/31/2382	1
PRA	0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDED BASED ON	10/1/2016	12/31/2382	1
PRA	0055U	DNA GENE ANALYSIS OF 96 TARGET SEQUENCES IN PLASMA FOR HEART TRANSPLANT	1/1/2019	12/31/2382	1
PRA	0056U	WHOLE GENOME SEQUENCING IN BLOOD OR BONE MARROW FOR ACUTE MYELOGENOUS LEUKEMIA	1/1/2019	12/31/2382	1
PRA	0058U	MEASUREMENT OF ANTIBODIES TO MERKEL CELL POLYOMA VIRUS ONCOPROTEIN IN SERUM	1/1/2019	12/31/2382	1
PRA	0059U	TEST FOR PRESENCE OF ANTIBODIES TO MERKEL CELL POLYOMA VIRUS ONCOPROTEIN IN SERUM	1/1/2019	12/31/2382	1
PRA	0060U	GENE ANALYSIS FOR IDENTICAL TWINS IN MATERNAL BLOOD	1/1/2019	12/31/2382	1
PRA	0061U	SPATIAL FREQUENCY DOMAIN IMAGING OF SKIN	1/1/2019	12/31/2382	1
PRA	0062U	AUTOIMMUNE (SYSTEMIC LUPUS ERYTHEMATOSUS), IGG AND IGM ANALYSIS OF 80 BIOMARKERS, UTILIZING SERUM, ALGORITHM REPORTED WITH A RISK SCORE	4/1/2019	12/31/2382	1
PRA	0063U	NEUROLOGY (AUTISM), 32 AMINES BY LC-MS/MS, USING PLASMA, ALGORITHM REPORTED AS METABOLIC SIGNATURE ASSOCIATED WITH AUTISM SPECTRUM DISORDER	4/1/2019	12/31/2382	1
PRA	0064U	ANTIBODY, TREPONEMA PALLIDUM, TOTAL AND RAPID PLASMA REAGIN (RPR), IMMUNOASSAY, QUALITATIVE	4/1/2019	12/31/2382	2
PRA	0065U	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY, IMMUNOASSAY, QUALITATIVE (RPR)	4/1/2019	12/31/2382	2
PRA	0066U	PLACENTAL ALPHA-MICRO GLOBULIN-1 (PAMG-1), IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION, CERVICO-VAGINAL FLUID, EACH SPECIMEN	4/1/2019	12/31/2382	1

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PRA	0067U	ONCOLOGY (BREAST), IMMUNOHISTOCHEMISTRY, PROTEIN EXPRESSION PROFILING OF 4 BIOMARKERS (MATRIX METALLOPROTEINASE-1 [MMP-1], CARCINOEMBRYONIC ANTIGEN-RELATED CELL ADHESION MOLECULE 6 [CEACAM6],	4/1/2019	12/31/2382	2
PRA	0068U	CANDIDA SPECIES PANEL (C. ALBICANS, C. GLABRATA, C. PARAPSILOSIS, C. KRUSEII, C TROPICALIS, AND C. AURIS), AMPLIFIED PROBE TECHNIQUE WITH QUALITATIVE REPORT OF THE PRESENCE OR ABSENCE OF EACH SPECIES	4/1/2019	12/31/2382	1
PRA	0069U	ONCOLOGY (COLORECTAL), MICRORNA, RT-PCR EXPRESSION PROFILING OF MIR-31-3P, FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS AN EXPRESSION SCO	4/1/2019	12/31/2382	1
PRA	0070U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON AND SELECT RARE VARIANTS	4/1/2019	12/31/2382	1
PRA	0071T	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE; TOTAL LEIOMYOMATA	10/1/2010	12/31/2382	1
PRA	0071U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, FULL GENE SEQUENCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4/1/2019	12/31/2382	1
PRA	0072T	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE; TOTAL LEIOMYOMATA	10/1/2010	12/31/2382	1
PRA	0072U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, CYP2D6-2D7 HYBRID GENE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4/1/2019	12/31/2382	1
PRA	0073U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, CYP2D7-2D6 HYBRID GENE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4/1/2019	12/31/2382	1
PRA	0074U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, NON-DUPLICATED GENE WHEN DUPLICATION/MULTIPLICATION IS TRANS)	4/1/2019	12/31/2382	1
PRA	0075T	TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID ARTERY STENT(S), INCLUDING RADIO	10/1/2010	12/31/2382	1
PRA	0075U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, 5' GENE DUPLICATION/MULTIPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4/1/2019	12/31/2382	1
PRA	0076T	TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID ARTERY STENT(S), INCLUDING RADIO	10/1/2016	12/31/2382	1
PRA	0076U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, 3' GENE DUPLICATION/ MULTIPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4/1/2019	12/31/2382	1
PRA	0077U	IMMUNOGLOBULIN PARAPROTEIN (M-PROTEIN), QUALITATIVE, IMMUNOPRECIPITATION AND MASS SPECTROMETRY, BLOOD OR URINE, INCLUDING ISOTYPE	4/1/2019	12/31/2382	2
PRA	0078U	PAIN MANAGEMENT (OPIOID-USE DISORDER) GENOTYPING PANEL, 16 COMMON VARIANTS (IE, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), BUCCAL SWAB OR OTHER GERMLINE TISSUE SAMPLE,	4/1/2019	12/31/2382	1
PRA	0079U	COMPARATIVE DNA ANALYSIS USING MULTIPLE SELECTED SINGLE-NUCLEOTIDE POLYMORPHISMS (SNPS), URINE AND BUCCAL DNA, FOR SPECIMEN IDENTITY VERIFICATION	4/1/2019	12/31/2382	1
PRA	0085T	BREATH TEST FOR HEART TRANSPLANT REJECTION	1/1/2014	12/31/2382	1
PRA	0095T	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL	10/1/2010	12/31/2382	1
PRA	0098T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE,	10/1/2016	12/31/2382	2
PRA	0100T	PLACEMENT OF A SUBCONJUNCTIVAL RETINAL PROSTHESIS RECEIVER AND PULSE GENERATOR, AND INPLANT	4/1/2017	12/31/2382	1
PRA	0101T	EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED, HIGH ENERGY	10/1/2010	12/31/2382	1
PRA	0102T	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL	10/1/2010	12/31/2382	2
PRA	0106T	QUANTITATIVE SENSORY TESTING, AND INTERPRETATION PER EXTERMITY; USING TOUCH PRESSURE STIMULI	10/1/2010	12/31/2382	4
PRA	0107T	QUANTITATIVE SENSORY TESTING, AND INTERPRETATION PER EXTERMITY; USING VIBRATION STIMULI TO ASSESS LARGE	10/1/2010	12/31/2382	4
PRA	0108T	QUANTITATIVE SENSORY TESTING, AND INTERPRETATION PER EXTERMITY; USING COOLING STIMULI TO ASSESS SMALL NERVE	10/1/2010	12/31/2382	4

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PRA	0109T	QUANTITATIVE SENSORY TESTING, AND INTERPRETATION PER EXTERMITTY; USING HEAT-PAIN STIMULI TO ASSESS SMALL NERVE	10/1/2010	12/31/2382	4
PRA	0110T	QUANTITATIVE SENSORY TESTING, AND INTERPRETATION PER EXTERMITTY; USING OTHER STIMULI TO ASSESS SENSATION	10/1/2010	12/31/2382	4
PRA	0111T	LONG -CHAIN OMEGA-3 FATTY ACIDS IN RED BLOOD CELL MEMBRANES	10/1/2010	12/31/2382	1
PRA	0126T	COMMON CAROTID INTIMA-MEDIA THICKNESS STUDY FOR EVALUATION OF ATHEROSCLEROTIC BURDEN OR CORONARY	10/1/2010	12/31/2382	1
PRA	0163T	TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH. INCLUDING DISCECTOMY TO PREPARE INTERSPACE, EACH ADDITIONAL	10/1/2016	12/31/2382	1
PRA	0164T	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR	10/1/2010	12/31/2382	4
PRA	0165T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE.	10/1/2010	12/31/2382	4
PRA	0174T	COMPUTER-AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION AND REPORT, WITH OR WITHOUT	10/1/2010	12/31/2382	1
PRA	0175T	COMPUTER-AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION AND REPORT, WITH OR WITHOUT	10/1/2010	12/31/2382	1
PRA	0184T	EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH	10/1/2010	12/31/2382	1
PRA	0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR; INTERNAL APPROACH	10/1/2010	12/31/2382	2
PRA	0198T	MEASUREMENT OF OCULAR BLOOD FLOW BY REPETITIVE INTRAOCULAR PRESSURE SAMPLING	10/1/2010	12/31/2382	2
PRA	01996	DAILY MANAGEMENT OF EPIDURAL OR SUBARACHNOID DRUG ADMINISTRATION	10/1/2010	12/31/2382	1
PRA	0200T	PERCUTANEOUS SACRAL AUGMENTATION(SACROPLASTY), UNILATERAL INJECTION(S), INCLUDING THE USE OF A BALLOON OR	7/1/2012	12/31/2382	1
PRA	0201T	PERCUTANEOUS SACRAL AUGMENTATION(SACROPLASTY), BILATERAL INJECTION, INCLUDING THE USE OF A BALLOON OR MECH	7/1/2012	12/31/2382	1
PRA	0202T	POSTERIOR VERTEBRAL JOINTS(S) ARTHROPLASTY (EG, FACET JOINT(S) REPLACEMENT), INCLUDING FACETECTOMY,	7/1/2012	12/31/2382	1
PRA	0207T	EVACUATION OF MEIBOMIAN GLANDS, AUTOMATED, USING HEAT AND INTERMITTENT PRESSURE, UNILATERAL	7/1/2012	12/31/2382	2
PRA	0208T	PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED; AIR ONLY	4/1/2011	12/31/2382	1
PRA	0209T	PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED; AIR AND BONE	4/1/2011	12/31/2382	1
PRA	0210T	SPEECH AUDIOMETRY THRESHOLD, AUTOMATED	4/1/2011	12/31/2382	1
PRA	0211T	SPEECH AUDIOMETRY THRESHOLD, AUTOMATED WITH SPEECH RECOGNITION	4/1/2011	12/31/2382	1
PRA	0212T	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION, AUTOMATED	4/1/2011	12/31/2382	1
PRA	0213T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES	4/1/2011	12/31/2382	1
PRA	0214T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES	4/1/2011	12/31/2382	1
PRA	0215T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES	4/1/2011	12/31/2382	1
PRA	0216T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES	4/1/2011	12/31/2382	1

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PRA	0217T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES	4/1/2011	12/31/2382	1
PRA	0218T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES	4/1/2011	12/31/2382	1
PRA	0219T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT	4/1/2011	12/31/2382	1
PRA	0220T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT	4/1/2011	12/31/2382	1
PRA	0221T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT	4/1/2011	12/31/2382	1
PRA	0222T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT	7/1/2012	12/31/2382	1
PRA	0228T	INJECTION(S), ANESTHETIC AGENT AND/OR STERIOD, TRANSFORMAL EPIDURAL, WITH ULTRASOUND GUIDANCE, CERVICAL OR	1/1/2012	12/31/2382	1
PRA	0229T	INJECTION(S), ANESTHETIC AGENT AND/OR STERIOD, TRANSFORMAL EPIDURAL, WITH ULTRASOUND GUIDANCE, CERVICAL OR	10/1/2016	12/31/2382	2
PRA	0230T	INJECTION(S), ANESTHETIC AGENT AND/OR STERIOD, TRANSFORMAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACR	1/1/2012	12/31/2382	1
PRA	0231T	INJECTION(S), ANESTHETIC AGENT AND/OR STERIOD, TRANSFORMAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACR	10/1/2016	12/31/2382	2
PRA	0232T	INJECTION(S), PLATELET RICH PLASMA, ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION	4/1/2011	12/31/2382	1
PRA	0234T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETAT	7/1/2011	12/31/2382	2
PRA	0235T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETAT	4/1/2011	12/31/2382	2
PRA	0236T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETAT	4/1/2011	12/31/2382	1
PRA	0237T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETAT	4/1/2011	12/31/2382	2
PRA	0238T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETAT	10/1/2016	12/31/2382	2
PRA	0253T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR; INTERNAL APPROACH,	4/1/2011	12/31/2382	1
PRA	0278T	TRANSCUTANEOUS ELECTRICAL MODULATION PAIN REPROCESSING, EACH TREATMENT SESSION	1/1/2012	12/31/2382	1
PRA	0290T	CORNEAL INCISIONS IN THE RECIPIENT CORNEA CREATED USING A LASER, IN PREPARATION FOR PENETRATING OR LAMELLAR KE	1/1/2012	12/31/2382	1
PRA	0295T	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RYTHM RECORDING	7/1/2012	12/31/2382	1
PRA	0296T	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RYTHM RECORDING	7/1/2012	12/31/2382	1
PRA	0297T	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RYTHM RECORDING	7/1/2012	12/31/2382	1
PRA	0298T	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RYTHM RECORDING	7/1/2012	12/31/2382	1
PRA	0312T	VAGUS NERVE BLOCKING THERAPY; LAPAROSCOPIC IMPLANTATION OF NEUROSTILMULATOR ELECTRODE ARRAY	1/1/2013	12/31/2382	1
PRA	0313T	VAGUS NERVE BLOCKING THERAPY; LAPARASCOPIS REVISION OR REPLACEMENT OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE	1/1/2013	12/31/2382	1
PRA	0314T	VAGUS NERVE BLOCKING THERAPY; LAPAROSCOPIC REMOVAL OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE ARRAY AND	1/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	0315T	VAGUS NERVE BLOCKING THERAPY; REMOVAL OF PULSE GENERATOR	1/1/2013	12/31/2382	1
PRA	0316T	VAGUS NERVE BLOCKING THERAPY; REPLACEMENT OF PULSE GENERATOR	1/1/2013	12/31/2382	1
PRA	0317T	VAGUS NERVE BLOCKING THERAPY;NEUROSTIMULATOR PULSE GENERATOR ELECTRONIC ANALYSIS, INCLUDES REPROGRAMMING WHEN	1/1/2013	12/31/2382	1
PRA	0329T	MONITORING OF PRESSURE IN EYES, 24 HOURS OR LONGER	1/1/2014	12/31/2382	1
PRA	0330T	TEAR FILM IMAGING OF ONE OR BOTH EYES	1/1/2014	12/31/2382	1
PRA	0331T	IMAGING OF HEART MUSCLE	1/1/2014	12/31/2382	1
PRA	0332T	IMAGING OF HEART MUSCLE WITH SPECT	1/1/2014	12/31/2382	1
PRA	0333T	AUTOMATED SCREENING OF VISUAL ACUITY	1/1/2014	12/31/2382	1
PRA	0335T	INSERTION OF FOOT JOINT IMPLANT	1/1/2014	12/31/2382	2
PRA	0338T	DESTRUCTION OF NERVES OF ARTERIES OF BOTH KIDNEYS ACCESSED THROUGH THE SKIN WITH FLUOROSCOPY	1/1/2014	12/31/2382	1
PRA	0339T	DESTRUCTION OF NERVES OF ARTERIES OF ONE KIDNEY ACCESSED THROUGH THE SKIN WITH FLUOROSCOPY	1/1/2014	12/31/2382	1
PRA	0342T	THERAPEUTIC APHERESIS WITH SELECTIVE HDL DELIPIDATION AND PLASMA REINFUSION	7/1/2017	12/31/2382	1
PRA	0345T	TRANSCATHETER MITRAL VALVE REPAIR PERCUTANEOUS APPROACH VIA THE CORONARY SINUS	7/1/2017	12/31/2382	1
PRA	0376T	INSERTION OF EYE DRAINAGE DEVICE	1/1/2015	12/31/2382	2
PRA	0378T	ASSESSMENT OF FIELD OF VISION WITH CONCURRENT DATA ANALYSIS AND DATA STORAGE WITH PATIENT INITIATED DATA	1/1/2015	12/31/2382	1
PRA	0379T	TECHNICAL COMPONENT FOR ASSESSMENT OF FIELD VISION WITH CONCURRENT DATA ANALYSIS AND DATA	1/1/2015	12/31/2382	1
PRA	0381T	EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING UP TO 14 DAYS TO ASSESS CHANGES IN HEART	1/1/2015	12/31/2382	1
PRA	0382T	EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING UP TO 14 DAYS TO ASSESS CHANGES IN HEART	1/1/2015	12/31/2382	1
PRA	0383T	EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING FROM 15 TO 30 DAYS TO ASSESS CHANGES IN HEART	1/1/2015	12/31/2382	1
PRA	0384T	EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING FROM 15 TO 30 DAYS TO ASSESS CHANGES IN HEART	1/1/2015	12/31/2382	1
PRA	0385T	EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING MORE THAN 30 DAYS TO ASSESS CHANGES IN HEART	1/1/2015	12/31/2382	1
PRA	0386T	EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING MORE THAN 30 DAYS TO ASSESS CHANGES IN HEART	1/1/2015	12/31/2382	1
PRA	0394T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, SKIN SURFACE APPLICATION, PER FRACTION, INCLUDES BASIC DOSIMETRY WHEN PERFORMED	1/1/2016	12/31/2382	2
PRA	0395T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, INTERSTITIAL OR INTRACAVITARY TREATMENT, PER FRACTION	1/1/2016	12/31/2382	2
PRA	0396T	INTRA-OPERATIVE USE OF KINETIC BALANCE SENSOR FOR JOINT IMPLANT STABILITY DURING KNEE REPLACEMENT SURGERY	1/1/2016	12/31/2382	2
PRA	0397T	DIAGNOSTIC EXAMINATION OF GALLBLADDER AND PANCREATIC, LIVER, AND BILE DUCTS USING AN ENDOSCOPE	1/1/2016	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	0398T	DESTRUCTION OF TISSUE OF BRAIN USING MRI GUIDANCE	1/1/2016	12/31/2382	1
PRA	0400T	DIGITAL ANALYSYS OF UNUSUAL PIGMENTED LESIONS OF SKIN FOR DECTION OF MELANOMA, ONE TO FIVE LSEIONS	1/1/2016	12/31/2382	1
PRA	0401T	DIGITAL ANALYSIS OF UNUSUAL PIGMENTED LESIONS OF SKIN FOR DETECTION OF MELANOMA, SIX OR MORE LESIONS	1/1/2016	12/31/2382	1
PRA	0402T	COLLAGEN CROSS LINKING TREATMENT OF DISEASE OF CORNEA	1/1/2016	12/31/2382	2
PRA	0403T	HEALTH AND BEHAVIOR INTERVENTION FOR PREVENTION OF DIABETES, MINIMUM 60 MINUTES, PER DAY	1/1/2016	12/31/2382	1
PRA	0404T	DESTRUCTION OF GROWTHS IN UTERUS WITH ULTRASOUND GUIDNACE USING AN ENDOSCOPE	1/1/2016	12/31/2382	1
PRA	0405T	SUPERVISION OF PATIENT WITH EXTRACORPOREAL LIVER ASSIST SYSTEM	1/1/2016	12/31/2382	1
PRA	0408T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION	1/1/2016	12/31/2382	1
PRA	0409T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION	1/1/2016	12/31/2382	1
PRA	0410T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION	1/1/2016	12/31/2382	1
PRA	0411T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION	1/1/2016	12/31/2382	1
PRA	0412T	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; PULSE GENERATOR ONLY	1/1/2016	12/31/2382	1
PRA	0413T	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; TRANSVENOUS ELECTRODE (ATRIAL OR VENTRICULAR)	1/1/2016	12/31/2382	1
PRA	0414T	REMOVAL AND REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; GENERATOR ONLY	1/1/2016	12/31/2382	1
PRA	0415T	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC CONTRACTILITY MODULATION TRANSVENOUS ELECTRODE, (ATRIAL OR VENTRICULAR LEAD)	1/1/2016	12/31/2382	1
PRA	0416T	RELOCATION OF SKIN POCKET FOR IMPLANTED CARDIAC CONTRACTILITY MODULATION PULSE GENERATOR	1/1/2016	12/31/2382	1
PRA	0417T	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE	1/1/2016	12/31/2382	1
PRA	0418T	INTERROGATION DEVICE ELAVUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER	1/1/2016	12/31/2382	1
PRA	0419T	DESTRUCTION NEURFIBROMATA, EXTENSIVE, (CUTANEOUS, DERMAL EXTENDING INTO THE SUBCUTANEOUS); FACE, HEAD AND NECK, GREATER THAN 50	1/1/2016	12/31/2382	1
PRA	0420T	DESTRUCTION NEURFIBROMATA, EXTENSIVE, (CUTANEOUS, DERMAL EXTENDING INTO THE SUBCUTANEOUS); TRUCK AND EXTREMITIES, GREATER THAN 100	1/1/2016	12/31/2382	1
PRA	0421T	TRANSURETHRAL WATERJET ABLATION OF PROSTATE, INCLUDING CONTROL OF POST-OPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION	1/1/2016	12/31/2382	1
PRA	0422T	TACTILE BREAST IMAGING BY COMPUTER-AIDED TACTILE SENSORS, UNILATERAL OR BILATERAL	1/1/2016	12/31/2382	1
PRA	0423T	SECRETORY TYPE II PHOSPHOLIPASE A2 (SPLA2-IIA)	1/1/2016	12/31/2382	1
PRA	0424T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; COMPLETE SYSTEM	1/1/2016	12/31/2382	1
PRA	0425T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING LEAD ONLY	1/1/2016	12/31/2382	1
PRA	0426T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD ONLY	1/1/2016	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	0427T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GENERATOR ONLY	1/1/2016	12/31/2382	1
PRA	0428T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GENERATOR ONLY	1/1/2016	12/31/2382	1
PRA	0429T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING LEAD ONLY	1/1/2016	12/31/2382	1
PRA	0430T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD ONLY	1/1/2016	12/31/2382	1
PRA	0431T	REMOVAL AND REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GENERATOR ONLY	1/1/2016	12/31/2382	1
PRA	0432T	REPOSITIONING OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD ONLY	1/1/2016	12/31/2382	1
PRA	0433T	REPOSITIONING OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING LEAD ONLY	1/1/2016	12/31/2382	1
PRA	0434T	INTERROGATION DEVICE EVALUATION IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR CENTRAL SLEEP APNEA	1/1/2016	12/31/2382	1
PRA	0435T	PROGRAMMING DEVICE EVALUATION IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR CENTRAL SLEEP APNEA; SINGLE SESSION	1/1/2016	12/31/2382	1
PRA	0436T	PROGRAMMING DEVICE EVALUATION IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR CENTRAL SLEEP APNEA; DURING SLEEP STUDY	1/1/2016	12/31/2382	1
PRA	0437T	REINFORCEMENT OF FASCIA OF ABDOMINAL WALL WITH SYNTHETIC IMPLANT	10/1/2016	12/31/2382	1
PRA	0439T	ULTRASOUND OF HEART WITH INJECTION OF X-RAY CONTRAST MATERIAL PERFORMED DURING REST OR STRESS FOR ASSESSMENT OF HEART MUSCLE	10/1/2016	12/31/2382	1
PRA	0440T	FREEZING DESTRUCTION OF NERVE IN ARM, ACCESSED THROUGH THE SKIN, USING IMAGING GUIDANCE	10/1/2016	12/31/2382	3
PRA	0441T	FREEZING DESTRUCTION OF NERVE IN LEG, ACCESSED THROUGH THE SKIN, USING IMAGING GUIDANCE	10/1/2016	12/31/2382	3
PRA	0442T	FREEZING DESTRUCTION OF NERVE PLEXUS, ACCESSED THROUGH THE SKIN, USING IMAGING GUIDANCE	10/1/2016	12/31/2382	3
PRA	0443T	REAL TIME ANALYSIS OF PROSTATE TISSUE USING FLUORESCENCE SPECTROSCOPY	10/1/2016	12/31/2382	1
PRA	0444T	INITIAL INSERTION OF DRUG-RELEASING IMPLANT UNDER ONE OR BOTH EYELIDS	10/1/2016	12/31/2382	1
PRA	0445T	REPLACEMENT OF DRUG-RELEASING IMPLANT UNDER ONE OR BOTH EYELIDS	10/1/2016	12/31/2382	1
PRA	0446T	CREATION OF SKIN POCKET AND INSERTION OF GLUCOSE SENSOR, WITH PATIENT TRAINING	1/1/2017	12/31/2382	1
PRA	0447T	REMOVAL OF GLUCOSE SENSOR FROM SKIN POCKET	1/1/2017	12/31/2382	1
PRA	0448T	REMOVAL OF GLUCOSE SENSOR FROM SKIN POCKET WITH CREATION OF NEW SKIN POCKET AND INSERTION OF NEW GLUCOSE SENSOR	1/1/2017	12/31/2382	1
PRA	0449T	INSERTION OF AQUEOUS FLUID DRAINAGE DEVICE INTO EYEQ	1/1/2017	12/31/2382	1
PRA	0450T	INSERTION OF AQUEOUS FLUID DRAINAGE DEVICE INTO EYE	4/1/2018	12/31/2382	1
PRA	0451T	INSERTION OR REPLACEMENT OF COMPLETE LOWER HEART CHAMBER ASSIST SYSTEM	1/1/2017	12/31/2382	1
PRA	0452T	INSERTION OR REPLACEMENT OF LOWER HEART CHAMBER ASSIST SYSTEM PART	1/1/2017	12/31/2382	1
PRA	0453T	INSERTION OR REPLACEMENT OF LOWER HEART CHAMBER ASSIST SYSTEM SKIN INTERFACE	1/1/2017	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	0454T	INSERTION OR REPLACEMENT OF LOWER HEART CHAMBER ASSIST SYSTEM PART	1/1/2017	12/31/2382	3
PRA	0455T	REMOVAL OF COMPLETE LOWER HEART CHAMBER ASSIST SYSTEM	1/1/2017	12/31/2382	1
PRA	0456T	REMOVAL OF LOWER HEART CHAMBER ASSIST SYSTEM PART	1/1/2017	12/31/2382	1
PRA	0457T	REMOVAL OF LOWER HEART CHAMBER ASSIST SYSTEM SKIN INTERFACE	1/1/2017	12/31/2382	1
PRA	0458T	REMOVAL OF LOWER HEART CHAMBER ASSIST SYSTEM ELECTRODE FROM UNDER SKIN	1/1/2017	12/31/2382	3
PRA	0459T	REPLACEMENT OF SKIN INTERFACE AND ELECTRODES OF LOWER HEART CHAMBER ASSIST SYSTEM INTO NEW SKIN POCKET	1/1/2017	12/31/2382	1
PRA	0460T	REPOSITIONING OF LOWER HEART CHAMBER ASSIST SYSTEM ELECTRODE UNDER SKIN	1/1/2017	12/31/2382	3
PRA	0461T	REPOSITIONING OF LOWER HEART CHAMBER ASSIST SYSTEM PART	1/1/2017	12/31/2382	1
PRA	0462T	PROGRAMMING DEVICE EVALUATION OF LOWER HEART CHAMBER ASSIST SYSTEM, PER DAY	1/1/2017	12/31/2382	1
PRA	0463T	INTERROGATION DEVICE EVALUATION OF LOWER HEART CHAMBER ASSIST SYSTEM, PER DAY	1/1/2017	12/31/2382	1
PRA	0464T	VISUAL EVOKED POTENTIAL, TESTING FOR GLAUCOMA, WITH INTERPRETATION AND REPORT	1/1/2017	12/31/2382	1
PRA	0465T	SUPRACHOROIDAL INJECTION OF A PHARMACOLOGIC AGENT (DOES NOT INCLUDE SUPPLY OF MEDICATION)	1/1/2017	12/31/2382	1
PRA	0466T	INSERTION OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO PULSE GENERATOR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2017	12/31/2382	1
PRA	0467T	REVISION OR REPLACEMENT OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE	1/1/2017	12/31/2382	1
PRA	0468T	REMOVAL OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY	1/1/2017	12/31/2382	1
PRA	0479T	FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONAL IMPROVEMENT; FIRST 100 CM2 OR PART THEREOF, OR 1% OF BODY SURFACE AREA OF INFANTS AND CHILDR	1/1/2018	12/31/2382	1
PRA	0480T	FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONAL IMPROVEMENT; EACH ADDITIONAL 100 CM2, OR EACH ADDITIONAL 1% OF BODY SURFACE AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY)	1/1/2018	12/31/2382	4
PRA	0481T	INJECTION(S), AUTOLOGOUS WHITE BLOOD CELL CONCENTRATE (AUTOLOGOUS PROTEIN SOLUTION), ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION, WHEN PERFORMED	1/1/2018	12/31/2382	1
PRA	0483T	TRANSCATHETER MITRAL VALVE IMPLANTATION/REPLACEMENT (TMVI) WITH PROSTHETIC VALVE; PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE, WHEN PERFORMED	1/1/2018	12/31/2382	1
PRA	0484T	TRANSCATHETER MITRAL VALVE IMPLANTATION/REPLACEMENT (TMVI) WITH PROSTHETIC VALVE; TRANSTHORACIC EXPOSURE (EG, THORACOTOMY, TRANSAPICAL)	1/1/2018	12/31/2382	1
PRA	0485T	OPTICAL COHERENCE TOMOGRAPHY (OCT) OF MIDDLE EAR, WITH INTERPRETATION AND REPORT; UNILATERAL	1/1/2018	12/31/2382	1
PRA	0486T	OPTICAL COHERENCE TOMOGRAPHY (OCT) OF MIDDLE EAR, WITH INTERPRETATION AND REPORT; BILATERAL	1/1/2018	12/31/2382	1
PRA	0487T	BIOMECHANICAL MAPPING, TRANSVAGINAL, WITH REPORT	1/1/2018	12/31/2382	1
PRA	0488T	PREVENTIVE BEHAVIOR CHANGE, ONLINE/ELECTRONIC STRUCTURED INTENSIVE PROGRAM FOR PREVENTION OF DIABETES USING A STANDARDIZED DIABETES PREVENTION PROGRAM CURRICULUM, PROVIDED TO AN INDIVIDUAL, PER 30 DAYS	1/1/2018	12/31/2382	1
PRA	0489T	AUTOLOGOUS ADIPOSE-DERIVED REGENERATIVE CELL THERAPY FOR SCLERODERMA IN THE HANDS; ADIPOSE TISSUE HARVESTING, ISOLATION AND PREPARATION OF HARVESTED CELLS INCLUDING INCUBATION WITH CELL DISSOCIATION ENZYMES, REMOVAL OF NON-VIABLE	1/1/2018	12/31/2382	1
PRA	0490T	AUTOLOGOUS ADIPOSE-DERIVED REGENERATIVE CELL THERAPY FOR SCLERODERMA IN THE HANDS; MULTIPLE INJECTIONS IN ONE OR BOTH HANDS	1/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	0491T	ABLATIVE LASER TREATMENT, NON-CONTACT, FULL FIELD AND FRACTIONAL ABLATION, OPEN WOUND, PER DAY, TOTAL TREATMENT SURFACE AREA; FIRST 20 SQ CM OR LESS	1/1/2018	12/31/2382	1
PRA	0492T	ABLATIVE LASER TREATMENT, NON-CONTACT, FULL FIELD AND FRACTIONAL ABLATION, OPEN WOUND, PER DAY, TOTAL TREATMENT SURFACE AREA; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2018	12/31/2382	4
PRA	0493T	NEAR-INFRARED SPECTROSCOPY STUDIES OF LOWER EXTREMITY WOUNDS (EG, FOR OXYHEMOGLOBIN MEASUREMENT)	1/1/2018	12/31/2382	1
PRA	0494T	SURGICAL PREPARATION AND CANNULATION OF MARGINAL (EXTENDED) CADAVER DONOR LUNG(S) TO EX VIVO ORGAN PERFUSION SYSTEM, INCLUDING DECANNULATION, SEPARATION FROM THE PERFUSION SYSTEM, AND COLD PRESERVATION OF THE ALLOGRAFT PRIOR TO	1/1/2018	12/31/2382	1
PRA	0495T	INITIATION AND MONITORING MARGINAL (EXTENDED) CADAVER DONOR LUNG(S) ORGAN PERFUSION SYSTEM BY PHYSICIAN OR QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING PHYSIOLOGICAL AND LABORATORY ASSESSMENT (EG, PULMONARY)	1/1/2018	12/31/2382	1
PRA	0496T	INITIATION AND MONITORING MARGINAL (EXTENDED) CADAVER DONOR LUNG(S) ORGAN PERFUSION SYSTEM BY PHYSICIAN OR QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING PHYSIOLOGICAL AND LABORATORY ASSESSMENT	1/1/2018	12/31/2382	4
PRA	0497T	EXTERNAL PATIENT-ACTIVATED, PHYSICIAN- OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL-PRESCRIBED, ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDER WITHOUT 24 HOUR ATTENDED MONITORING; IN-OFFICE CONNECTION	1/1/2018	12/31/2382	1
PRA	0498T	EXTERNAL PATIENT-ACTIVATED, PHYSICIAN- OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL-PRESCRIBED, ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING WITHOUT 24 HOUR ATTENDED MONITORING; REVIEW AND INTERPRETATION BY A	1/1/2018	12/31/2382	1
PRA	0499T	CYSTOURETHROSCOPY, WITH MECHANICAL DILATION AND URETHRAL THERAPEUTIC DRUG DELIVERY FOR URETHRAL STRICTURE OR STENOSIS, INCLUDING FLUOROSCOPY, WHEN PERFORMED	1/1/2018	12/31/2382	1
PRA	0500T	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), HUMAN PAPILLOMAVIRUS (HPV) FOR FIVE OR MORE SEPARATELY REPORTED HIGH-RISK HPV TYPES (EG, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (IE, GENOTYPING)	1/1/2018	12/31/2382	1
PRA	0501T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS	1/1/2018	12/31/2382	1
PRA	0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS	1/1/2018	12/31/2382	1
PRA	0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION	1/1/2018	12/31/2382	1
PRA	0504T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGI	1/1/2018	12/31/2382	1
PRA	0505T	REOPENING OF ARTERIES IN THIGH AND BEHIND KNEE WITH PLACEMENT OF STENT VIA CATHETER USING IMAGING GUIDANCE	10/1/2018	12/31/2382	1
PRA	0506T	MEASUREMENT OF PIGMENT DENSITY IN RETINAS WITH INTERPRETATION AND REPORT	10/1/2018	12/31/2382	1
PRA	0507T	NEAR INFRARED DUAL IMAGING OF TEAR GLANDS WITH INTERPRETATION AND REPORT	10/1/2018	12/31/2382	1
PRA	0508T	ULTRASOUND MEASUREMENT OF BONE DENSITY IN SHIN BONE	10/1/2018	12/31/2382	1
PRA	0509T	PATTERN RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERPRETATION AND REPORT	1/1/2019	12/31/2382	1
PRA	0510T	REMOVAL OF IMPLANT FROM TUNNEL ON OUTER SIDE OF FOOT (SINUS TARSI)	1/1/2019	12/31/2382	1
PRA	0511T	REMOVAL AND REINSERTION OF IMPLANT FROM TUNNEL ON OUTER SIDE OF FOOT (SINUS TARSI)	1/1/2019	12/31/2382	1
PRA	0512T	HIGH ENERGY SHOCK WAVE THERAPY FOR INITIAL WOUND OF OUTER BODY SURFACE	1/1/2019	12/31/2382	1
PRA	0513T	HIGH ENERGY SHOCK WAVE THERAPY FOR ADDITIONAL WOUND OF OUTER BODY SURFACE	1/1/2019	12/31/2382	2
PRA	0514T	VISUAL AXIS IDENTIFICATION USING PATIENT FIXATION DURING OPERATION	1/1/2019	12/31/2382	2
PRA	0515T	INSERTION OF COMPLETE WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF LOWER LEFT CHAMBER OF HEART	1/1/2019	12/31/2382	1
PRA	0516T	INSERTION OF ELECTRODE OF WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF LOWER LEFT CHAMBER OF HEART	1/1/2019	12/31/2382	1

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PRA	0517T	INSERTION OF PULSE GENERATOR COMPONENTS OF WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF LOWER LEFT CHAMBER OF HEART	1/1/2019	12/31/2382	1
PRA	0518T	REMOVAL OF PULSE GENERATOR COMPONENTS OF WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF LOWER LEFT CHAMBER OF HEART	1/1/2019	12/31/2382	1
PRA	0519T	REMOVAL AND REPLACEMENT OF PULSE GENERATOR COMPONENTS OF WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF LOWER LEFT CHAMBER OF HEART	1/1/2019	12/31/2382	1
PRA	0520T	REMOVAL AND REPLACEMENT OF PULSE GENERATOR COMPONENTS OF WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF LOWER LEFT CHAMBER OF HEART, WITH PLACEMENT OF NEW ELECTRODE	1/1/2019	12/31/2382	1
PRA	0521T	EVALUATION OF PARAMETERS OF WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF LOWER LEFT CHAMBER OF HEART INCLUDING CONNECTION, RECORDING, DISCONNECTION, AND ANALYSIS	1/1/2019	12/31/2382	1
PRA	0522T	EVALUATION, TESTING, AND PROGRAMMING ADJUSTMENT OF WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF LOWER LEFT CHAMBER OF HEART WITH QUALIFIED HEALTH CARE PROFESSIONAL ANALYSIS, REVIEW, AND REPORT	1/1/2019	12/31/2382	1
PRA	0523T	MEASUREMENT FRACTIONAL FLOW RESERVE IN ARTERIES OF HEART WITH 3D FUNCTIONAL MAPPING DURING PROCEDURE	1/1/2019	12/31/2382	1
PRA	0524T	CHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG VIA CATHETER USING IMAGING GUIDANCE	1/1/2019	12/31/2382	3
PRA	0525T	INSERTION OR REPLACEMENT OF COMPLETE MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART MUSCLE USING IMAGING GUIDANCE	1/1/2019	12/31/2382	1
PRA	0526T	INSERTION OR REPLACEMENT OF ELECTRODE OF MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART MUSCLE WITH IMAGING SUPERVISION AND INTERPRETATION	1/1/2019	12/31/2382	1
PRA	0527T	INSERTION OR REPLACEMENT OF IMPLANTABLE MONITOR OF MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART MUSCLE WITH IMAGING SUPERVISION AND INTERPRETATION	1/1/2019	12/31/2382	1
PRA	0528T	EVALUATION, TESTING, AND PROGRAMMING ADJUSTMENT OF MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART MUSCLE WITH ANALYSIS, REVIEW, AND REPORT	1/1/2019	12/31/2382	1
PRA	0529T	EVALUATION OF PARAMETERS OF MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART MUSCLE WITH ANALYSIS, REVIEW, AND REPORT	1/1/2019	12/31/2382	1
PRA	0530T	REMOVAL OF COMPLETE MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART MUSCLE WITH IMAGING SUPERVISION AND INTERPRETATION	1/1/2019	12/31/2382	1
PRA	0531T	REMOVAL OF ELECTRODE OF MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART MUSCLE WITH IMAGING SUPERVISION AND INTERPRETATION	1/1/2019	12/31/2382	1
PRA	0532T	REMOVAL OF IMPLANTABLE MONITOR OF MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART MUSCLE WITH IMAGING SUPERVISION AND INTERPRETATION	1/1/2019	12/31/2382	1
PRA	0533T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS FOR 8-10 DAYS WITH SET-UP, PATIENT TRAINING, CONFIGURATION OF MONITOR, UPLOAD OF DATA , ANALYSIS AND INITIAL REPORT CONFIGURATION, DOWNLOAD OF REVIEW, INTERPRETATION AND REPORT	1/1/2019	12/31/2382	1
PRA	0534T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS FOR 8-10 DAYS WITH SET-UP, PATIENT TRAINING, CONFIGURATION OF MONITOR	1/1/2019	12/31/2382	1
PRA	0535T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS FOR 8-10 DAYS WITH DATA UPLOAD, ANALYSIS AND INITIAL REPORT CONFIGURATION	1/1/2019	12/31/2382	1
PRA	0536T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS FOR 8-10 DAYS WITH DOWNLOAD OF REVIEW, INTERPRETATION AND REPORT	1/1/2019	12/31/2382	1
PRA	0537T	HARVESTING OF BLOOD-DERIVED T WHITE BLOOD CELLS (T LYMPHOCYTES) FOR CHIMERIC ANTIGEN RECEPTOR T-CELL THERAPY, PER DAY	1/1/2019	12/31/2382	1
PRA	0538T	PREPARATION OF BLOOD-DERIVED T WHITE BLOOD CELLS (T LYMPHOCYTES) FOR TRANSPORTATION FOR CHIMERIC ANTIGEN RECEPTOR T-CELL THERAPY	1/1/2019	12/31/2382	1
PRA	0539T	RECEIPT AND PREPARATION OF BLOOD-DERIVED T WHITE BLOOD CELLS (T LYMPHOCYTES) FOR CHIMERIC ANTIGEN RECEPTOR T-CELL THERAPY	1/1/2019	12/31/2382	1
PRA	0540T	ADMINISTRATION OF BLOOD-DERIVED T WHITE BLOOD CELLS (T LYMPHOCYTES) FOR CHIMERIC ANTIGEN RECEPTOR T-CELL THERAPY	1/1/2019	12/31/2382	1
PRA	0541T	IMAGING OF HEART MUSCLE USING MAGNETOCARDIOGRAPHY TO DETECT DEFICIENT BLOOD FLOW, SINGLE STUDY	1/1/2019	12/31/2382	1
PRA	0542T	INTERPRETATION AND REPORT OF IMAGING OF HEART MUSCLE USING MAGNETOCARDIOGRAPHY TO DETECT DEFICIENT BLOOD FLOW	1/1/2019	12/31/2382	1

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PRA	0589T	ELECTRONIC ANALYSIS WITH SIMPLE PROGRAMMING OF IMPLANTED INTEGRATED NEUROSTIMULATION SYSTEM (EG, ELECTRODE ARRAY AND RECEIVER), INCLUDING CONTACT GROUP(S), AMPLITUDE, PULSE WIDTH, FREQUENCY (HZ).	1/1/2020	12/31/2382	1
PRA	0590T	ELECTRONIC ANALYSIS WITH COMPLEX PROGRAMMING OF IMPLANTED INTEGRATED NEUROSTIMULATION SYSTEM (EG, ELECTRODE ARRAY AND RECEIVER), INCLUDING CONTACT GROUP(S), AMPLITUDE, PULSE WIDTH, FREQUENCY (HZ), ON/OFF CYCLING, BURST.	1/1/2020	12/31/2382	1
PRA	0591T	HEALTH AND WELL-BEING COACHING FACE-TO-FACE; INDIVIDUAL, INITIAL ASSESSMENT	1/1/2020	12/31/2382	1
PRA	0592T	HEALTH AND WELL-BEING COACHING FACE-TO-FACE; INDIVIDUAL, FOLLOW-UP SESSION, AT LEAST 30 MINUTES	1/1/2020	12/31/2382	1
PRA	0593T	HEALTH AND WELL-BEING COACHING FACE-TO-FACE; GROUP (2 OR MORE INDIVIDUALS), AT LEAST 30 MINUTES	1/1/2020	12/31/2382	1
PRA	10004	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION	1/1/2019	12/31/2382	3
PRA	10005	FINE NEEDLE ASPIRATION OF FIRST LESION USING ULTRASOUND GUIDANCE	1/1/2019	12/31/2382	1
PRA	10006	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION USING ULTRASOUND GUIDANCE	1/1/2019	12/31/2382	3
PRA	10007	FINE NEEDLE ASPIRATION OF FIRST LESION USING FLUOROSCOPICE GUIDANCE	1/1/2019	12/31/2382	1
PRA	10008	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION USING FLUOROSCOPICE GUIDANCE	1/1/2019	12/31/2382	3
PRA	10009	FINE NEEDLE ASPIRATION OF FIRST LESION USING CT GUIDANCE	1/1/2019	12/31/2382	1
PRA	10010	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION USING CT GUIDANCE	1/1/2019	12/31/2382	3
PRA	10011	FINE NEEDLE ASPIRATION OF FIRST LESION USING MR GUIDANCE	1/1/2019	12/31/2382	1
PRA	10012	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION USING MR GUIDANCE	1/1/2019	12/31/2382	3
PRA	10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	1/1/2019	12/31/2382	1
PRA	10030	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	4/1/2015	12/31/2382	2
PRA	10035	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE ACCESSED THROUGH THE SKIN WITH IMAGING GUIDANCE, FIRST LESION	1/1/2016	12/31/2382	1
PRA	10036	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE ACCESSED THROUGH THE SKIN WITH IMAGING GUIDANCE, EACH ADDITIONAL LESION	1/1/2017	12/31/2382	2
PRA	10040	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDONES, CYSTS, PUSTULES)	10/1/2010	12/31/2382	1
PRA	10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS.	10/1/2010	12/31/2382	1
PRA	10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS.	10/1/2010	12/31/2382	1
PRA	10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	10/1/2010	12/31/2382	1
PRA	10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	10/1/2010	12/31/2382	1
PRA	10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	1/1/2015	12/31/2382	3
PRA	10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	1/1/2015	12/31/2382	2
PRA	10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	1/1/2015	12/31/2382	2

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PRA	10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	1/1/2015	12/31/2382	3
PRA	10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	1/1/2015	12/31/2382	2
PRA	11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE	10/1/2010	12/31/2382	1
PRA	11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE BODY SURFACE	1/1/2015	12/31/2382	2
PRA	11004	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION; EXTERNAL	10/1/2010	12/31/2382	1
PRA	11005	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION; ABDOMINAL	10/1/2010	12/31/2382	1
PRA	11006	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION; EXTERNAL	10/1/2010	12/31/2382	1
PRA	11008	REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR NECROTIZING SOFT TISSUE INFECTION	10/1/2010	12/31/2382	1
PRA	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN	1/1/2015	12/31/2382	2
PRA	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S);	1/1/2015	12/31/2382	2
PRA	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S);	4/1/2012	12/31/2382	2
PRA	11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	4/1/2011	12/31/2382	1
PRA	11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE	4/1/2011	12/31/2382	1
PRA	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR FASCIA, IF PERFORMED); FIRST 20 SQ CM OR LESS	4/1/2011	12/31/2382	1
PRA	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED); EACH ADDITIONAL 20 SQ CM,	1/1/2016	12/31/2382	12
PRA	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA(INCLUDES EPIDERMIS, DERMIS AND SUBCUTANEOUS TISSUE, IF PERFORMED) EACH	1/1/2016	12/31/2382	10
PRA	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR FASCIA, IF PERFORMED); EACH	1/1/2016	12/31/2382	10
PRA	11055	PARING OR CUTTING OF BENIGN HYPERKERATORIC LESION (EG, CORN OR CALLUS);SINGLE LESION	10/1/2010	12/31/2382	1
PRA	11056	PARING OR CUTTING OF BENIGN HYPERKERATORIC LESION(EG, CORN OR CALLUS);TWO TO FOUR LESIONS	10/1/2010	12/31/2382	1
PRA	11057	PARING OR CUTTING OF BENIGN HYPERKERATORIC LESION (EG, CORN OR CALLUS; MORE THAN FOUR LESIONS	10/1/2010	12/31/2382	1
PRA	11102	TANGENTIAL BIOPSY OF SINGLE SKIN LESION	1/1/2019	12/31/2382	1
PRA	11103	TANGENTIAL BIOPSY OF ADDITIONAL SKIN LESION	1/1/2019	12/31/2382	6
PRA	11104	PUNCH BIOPSY OF SINGLE SKIN LESION	1/1/2019	12/31/2382	1
PRA	11105	PUNCH BIOPSY OF ADDITIONAL SKIN LESION	1/1/2019	12/31/2382	3
PRA	11106	INCISIONAL BIOPSY OF SINGLE SKIN LESION	1/1/2019	12/31/2382	1
PRA	11107	INCISIONAL BIOPSY OF ADDITIONAL SKIN LESION	1/1/2019	12/31/2382	2

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PRA	11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS	10/1/2010	12/31/2382	1
PRA	11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCTANEOUS TAGS, ANY AREA; EACH ADDITIONAL TEN LESIONS	10/1/2010	12/31/2382	1
PRA	11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	1/1/2015	12/31/2382	5
PRA	11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	1/1/2015	12/31/2382	6
PRA	11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	1/1/2015	12/31/2382	4
PRA	11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 2.0 CM	1/1/2015	12/31/2382	3
PRA	11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5	1/1/2015	12/31/2382	4
PRA	11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6	1/1/2015	12/31/2382	4
PRA	11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1	1/1/2015	12/31/2382	3
PRA	11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVE	1/1/2019	12/31/2382	2
PRA	11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION	1/1/2015	12/31/2382	4
PRA	11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION	1/1/2015	12/31/2382	4
PRA	11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION	1/1/2015	12/31/2382	3
PRA	11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION	1/1/2015	12/31/2382	3
PRA	11400	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 C	1/1/2015	12/31/2382	3
PRA	11401	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 T	1/1/2015	12/31/2382	3
PRA	11402	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 T	1/1/2015	12/31/2382	3
PRA	11403	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 T	1/1/2015	12/31/2382	2
PRA	11404	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 T	1/1/2015	12/31/2382	2
PRA	11406	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER OVER	1/1/2015	12/31/2382	2
PRA	11420	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO	1/1/2015	12/31/2382	3
PRA	11421	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO	1/1/2015	12/31/2382	3
PRA	11422	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO	1/1/2015	12/31/2382	3
PRA	11423	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO	1/1/2015	12/31/2382	2
PRA	11424	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO	1/1/2015	12/31/2382	2
PRA	11426	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO	1/1/2015	12/31/2382	2

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PRA	11440	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES	1/1/2015	12/31/2382	4
PRA	11441	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES	1/1/2015	12/31/2382	3
PRA	11442	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES	1/1/2015	12/31/2382	3
PRA	11443	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES	1/1/2015	12/31/2382	2
PRA	11444	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES	1/1/2015	12/31/2382	2
PRA	11446	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES	1/1/2015	12/31/2382	2
PRA	11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH SIMPLE OR INTERMEDIATE REPAIR	4/1/2013	12/31/2382	1
PRA	11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH COMPLEX REPAIR	4/1/2013	12/31/2382	1
PRA	11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR	4/1/2013	12/31/2382	1
PRA	11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR	4/1/2013	12/31/2382	1
PRA	11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH SIMPLE OR IN	1/1/2012	12/31/2382	3
PRA	11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH COMPLEX REPA	10/1/2010	12/31/2382	2
PRA	11600	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.5 CM OR LESS	1/1/2015	12/31/2382	2
PRA	11601	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	1/1/2015	12/31/2382	2
PRA	11602	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	1/1/2015	12/31/2382	3
PRA	11603	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	1/1/2015	12/31/2382	2
PRA	11604	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	1/1/2015	12/31/2382	2
PRA	11606	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER OVER 4.0 CM	1/1/2015	12/31/2382	2
PRA	11620	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	1/1/2015	12/31/2382	2
PRA	11621	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	1/1/2015	12/31/2382	2
PRA	11622	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	1/1/2015	12/31/2382	2
PRA	11623	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	1/1/2015	12/31/2382	2
PRA	11624	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	1/1/2015	12/31/2382	2
PRA	11626	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	1/1/2015	12/31/2382	2
PRA	11640	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.5 CM OR LESS	1/1/2015	12/31/2382	2
PRA	11641	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.6 TO 1.0 CM	1/1/2015	12/31/2382	2

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PRA	11642	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 1.1 TO 2.0 CM	1/1/2015	12/31/2382	3
PRA	11643	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 2.1 TO 3.0 CM	1/1/2015	12/31/2382	2
PRA	11644	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 3.1 TO 4.0 CM	1/1/2015	12/31/2382	2
PRA	11646	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER OVER 4.0 CM	1/1/2015	12/31/2382	2
PRA	11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	10/1/2010	12/31/2382	1
PRA	11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	10/1/2010	12/31/2382	1
PRA	11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	10/1/2010	12/31/2382	1
PRA	11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	10/1/2010	12/31/2382	1
PRA	11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE	1/1/2019	12/31/2382	4
PRA	11740	EVACUATION OF SUBUNGUAL HEMATOMA	1/1/2019	12/31/2382	2
PRA	11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL;	1/1/2015	12/31/2382	6
PRA	11755	BIOPSY OF NAIL UNIT, ANY METHOD	1/1/2019	12/31/2382	2
PRA	11760	REPAIR OF NAIL BED	1/1/2015	12/31/2382	4
PRA	11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	1/1/2015	12/31/2382	2
PRA	11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	1/1/2015	12/31/2382	4
PRA	11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	10/1/2010	12/31/2382	1
PRA	11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE	10/1/2010	12/31/2382	1
PRA	11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED	10/1/2010	12/31/2382	1
PRA	11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS	10/1/2010	12/31/2382	1
PRA	11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS	10/1/2010	12/31/2382	1
PRA	11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING M	10/1/2010	12/31/2382	1
PRA	11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING M	10/1/2010	12/31/2382	1
PRA	11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING M	10/1/2010	12/31/2382	1
PRA	11950	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS	10/1/2010	12/31/2382	1
PRA	11951	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1.1 TO 5.0 CC	10/1/2010	12/31/2382	1
PRA	11952	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 5.1 TO 10.0 CC	10/1/2010	12/31/2382	1

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PRA	11954	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER 10.0 CC	10/1/2010	12/31/2382	1
PRA	11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION	1/1/2015	12/31/2382	2
PRA	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	10/1/2010	12/31/2382	2
PRA	11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	10/1/2010	12/31/2382	2
PRA	11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	10/1/2010	12/31/2382	1
PRA	11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION ESTRADIOL AND/OR TESTOSTERONE	10/1/2010	12/31/2382	1
PRA	11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	10/1/2010	12/31/2382	1
PRA	11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	10/1/2010	12/31/2382	1
PRA	11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	10/1/2010	12/31/2382	1
PRA	12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC	10/1/2010	12/31/2382	1
PRA	12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC	10/1/2010	12/31/2382	1
PRA	12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC	10/1/2010	12/31/2382	1
PRA	12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC	10/1/2010	12/31/2382	1
PRA	12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC	10/1/2010	12/31/2382	1
PRA	12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC	10/1/2010	12/31/2382	1
PRA	12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	10/1/2010	12/31/2382	1
PRA	12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0	10/1/2010	12/31/2382	1
PRA	12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5	10/1/2010	12/31/2382	1
PRA	12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5	10/1/2010	12/31/2382	1
PRA	12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.	10/1/2010	12/31/2382	1
PRA	12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.	10/1/2010	12/31/2382	1
PRA	12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM	10/1/2010	12/31/2382	1
PRA	12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	1/1/2015	12/31/2382	2
PRA	12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	10/1/2010	12/31/2382	3
PRA	12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS	10/1/2010	12/31/2382	1
PRA	12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5	10/1/2010	12/31/2382	1

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PRA	12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5	10/1/2010	12/31/2382	1
PRA	12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 12.6 CM TO 20.	10/1/2010	12/31/2382	1
PRA	12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 CM TO 30.	10/1/2010	12/31/2382	1
PRA	12037	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); OVER 30.0 CM	10/1/2010	12/31/2382	1
PRA	12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS	10/1/2010	12/31/2382	1
PRA	12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM	10/1/2010	12/31/2382	1
PRA	12044	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM	10/1/2010	12/31/2382	1
PRA	12045	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM	10/1/2010	12/31/2382	1
PRA	12046	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.1 CM TO 30.0 CM	10/1/2010	12/31/2382	1
PRA	12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVER 30.0 CM	10/1/2010	12/31/2382	1
PRA	12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	10/1/2010	12/31/2382	1
PRA	12052	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS 2.6 CM TO 5	10/1/2010	12/31/2382	1
PRA	12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS 5.1 CM TO 7	10/1/2010	12/31/2382	1
PRA	12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS 7.6 CM TO 1	10/1/2010	12/31/2382	1
PRA	12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS 12.6 CM TO	10/1/2010	12/31/2382	1
PRA	12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS 20.1 CM TO	10/1/2010	12/31/2382	1
PRA	12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS OVER 30.0 C	10/1/2010	12/31/2382	1
PRA	13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	10/1/2010	12/31/2382	1
PRA	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	10/1/2010	12/31/2382	1
PRA	13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	1/1/2015	12/31/2382	9
PRA	13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	10/1/2010	12/31/2382	1
PRA	13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	10/1/2010	12/31/2382	1
PRA	13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODEP)	1/1/2015	12/31/2382	9
PRA	13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 1.1 CM TO 2.5 CM	10/1/2010	12/31/2382	1
PRA	13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM	10/1/2010	12/31/2382	1
PRA	13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; EACH ADDITIONAL 5	1/1/2015	12/31/2382	7

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PRA	13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	10/1/2010	12/31/2382	1
PRA	13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	10/1/2010	12/31/2382	1
PRA	13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION)	1/1/2015	12/31/2382	2
PRA	13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	1/1/2015	12/31/2382	2
PRA	14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	1/1/2015	12/31/2382	2
PRA	14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM	1/1/2015	12/31/2382	2
PRA	14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS	1/1/2015	12/31/2382	2
PRA	14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	1/1/2019	12/31/2382	2
PRA	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/	1/1/2019	12/31/2382	2
PRA	14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/	1/1/2015	12/31/2382	3
PRA	14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS	1/1/2019	12/31/2382	2
PRA	14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	1/1/2015	12/31/2382	2
PRA	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	4/1/2012	12/31/2382	2
PRA	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF	1/1/2015	12/31/2382	8
PRA	14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	1/1/2015	12/31/2382	2
PRA	15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR	10/1/2010	12/31/2382	1
PRA	15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR, OR	1/1/2015	12/31/2382	60
PRA	15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR	10/1/2010	12/31/2382	1
PRA	15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR	1/1/2015	12/31/2382	19
PRA	15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	10/1/2010	12/31/2382	1
PRA	15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER MINIMAL OPEN AREA (EXCEPT ON FAC	10/1/2010	12/31/2382	1
PRA	15100	SPLIT GRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN	10/1/2010	12/31/2382	1
PRA	15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITION 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA OF INFANT	1/1/2015	12/31/2382	40
PRA	15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS	10/1/2010	12/31/2382	1
PRA	15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA	1/1/2015	12/31/2382	5
PRA	15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/ OR MULTIPLE	10/1/2010	12/31/2382	1

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PRA	15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE	1/1/2015	12/31/2382	2
PRA	15120	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR MULTIPLE DIGITS;	10/1/2010	12/31/2382	1
PRA	15121	SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100	1/1/2015	12/31/2382	8
PRA	15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILD	10/1/2010	12/31/2382	1
PRA	15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA OF	1/1/2015	12/31/2382	2
PRA	15135	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIG	10/1/2010	12/31/2382	1
PRA	15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIG	1/1/2015	12/31/2382	1
PRA	15150	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR LESS	10/1/2010	12/31/2382	1
PRA	15151	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM TO 75 SQ CM	10/1/2010	12/31/2382	1
PRA	15152	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERC	4/1/2016	12/31/2382	5
PRA	15155	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET,	10/1/2010	12/31/2382	1
PRA	15156	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET,	10/1/2010	12/31/2382	1
PRA	15157	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET,	1/1/2015	12/31/2382	1
PRA	15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS	10/1/2010	12/31/2382	1
PRA	15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH ADDITIONAL 20 SQ CM	1/1/2019	12/31/2382	7
PRA	15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; 20 SQ CM OR LESS	10/1/2010	12/31/2382	1
PRA	15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL	1/1/2015	12/31/2382	9
PRA	15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILL	10/1/2010	12/31/2382	1
PRA	15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILL	1/1/2015	12/31/2382	9
PRA	15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; 20 SQ CM	10/1/2010	12/31/2382	1
PRA	15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADD	1/1/2015	12/31/2382	6
PRA	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 S	1/1/2012	12/31/2382	1
PRA	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; EACH ADD	1/1/2012	12/31/2382	3
PRA	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO	1/1/2012	12/31/2382	1
PRA	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO	1/1/2017	12/31/2382	60
PRA	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET	1/1/2012	12/31/2382	3
PRA	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET	1/1/2012	12/31/2382	1
PRA	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET	1/1/2017	12/31/2382	15
PRA	15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	1/1/2015	12/31/2382	2
PRA	15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR LEGS	10/1/2010	12/31/2382	2
PRA	15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE,	10/1/2010	12/31/2382	2
PRA	15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL	10/1/2010	12/31/2382	2
PRA	15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK	10/1/2010	12/31/2382	2
PRA	15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR LEGS	10/1/2010	12/31/2382	2
PRA	15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE, GENITALIA,	10/1/2010	12/31/2382	2
PRA	15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE, EARS, OR LIPS	10/1/2010	12/31/2382	2
PRA	15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, "WALKING" TUBE), ANY LOCATION	10/1/2010	12/31/2382	1
PRA	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL FLAP) WITH PRESERVATION OF VASCULAR PEDICLE(S)	1/1/2018	12/31/2382	1
PRA	15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE	10/1/2010	12/31/2382	1
PRA	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK WITH NAMED VASCULAR PEDICLE (IE, BUCCINATORS, GENIOGLOSSUS, TEMPORALIS, MASSETER, STERNOCLEIDOMASTOID, LEVATOR SCAPULAE)	1/1/2019	12/31/2382	2
PRA	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	1/1/2015	12/31/2382	4
PRA	15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	1/1/2015	12/31/2382	2
PRA	15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	1/1/2019	12/31/2382	3
PRA	15740	FLAP; ISLAND PEDICLE	1/1/2019	12/31/2382	2
PRA	15750	FLAP; NEUROVASCULAR PEDICLE	10/1/2010	12/31/2382	2
PRA	15756	FREE MUSCLE FLAP WITH OR WITHOUT SKIN WITH MICROVASCULAR ANASTOMOSIS	10/1/2010	12/31/2382	2
PRA	15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	1/1/2015	12/31/2382	2
PRA	15758	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS	1/1/2015	12/31/2382	2
PRA	15760	GRAFT; COMPOSITE (FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING PRIMARY CLOSURE, DONOR AREA	10/1/2010	12/31/2382	2
PRA	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	1/1/2020	12/31/2382	1
PRA	15770	GRAFT; DERMA-FAT-FASCIA	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE	1/1/2020	12/31/2382	1
PRA	15773	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	1/1/2020	12/31/2382	1
PRA	15775	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS	10/1/2010	12/31/2382	1
PRA	15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS	10/1/2010	12/31/2382	1
PRA	15777	IMPLANTATION OF BIOLOGIC IMPLANT(EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (EG, BREAST, TRUNK	4/1/2012	12/31/2382	1
PRA	15780	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS)	10/1/2010	12/31/2382	1
PRA	15781	DERMABRASION; SEGMENTAL, FACE	1/1/2015	12/31/2382	1
PRA	15782	DERMABRASION; REGIONAL, OTHER THAN FACE	1/1/2015	12/31/2382	1
PRA	15783	DERMABRASION; SUPERFICIAL, ANY SITE, (EG, TATTOO REMOVAL)	1/1/2015	12/31/2382	1
PRA	15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)	10/1/2010	12/31/2382	1
PRA	15787	ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS	1/1/2015	12/31/2382	2
PRA	15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	10/1/2010	12/31/2382	1
PRA	15789	CHEMICAL PEEL, FACIAL; DERMAL	10/1/2010	12/31/2382	1
PRA	15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	10/1/2010	12/31/2382	1
PRA	15793	CHEMICAL PEEL, NONFACIAL; DERMAL	10/1/2010	12/31/2382	1
PRA	15819	CERVICOPLASTY	10/1/2010	12/31/2382	1
PRA	15820	BLEPHAROPLASTY, LOWER EYELID;	7/1/2013	12/31/2382	1
PRA	15821	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD	7/1/2013	12/31/2382	1
PRA	15822	BLEPHAROPLASTY, UPPER EYELID;	7/1/2013	12/31/2382	1
PRA	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	7/1/2013	12/31/2382	1
PRA	15824	RHYTIDECTOMY; FOREHEAD	7/1/2013	12/31/2382	1
PRA	15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, "P-FLAP")	7/1/2013	12/31/2382	1
PRA	15826	RHYTIDECTOMY; GLABELLAR FROWN LINES	7/1/2013	12/31/2382	1
PRA	15828	RHYTIDECTOMY; CHEEK, CHIN, AND NECK	7/1/2013	12/31/2382	1
PRA	15829	RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP	7/1/2013	12/31/2382	1
PRA	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE; ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); THIGH	4/1/2013	12/31/2382	1
PRA	15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG	4/1/2013	12/31/2382	1
PRA	15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); HIP	4/1/2013	12/31/2382	1
PRA	15835	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); BUTTOCK	7/1/2013	12/31/2382	1
PRA	15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ARM	4/1/2013	12/31/2382	1
PRA	15837	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); FOREARM OR HAND	10/1/2013	12/31/2382	2
PRA	15838	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); SUBMENTAL FAT PAD	10/1/2010	12/31/2382	1
PRA	15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA	10/1/2010	12/31/2382	2
PRA	15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	7/1/2013	12/31/2382	1
PRA	15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)	10/1/2010	12/31/2382	2
PRA	15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT BY MICROSURGICAL TECHNIQUE	10/1/2010	12/31/2382	2
PRA	15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	10/1/2010	12/31/2382	2
PRA	15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE, ABDOMEN	10/1/2010	12/31/2382	1
PRA	15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	10/1/2018	12/31/2382	1
PRA	15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON	10/1/2010	12/31/2382	1
PRA	15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	1/1/2015	12/31/2382	1
PRA	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCIEIN) TO TEST BLOOD FLOW IN FLAP OR GRAFT	10/1/2010	12/31/2382	1
PRA	15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	10/1/2010	12/31/2382	1
PRA	15877	SUCTION ASSISTED LIPECTOMY; TRUNK	10/1/2010	12/31/2382	1
PRA	15878	SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY	1/1/2012	12/31/2382	1
PRA	15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	1/1/2012	12/31/2382	1
PRA	15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE	10/1/2010	12/31/2382	1
PRA	15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE	10/1/2010	12/31/2382	1
PRA	15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;	10/1/2010	12/31/2382	1
PRA	15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	10/1/2010	12/31/2382	1
PRA	15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	10/1/2010	12/31/2382	1
PRA	15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE;	10/1/2010	12/31/2382	1
PRA	15937	EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY	10/1/2010	12/31/2382	1
PRA	15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;	10/1/2010	12/31/2382	2
PRA	15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY (ISCHIECTOMY)	10/1/2010	12/31/2382	2
PRA	15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	10/1/2010	12/31/2382	2
PRA	15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	10/1/2010	12/31/2382	2
PRA	15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT	10/1/2010	12/31/2382	2
PRA	15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;	10/1/2010	12/31/2382	2
PRA	15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	10/1/2010	12/31/2382	2
PRA	15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	10/1/2010	12/31/2382	2
PRA	15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	10/1/2010	12/31/2382	2
PRA	15956	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PROPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE	10/1/2010	12/31/2382	2
PRA	15958	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY	10/1/2010	12/31/2382	2
PRA	15999	UNLISTED PROCEDURE, EXCISION PRESSURE ULCER	4/1/2018	12/31/2382	1
PRA	16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED	10/1/2010	12/31/2382	1
PRA	16020	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, OFFICE OR HOSPITAL, SMALL	10/1/2010	12/31/2382	1
PRA	16025	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, MEDIUM (EG, WHOLE FACE OR WHOLE EXTRE	10/1/2010	12/31/2382	1
PRA	16030	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, LARGE (EG, MORE THAN ONE EXTREMITY)	10/1/2010	12/31/2382	1
PRA	16035	ESCHAROTOMY	10/1/2010	12/31/2382	1
PRA	16036	ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2015	12/31/2382	8
PRA	17000	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTMENT, ALL BENIGN OR PREMALIGNANT	10/1/2010	12/31/2382	1
PRA	17003	DESTRUCTION OF BENIGN LESIONS; SECOND THROUGH 14 LESIONS, EACH (LIST SEPARATELY IN ADDITION TO CODE FOR	10/1/2010	12/31/2382	13
PRA	17004	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTMENT, ALL BENIGN OR PREMALIGNANT	10/1/2010	12/31/2382	1
PRA	17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM	10/1/2010	12/31/2382	1
PRA	17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM 10.0 - 50.0	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM OVER 50.0 SQ	10/1/2010	12/31/2382	1
PRA	17110	DESTRUCTION BY ANY METHOD OF FLAT WARTS, OR MILIA; UP TO 14 LESIONS	10/1/2010	12/31/2382	1
PRA	17111	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM OR MILIA; UP TO 15 OR MORE LESIONS	10/1/2010	12/31/2382	1
PRA	17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)	1/1/2015	12/31/2382	4
PRA	17260	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	1/1/2015	12/31/2382	7
PRA	17261	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	1/1/2015	12/31/2382	7
PRA	17262	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	1/1/2015	12/31/2382	6
PRA	17263	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	1/1/2019	12/31/2382	3
PRA	17264	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	10/1/2010	12/31/2382	3
PRA	17266	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM	10/1/2010	12/31/2382	2
PRA	17270	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	1/1/2015	12/31/2382	6
PRA	17271	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	4/1/2015	12/31/2382	4
PRA	17272	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	4/1/2015	12/31/2382	5
PRA	17273	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	4/1/2015	12/31/2382	4
PRA	17274	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	1/1/2019	12/31/2382	2
PRA	17276	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	1/1/2019	12/31/2382	2
PRA	17280	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0	4/1/2015	12/31/2382	6
PRA	17281	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0	1/1/2019	12/31/2382	5
PRA	17282	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1	1/1/2019	12/31/2382	4
PRA	17283	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2	4/1/2015	12/31/2382	4
PRA	17284	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3	1/1/2019	12/31/2382	2
PRA	17286	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0	1/1/2019	12/31/2382	2
PRA	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAP	4/1/2015	12/31/2382	4
PRA	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPP	4/1/2015	12/31/2382	6
PRA	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAP	4/1/2015	12/31/2382	3
PRA	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAP	4/1/2015	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR.SURGICAL EXCISION OF TISSUE SPECIMENS, MAP	4/1/2015	12/31/2382	15
PRA	17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2)	10/1/2010	12/31/2382	1
PRA	17360	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)	10/1/2010	12/31/2382	1
PRA	17380	ELECTROLYSIS EPILATION, EACH 1/2 HOUR	10/1/2010	12/31/2382	1
PRA	17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	4/1/2018	12/31/2382	1
PRA	19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	10/1/2010	12/31/2382	2
PRA	19001	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST	10/1/2010	12/31/2382	5
PRA	19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	10/1/2010	12/31/2382	2
PRA	19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM	1/1/2012	12/31/2382	1
PRA	19081	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S), WHEN PERFORMED, AND IMAGING OF THE	1/1/2014	12/31/2382	1
PRA	19082	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S), WHEN PERFORMED, AND IMAGING OF THE	4/1/2015	12/31/2382	2
PRA	19083	BIOPSY OF BREAST, WITH PLACEMENT OF BREAST LOCALIZATION, WHEN PERFORMED AND IMAGING OF THE BIOPSY SPECIMEN	1/1/2014	12/31/2382	1
PRA	19084	BIOPSY OF BREAST, WITH PLACEMENT OF BREAST LOCALIZATION, WHEN PERFORMED AND IMAGING OF THE BIOPSY SPECIMEN	4/1/2015	12/31/2382	2
PRA	19085	BIOPSY,BREAST WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S), WHEN PERFORMED AND IMAGING OF THE BIOPSY	1/1/2014	12/31/2382	1
PRA	19086	BIOPSY,BREAST WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S), WHEN PERFORMED AND IMAGING OF THE BIOPSY	4/1/2015	12/31/2382	2
PRA	19100	BIOPSY OF BREAST; NEEDLE (SEPARATE PROCEDURE)	4/1/2015	12/31/2382	4
PRA	19101	BIOPSY OF BREAST; INCISIONAL	10/1/2010	12/31/2382	3
PRA	19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIBROADENOMA	4/1/2015	12/31/2382	2
PRA	19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR A PAPILOMA LACTIFEROUS DUCT	4/1/2014	12/31/2382	1
PRA	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	1/1/2012	12/31/2382	1
PRA	19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR ABERRANT BREAST TISSUE, DUCT LESION, NI	1/1/2012	12/31/2382	1
PRA	19125	EXCISION OF BREAST LESION; SINGLE LESION	1/1/2012	12/31/2382	1
PRA	19126	EXCISION OF BREAST LESION; EACH ADDITIONAL LESION	10/1/2010	12/31/2382	3
PRA	19281	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; FIRST LESION, INCLUDING MAMMOGRAPHIC GUIDANCE	1/1/2014	12/31/2382	1
PRA	19282	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING MAMMOGRAPHIC GUID	4/1/2015	12/31/2382	2
PRA	19283	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; FIRST LESION, INCLUDING STEREOTACTIC GUIDANCE	1/1/2014	12/31/2382	1

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PRA	19284	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING STEREOTACTIC GUID	4/1/2015	12/31/2382	2
PRA	19285	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; FIRST LESION, INCLUDING ULTRASOUND GUIDANCE	1/1/2014	12/31/2382	1
PRA	19286	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING ULTRASOUND GUID	4/1/2015	12/31/2382	2
PRA	19287	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; FIRST LESION, INCLUDING MAGNETIC RESONANCE GUIDANCE	1/1/2014	12/31/2382	1
PRA	19288	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING MAGNETIC	4/1/2015	12/31/2382	2
PRA	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)	1/1/2018	12/31/2382	2
PRA	19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAST FOR FOR INTERSTITIAL RADIOELEMENT	1/1/2012	12/31/2382	1
PRA	19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAST FOR FOR INTERSTITIAL RADIOELEMENT APP	10/1/2010	12/31/2382	2
PRA	19298	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE AND BUTTON TYPE) INTO TJE BREAST	1/1/2012	12/31/2382	1
PRA	19300	MASTECTOMY FOR GYNECOMASTIA	1/1/2012	12/31/2382	1
PRA	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY)	1/1/2012	12/31/2382	1
PRA	19302	MASTECTOMY, PARTIAL WITH AXILLARY LYMPHADENECTOMY	1/1/2012	12/31/2382	1
PRA	19303	MASTECTOMY, SIMPLE, COMPLETE	1/1/2012	12/31/2382	1
PRA	19305	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES	1/1/2012	12/31/2382	1
PRA	19306	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMMARY LYMPH NODES	1/1/2012	12/31/2382	1
PRA	19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PECTORALIS MINOR MUSCLE	1/1/2012	12/31/2382	1
PRA	19316	MASTOPEXY	7/1/2013	12/31/2382	1
PRA	19318	REDUCTION MAMMAPLASTY	7/1/2013	12/31/2382	1
PRA	19324	MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT	7/1/2013	12/31/2382	1
PRA	19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	7/1/2013	12/31/2382	1
PRA	19328	REMOVAL OF INTACT MAMMARY IMPLANT	7/1/2013	12/31/2382	1
PRA	19330	REMOVAL OF MAMMARY IMPLANT MATERIAL	7/1/2013	12/31/2382	1
PRA	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	7/1/2013	12/31/2382	1
PRA	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	7/1/2013	12/31/2382	1
PRA	19350	NIPPLE/AREOLA RECONSTRUCTION	7/1/2013	12/31/2382	1
PRA	19355	CORRECTION OF INVERTED NIPPLES	7/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	7/1/2013	12/31/2382	1
PRA	19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITH OR WITHOUT PROSTHETIC IMPLANT	7/1/2013	12/31/2382	1
PRA	19364	BREAST RECONSTRUCTION WITH FREE FLAP	7/1/2013	12/31/2382	1
PRA	19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	7/1/2013	12/31/2382	1
PRA	19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM), SINGLE PEDICLE, INCLUDING CLO	7/1/2013	12/31/2382	1
PRA	19368	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP, SINGLE PEDICLE, INCLUDING CLOSURE OF	7/1/2013	12/31/2382	1
PRA	19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANWOUS FLAP, DOUBLE PEDICLE, INCLUDING CLOSURE OF	7/1/2013	12/31/2382	1
PRA	19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	7/1/2013	12/31/2382	1
PRA	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	7/1/2013	12/31/2382	1
PRA	19380	REVISION OF RECONSTRUCTED BREAST	7/1/2013	12/31/2382	1
PRA	19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	7/1/2013	12/31/2382	1
PRA	19499	UNLISTED PROCEDURE, BREAST	4/1/2018	12/31/2382	1
PRA	20100	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK	10/1/2010	12/31/2382	2
PRA	20101	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST	4/1/2015	12/31/2382	2
PRA	20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK	4/1/2015	12/31/2382	3
PRA	20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	4/1/2019	12/31/2382	3
PRA	20150	EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED THROUGH SAME FASCIAL INCISIO	10/1/2010	12/31/2382	2
PRA	20200	BIOPSY, MUSCLE; SUPERFICIAL	4/1/2015	12/31/2382	2
PRA	20205	BIOPSY, MUSCLE; DEEP	4/1/2019	12/31/2382	3
PRA	20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	10/1/2010	12/31/2382	3
PRA	20220	BIOPSY, BONE, TROCAR OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)	4/1/2019	12/31/2382	3
PRA	20225	BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR)	4/1/2019	12/31/2382	2
PRA	20240	BIOPSY, BONE, EXCISIONAL; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS, TROCHANTER OF FEMUR)	4/1/2015	12/31/2382	4
PRA	20245	BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	4/1/2019	12/31/2382	3
PRA	20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	4/1/2019	12/31/2382	1
PRA	20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	4/1/2019	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	4/1/2015	12/31/2382	2
PRA	20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	4/1/2015	12/31/2382	2
PRA	20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	4/1/2019	12/31/2382	2
PRA	20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	4/1/2015	12/31/2382	4
PRA	20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC; CORTICOSTEROID), CARPAL TUNNEL	1/1/2012	12/31/2382	1
PRA	20527	INJECTION, ENZYME (EG, COLLAGENASE), PALMAR FASCIAL CORD(IE, DUPUYTREN'S CONTRACTURE)	4/1/2012	12/31/2382	1
PRA	20550	INJECTION, TENDON SHEATH, LIGAMENT, TRIGGER POINTS OR GANGLION CYST	4/1/2015	12/31/2382	5
PRA	20551	INJECTION; TENDON ORIGIN/ INSERTION	4/1/2015	12/31/2382	5
PRA	20552	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE GROUP(S)	10/1/2010	12/31/2382	1
PRA	20553	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE GROUPS	10/1/2010	12/31/2382	1
PRA	20555	PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT INTERSTITIAL	10/1/2010	12/31/2382	1
PRA	20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT, BURSA OR GANGLION CYST (EG, FINGERS, TOES)	4/1/2015	12/31/2382	6
PRA	20604	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOINT OR BURSA; WITH ULTRASOUND GUIDANCE	1/1/2015	12/31/2382	4
PRA	20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GANGLION CYST (EG, TEMPOROMANDIBULAR)	10/1/2017	12/31/2382	2
PRA	20606	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA; WITH ULTRASOUND GUIDANCE	10/1/2017	12/31/2382	2
PRA	20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE JOINT, SUBACROMIAL)	10/1/2017	12/31/2382	2
PRA	20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA; WITH ULTRASOUND GUIDANCE	10/1/2017	12/31/2382	2
PRA	20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	4/1/2014	12/31/2382	2
PRA	20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	4/1/2014	12/31/2382	1
PRA	20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)	4/1/2015	12/31/2382	4
PRA	20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDING REMOVAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	20661	APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL	10/1/2010	12/31/2382	1
PRA	20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	10/1/2010	12/31/2382	1
PRA	20663	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	4/1/2013	12/31/2382	1
PRA	20664	APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS PLACED, FOR THIN SKULL OSTEOLOGY (EG, PEDIATR	10/1/2010	12/31/2382	1
PRA	20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)	4/1/2015	12/31/2382	3
PRA	20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	4/1/2015	12/31/2382	3
PRA	20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM	4/1/2015	12/31/2382	2
PRA	20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG,	4/1/2015	12/31/2382	2
PRA	20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG, NEW PIN(S) OR WIRE(S) AND/OR NEW	10/1/2010	12/31/2382	2
PRA	20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	4/1/2015	12/31/2382	2
PRA	20696	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION WITH	10/1/2010	12/31/2382	2
PRA	20697	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION WITH	10/1/2010	12/31/2382	4
PRA	20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT); COMPLETE AMPUTATION	1/1/2012	12/31/2382	1
PRA	20805	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT); COMPLETE AMPUTATION	1/1/2012	12/31/2382	1
PRA	20808	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS); COMPLETE AMPUTATION	1/1/2012	12/31/2382	1
PRA	20816	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TO INSERTION OF FLEXOR SUBLIMIS TENDO	10/1/2013	12/31/2382	3
PRA	20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON INSERTION); COMPLETE AMPUTATION	10/1/2013	12/31/2382	3
PRA	20824	REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT); COMPLETE AMPUTATION	1/1/2012	12/31/2382	1
PRA	20827	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION	1/1/2012	12/31/2382	1
PRA	20838	REPLANTATION, FOOT; COMPLETE AMPUTATION	1/1/2012	12/31/2382	1
PRA	20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	10/1/2010	12/31/2382	2
PRA	20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	4/1/2015	12/31/2382	2
PRA	20910	CARTILAGE GRAFT; COSTOCHONDRAL	4/1/2015	12/31/2382	1
PRA	20912	CARTILAGE GRAFT; NASAL SEPTUM	10/1/2010	12/31/2382	1
PRA	20920	FASCIA LATA GRAFT; BY STRIPPER	4/1/2015	12/31/2382	1
PRA	20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	4/1/2015	12/31/2382	1
PRA	20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	4/1/2015	12/31/2382	2
PRA	20930	ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED	7/1/2018	12/31/2382	1
PRA	20931	ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL	10/1/2010	12/31/2382	1
PRA	20932	DONOR BONE AND JOINT GRAFT TO JOINT SURFACE AND NEIGHBORING BONE	1/1/2019	12/31/2382	1

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PRA	20933	HALF-CYLINDRICAL DONOR BONE GRAFT	1/1/2019	12/31/2382	1
PRA	20934	CYLINDRICAL DONOR BONE GRAFT	1/1/2019	12/31/2382	1
PRA	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL OBTAINED FROM SAME INCISION	7/1/2018	12/31/2382	1
PRA	20937	AUTOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION)	10/1/2010	12/31/2382	1
PRA	20938	AUTOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL, BICORTICAL OR TRICORTICAL	10/1/2010	12/31/2382	1
PRA	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)	1/1/2018	12/31/2382	1
PRA	20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WICK CATHETER TECHNIQUE, NEEDLE M	4/1/2014	12/31/2382	2
PRA	20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	10/1/2010	12/31/2382	1
PRA	20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	10/1/2010	12/31/2382	1
PRA	20957	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	10/1/2010	12/31/2382	1
PRA	20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST, OR METATARSAL	10/1/2010	12/31/2382	1
PRA	20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC CREST, METATARSAL, OR GRE	10/1/2010	12/31/2382	2
PRA	20970	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	10/1/2010	12/31/2382	2
PRA	20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	10/1/2010	12/31/2382	2
PRA	20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB SPACE	4/1/2013	12/31/2382	1
PRA	20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)	10/1/2010	12/31/2382	1
PRA	20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	10/1/2010	12/31/2382	1
PRA	20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERATIVE)	10/1/2010	12/31/2382	1
PRA	20982	ABLATION, BONE TUMOR RADIOFREQUENCY, PRECUTANEOUS, INCLUDING COMPUTED TOMOGRAPHIC GUIDANCE	10/1/2010	12/31/2382	1
PRA	20983	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE BONE TUMORS INCLUDING ADJACENT SOFT TISSUE	1/1/2015	12/31/2382	1
PRA	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES; IMAGE-LESS	10/1/2010	12/31/2382	2
PRA	20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	4/1/2018	12/31/2382	1
PRA	21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	7/1/2013	12/31/2382	1
PRA	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	4/1/2015	12/31/2382	4
PRA	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	7/1/2012	12/31/2382	3
PRA	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); LESS THAN 2 CM	4/1/2019	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER	4/1/2019	12/31/2382	2
PRA	21015	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP; LESS THAN 2 CM	10/1/2010	12/31/2382	1
PRA	21016	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP; 2 CM OR GREATER	4/1/2012	12/31/2382	2
PRA	21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	10/1/2010	12/31/2382	2
PRA	21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	10/1/2010	12/31/2382	2
PRA	21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)	7/1/2013	12/31/2382	1
PRA	21030	EXCISION OF BENIGN TUMOR OR CYST OF FACIAL BONE OTHER THAN MANDIBLE	4/1/2013	12/31/2382	1
PRA	21031	EXCISION OF TORUS MANDIBULARIS	4/1/2014	12/31/2382	2
PRA	21032	EXCISION OF MAXILLARY TORUS PALATINUS	10/1/2010	12/31/2382	1
PRA	21034	EXCISION OF MALIGNANT TUMOR OF FACIAL BONE OTHER THAN MANDIBLE	10/1/2010	12/31/2382	1
PRA	21040	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; SIMPLE	10/1/2010	12/31/2382	2
PRA	21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	10/1/2010	12/31/2382	1
PRA	21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	10/1/2010	12/31/2382	1
PRA	21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY AGGRESSIVE O	10/1/2010	12/31/2382	2
PRA	21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MANDIBULECTOMY (EG LC	10/1/2010	12/31/2382	2
PRA	21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY AGGRESSIVE OR DESTRUCT	10/1/2010	12/31/2382	2
PRA	21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MAXILLECTOMY (EG, LOCA	4/1/2015	12/31/2382	1
PRA	21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	7/1/2013	12/31/2382	1
PRA	21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	7/1/2013	12/31/2382	1
PRA	21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	7/1/2013	12/31/2382	1
PRA	21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE	10/1/2010	12/31/2382	1
PRA	21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	10/1/2010	12/31/2382	1
PRA	21077	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	1/1/2012	12/31/2382	1
PRA	21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	10/1/2010	12/31/2382	1
PRA	21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	10/1/2010	12/31/2382	1
PRA	21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	10/1/2010	12/31/2382	1
PRA	21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	10/1/2010	12/31/2382	1
PRA	21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	10/1/2010	12/31/2382	1
PRA	21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	10/1/2010	12/31/2382	1
PRA	21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	1/1/2012	12/31/2382	1
PRA	21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	10/1/2010	12/31/2382	1
PRA	21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	10/1/2010	12/31/2382	1
PRA	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	4/1/2018	12/31/2382	1
PRA	21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL	10/1/2010	12/31/2382	2
PRA	21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	4/1/2013	12/31/2382	1
PRA	21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	10/1/2010	12/31/2382	1
PRA	21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	10/1/2010	12/31/2382	1
PRA	21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMM)	10/1/2010	12/31/2382	1
PRA	21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	10/1/2010	12/31/2382	1
PRA	21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	10/1/2010	12/31/2382	2
PRA	21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAF)	10/1/2010	12/31/2382	2
PRA	21137	REDUCTION FOREHEAD; CONTOURING ONLY	10/1/2010	12/31/2382	1
PRA	21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES OBTAINING AUTOGR	10/1/2010	12/31/2382	1
PRA	21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	10/1/2010	12/31/2382	1
PRA	21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	10/1/2010	12/31/2382	1
PRA	21142	RECONSTRUCTION MIDFACE, LEFORTI; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	10/1/2010	12/31/2382	1
PRA	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	10/1/2010	12/31/2382	1
PRA	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENTMOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS	10/1/2010	12/31/2382	1
PRA	21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS	10/1/2010	12/31/2382	1
PRA	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES,SEGMENT MOVEMENT IN ANY DIRECTIONS, REQUIRING BONE GRAF	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYNDROME)	10/1/2010	12/31/2382	1
PRA	21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	10/1/2010	12/31/2382	1
PRA	21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRA	10/1/2010	12/31/2382	1
PRA	21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRA	10/1/2010	12/31/2382	1
PRA	21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIR	10/1/2010	12/31/2382	1
PRA	21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIR	10/1/2010	12/31/2382	1
PRA	21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRA	10/1/2010	12/31/2382	1
PRA	21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION (EG, PL	10/1/2010	12/31/2382	1
PRA	21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GRAFTS (ALLOGRAFT OR PROSTHETIC	10/1/2010	12/31/2382	1
PRA	21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AUTOGRAFT (INCLUDES OBTAINING GR	10/1/2010	12/31/2382	1
PRA	21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL	10/1/2010	12/31/2382	1
PRA	21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA AND EXTRACRANIAL EXCISION	10/1/2012	12/31/2382	1
PRA	21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA AND EXTRACRANIAL EXCISION	10/1/2012	12/31/2382	1
PRA	21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA AND EXTRACRANIAL EXCISION	10/1/2012	12/31/2382	1
PRA	21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	10/1/2010	12/31/2382	1
PRA	21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL "C", OR "L" OSTEOTOMY; WITHOUT BONE GRAFT	10/1/2010	12/31/2382	1
PRA	21194	RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; WITH BONE GRAFT (INCLUDES	10/1/2010	12/31/2382	1
PRA	21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION	10/1/2010	12/31/2382	1
PRA	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	10/1/2010	12/31/2382	1
PRA	21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	7/1/2013	12/31/2382	1
PRA	21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	10/1/2010	12/31/2382	1
PRA	21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	10/1/2010	12/31/2382	1
PRA	21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)	10/1/2013	12/31/2382	1
PRA	21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	10/1/2013	12/31/2382	1
PRA	21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	10/1/2010	12/31/2382	2
PRA	21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	10/1/2010	12/31/2382	2
PRA	21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	10/1/2010	12/31/2382	2
PRA	21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
PRA	21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	1/1/2012	12/31/2382	1
PRA	21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	1/1/2012	12/31/2382	1
PRA	21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)	7/1/2013	12/31/2382	1
PRA	21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	10/1/2010	12/31/2382	2
PRA	21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	10/1/2010	12/31/2382	2
PRA	21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (EG, FOR H	4/1/2013	12/31/2382	1
PRA	21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL	4/1/2015	12/31/2382	2
PRA	21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL COMPLETE	4/1/2015	12/31/2382	2
PRA	21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)	4/1/2013	12/31/2382	1
PRA	21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (4/1/2013	12/31/2382	1
PRA	21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH	10/1/2010	12/31/2382	1
PRA	21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH	10/1/2010	12/31/2382	1
PRA	21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT	10/1/2010	12/31/2382	1
PRA	21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH	4/1/2013	12/31/2382	1
PRA	21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL	4/1/2013	12/31/2382	1
PRA	21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	4/1/2013	12/31/2382	1
PRA	21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	7/1/2013	12/31/2382	1
PRA	21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	21282	LATERAL CANTHOPEXY	1/1/2012	12/31/2382	1
PRA	21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH	4/1/2013	12/31/2382	1
PRA	21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH	4/1/2013	12/31/2382	1
PRA	21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	4/1/2018	12/31/2382	1
PRA	21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	21315	CLOSED TREATMENT, NASAL BONE FRACTURE; WITHOUT STABILIZATION	10/1/2010	12/31/2382	1
PRA	21320	CLOSED TREATMENT, NASAL BONE FRACTURE; WITH STABILIZATION	10/1/2010	12/31/2382	1
PRA	21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	10/1/2010	12/31/2382	1
PRA	21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL SKELETAL FIXATION	10/1/2010	12/31/2382	1
PRA	21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM	10/1/2010	12/31/2382	1
PRA	21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	10/1/2010	12/31/2382	1
PRA	21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	10/1/2010	12/31/2382	1
PRA	21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION	10/1/2010	12/31/2382	1
PRA	21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	10/1/2010	12/31/2382	1
PRA	21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXATION, INCLUDING REPAIR	10/1/2010	12/31/2382	1
PRA	21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	10/1/2010	12/31/2382	1
PRA	21344	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING POSTERIOR WALL) FRONTAL SINUS FRACTURE, VIA CORONAL	10/1/2010	12/31/2382	1
PRA	21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATIO	7/1/2013	12/31/2382	1
PRA	21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION	1/1/2013	12/31/2382	1
PRA	21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRING MULTIPLE OPEN APPROACHES	7/1/2013	12/31/2382	1
PRA	21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)	7/1/2013	12/31/2382	1
PRA	21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MANIPULATION	4/1/2013	12/31/2382	1
PRA	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)	4/1/2013	12/31/2382	1
PRA	21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD	4/1/2013	12/31/2382	1
PRA	21365	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA,	4/1/2013	12/31/2382	1
PRA	21366	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA,	4/1/2013	12/31/2382	1
PRA	21385	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION)	4/1/2013	12/31/2382	1
PRA	21386	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	4/1/2013	12/31/2382	1
PRA	21387	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH	4/1/2013	12/31/2382	1
PRA	21390	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT	4/1/2013	12/31/2382	1
PRA	21395	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING	4/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION	4/1/2013	12/31/2382	1
PRA	21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION	4/1/2013	12/31/2382	1
PRA	21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT	4/1/2013	12/31/2382	1
PRA	21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT	4/1/2013	12/31/2382	1
PRA	21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)	4/1/2013	12/31/2382	1
PRA	21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION	10/1/2010	12/31/2382	1
PRA	21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	10/1/2010	12/31/2382	1
PRA	21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMUNUTED OR INVOLVING CRANIAL	10/1/2010	12/31/2382	1
PRA	21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SP	10/1/2010	12/31/2382	1
PRA	21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AND/OR INTERNAL FIXATION	10/1/2010	12/31/2382	1
PRA	21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL	10/1/2010	12/31/2382	1
PRA	21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, UTILIZING INTERNAL AND/OR EXTERNAL F	10/1/2010	12/31/2382	1
PRA	21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, MULTIPLE SURGICAL APPROACHES, INTERN	10/1/2010	12/31/2382	1
PRA	21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	2
PRA	21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	2
PRA	21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION	10/1/2010	12/31/2382	1
PRA	21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	10/1/2010	12/31/2382	1
PRA	21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION	10/1/2010	12/31/2382	1
PRA	21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	10/1/2010	12/31/2382	1
PRA	21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	10/1/2010	12/31/2382	1
PRA	21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	10/1/2010	12/31/2382	1
PRA	21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	10/1/2010	12/31/2382	1
PRA	21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	4/1/2013	12/31/2382	1
PRA	21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPROACHES INCLUDING INTERNAL FIXATION,	10/1/2010	12/31/2382	1
PRA	21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION, INITIAL OR SUBSEQUENT	1/1/2012	12/31/2382	1
PRA	21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION, INITIAL OR SUBSEQUENT COMPLICATED (EG, RECURRENT REQUIRING	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	1/1/2012	12/31/2382	1
PRA	21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	10/1/2010	12/31/2382	1
PRA	21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	4/1/2018	12/31/2382	1
PRA	21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	10/1/2010	12/31/2382	3
PRA	21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; WITH PARTIAL RIB OSTECTOMY	10/1/2010	12/31/2382	1
PRA	21510	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), THORAX	10/1/2010	12/31/2382	1
PRA	21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	4/1/2019	12/31/2382	2
PRA	21552	EXCISION TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX; SUBCUTANEOUS; 3 CM OR GREATER	4/1/2019	12/31/2382	2
PRA	21554	EXCISION TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX; SUBFASCIAL, (EG, INTRAMUSCULAR); 5 CM OR GREATER	4/1/2015	12/31/2382	2
PRA	21555	EXCISION TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX; SUBCUTANEOUS; LESS THAN 3 CM	4/1/2019	12/31/2382	2
PRA	21556	EXCISION TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX; SUBFASCIAL, (EG, INTRAMUSCULAR); LESS THAN 5 CM	4/1/2019	12/31/2382	2
PRA	21557	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR ANTERIOR THORAX	10/1/2010	12/31/2382	1
PRA	21558	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR ANTERIOR THORAX	7/1/2012	12/31/2382	1
PRA	21600	EXCISION OF RIB, PARTIAL	4/1/2015	12/31/2382	5
PRA	21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	4/1/2015	12/31/2382	1
PRA	21615	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE;	1/1/2012	12/31/2382	1
PRA	21616	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY	1/1/2012	12/31/2382	1
PRA	21620	OSTECTOMY OF STERNUM, PARTIAL	10/1/2010	12/31/2382	1
PRA	21627	STERNAL DEBRIDEMENT	10/1/2010	12/31/2382	1
PRA	21630	RADICAL RESECTION OF STERNUM; FOR TUMOR	10/1/2010	12/31/2382	1
PRA	21632	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY	10/1/2010	12/31/2382	1
PRA	21685	HYOID MYOTOMY AND SUSPENSION	10/1/2010	12/31/2382	1
PRA	21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	4/1/2013	12/31/2382	1
PRA	21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	4/1/2013	12/31/2382	1
PRA	21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST APPLICATION	10/1/2010	12/31/2382	1
PRA	21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM	10/1/2010	12/31/2382	1
PRA	21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITHOUT	10/1/2010	12/31/2382	1
PRA	21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE) WITH THOR	10/1/2010	12/31/2382	1
PRA	21750	CLOSURE OF STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	21811	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED	1/1/2015	12/31/2382	1
PRA	21812	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED	1/1/2015	12/31/2382	1
PRA	21813	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED	1/1/2015	12/31/2382	1
PRA	21820	CLOSED TREATMENT OF STERNUM FRACTURE	10/1/2010	12/31/2382	1
PRA	21825	OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION	10/1/2010	12/31/2382	1
PRA	21899	UNLISTED PROCEDURE, NECK OR THORAX	4/1/2018	12/31/2382	1
PRA	21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	4/1/2019	12/31/2382	2
PRA	21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	4/1/2019	12/31/2382	2
PRA	21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK	4/1/2015	12/31/2382	5
PRA	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER	7/1/2012	12/31/2382	3
PRA	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	4/1/2019	12/31/2382	2
PRA	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	4/1/2019	12/31/2382	2
PRA	21935	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK; LESS THAN 5 CM	10/1/2010	12/31/2382	1
PRA	21936	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK; 5 CM OR GREATER	4/1/2014	12/31/2382	1
PRA	22010	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; CERVICAL, THORACIC, OR CERVICOTHO	10/1/2010	12/31/2382	2
PRA	22015	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; LUMBAR, SACRAL, OR LUMBOSACRAL	10/1/2010	12/31/2382	2
PRA	22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENTS (EG SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY	10/1/2010	12/31/2382	1
PRA	22101	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; THORACIC	10/1/2010	12/31/2382	1
PRA	22102	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; LUMBAR	10/1/2010	12/31/2382	1
PRA	22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT FOR INTRINSIC BONY LESION; EACH ADDITIONAL	10/1/2010	12/31/2382	3
PRA	22110	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE	10/1/2010	12/31/2382	1
PRA	22112	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); THORACIC	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	22114	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); LUMBAR	10/1/2010	12/31/2382	1
PRA	22116	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESION; EACH ADDITIONAL VERTEBRAL SEGMENT	10/1/2010	12/31/2382	3
PRA	22206	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT; THORACIC	10/1/2010	12/31/2382	1
PRA	22207	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT; LUMBAR	10/1/2010	12/31/2382	1
PRA	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT; EACH ADDITION	4/1/2019	12/31/2382	5
PRA	22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; CERVICAL	10/1/2010	12/31/2382	1
PRA	22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	10/1/2010	12/31/2382	1
PRA	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	10/1/2010	12/31/2382	1
PRA	22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL	10/1/2010	12/31/2382	6
PRA	22220	OSTEOTOMY OF SPINE, INCLUDING DISSECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; CERVICAL	10/1/2010	12/31/2382	1
PRA	22222	OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	10/1/2010	12/31/2382	1
PRA	22224	OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	10/1/2010	12/31/2382	1
PRA	22226	OSTEOTOMY OF SPINE, INCLUDING DISSECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL	4/1/2015	12/31/2382	4
PRA	22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING AND INCLUDING CASTING	10/1/2010	12/31/2382	1
PRA	22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE(S), AND/OR DISLOCATION(S) REQUIRING CASTING OR BRACING, WITH OR	10/1/2010	12/31/2382	1
PRA	22318	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND/OR DISLOCATION(S), ANTERIOR APPROACH, WITHOUT GRAFTING	10/1/2010	12/31/2382	1
PRA	22319	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND/OR DISLOCATION(S), ANTERIOR APPROACH; WITH GRAFTING	10/1/2010	12/31/2382	1
PRA	22325	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); LUMBAR	10/1/2010	12/31/2382	1
PRA	22326	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); CERVICAL	10/1/2010	12/31/2382	1
PRA	22327	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); THORACIC	10/1/2010	12/31/2382	1
PRA	22328	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURES AND OR DISLOCATION(S); EACH ADDITIONAL FRACTURED VERTEBRAL	4/1/2015	12/31/2382	6
PRA	22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	10/1/2010	12/31/2382	1
PRA	22510	PERCUTANEOUS VERTEBROPLASTY, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING	1/1/2015	12/31/2382	1
PRA	22511	PERCUTANEOUS VERTEBROPLASTY, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING	1/1/2015	12/31/2382	1
PRA	22512	PERCUTANEOUS VERTEBROPLASTY, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING	10/1/2017	12/31/2382	3
PRA	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, 1 VERTEBRAL BODY,	1/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, 1 VERTEBRAL BODY,	1/1/2015	12/31/2382	1
PRA	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, 1 VERTEBRAL BODY,	10/1/2017	12/31/2382	3
PRA	22526	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE;	1/1/2014	12/31/2382	1
PRA	22527	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE;	1/1/2014	12/31/2382	1
PRA	22532	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE; THORACIC	10/1/2010	12/31/2382	1
PRA	22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE; LUMBAR	10/1/2010	12/31/2382	1
PRA	22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE; THORACIC OR	10/1/2010	12/31/2382	3
PRA	22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE, CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT EXCISION	10/1/2010	12/31/2382	1
PRA	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND	4/1/2011	12/31/2382	1
PRA	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND	4/1/2015	12/31/2382	5
PRA	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE; CERVICAL	10/1/2010	12/31/2382	1
PRA	22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE; THORACIC	10/1/2010	12/31/2382	1
PRA	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE; LUMBAR	10/1/2010	12/31/2382	1
PRA	22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE; EACH ADDITONA	4/1/2019	12/31/2382	5
PRA	22586	FUSION OF SPINE BONES WITH REMOVAL OF DISC AT LOWER SPINAL COLUMN WITH POSTERIOR INSTRUMENTATION AND IMAGE	1/1/2013	12/31/2382	1
PRA	22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	10/1/2010	12/31/2382	1
PRA	22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	10/1/2010	12/31/2382	1
PRA	22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	10/1/2010	12/31/2382	1
PRA	22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC (WITH OR WITHOUT LATERAL TRANSVE	10/1/2010	12/31/2382	1
PRA	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH OR WITHOUT LATERAL TRANSVERS	10/1/2010	12/31/2382	1
PRA	22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDITIONAL VERTEBRAL SEGMENT	7/1/2015	12/31/2382	13
PRA	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR	10/1/2010	12/31/2382	1
PRA	22632	ARTHRODISIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE	10/1/2010	12/31/2382	4
PRA	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING	1/1/2012	12/31/2382	1
PRA	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING	7/1/2014	12/31/2382	4
PRA	22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST, UP TO 6 VERTEBRAL SEGMENTS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	10/1/2010	12/31/2382	1
PRA	22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	10/1/2010	12/31/2382	1
PRA	22808	ARTHRODISIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 VERTEBRAL SEGMENTS	10/1/2010	12/31/2382	1
PRA	22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 VERTEBRAL SEGMENTS	10/1/2010	12/31/2382	1
PRA	22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS	10/1/2010	12/31/2382	1
PRA	22818	KYPHESTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND	10/1/2010	12/31/2382	1
PRA	22819	KYPHECTOMY: 3 OR MORE SEGMENTS	10/1/2010	12/31/2382	1
PRA	22830	EXPLORATION OF SPINAL FUSION	10/1/2010	12/31/2382	1
PRA	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE), PEDICLE	10/1/2010	12/31/2382	1
PRA	22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES	1/1/2014	12/31/2382	1
PRA	22842	POSTERIORM SEGMENTAL INSTRUMENTATION; 3 TO 6 VERTEBRAL SEGMENTS	10/1/2010	12/31/2382	1
PRA	22843	POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTEBRAL SEGMENTS	10/1/2010	12/31/2382	1
PRA	22844	POSTERIOR SEGMENTAL INSTRUMENTATION; 13 OR MORE VERTEBRAL SEGMENTS	10/1/2010	12/31/2382	1
PRA	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS	10/1/2010	12/31/2382	1
PRA	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	10/1/2010	12/31/2382	1
PRA	22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	10/1/2010	12/31/2382	1
PRA	22848	PELVIC FIXATION(ATTACHMENT OF CAUDAL END OF INSTRMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM	10/1/2010	12/31/2382	1
PRA	22849	REINSERTION OF SPINAL FIXATION DEVICE	10/1/2010	12/31/2382	1
PRA	22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	10/1/2010	12/31/2382	1
PRA	22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	10/1/2010	12/31/2382	1
PRA	22853	INSERTION OF DEVICE INTO INTERVERTEBRAL DISC SPACE OF SPINE AND FUSION OF VERTEBRAE	4/1/2018	12/31/2382	4
PRA	22854	INSERTION OF DEVICE INTO GAP LEFT BY REMOVAL OF PART OF VERTEBRA AND FUSION OF VERTEBRAE	4/1/2018	12/31/2382	4
PRA	22855	REMOVAL OF ANTERIOR INSTRUMENTATION	10/1/2010	12/31/2382	1
PRA	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION	7/1/2012	12/31/2382	1
PRA	22857	TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE, LUMBAR, SINGLE INTER	10/1/2010	12/31/2382	1
PRA	22858	TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION; SECOND LEVEL	1/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	22859	INSERTION OF DEVICE INTO GAP LEFT BY REMOVAL OF PART OF VERTEBRA	4/1/2018	12/31/2382	4
PRA	22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	7/1/2012	12/31/2382	1
PRA	22862	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY ANTERIOR APPROACH, LUMBAR, SINGLE INTERSPACE	10/1/2010	12/31/2382	1
PRA	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	7/1/2012	12/31/2382	1
PRA	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, LUMBAR, SINGLE INTERSPACE	10/1/2010	12/31/2382	1
PRA	22867	INSERTION OF STABILIZING OR SEPARATING DEVICE INTO LOWER SPINE AT SINGLE LEVEL WITH OPEN DECOMPRESSION	1/1/2017	12/31/2382	1
PRA	22868	INSERTION OF STABILIZING OR SEPARATING DEVICE INTO LOWER SPINE AT ADDITIONAL LEVEL WITH OPEN DECOMPRESSION	1/1/2017	12/31/2382	1
PRA	22869	INSERTION OF STABILIZING OR SEPARATING DEVICE INTO LOWER SPINE AT SINGLE LEVEL	1/1/2017	12/31/2382	1
PRA	22870	INSERTION OF STABILIZING OR SEPARATING DEVICE INTO LOWER SPINE AT SECOND LEVEL	1/1/2017	12/31/2382	1
PRA	22899	UNLISTED PROCEDURE, SPINE	4/1/2018	12/31/2382	1
PRA	22900	EXCISION, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	10/1/2010	12/31/2382	3
PRA	22901	EXCISION, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	4/1/2015	12/31/2382	2
PRA	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	4/1/2015	12/31/2382	4
PRA	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER	7/1/2012	12/31/2382	3
PRA	22904	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF ABDOMINAL WALL; LESS THAN 5 CM	4/1/2014	12/31/2382	1
PRA	22905	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF ABDOMINAL WALL; 5 CM OR GREATER	4/1/2014	12/31/2382	1
PRA	22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM	4/1/2018	12/31/2382	1
PRA	23000	REMOVAL OF SUBDELTOID (OR INTRATENDINOUS) CALCAREOUS DEPOSITS, ANY METHOD	7/1/2013	12/31/2382	1
PRA	23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	10/1/2010	12/31/2382	2
PRA	23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	4/1/2015	12/31/2382	1
PRA	23035	INCISION , BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	4/1/2015	12/31/2382	1
PRA	23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	1/1/2012	12/31/2382	1
PRA	23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN	1/1/2012	12/31/2382	1
PRA	23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	10/1/2010	12/31/2382	2
PRA	23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	23071	EXCISION,TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; 3 CM OR GREATER	4/1/2015	12/31/2382	2
PRA	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	4/1/2015	12/31/2382	2
PRA	23075	EXCISION,TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; LESS THAN 3 CM	4/1/2019	12/31/2382	2
PRA	23076	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA; SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	10/1/2010	12/31/2382	2
PRA	23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA;LESS THAN 5 CM	10/1/2010	12/31/2382	1
PRA	23078	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA; 5 CM OR GREATER	4/1/2014	12/31/2382	1
PRA	23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	1/1/2012	12/31/2382	1
PRA	23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STEROCCLAVICULAR JOINT, INCLUDING BIOPSY AND/OR EXCISION OF TORN CARTILA	10/1/2018	12/31/2382	1
PRA	23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	1/1/2012	12/31/2382	1
PRA	23106	ANTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	1/1/2012	12/31/2382	1
PRA	23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	1/1/2012	12/31/2382	1
PRA	23120	CLAVICULECTOMY; PARTIAL	4/1/2013	12/31/2382	1
PRA	23125	CLAVICULECTOMY; TOTAL	1/1/2012	12/31/2382	1
PRA	23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE	1/1/2012	12/31/2382	1
PRA	23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	4/1/2014	12/31/2382	1
PRA	23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES OBTAINING	10/1/2010	12/31/2382	1
PRA	23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT	10/1/2010	12/31/2382	1
PRA	23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	10/1/2010	12/31/2382	1
PRA	23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRA	10/1/2010	12/31/2382	1
PRA	23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT	10/1/2010	12/31/2382	1
PRA	23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	10/1/2010	12/31/2382	1
PRA	23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	10/1/2010	12/31/2382	1
PRA	23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK	10/1/2010	12/31/2382	1
PRA	23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE	10/1/2010	12/31/2382	1
PRA	23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA	10/1/2010	12/31/2382	1
PRA	23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HU	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	10/1/2010	12/31/2382	1
PRA	23195	RESECTION HUMERAL HEAD	10/1/2010	12/31/2382	1
PRA	23200	RADICAL RESECTION OF TUMOR; CLAVICLE	10/1/2010	12/31/2382	1
PRA	23210	RADICAL RESECTION OF TUMOR; SCAPULA	10/1/2010	12/31/2382	1
PRA	23220	RADICAL RESECTION OF TUMOR, PROXIMAL HUMERUS	10/1/2010	12/31/2382	1
PRA	23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	10/1/2010	12/31/2382	2
PRA	23333	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	4/1/2015	12/31/2382	1
PRA	23334	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	1/1/2014	12/31/2382	1
PRA	23335	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	1/1/2014	12/31/2382	1
PRA	23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY	1/1/2012	12/31/2382	1
PRA	23395	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE	10/1/2010	12/31/2382	1
PRA	23397	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE	10/1/2010	12/31/2382	1
PRA	23400	SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)	10/1/2010	12/31/2382	1
PRA	23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	10/1/2010	12/31/2382	2
PRA	23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	10/1/2013	12/31/2382	1
PRA	23410	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE	1/1/2012	12/31/2382	1
PRA	23412	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC	1/1/2012	12/31/2382	1
PRA	23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	1/1/2012	12/31/2382	1
PRA	23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)	1/1/2012	12/31/2382	1
PRA	23430	TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS	1/1/2012	12/31/2382	1
PRA	23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS	1/1/2012	12/31/2382	1
PRA	23450	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	1/1/2012	12/31/2382	1
PRA	23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	1/1/2012	12/31/2382	1
PRA	23460	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH BONE BLOCK	1/1/2012	12/31/2382	1
PRA	23462	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	1/1/2012	12/31/2382	1
PRA	23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	1/1/2012	12/31/2382	1
PRA	23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	1/1/2012	12/31/2382	1
PRA	23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (EG, TOTAL SHOULDER	1/1/2012	12/31/2382	1
PRA	23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	1/1/2013	12/31/2382	1
PRA	23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	1/1/2013	12/31/2382	1
PRA	23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	1/1/2012	12/31/2382	1
PRA	23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBT	1/1/2012	12/31/2382	1
PRA	23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; CLAVICLE	1/1/2012	12/31/2382	1
PRA	23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; PROXIMAL HUME	1/1/2012	12/31/2382	1
PRA	23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	1/1/2012	12/31/2382	1
PRA	23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT	1/1/2012	12/31/2382	1
PRA	23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	1/1/2012	12/31/2382	1
PRA	23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAF	1/1/2012	12/31/2382	1
PRA	23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION (WITH OR WITHOUT S	1/1/2012	12/31/2382	1
PRA	23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WITHOUT INTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITH MANIPULATION, WITH OR WITHOU	1/1/2012	12/31/2382	1
PRA	23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNA	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNA	1/1/2012	12/31/2382	1
PRA	23620	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	23625	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	1/1/2012	12/31/2382	1
PRA	23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANESTHESIA	1/1/2012	12/31/2382	1
PRA	23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	1/1/2012	12/31/2382	1
PRA	23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH OR WITHOUT INTERNAL	1/1/2012	12/31/2382	1
PRA	23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH OR WITHOUT INTERNAL OR	1/1/2012	12/31/2382	1
PRA	23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUD	1/1/2012	12/31/2382	1
PRA	23800	ARTHRODESIS, GLENOHUMERAL JOINT	1/1/2012	12/31/2382	1
PRA	23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	4/1/2013	12/31/2382	1
PRA	23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	10/1/2010	12/31/2382	1
PRA	23920	DISARTICULATION OF SHOULDER;	4/1/2013	12/31/2382	1
PRA	23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION	4/1/2013	12/31/2382	1
PRA	23929	UNLISTED PROCEDURE, SHOULDER	4/1/2018	12/31/2382	1
PRA	23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	10/1/2010	12/31/2382	2
PRA	23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	10/1/2010	12/31/2382	2
PRA	23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERUS OR ELBOW	10/1/2010	12/31/2382	2
PRA	24000	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	1/1/2012	12/31/2382	1
PRA	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	10/1/2010	12/31/2382	2
PRA	24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	10/1/2010	12/31/2382	2
PRA	24071	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; 3 CM OR GREATER	4/1/2019	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	24073	EXCISION, TUMOR,SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL (EG, INTRAMUSCULAR), 5 CM OR	4/1/2019	12/31/2382	2
PRA	24075	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUBCUTANEOUS; LESS THAN 3 CM	4/1/2015	12/31/2382	5
PRA	24076	EXCISION, TUMOR,SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL (EG, INTRAMUSCULAR)	4/1/2015	12/31/2382	4
PRA	24077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA	4/1/2014	12/31/2382	1
PRA	24079	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA; 5 CM	7/1/2012	12/31/2382	1
PRA	24100	ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY	1/1/2012	12/31/2382	1
PRA	24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN	1/1/2012	12/31/2382	1
PRA	24102	ARTHROTOMY, ELBOW; FOR SYNOVECTOMY	1/1/2012	12/31/2382	1
PRA	24105	EXCISION, OLECRANON BURSA	1/1/2012	12/31/2382	1
PRA	24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	10/1/2010	12/31/2382	1
PRA	24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
PRA	24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	10/1/2010	12/31/2382	1
PRA	24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;	1/1/2012	12/31/2382	1
PRA	24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH AUTOGR	10/1/2010	12/31/2382	1
PRA	24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH ALLOGR	10/1/2010	12/31/2382	1
PRA	24130	EXCISION, RADIAL HEAD	1/1/2012	12/31/2382	1
PRA	24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	10/1/2010	12/31/2382	1
PRA	24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	10/1/2010	12/31/2382	1
PRA	24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	1/1/2012	12/31/2382	1
PRA	24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), HUMERUS	1/1/2012	12/31/2382	1
PRA	24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), RADIAL HEAD	1/1/2012	12/31/2382	1
PRA	24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), OLECRANON PR	1/1/2012	12/31/2382	1
PRA	24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CONTRACTURE RELEASE (SEPARATE PRO	1/1/2012	12/31/2382	1
PRA	24150	RADICAL RESECTION OF TUMOR, SHAFT OR DISTAL HUMERUS	10/1/2010	12/31/2382	1
PRA	24152	RADICAL RESECTION OF TUMOR, RADIAL HEAD OR NECK	10/1/2010	12/31/2382	1
PRA	24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	24160	IMPLANT REMOVAL; ELBOW JOINT	1/1/2012	12/31/2382	1
PRA	24164	IMPLANT REMOVAL; RADIAL HEAD	1/1/2012	12/31/2382	1
PRA	24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	10/1/2010	12/31/2382	3
PRA	24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	10/1/2010	12/31/2382	3
PRA	24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	1/1/2012	12/31/2382	1
PRA	24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	1/1/2012	12/31/2382	1
PRA	24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320-24331)	10/1/2010	12/31/2382	2
PRA	24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	10/1/2010	12/31/2382	4
PRA	24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON	4/1/2019	12/31/2382	2
PRA	24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOULDER, SINGLE (SEDDON-BROOKES TYPE P	10/1/2010	12/31/2382	2
PRA	24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	1/1/2012	12/31/2382	1
PRA	24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT	1/1/2012	12/31/2382	1
PRA	24332	TENOLYSIS, TRICEPS	1/1/2012	12/31/2382	1
PRA	24340	TENODESIS FOR RUPTURE OF BICEPS TENDON AT ELBOW	1/1/2012	12/31/2382	1
PRA	24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXCLUDES ROTATOR CUF	4/1/2015	12/31/2382	2
PRA	24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT	10/1/2010	12/31/2382	2
PRA	24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	1/1/2012	12/31/2382	1
PRA	24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)	1/1/2012	12/31/2382	1
PRA	24345	REPAIR MEDICAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	1/1/2012	12/31/2382	1
PRA	24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)	1/1/2012	12/31/2382	1
PRA	24357	TENOTOMY, ELBOW, LATERAL OR MEDICAL; PERCUTANEOUS	10/1/2018	12/31/2382	1
PRA	24358	TENOTOMY, ELBOW, LATERAL OR MEDICAL; DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN	10/1/2018	12/31/2382	1
PRA	24359	TENOTOMY, ELBOW, LATERAL OR MEDICAL; DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN WITH TENDON REPAIR OR REATTACH	10/1/2010	12/31/2382	2
PRA	24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE	1/1/2012	12/31/2382	1
PRA	24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	1/1/2012	12/31/2382	1
PRA	24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT ("TOTAL ELBOW")	1/1/2012	12/31/2382	1
PRA	24365	ARTHROPLASTY, RADIAL HEAD;	1/1/2012	12/31/2382	1
PRA	24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	1/1/2012	12/31/2382	1
PRA	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR ULNAR COMPONENT	1/1/2013	12/31/2382	1
PRA	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND ULNAR COMPONENT	1/1/2013	12/31/2382	1
PRA	24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	1/1/2012	12/31/2382	1
PRA	24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	1/1/2012	12/31/2382	1
PRA	24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
PRA	24470	HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	1/1/2012	12/31/2382	1
PRA	24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	1/1/2012	12/31/2382	1
PRA	24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT METHYLMETHACRYLATE, HUMERAL	1/1/2012	12/31/2382	1
PRA	24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	1/1/2012	12/31/2382	1
PRA	24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE	1/1/2012	12/31/2382	1
PRA	24516	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT CERCLAGE A	1/1/2012	12/31/2382	1
PRA	24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION;	1/1/2012	12/31/2382	1
PRA	24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION;	1/1/2012	12/31/2382	1
PRA	24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYL	1/1/2012	12/31/2382	1
PRA	24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI	1/1/2012	12/31/2382	1
PRA	24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI	1/1/2012	12/31/2382	1
PRA	24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL	1/1/2012	12/31/2382	1
PRA	24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL	1/1/2012	12/31/2382	1
PRA	24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	1/1/2012	12/31/2382	1
PRA	24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	1/1/2012	12/31/2382	1
PRA	24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	1/1/2012	12/31/2382	1
PRA	24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOC	1/1/2012	12/31/2382	1
PRA	24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCAT	1/1/2012	12/31/2382	1
PRA	24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, "NURSEMAID ELBOW", WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION;	1/1/2012	12/31/2382	1
PRA	24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION; WIT	1/1/2012	12/31/2382	1
PRA	24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	24685	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI	1/1/2012	12/31/2382	1
PRA	24800	ARTHRODESIS, ELBOW JOINT; LOCAL	1/1/2012	12/31/2382	1
PRA	24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
PRA	24900	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	1/1/2012	12/31/2382	1
PRA	24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE)	1/1/2012	12/31/2382	1
PRA	24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	1/1/2012	12/31/2382	1
PRA	24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	1/1/2012	12/31/2382	1
PRA	24931	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	24935	STUMP ELONGATION, UPPER EXTREMITY	1/1/2012	12/31/2382	1
PRA	24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	1/1/2012	12/31/2382	1
PRA	24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	4/1/2018	12/31/2382	1
PRA	25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)	7/1/2013	12/31/2382	2
PRA	25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS)	1/1/2012	12/31/2382	1
PRA	25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; FLEXOR OR EXTENSOR COMPARTMENT	1/1/2012	12/31/2382	1
PRA	25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	1/1/2012	12/31/2382	1
PRA	25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT;W/O DEBRIDEMENT OF NONVIABLE	1/1/2012	12/31/2382	1
PRA	25025	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT;W/ DEBRIDEMENT ON NONVIABLE MU	1/1/2012	12/31/2382	1
PRA	25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	4/1/2015	12/31/2382	4
PRA	25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	10/1/2010	12/31/2382	2
PRA	25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE ABSCESS)	10/1/2010	12/31/2382	2
PRA	25040	ARTHROTOMY, RADIOCARPAL OR MEDIOCARPAL JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN	1/1/2012	12/31/2382	1
PRA	25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	4/1/2019	12/31/2382	2
PRA	25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	7/1/2015	12/31/2382	2
PRA	25071	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBCUTANEOUS; 3 CM OR GREATER	7/1/2012	12/31/2382	3
PRA	25073	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBFASCIAL (EG, INTRAMUSCULAR); 3 CM OR GREATER	10/1/2018	12/31/2382	2
PRA	25075	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBCUTANEOUS; LESS THAN 3 CM	7/1/2015	12/31/2382	6
PRA	25076	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 3 CM	4/1/2019	12/31/2382	3
PRA	25077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA	4/1/2014	12/31/2382	1
PRA	25078	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA	7/1/2012	12/31/2382	1
PRA	25085	CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)	1/1/2012	12/31/2382	1
PRA	25100	ARTHROTOMY, WRIST JOINT; FOR BIOPSY	1/1/2012	12/31/2382	1
PRA	25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR F	1/1/2012	12/31/2382	1
PRA	25105	ARTHROTOMY, WRIST JOINT; FOR SYNOVECTOMY	1/1/2012	12/31/2382	1
PRA	25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE, COMPLEX	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	7/1/2015	12/31/2382	4
PRA	25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	4/1/2019	12/31/2382	2
PRA	25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	1/1/2012	12/31/2382	1
PRA	25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	1/1/2012	12/31/2382	1
PRA	25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTH	1/1/2012	12/31/2382	1
PRA	25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTH	1/1/2012	12/31/2382	1
PRA	25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	7/1/2015	12/31/2382	5
PRA	25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION OF DISTAL ULNA	1/1/2012	12/31/2382	1
PRA	25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLE	1/1/2012	12/31/2382	1
PRA	25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLE	10/1/2010	12/31/2382	1
PRA	25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLE	10/1/2010	12/31/2382	1
PRA	25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	1/1/2012	12/31/2382	1
PRA	25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
PRA	25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT	1/1/2012	12/31/2382	1
PRA	25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	10/1/2010	12/31/2382	1
PRA	25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); ULNA	10/1/2010	12/31/2382	1
PRA	25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); RADIUS	10/1/2010	12/31/2382	1
PRA	25170	RADICAL RESECTION OF TUMOR, RADIUS OR ULNA	10/1/2010	12/31/2382	1
PRA	25210	CARPECTOMY; ONE BONE	10/1/2010	12/31/2382	2
PRA	25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	4/1/2013	12/31/2382	1
PRA	25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	25240	EXCISION DISTAL ULNA (DARRACH TYPE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	1/1/2012	12/31/2382	1
PRA	25248	EXPLORATION FOR REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	10/1/2010	12/31/2382	3
PRA	25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST"	4/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	25259	MANIPULATION, WRIST, UNDER ANESTHESIA	1/1/2012	12/31/2382	1
PRA	25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	7/1/2015	12/31/2382	9
PRA	25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	7/1/2015	12/31/2382	4
PRA	25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT).	7/1/2015	12/31/2382	4
PRA	25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	7/1/2015	12/31/2382	8
PRA	25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	7/1/2015	12/31/2382	4
PRA	25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY, WITH TENDON GRAFT (INCLUDES OBTAINING GRAFT), FOREARM AND/OR WR	7/1/2015	12/31/2382	4
PRA	25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) (EG, FOR EXE	10/1/2010	12/31/2382	2
PRA	25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	7/1/2015	12/31/2382	9
PRA	25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	4/1/2019	12/31/2382	10
PRA	25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	10/1/2010	12/31/2382	9
PRA	25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	1/1/2012	12/31/2382	1
PRA	25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	1/1/2012	12/31/2382	1
PRA	25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON	7/1/2015	12/31/2382	5
PRA	25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH TENDON GRAFT(S) (IN	4/1/2019	12/31/2382	4
PRA	25315	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST;	1/1/2012	12/31/2382	1
PRA	25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST; WITH TENDON(S) TRANSFER	1/1/2012	12/31/2382	1
PRA	25320	CAPSULORRHAPHY OR RECONSTRUCTION, CAPSULECTOMY, WRIST (INCLUDES SYNOVECTOMY, RESECTION OF CAPSULE, TENDON INSE	1/1/2012	12/31/2382	1
PRA	25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	1/1/2012	12/31/2382	1
PRA	25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT TISSUE	1/1/2012	12/31/2382	1
PRA	25350	OSTEOTOMY, RADIUS; DISTAL THIRD	1/1/2012	12/31/2382	1
PRA	25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	1/1/2012	12/31/2382	1
PRA	25360	OSTEOTOMY; ULNA	1/1/2012	12/31/2382	1
PRA	25365	OSTEOTOMY; RADIUS AND ULNA	1/1/2012	12/31/2382	1
PRA	25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS OR ULNA	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS AND ULNA	1/1/2012	12/31/2382	1
PRA	25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	1/1/2012	12/31/2382	1
PRA	25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	1/1/2012	12/31/2382	1
PRA	25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	1/1/2012	12/31/2382	1
PRA	25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	1/1/2012	12/31/2382	1
PRA	25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	1/1/2012	12/31/2382	1
PRA	25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	1/1/2012	12/31/2382	1
PRA	25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
PRA	25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	1/1/2012	12/31/2382	1
PRA	25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
PRA	25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	1/1/2012	12/31/2382	1
PRA	25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	1/1/2012	12/31/2382	1
PRA	25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HARII PROCEDURE)	1/1/2012	12/31/2382	1
PRA	25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)(INCLUDES OBTAINING GRAFT), EACH BONE	7/1/2015	12/31/2382	1
PRA	25440	REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
PRA	25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	1/1/2012	12/31/2382	1
PRA	25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	1/1/2012	12/31/2382	1
PRA	25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID (NAVICULAR)	1/1/2012	12/31/2382	1
PRA	25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	1/1/2012	12/31/2382	1
PRA	25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	1/1/2012	12/31/2382	1
PRA	25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS ("TOTAL WRIST")	1/1/2012	12/31/2382	1
PRA	25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	7/1/2015	12/31/2382	4
PRA	25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	1/1/2012	12/31/2382	1
PRA	25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	1/1/2012	12/31/2382	1
PRA	25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA	1/1/2012	12/31/2382	1
PRA	25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; ULNA	1/1/2012	12/31/2382	1
PRA	25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS AND UL	1/1/2012	12/31/2382	1
PRA	25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE, WITH DISLOCATION OF DISTAL RADIOULNAR JOINT (GALEAZZI FRACTURE/DISL	1/1/2012	12/31/2382	1
PRA	25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND CLOSED TREATMENT OF DISLO	1/1/2012	12/31/2382	1
PRA	25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND OPEN TREATMENT; WITH OR W	1/1/2012	12/31/2382	1
PRA	25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS OR ULNA	1/1/2012	12/31/2382	1
PRA	25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS AND ULNA	1/1/2012	12/31/2382	1
PRA	25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOU	1/1/2012	12/31/2382	1
PRA	25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOU	1/1/2012	12/31/2382	1
PRA	25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPERATION	1/1/2012	12/31/2382	1
PRA	25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPERATION, WITH INTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPERATION; WITH INTERNAL FIXATION OF 2	1/1/2012	12/31/2382	1
PRA	25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 3	1/1/2012	12/31/2382	1
PRA	25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITHOUT MANIPULATION, EACH B	1/1/2012	12/31/2382	1
PRA	25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITH MANIPULATION, EACH BONE	1/1/2012	12/31/2382	1

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PRA	25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), EACH BONE	4/1/2014	12/31/2382	1
PRA	25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	1/1/2012	12/31/2382	1
PRA	25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	1/1/2012	12/31/2382	1
PRA	25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	1/1/2012	12/31/2382	1
PRA	25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	1/1/2012	12/31/2382	1
PRA	25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	1/1/2012	12/31/2382	1
PRA	25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	1/1/2012	12/31/2382	1
PRA	25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	1/1/2012	12/31/2382	1
PRA	25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	25695	OPEN TREATMENT OF LUNATE DISLOCATION	1/1/2012	12/31/2382	1
PRA	25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/OR INTERCARPAL AND/OR CARPOME)	1/1/2012	12/31/2382	1
PRA	25805	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH SLIDING GRAFT	1/1/2012	12/31/2382	1
PRA	25810	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH ILIAC OR OTHER AUTOGRAFT (INCL	1/1/2012	12/31/2382	1
PRA	25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)	1/1/2012	12/31/2382	1
PRA	25825	INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
PRA	25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT	1/1/2012	12/31/2382	1
PRA	25900	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;	1/1/2012	12/31/2382	1
PRA	25905	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTINE)	1/1/2012	12/31/2382	1
PRA	25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION	1/1/2012	12/31/2382	1
PRA	25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	1/1/2012	12/31/2382	1
PRA	25915	KRUKENBERG PROCEDURE	1/1/2012	12/31/2382	1
PRA	25920	DISARTICULATION THROUGH WRIST;	1/1/2012	12/31/2382	1
PRA	25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	25924	DISARTICULATION THROUGH WRIST; RE-AMPUTATION	1/1/2012	12/31/2382	1
PRA	25927	TRANSMETACARPAL AMPUTATION;	1/1/2012	12/31/2382	1
PRA	25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	1/1/2012	12/31/2382	1
PRA	25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION	1/1/2012	12/31/2382	1
PRA	25999	UNLISTED PROCEDURE, FOREARM OR WRIST	4/1/2018	12/31/2382	1
PRA	26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	7/1/2015	12/31/2382	2
PRA	26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	10/1/2010	12/31/2382	3
PRA	26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	7/1/2015	12/31/2382	4
PRA	26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	4/1/2013	12/31/2382	1
PRA	26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	4/1/2013	12/31/2382	1
PRA	26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)	10/1/2010	12/31/2382	2
PRA	26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)	7/1/2015	12/31/2382	1
PRA	26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	4/1/2013	12/31/2382	1
PRA	26040	FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); PERCUTANEOUS	1/1/2012	12/31/2382	1
PRA	26045	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; OPEN, PARTIAL	1/1/2012	12/31/2382	1
PRA	26055	TENDON SHEATH INCISION FOR TRIGGER FINGER	7/1/2015	12/31/2382	5
PRA	26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	7/1/2015	12/31/2382	5
PRA	26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; CARPOMETACARPAL JOINT	7/1/2015	12/31/2382	2
PRA	26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; METACARPOPHALANGEAL JOINT, EACH	4/1/2019	12/31/2382	3
PRA	26080	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; INTERPHALANGEAL JOINT, EACH	4/1/2019	12/31/2382	3
PRA	26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	7/1/2015	12/31/2382	1
PRA	26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	10/1/2010	12/31/2382	2
PRA	26110	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT, EACH	4/1/2019	12/31/2382	2
PRA	26111	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER; SUBCUTANEOUS; 1.5 CM OR GREATER	7/1/2015	12/31/2382	4
PRA	26113	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFASCIAL, (EG, INTRAMUSCULAR);	4/1/2019	12/31/2382	3
PRA	26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER; SUBCUTANEOUS; LESS THAN 1.5 CM	7/1/2015	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	26116	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFASCIAL, (EG, INTRAMUSCULAR);	4/1/2014	12/31/2382	2
PRA	26117	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER; LESS THAN 3 CM	10/1/2010	12/31/2382	2
PRA	26118	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER; 3 CM OR GREATER	7/1/2012	12/31/2382	1
PRA	26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES	1/1/2012	12/31/2382	1
PRA	26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WIT	1/1/2012	12/31/2382	1
PRA	26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WIT	7/1/2015	12/31/2382	4
PRA	26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	7/1/2015	12/31/2382	1
PRA	26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD RECONSTRUCTION, EACH DIGI	7/1/2015	12/31/2382	4
PRA	26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, EACH INTERPHALANGEAL JOINT	4/1/2019	12/31/2382	2
PRA	26145	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, PALM AND/OR FINGER, EACH TENDON	7/1/2015	12/31/2382	6
PRA	26160	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER	4/1/2019	12/31/2382	4
PRA	26170	EXCISION OF TENDON, PALM, FLEXOR, SINGLE (SEPARATE PROCEDURE), EACH	4/1/2019	12/31/2382	4
PRA	26180	EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE), EACH TENDON	7/1/2015	12/31/2382	4
PRA	26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	4/1/2014	12/31/2382	2
PRA	26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	4/1/2014	12/31/2382	1
PRA	26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER;	4/1/2014	12/31/2382	2
PRA	26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER; WITH AUTOG	10/1/2010	12/31/2382	2
PRA	26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); METACARPAL	4/1/2014	12/31/2382	2
PRA	26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); PROXIMAL OR	4/1/2014	12/31/2382	2
PRA	26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); DISTAL PHAL	4/1/2014	12/31/2382	2
PRA	26250	RADICAL RESECTION OF TUMOR, METACARPAL	10/1/2010	12/31/2382	2
PRA	26260	RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER	4/1/2014	12/31/2382	1
PRA	26262	RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER	4/1/2014	12/31/2382	1
PRA	26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	7/1/2015	12/31/2382	4
PRA	26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	7/1/2015	12/31/2382	4

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PRA	26341	MANIPULATION, PALMAR FACIAL CORD POST ENZYME INJECTION, SINLGE CORD	4/1/2015	12/31/2382	2
PRA	26350	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN DIGITAL FLEXOR TENDON SHEATH; PRIMARY OR SECONDARY WITHOUT FREE	7/1/2015	12/31/2382	6
PRA	26352	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBT	7/1/2015	12/31/2382	2
PRA	26356	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN DIGITAL FLEXOR TENDON SHEATH; PRIMARY, EACH TENDON	7/1/2015	12/31/2382	4
PRA	26357	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY, EACH TENDON	7/1/2015	12/31/2382	2
PRA	26358	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINI	7/1/2015	12/31/2382	2
PRA	26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; PRIMARY, EACH TENDON	7/1/2015	12/31/2382	3
PRA	26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY WITH FREE GRAFT, EACH	7/1/2015	12/31/2382	1
PRA	26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY WITHOUT FREE GRAFT,EACH	7/1/2015	12/31/2382	2
PRA	26390	EXCISION FLEXOR TENDON, IMPLANTATION OF PROSTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER, EACH TENDON	7/1/2015	12/31/2382	2
PRA	26392	REMOVAL OF PROSTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER,(INCLUDES OBTIANING GRAFT) EACH	7/1/2015	12/31/2382	2
PRA	26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	7/1/2015	12/31/2382	4
PRA	26412	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAF	7/1/2015	12/31/2382	3
PRA	26415	EXCISION OF EXTENSOR TENDON, IMPLANTATION OF PROSTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER	7/1/2015	12/31/2382	2
PRA	26416	REMOVAL OF PROSTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES	10/1/2010	12/31/2382	2
PRA	26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	7/1/2015	12/31/2382	4
PRA	26420	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GR	4/1/2019	12/31/2382	3
PRA	26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG,BOUTONNIERE DEFORMITY); USING LOCAL TISSUE(S), INCLUD	7/1/2015	12/31/2382	4
PRA	26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	10/1/2010	12/31/2382	2
PRA	26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT PERCUTANEOUS PINNING (EG, MALLET FINGER	10/1/2010	12/31/2382	2
PRA	26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT GRAFT (EG, MALLET FINGER)	10/1/2010	12/31/2382	2
PRA	26434	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"), OPEN, PRIMARY OR SECONDARY REPAIR; WITH FREE GRA	7/1/2015	12/31/2382	2
PRA	26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON	7/1/2015	12/31/2382	4
PRA	26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER; EACH TENDON	7/1/2015	12/31/2382	6
PRA	26442	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	7/1/2015	12/31/2382	5
PRA	26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER; EACH TENDON	7/1/2015	12/31/2382	5

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON	7/1/2015	12/31/2382	5
PRA	26450	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON	7/1/2015	12/31/2382	6
PRA	26455	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON	7/1/2015	12/31/2382	6
PRA	26460	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON	7/1/2015	12/31/2382	4
PRA	26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT	7/1/2015	12/31/2382	4
PRA	26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	7/1/2015	12/31/2382	4
PRA	26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	7/1/2015	12/31/2382	4
PRA	26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	4/1/2019	12/31/2382	2
PRA	26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	7/1/2015	12/31/2382	6
PRA	26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	7/1/2015	12/31/2382	4
PRA	26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITHOUT FREE GRAFT, EACH TENDON	7/1/2015	12/31/2382	4
PRA	26483	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITH FREE TENDON GRAFT (INCLUDE	7/1/2015	12/31/2382	4
PRA	26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON	7/1/2015	12/31/2382	4
PRA	26489	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT),	4/1/2019	12/31/2382	2
PRA	26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSER TYPE, EACH TENDON	7/1/2015	12/31/2382	3
PRA	26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON	7/1/2015	12/31/2382	2
PRA	26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	4/1/2014	12/31/2382	1
PRA	26496	OPPONENSPLASTY; OTHER METHODS	4/1/2014	12/31/2382	1
PRA	26497	TRANSFER TO TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	10/1/2010	12/31/2382	2
PRA	26498	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	10/1/2013	12/31/2382	1
PRA	26499	CORRECTION CLAW FINGER, OTHER METHODS	7/1/2015	12/31/2382	2
PRA	26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE PROCEDURE)	4/1/2019	12/31/2382	3
PRA	26502	TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)	4/1/2019	12/31/2382	2
PRA	26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)	4/1/2013	12/31/2382	1
PRA	26510	CROSS INTRINSIC TRANSFER	7/1/2015	12/31/2382	4
PRA	26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT	4/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	26517	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS	4/1/2013	12/31/2382	1
PRA	26518	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS	4/1/2013	12/31/2382	1
PRA	26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT	7/1/2015	12/31/2382	4
PRA	26525	CAPSULECTOMY OR CAPSULOTOMY; INTERPHALGEAL JOINT, EACH JOINT	7/1/2015	12/31/2382	4
PRA	26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	7/1/2015	12/31/2382	4
PRA	26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	7/1/2015	12/31/2382	4
PRA	26535	ARTHROPLASTY INTERPHALANGEAL JOINT; EACH JOINT	4/1/2019	12/31/2382	3
PRA	26536	ARTHROPLASTY INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	7/1/2015	12/31/2382	4
PRA	26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	7/1/2015	12/31/2382	4
PRA	26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH TENDON OR	7/1/2015	12/31/2382	4
PRA	26542	PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT; WITH LOCAL TISSUE (EG, ADDUCTOR ADVANCEMENT)	7/1/2015	12/31/2382	4
PRA	26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT	7/1/2015	12/31/2382	4
PRA	26546	REPAIR NON-UNION, METACARPAL OR PHALANX. (INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERNAL I	7/1/2015	12/31/2382	2
PRA	26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	10/1/2010	12/31/2382	3
PRA	26550	POLLICIZATION OF A DIGIT	4/1/2013	12/31/2382	1
PRA	26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE "WRAP-AROUND" WITH BONE GRAFT	4/1/2013	12/31/2382	1
PRA	26553	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, SINGLE	4/1/2013	12/31/2382	1
PRA	26554	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, DOUBLE	4/1/2013	12/31/2382	1
PRA	26555	TRNASFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	10/1/2010	12/31/2382	2
PRA	26556	TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS	10/1/2010	12/31/2382	2
PRA	26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	10/1/2010	12/31/2382	2
PRA	26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS	10/1/2010	12/31/2382	2
PRA	26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, NAILS)	10/1/2010	12/31/2382	2
PRA	26565	OSTEOTOMY METACARPAL, EACH	4/1/2019	12/31/2382	2
PRA	26567	OSTEOTOMY; PHALANX OF FINGER, EACH	7/1/2015	12/31/2382	3
PRA	26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	7/1/2015	12/31/2382	2

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PRA	26580	REPAIR CLEFT HAND	4/1/2013	12/31/2382	1
PRA	26587	RECONSTRUCTION OF SUPERNUMERARY DIGIT, SOFT TISSUE AND BONE	7/1/2015	12/31/2382	2
PRA	26590	REPAIR MACRODACTYLIA	7/1/2015	12/31/2382	2
PRA	26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	7/1/2015	12/31/2382	4
PRA	26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	4/1/2019	12/31/2382	8
PRA	26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	7/1/2015	12/31/2382	1
PRA	26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	10/1/2015	12/31/2382	2
PRA	26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE	7/1/2015	12/31/2382	3
PRA	26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH INTERNAL OR EXTERNAL FIXATION, EACH BONE	7/1/2015	12/31/2382	2
PRA	26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	4/1/2019	12/31/2382	4
PRA	26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH BONE	4/1/2019	12/31/2382	3
PRA	26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	4/1/2013	12/31/2382	1
PRA	26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION	4/1/2013	12/31/2382	1
PRA	26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPUL	4/1/2013	12/31/2382	1
PRA	26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH OR WITHOUT INTERNAL OR	4/1/2013	12/31/2382	1
PRA	26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATIO	7/1/2015	12/31/2382	2
PRA	26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATIO	7/1/2015	12/31/2382	1
PRA	26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WI	4/1/2019	12/31/2382	2
PRA	26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); SINGLE, WITH OR WITHOUT IN	7/1/2015	12/31/2382	3
PRA	26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); COMPLEX, MULTIPLE OR DELAY	7/1/2015	12/31/2382	3
PRA	26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	4/1/2019	12/31/2382	2
PRA	26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	7/1/2015	12/31/2382	3
PRA	26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION	4/1/2019	12/31/2382	2
PRA	26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	4/1/2019	12/31/2382	3
PRA	26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT MANIPULATI	7/1/2015	12/31/2382	4
PRA	26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITH MANIPULATION,	4/1/2019	12/31/2382	3

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PRA	26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR TH	4/1/2019	12/31/2382	3
PRA	26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH OR WITHOUT INTE	7/1/2015	12/31/2382	4
PRA	26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT; WITHO	10/1/2010	12/31/2382	3
PRA	26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT; WITH	10/1/2010	12/31/2382	3
PRA	26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT, WITH OR	10/1/2010	12/31/2382	3
PRA	26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPULATION, EACH	7/1/2015	12/31/2382	3
PRA	26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATION, EACH	4/1/2019	12/31/2382	2
PRA	26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, EACH	4/1/2019	12/31/2382	2
PRA	26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION,	4/1/2019	12/31/2382	3
PRA	26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	7/1/2015	12/31/2382	3
PRA	26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	4/1/2019	12/31/2382	2
PRA	26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION	7/1/2015	12/31/2382	4
PRA	26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, SINGLE	7/1/2015	12/31/2382	3
PRA	26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	4/1/2013	12/31/2382	1
PRA	26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	4/1/2013	12/31/2382	1
PRA	26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINI	4/1/2013	12/31/2382	1
PRA	26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB;	7/1/2015	12/31/2382	2
PRA	26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	7/1/2015	12/31/2382	2
PRA	26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	7/1/2015	12/31/2382	5
PRA	26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING	7/1/2015	12/31/2382	2
PRA	26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	10/1/2010	12/31/2382	1
PRA	26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL JOINT	7/1/2015	12/31/2382	4
PRA	26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAF	10/1/2010	12/31/2382	1
PRA	26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAF	4/1/2019	12/31/2382	2
PRA	26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR WITHOUT INTEROSSEOUS TRANSFER	7/1/2015	12/31/2382	4
PRA	26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH	7/1/2015	12/31/2382	8

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PRA	26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH	4/1/2019	12/31/2382	4
PRA	26989	UNLISTED PROCEDURE, HANDS OR FINGERS	4/1/2018	12/31/2382	1
PRA	26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	10/1/2010	12/31/2382	2
PRA	26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	7/1/2015	12/31/2382	1
PRA	26992	INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR BONE ABSCESS)	10/1/2010	12/31/2382	2
PRA	27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	7/1/2013	12/31/2382	1
PRA	27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	7/1/2013	12/31/2382	1
PRA	27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE	7/1/2013	12/31/2382	1
PRA	27027	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS,	10/1/2010	12/31/2382	1
PRA	27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	1/1/2012	12/31/2382	1
PRA	27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	1/1/2012	12/31/2382	1
PRA	27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF SCIATIC, FEMORAL, OR OBTURATOR	1/1/2012	12/31/2382	1
PRA	27036	CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC BONE, WITH RELEASE OF HIP FLEXOR MUC	1/1/2012	12/31/2382	1
PRA	27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	10/1/2010	12/31/2382	2
PRA	27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	10/1/2010	12/31/2382	3
PRA	27043	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA; SUBCUTANEOUS; 3 CM OR GREATER	4/1/2019	12/31/2382	2
PRA	27045	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA; SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	7/1/2012	12/31/2382	3
PRA	27047	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA; SUBCUTANEOUS; LESS THAN 3 CM	4/1/2019	12/31/2382	2
PRA	27048	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA; SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	10/1/2010	12/31/2382	2
PRA	27049	RADICAL RESECTION OF TUMOR, (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF PELVIS AND HIP AREA; LESS THAN 5 CM	4/1/2014	12/31/2382	1
PRA	27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	1/1/2012	12/31/2382	1
PRA	27052	ARTHROTOMY, FOR BIOPSY; HIP JOINT	1/1/2012	12/31/2382	1
PRA	27054	ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT	1/1/2012	12/31/2382	1

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PRA	27057	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS,	10/1/2010	12/31/2382	1
PRA	27059	RADICAL RESECTION OF TUMOR, (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF PELVIS AND HIP AREA; 5 CM OR GREATER	7/1/2012	12/31/2382	1
PRA	27060	EXCISION; ISCHIAL BURSA	1/1/2012	12/31/2382	1
PRA	27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	1/1/2012	12/31/2382	1
PRA	27065	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF F	1/1/2012	12/31/2382	1
PRA	27066	EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT	1/1/2012	12/31/2382	1
PRA	27067	EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE INCISION	1/1/2012	12/31/2382	1
PRA	27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCESS); SUPERFICIAL	1/1/2012	12/31/2382	1
PRA	27071	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCESS); DEEP (SUBFASCIAL OR IN	1/1/2012	12/31/2382	1
PRA	27075	RADICAL RESECTION OF TUMOR; WING OF ILIUM, 1 PUBIC OR ISCHIAL RAMUS OR SYMPHYSIS PUBIS	10/1/2010	12/31/2382	1
PRA	27076	RADICAL RESECTION OF TUMOR; ILIUM, INCLUDING ACETABULUM, BOTH PUBIC RAMI, OR ISCHIUM AND ACETABU	10/1/2012	12/31/2382	1
PRA	27077	RADICAL RESECTION OF TUMOR; INNOMINATE BONE, TOTAL	10/1/2012	12/31/2382	1
PRA	27078	RADICAL RESECTION OF TUMOR; ISCHIAL TUBEROSITY AND GREATER TROCHANTER OF FEMUR	4/1/2013	12/31/2382	1
PRA	27080	COCCYGECTOMY, PRIMARY	10/1/2010	12/31/2382	1
PRA	27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE	7/1/2015	12/31/2382	1
PRA	27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP	7/1/2015	12/31/2382	1
PRA	27090	REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	27091	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS, METHYLMETHACRYLATE WITH OR WITH	1/1/2012	12/31/2382	1
PRA	27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	1/1/2012	12/31/2382	1
PRA	27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	1/1/2012	12/31/2382	1
PRA	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	7/1/2013	12/31/2382	1
PRA	27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	1/1/2012	12/31/2382	1
PRA	27098	TRANSFER, ADDUCTOR TO ISCHIUM	1/1/2012	12/31/2382	1
PRA	27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)	1/1/2012	12/31/2382	1
PRA	27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)	1/1/2012	12/31/2382	1
PRA	27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	1/1/2012	12/31/2382	1
PRA	27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	1/1/2012	12/31/2382	1
PRA	27122	ACETABULOPLASTY; RESECTION FEMORAL HEAD (GIRDLESTONE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)	1/1/2012	12/31/2382	1
PRA	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP REPLACEMENT), WITH OR WITHOUT	1/1/2012	12/31/2382	1
PRA	27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP REPLACEMENT, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	1/1/2012	12/31/2382	1
PRA	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	1/1/2012	12/31/2382	1
PRA	27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	1/1/2012	12/31/2382	1
PRA	27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT	1/1/2012	12/31/2382	1
PRA	27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	1/1/2012	12/31/2382	1
PRA	27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP	1/1/2012	12/31/2382	1
PRA	27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY	1/1/2012	12/31/2382	1
PRA	27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND WITH OPEN REDUCTION OF HIP	1/1/2012	12/31/2382	1
PRA	27158	OSTEOTOMY, PELVIS, BILATERAL(EG, CONGENITAL MALFORMATION)	10/1/2010	12/31/2382	1
PRA	27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL FIXATION AND/OR CAST	1/1/2012	12/31/2382	1
PRA	27170	BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA (INCLUDES OBTAINING BONE GRAFT)	1/1/2012	12/31/2382	1
PRA	27175	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION	1/1/2012	12/31/2382	1
PRA	27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU	1/1/2012	12/31/2382	1
PRA	27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR BONE GRAFT (INCLUDES OBTAINING GRAF	1/1/2012	12/31/2382	1
PRA	27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGLE OR MULTIPLE PINNING	1/1/2012	12/31/2382	1
PRA	27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (HEYMAN TYPE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	27185	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER	1/1/2012	12/31/2382	1
PRA	27187	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, FEMORAL NECK	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	27197	CLOSED TREATMENT OF FRACTURE AND OR DISLOCATION OF PELVIS AND/OR SACRUM	1/1/2017	12/31/2382	1
PRA	27198	CLOSED TREATMENT OF FRACTURE AND OR DISLOCATION OF PELVIS AND/OR SACRUM WITH MANIPULATION	1/1/2017	12/31/2382	1
PRA	27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	10/1/2010	12/31/2382	1
PRA	27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	10/1/2010	12/31/2382	1
PRA	27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBerosITY AVULSION, OR ILIAC WING FRACTURE(S) (EG, PELVIC FRACTURE(S) WHICH	1/1/2014	12/31/2382	1
PRA	27216	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DISLOCATION (INCLUDES ILIUM, SACROILIA	1/1/2014	12/31/2382	1
PRA	27217	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION, (INCLUDES PUBIC SYMPHYSIS	1/1/2014	12/31/2382	1
PRA	27218	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION (INCLUDES ILIUM, SACROILIA	1/1/2014	12/31/2382	1
PRA	27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	27222	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	1/1/2012	12/31/2382	1
PRA	27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH INTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (ONE) COLUMN, OR A FRACTURE RUNNING T	1/1/2012	12/31/2382	1
PRA	27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (TWO) COLUMNS, INCLUDES T-FRACTURE A	1/1/2012	12/31/2382	1
PRA	27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	27232	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	1/1/2012	12/31/2382	1
PRA	27235	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK, UNDISPLACED, MILDLY DISPLACED, OR IMPA	1/1/2012	12/31/2382	1
PRA	27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMENT (DIRECT FR	1/1/2012	12/31/2382	1
PRA	27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULAT	1/1/2012	12/31/2382	1
PRA	27240	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	27244	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH PLATE/SCREW TYP	1/1/2012	12/31/2382	1
PRA	27245	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH INTRAMEDULLARY	1/1/2012	12/31/2382	1
PRA	27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	1/1/2012	12/31/2382	1
PRA	27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	1/1/2012	12/31/2382	1
PRA	27253	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	27254	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMORAL HEAD FRACTURE, WITH OR WITHOUT	1/1/2012	12/31/2382	1
PRA	27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION,	1/1/2012	12/31/2382	1
PRA	27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION,	1/1/2012	12/31/2382	1
PRA	27258	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), REPLACEMENT	1/1/2012	12/31/2382	1
PRA	27259	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), REPLACEMENT	1/1/2012	12/31/2382	1
PRA	27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA	1/1/2012	12/31/2382	1
PRA	27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR GENERAL ANESTHESIA	1/1/2012	12/31/2382	1
PRA	27267	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	27268	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	27269	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; INCLUDES INTERNAL FIXATION, WHEN PERFORMED	1/1/2012	12/31/2382	1
PRA	27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	10/1/2010	12/31/2382	2
PRA	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE, WITH IMAGE GUIDANCE, INCLUDES OBTAINING	1/1/2015	12/31/2382	1
PRA	27280	ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT)	7/1/2013	12/31/2382	1
PRA	27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	10/1/2010	12/31/2382	1
PRA	27284	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT);	1/1/2012	12/31/2382	1
PRA	27286	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); WITH SUBTROCHANTERIC OSTEOTOMY	1/1/2012	12/31/2382	1
PRA	27290	INTERPELVIC AMPUTATION (HINDQUARTER AMPUTATION)	10/1/2010	12/31/2382	1
PRA	27295	DISARTICULATION OF HIP	4/1/2013	12/31/2382	1
PRA	27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	4/1/2018	12/31/2382	1
PRA	27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION	7/1/2015	12/31/2382	3
PRA	27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELITIS OR BONE ABSCESS)	10/1/2010	12/31/2382	2
PRA	27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	1/1/2012	12/31/2382	1
PRA	27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	27307	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS	1/1/2012	12/31/2382	1
PRA	27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (EG, INFECTION)	1/1/2012	12/31/2382	1
PRA	27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	7/1/2015	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	7/1/2015	12/31/2382	3
PRA	27325	NEURECTOMY, HAMSTRING MUSCLE	10/1/2010	12/31/2382	1
PRA	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	10/1/2010	12/31/2382	1
PRA	27327	EXCISION, TUMOR,SOFT TISSUE OF THIGH OR KNEE AREA; SUBCUTANEOUS; LESS THAN 3 CM	7/1/2015	12/31/2382	5
PRA	27328	EXCISION, TUMOR,SOFT TISSUE OF THIGH OR KNEE AREA; SUBFASCIAL, (EG, INTRAMUSCULAR); LESS THAN 5 CM	4/1/2019	12/31/2382	3
PRA	27329	RADICAL RESECTION OF TUMOR EXCISION, TUMOR(EG, MALIGNANT NEOPLASM),SOFT TISSUE OF THIGH OR KNEE AREA; LESS TH	4/1/2014	12/31/2382	1
PRA	27330	ARTHROTOMY, KNEE; FOR SYNOVIAL BIOPSY ONLY	1/1/2012	12/31/2382	1
PRA	27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODIES	1/1/2012	12/31/2382	1
PRA	27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR LATERAL	1/1/2012	12/31/2382	1
PRA	27333	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL AND LATERAL	1/1/2012	12/31/2382	1
PRA	27334	ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTERIOR OR POSTERIOR	1/1/2012	12/31/2382	1
PRA	27335	ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA	1/1/2012	12/31/2382	1
PRA	27337	EXCISION, TUMOR,SOFT TISSUE OF THIGH OR KNEE AREA; SUBCUTANEOUS; 3 CM OR GREATER	4/1/2019	12/31/2382	3
PRA	27339	EXCISION, TUMOR,SOFT TISSUE OF THIGH OR KNEE AREA; SUBFASCIAL, (EG, INTRAMUSCULAR); 5 CM OR GREATER	7/1/2015	12/31/2382	4
PRA	27340	EXCISION, PREPATELLAR BURSA	1/1/2012	12/31/2382	1
PRA	27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)	1/1/2012	12/31/2382	1
PRA	27347	EXCISION OF LESION OF MENISCUS OR CAPSULE, KNEE	1/1/2012	12/31/2382	1
PRA	27350	PATELLECTOMY OR HEMIPATELLECTOMY	1/1/2012	12/31/2382	1
PRA	27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	1/1/2012	12/31/2382	1
PRA	27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	1/1/2012	12/31/2382	1
PRA	27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
PRA	27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO 27355	4/1/2014	12/31/2382	1
PRA	27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR, PROXIMAL TIBIA AND/OR FIBUL	1/1/2012	12/31/2382	2
PRA	27364	RADICAL RESECTION OF TUMOR EXCISION, TUMOR(EG, MALIGNANT NEOPLASM),SOFT TISSUE OF THIGH OR KNEE AREA; 5 CM OR	4/1/2014	12/31/2382	1
PRA	27365	RADICAL RESECTION OF TUMOR, FEMUR OR KNEE	1/1/2012	12/31/2382	1
PRA	27369	INJECTION OF CONTRAST FOR IMAGING OF KNEE JOINT	1/1/2019	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	7/1/2015	12/31/2382	2
PRA	27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	10/1/2018	12/31/2382	1
PRA	27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	10/1/2018	12/31/2382	1
PRA	27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	10/1/2010	12/31/2382	2
PRA	27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	10/1/2010	12/31/2382	2
PRA	27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	4/1/2013	12/31/2382	1
PRA	27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG	10/1/2010	12/31/2382	1
PRA	27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	10/1/2010	12/31/2382	1
PRA	27393	LENGTHENING OF HAMSTRING TENDON; SINGLE	4/1/2013	12/31/2382	1
PRA	27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	10/1/2010	12/31/2382	1
PRA	27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	10/1/2010	12/31/2382	1
PRA	27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON	4/1/2013	12/31/2382	1
PRA	27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS	4/1/2013	12/31/2382	1
PRA	27400	TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR; KNEE	1/1/2012	12/31/2382	1
PRA	27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	10/1/2010	12/31/2382	2
PRA	27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	10/1/2010	12/31/2382	2
PRA	27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS	1/1/2012	12/31/2382	1
PRA	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	1/1/2012	12/31/2382	1
PRA	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	1/1/2012	12/31/2382	1
PRA	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT)	1/1/2012	12/31/2382	1
PRA	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	27420	RECONSTRUCTION DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE	1/1/2012	12/31/2382	1
PRA	27424	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY	1/1/2012	12/31/2382	1
PRA	27425	LATERAL RETINACULAR RELEASE (ANY METHOD)	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	1/1/2012	12/31/2382	1
PRA	27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	1/1/2012	12/31/2382	1
PRA	27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR	1/1/2012	12/31/2382	1
PRA	27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	1/1/2012	12/31/2382	1
PRA	27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	1/1/2012	12/31/2382	1
PRA	27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	1/1/2012	12/31/2382	1
PRA	27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	1/1/2012	12/31/2382	1
PRA	27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	1/1/2012	12/31/2382	1
PRA	27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	1/1/2012	12/31/2382	1
PRA	27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S); KNEE	1/1/2012	12/31/2382	1
PRA	27443	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	1/1/2012	12/31/2382	1
PRA	27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	1/1/2012	12/31/2382	1
PRA	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	1/1/2012	12/31/2382	1
PRA	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (1/1/2012	12/31/2382	1
PRA	27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	7/1/2013	12/31/2382	1
PRA	27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	7/1/2013	12/31/2382	1
PRA	27454	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL SHAFT (EG, SOFIELD TYPE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG)	7/1/2013	12/31/2382	1
PRA	27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG)	7/1/2013	12/31/2382	1
PRA	27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	1/1/2012	12/31/2382	1
PRA	27466	OSTEOPLASTY, FEMUR; LENGTHENING	1/1/2012	12/31/2382	1
PRA	27468	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGMENT TRANSFER	1/1/2012	12/31/2382	1
PRA	27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	1/1/2012	12/31/2382	1
PRA	27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLU	1/1/2012	12/31/2382	1
PRA	27475	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FEMUR	1/1/2012	12/31/2382	1
PRA	27477	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; TIBIA AND FIBULA, PROXIMAL	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	27479	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; COMBINED DISTAL FEMUR, PROXIMAL TIBIA AND FIBULA	1/1/2012	12/31/2382	1
PRA	27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL LEG (EG, FOR GENU VARUS OR VALGUS)	1/1/2012	12/31/2382	1
PRA	27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONENT	1/1/2012	12/31/2382	1
PRA	27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ALL COMPONENTS	1/1/2012	12/31/2382	1
PRA	27488	REMOVAL OF KNEE PROSTHESIS, INCLUDING "TOTAL KNEE," METHYLMETHACRYLATE AND INSERTION OF SPACER, WHEN APPLICABLE	1/1/2012	12/31/2382	1
PRA	27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, FEMUR	1/1/2012	12/31/2382	1
PRA	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR);	1/1/2012	12/31/2382	1
PRA	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR); WITH DEBRIDEMENT	1/1/2012	12/31/2382	1
PRA	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	1/1/2012	12/31/2382	1
PRA	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/O	1/1/2012	12/31/2382	1
PRA	27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, W	1/1/2012	12/31/2382	1
PRA	27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION	1/1/2012	12/31/2382	1
PRA	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION; W	1/1/2012	12/31/2382	1
PRA	27506	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATION, WITH INSERTION OF INTRAMEDULLARY	1/1/2012	12/31/2382	1
PRA	27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE	1/1/2012	12/31/2382	1
PRA	27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	27509	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE, WITH OR WITHOUT INTERCONDYL	1/1/2012	12/31/2382	1
PRA	27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR EXTENSION, WITH OR WITH	1/1/2012	12/31/2382	1
PRA	27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCONDYLAR EXTENSION, WITH OR WITHOU	1/1/2012	12/31/2382	1
PRA	27514	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH OR WITHOUT INTERNAL OR EXTERNA	1/1/2012	12/31/2382	1
PRA	27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL	1/1/2012	12/31/2382	1
PRA	27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT T	1/1/2012	12/31/2382	1
PRA	27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT MANIPULATION, WITH SKELETAL TRACTION	1/1/2012	12/31/2382	1
PRA	27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXAT	1/1/2012	12/31/2382	1
PRA	27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT INTERNAL O	1/1/2012	12/31/2382	1
PRA	27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA	1/1/2012	12/31/2382	1
PRA	27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA	1/1/2012	12/31/2382	1
PRA	27556	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENOUS	1/1/2012	12/31/2382	1
PRA	27557	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENOUS RE	1/1/2012	12/31/2382	1
PRA	27558	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENOUS RE	1/1/2012	12/31/2382	1
PRA	27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA	1/1/2012	12/31/2382	1
PRA	27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA	1/1/2012	12/31/2382	1
PRA	27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY	1/1/2012	12/31/2382	1
PRA	27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICE	4/1/2013	12/31/2382	1
PRA	27580	FUSION OF KNEE, ANY TECHNIQUE	1/1/2012	12/31/2382	1
PRA	27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	1/1/2012	12/31/2382	1
PRA	27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE INCLUDING FIRST CAST	1/1/2012	12/31/2382	1
PRA	27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTINE)	1/1/2012	12/31/2382	1
PRA	27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	1/1/2012	12/31/2382	1
PRA	27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION	1/1/2012	12/31/2382	1
PRA	27598	DISARTICULATION AT KNEE	1/1/2012	12/31/2382	1
PRA	27599	UNLISTED PROCEDURE, FEMUR OR KNEE	4/1/2018	12/31/2382	1
PRA	27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	1/1/2012	12/31/2382	1
PRA	27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)	1/1/2012	12/31/2382	1
PRA	27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	7/1/2015	12/31/2382	2
PRA	27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	10/1/2010	12/31/2382	2
PRA	27605	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); LOCAL ANESTHESIA	1/1/2012	12/31/2382	1
PRA	27606	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA	1/1/2012	12/31/2382	1
PRA	27607	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	10/1/2010	12/31/2382	2
PRA	27610	ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	1/1/2012	12/31/2382	1
PRA	27612	ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING	1/1/2012	12/31/2382	1
PRA	27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	4/1/2019	12/31/2382	3
PRA	27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP	7/1/2015	12/31/2382	3
PRA	27615	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA; LESS THAN 5 CM	4/1/2014	12/31/2382	1
PRA	27616	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA; 5 CM OR GREATER	7/1/2012	12/31/2382	1
PRA	27618	EXCISION, TUMOR,SOFT TISSUE OF LEG OR ANKLE AREA; SUBCUTANEOUS; LESS THAN 3 CM	4/1/2019	12/31/2382	3
PRA	27619	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA; SUBFASCIAL (EG, INTRAMUSCULAR) ; LESS THAN 5 CM	4/1/2019	12/31/2382	2
PRA	27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN	1/1/2012	12/31/2382	1
PRA	27625	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY;	1/1/2012	12/31/2382	1
PRA	27626	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	1/1/2012	12/31/2382	1
PRA	27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE	10/1/2010	12/31/2382	2
PRA	27632	EXCISION, TUMOR,SOFT TISSUE OF LEG OR ANKLE AREA; SUBCUTANEOUS; 3 CM OR GREATER	4/1/2019	12/31/2382	3
PRA	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA; SUBFASCIAL (EG, INTRAMUSCULAR) ; 5 CM OR GREATER	7/1/2015	12/31/2382	2
PRA	27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	1/1/2012	12/31/2382	1
PRA	27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
PRA	27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT	1/1/2012	12/31/2382	1
PRA	27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY),BONE (EG,OSTEOMYELITIS); TIBIA	1/1/2012	12/31/2382	1
PRA	27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY),BONE (EG,OSTEOMYELITIS); FIBULA	1/1/2012	12/31/2382	1
PRA	27645	RADICAL RESECTION OF TUMOR; TIBIA	10/1/2010	12/31/2382	1

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PRA	27646	RADICAL RESECTION OF TUMOR; FIBULA	10/1/2010	12/31/2382	1
PRA	27647	RADICAL RESECTION OF TUMOR; TALUS OR CALCANEUS	1/1/2012	12/31/2382	1
PRA	27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	1/1/2012	12/31/2382	1
PRA	27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	1/1/2012	12/31/2382	1
PRA	27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
PRA	27654	REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT	1/1/2012	12/31/2382	1
PRA	27656	REPAIR, FASCIAL DEFECT OF LEG	7/1/2015	12/31/2382	1
PRA	27658	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH	10/1/2010	12/31/2382	2
PRA	27659	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH	10/1/2010	12/31/2382	2
PRA	27664	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH	10/1/2010	12/31/2382	2
PRA	27665	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH	10/1/2010	12/31/2382	2
PRA	27675	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	1/1/2012	12/31/2382	1
PRA	27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	1/1/2012	12/31/2382	1
PRA	27680	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE	4/1/2019	12/31/2382	2
PRA	27681	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; MULTIPLE (THROUGH SAME INCISION), EACH	4/1/2013	12/31/2382	1
PRA	27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	2
PRA	27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE (THROUGH SAME INCISION), EACH	7/1/2015	12/31/2382	3
PRA	27687	GASTROCNEMIUS RESECTION (EG, STRAYER PROCEDURE)	1/1/2012	12/31/2382	1
PRA	27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR TIBI	10/1/2010	12/31/2382	2
PRA	27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG ANTERIOR TIBIAL OR	10/1/2010	12/31/2382	2
PRA	27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON	7/1/2015	12/31/2382	4
PRA	27695	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; COLLATERAL	1/1/2012	12/31/2382	1
PRA	27696	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	1/1/2012	12/31/2382	1
PRA	27698	SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)	7/1/2013	12/31/2382	2
PRA	27700	ARTHROPLASTY, ANKLE;	1/1/2012	12/31/2382	1
PRA	27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	1/1/2012	12/31/2382	1

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PRA	27703	ARTHROPLASTY, ANKLE; SECONDARY RECONSTRUCTION, TOTAL ANKLE	1/1/2012	12/31/2382	1
PRA	27704	REMOVAL OF ANKLE IMPLANT	1/1/2012	12/31/2382	1
PRA	27705	OSTEOTOMY; TIBIA	1/1/2012	12/31/2382	1
PRA	27707	OSTEOTOMY; FIBULA	1/1/2012	12/31/2382	1
PRA	27709	OSTEOTOMY; TIBIA AND FIBULA	1/1/2012	12/31/2382	1
PRA	27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING	1/1/2012	12/31/2382	1
PRA	27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG. COMPRESSION TECHNIQUE)	1/1/2012	12/31/2382	1
PRA	27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	1/1/2012	12/31/2382	1
PRA	27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
PRA	27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METHOD	1/1/2012	12/31/2382	1
PRA	27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	1/1/2012	12/31/2382	1
PRA	27730	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA	1/1/2012	12/31/2382	1
PRA	27732	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA	1/1/2012	12/31/2382	1
PRA	27734	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND FIBULA	1/1/2012	12/31/2382	1
PRA	27740	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA;	1/1/2012	12/31/2382	1
PRA	27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA; AND DISTAL FE	1/1/2012	12/31/2382	1
PRA	27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, TIBIA	1/1/2012	12/31/2382	1
PRA	27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITH MANIPULATION, WITH OR WITHO	1/1/2012	12/31/2382	1
PRA	27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) (EG. PINS OR SCREWS	1/1/2012	12/31/2382	1
PRA	27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE) WITH PLATE/SCREWS, WITH OR WITHOUT	1/1/2012	12/31/2382	1
PRA	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY INTRAMEDULLARY IMPLANT, WITH OR	1/1/2012	12/31/2382	1
PRA	27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	1/1/2012	12/31/2382	1
PRA	27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LA	1/1/2012	12/31/2382	1
PRA	27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LA	1/1/2012	12/31/2382	1
PRA	27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND)	1/1/2012	12/31/2382	1
PRA	27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND)	1/1/2012	12/31/2382	1
PRA	27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL P	1/1/2012	12/31/2382	1
PRA	27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL P	1/1/2012	12/31/2382	1
PRA	27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL P	1/1/2012	12/31/2382	1
PRA	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIX	1/1/2012	12/31/2382	1
PRA	27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA	1/1/2012	12/31/2382	1
PRA	27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANESTHESIA	1/1/2012	12/31/2382	1
PRA	27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, OR W	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	1/1/2012	12/31/2382	1
PRA	27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION	1/1/2012	12/31/2382	1
PRA	27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITHOUT REPAIR OR INTERNA	1/1/2012	12/31/2382	1
PRA	27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITH REPAIR OR INTERNAL O	1/1/2012	12/31/2382	1
PRA	27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)	4/1/2013	12/31/2382	1
PRA	27870	ARTHRODESIS, ANKLE, ANY METHOD	1/1/2012	12/31/2382	1
PRA	27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	1/1/2012	12/31/2382	1
PRA	27880	AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	1/1/2012	12/31/2382	1
PRA	27881	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECHNIQUE INCLUDING APPLICATION OF FIRST CAST	1/1/2012	12/31/2382	1
PRA	27882	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR (GUILLOTINE)	1/1/2012	12/31/2382	1
PRA	27884	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	1/1/2012	12/31/2382	1
PRA	27886	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION	1/1/2012	12/31/2382	1
PRA	27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (SYME, PIROGOFF TYPE PROCEDURES), WITH PLASTIC CLOSURE	1/1/2012	12/31/2382	1
PRA	27889	ANKLE DISARTICULATION	1/1/2012	12/31/2382	1
PRA	27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE	1/1/2012	12/31/2382	1
PRA	27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERV	1/1/2012	12/31/2382	1
PRA	27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S), WITH DEBRIDEMENT OF NONV	1/1/2012	12/31/2382	1
PRA	27899	UNLISTED PROCEDURE, LEG OR ANKLE	4/1/2018	12/31/2382	1
PRA	28001	INCISION AND DRAINAGE, INFECTED BURSA, FOOT	10/1/2010	12/31/2382	2
PRA	28002	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; SINGLE BU	10/1/2010	12/31/2382	3
PRA	28003	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE	10/1/2010	12/31/2382	2
PRA	28005	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOOT	10/1/2010	12/31/2382	3
PRA	28008	FASCIOTOMY, FOOT AND/OR TOE	1/1/2012	12/31/2382	2
PRA	28010	TENOTOMY, SUBCUTANEOUS, TOE; SINGLE	1/1/2017	12/31/2382	4
PRA	28011	TENOTOMY, SUBCUTANEOUS, TOE; MULTIPLE	1/1/2017	12/31/2382	4
PRA	28020	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERTARSAL OR TARSOMETATARSAL JOI	7/1/2015	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	28022	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL JOINT	4/1/2019	12/31/2382	3
PRA	28024	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT	7/1/2015	12/31/2382	4
PRA	28035	TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)	4/1/2013	12/31/2382	1
PRA	28039	EXCISION, TUMOR,SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER	10/1/2018	12/31/2382	2
PRA	28041	EXCISION, TUMOR,SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL, (EG, INTRAMUSCULAR); 1.5 CM OR GREATER	10/1/2018	12/31/2382	2
PRA	28043	EXCISION, TUMOR,SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM	7/1/2015	12/31/2382	4
PRA	28045	EXCISION, TUMOR,SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL, (EG, INTRAMUSCULAR); LESS THAN 1.5 CM	7/1/2015	12/31/2382	4
PRA	28046	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT OR TOE; LESS THAN 3 CM	4/1/2014	12/31/2382	1
PRA	28047	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT OR TOE; 3 CM OR GREATER	7/1/2012	12/31/2382	1
PRA	28050	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	7/1/2015	12/31/2382	2
PRA	28052	ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT	10/1/2010	12/31/2382	2
PRA	28054	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT	10/1/2010	12/31/2382	2
PRA	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	4/1/2013	12/31/2382	1
PRA	28060	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	28062	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	4/1/2013	12/31/2382	1
PRA	28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	7/1/2015	12/31/2382	2
PRA	28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	7/1/2015	12/31/2382	4
PRA	28080	EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	4/1/2019	12/31/2382	3
PRA	28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	10/1/2010	12/31/2382	2
PRA	28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	10/1/2010	12/31/2382	2
PRA	28090	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); FOOT	10/1/2010	12/31/2382	2
PRA	28092	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); TOES	10/1/2010	12/31/2382	2
PRA	28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	1/1/2012	12/31/2382	1
PRA	28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDE	1/1/2012	12/31/2382	1
PRA	28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALLOGRAFT	1/1/2012	12/31/2382	1
PRA	28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS;	4/1/2014	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WIT	4/1/2014	12/31/2382	1
PRA	28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WIT	4/1/2014	12/31/2382	1
PRA	28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	10/1/2010	12/31/2382	2
PRA	28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	1/1/2012	12/31/2382	1
PRA	28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	7/1/2015	12/31/2382	4
PRA	28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	1/1/2012	12/31/2382	1
PRA	28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST METAT	1/1/2012	12/31/2382	1
PRA	28116	OSTECTOMY, EXCISION OF TARSAL COALITION	1/1/2012	12/31/2382	1
PRA	28118	OSTECTOMY, CALCANEUS;	1/1/2012	12/31/2382	1
PRA	28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	1/1/2012	12/31/2382	1
PRA	28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELIT	10/1/2010	12/31/2382	2
PRA	28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TARSAL BOS	7/1/2014	12/31/2382	4
PRA	28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR DORSAL BOS	7/1/2014	12/31/2382	4
PRA	28126	CONDYLECTOMY, PHALANGEAL BASE, SINGLE TOE, EACH	7/1/2015	12/31/2382	5
PRA	28130	TALECTOMY (ASTRAGALECTOMY)	1/1/2012	12/31/2382	1
PRA	28140	METATARSECTOMY	4/1/2019	12/31/2382	3
PRA	28150	PHALANGECTOMY OF TOE, SINGLE, EACH	7/1/2015	12/31/2382	4
PRA	28153	RESECTION, HEAD OF PHALANX, TOE	4/1/2019	12/31/2382	4
PRA	28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, SINGLE, EACH	7/1/2015	12/31/2382	5
PRA	28171	RADICAL RESECTION OF TUMOR; TARSAL (EXCEPT TALUS OR CALCANEUS)	4/1/2014	12/31/2382	1
PRA	28173	RADICAL RESECTION OF TUMOR; METATARSAL	10/1/2010	12/31/2382	2
PRA	28175	RADICAL RESECTION OF TUMOR; PHALANX OF TOE	10/1/2010	12/31/2382	2
PRA	28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	7/1/2015	12/31/2382	3
PRA	28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	10/1/2010	12/31/2382	2
PRA	28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	28200	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON	7/1/2015	12/31/2382	4
PRA	28202	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING G	10/1/2010	12/31/2382	2
PRA	28208	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; PRIMARY OR SECONDARY, EACH TENDON	7/1/2015	12/31/2382	4
PRA	28210	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING	10/1/2010	12/31/2382	2
PRA	28220	TENOLYSIS, FLEXOR, FOOT; SINGLE	4/1/2013	12/31/2382	1
PRA	28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE (THROUGH SAME INCISION)	4/1/2013	12/31/2382	1
PRA	28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE	4/1/2013	12/31/2382	1
PRA	28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE (THROUGH SAME INCISION)	4/1/2013	12/31/2382	1
PRA	28230	TENOTOMY, OPEN, FLEXOR; FOOT, SINGLE OR MULTIPLE (SEPARATE PROCEDURE)	4/1/2013	12/31/2382	1
PRA	28232	TENOTOMY, OPEN, FLEXOR; TOE, SINGLE (SEPARATE PROCEDURE)	7/1/2015	12/31/2382	6
PRA	28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE	7/1/2015	12/31/2382	6
PRA	28238	ADVANCEMENT OF POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY NAVICULAR BONE (KIDNER TYPE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	1/1/2012	12/31/2382	1
PRA	28250	DIVISION OF PLANTAR FASCIA AND MUSCLE ("STEINDLER STRIPPING") (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	1/1/2012	12/31/2382	1
PRA	28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING AS FOR R	1/1/2012	12/31/2382	1
PRA	28264	CAPSULOTOMY, MIDTARSAL (HEYMAN TYPE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	28270	CAPSULOTOMY FOR CONTRACTURE; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPAR	7/1/2015	12/31/2382	6
PRA	28272	CAPSULOTOMY FOR CONTRACTURE; INTERPHALANGEAL JOINT, SINGLE, EACH JOINT (SEPARATE PROCEDURE)	7/1/2015	12/31/2382	6
PRA	28280	WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES) FOR SOFT CORN (KELIKIAN TYPE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	28285	HAMMERTOE OPERATION; ONE TOE (EG, INTERPHALANGEAL FUSION, FILLETING, PHALANGECTOMY)	7/1/2014	12/31/2382	4
PRA	28286	HAMMERTOE OPERATION; FOR COCK-UP FIFTH TOE WITH PLASTIC SKIN CLOSURE, (RUIZ-MORA TYPE PROCEDURE)	4/1/2013	12/31/2382	1
PRA	28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, SINGLE, METATARSAL HEAD, FIRST THROUGH FIFTH, EACH METATARSAL	4/1/2019	12/31/2382	4
PRA	28289	HALLUX RIGIDUM CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARS	1/1/2012	12/31/2382	1
PRA	28291	CORRECTION OF RIGID DEFORMITY OF FIRST JOINT OF BIG TOE USING IMPLANT	1/1/2017	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	28292	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER, MCBRIDE OR MAYO TYPE PROCEDURE	1/1/2012	12/31/2382	1
PRA	28295	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD	1/1/2017	12/31/2382	1
PRA	28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG, MITCHELL, CH	1/1/2012	12/31/2382	1
PRA	28297	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS TYPE PROCEDURE	1/1/2012	12/31/2382	1
PRA	28298	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX OSTEOTOMY	1/1/2012	12/31/2382	1
PRA	28299	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY OTHER METHODS (EG, DOUBLE OSTEOTOMY)	1/1/2012	12/31/2382	1
PRA	28300	OSTEOTOMY; CALCANEUS (DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	28302	OSTEOTOMY; TALUS	1/1/2012	12/31/2382	1
PRA	28304	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	1/1/2012	12/31/2382	1
PRA	28305	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (FOWLER T	1/1/2012	12/31/2382	1
PRA	28306	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTIO	1/1/2012	12/31/2382	1
PRA	28307	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTIO	1/1/2012	12/31/2382	1
PRA	28308	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTIO	7/1/2015	12/31/2382	4
PRA	28309	OSTEOTOMY, METATARSALS, MULTIPLE, FOR CAVUS FOOT (SWANSON TYPE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	28310	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE (SEPARATE PROCEDURE)	4/1/2013	12/31/2382	1
PRA	28312	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE	7/1/2015	12/31/2382	4
PRA	28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE (OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES), SOFT TISSUE PROCEDUR	7/1/2015	12/31/2382	4
PRA	28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	28320	REPAIR OF NONUNION OR MALUNION; TARSAL BONES (EG, CALCANEUS, TALUS)	4/1/2013	12/31/2382	1
PRA	28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)	10/1/2010	12/31/2382	2
PRA	28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	10/1/2010	12/31/2382	2
PRA	28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	10/1/2010	12/31/2382	2
PRA	28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	4/1/2013	12/31/2382	1
PRA	28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	7/1/2015	12/31/2382	2
PRA	28360	RECONSTRUCTION, CLEFT FOOT	4/1/2013	12/31/2382	1
PRA	28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	28415	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION;	1/1/2012	12/31/2382	1
PRA	28420	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY ILIAC OR OTH	1/1/2012	12/31/2382	1
PRA	28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION	1/1/2012	12/31/2382	1
PRA	28445	OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT(S))	1/1/2012	12/31/2382	1
PRA	28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MANIPULATION, EACH	7/1/2015	12/31/2382	2
PRA	28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPULATION, EACH	7/1/2015	12/31/2382	3
PRA	28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH MANIPULATION, EACH	7/1/2015	12/31/2382	2
PRA	28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXA	7/1/2015	12/31/2382	3
PRA	28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	7/1/2015	12/31/2382	2
PRA	28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH	7/1/2015	12/31/2382	5
PRA	28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH	7/1/2015	12/31/2382	4
PRA	28485	OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH	7/1/2015	12/31/2382	5
PRA	28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION	4/1/2013	12/31/2382	1
PRA	28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	4/1/2013	12/31/2382	1
PRA	28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH MANIPULATION	4/1/2013	12/31/2382	1
PRA	28505	OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	4/1/2013	12/31/2382	1
PRA	28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH	7/1/2015	12/31/2382	4
PRA	28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH MANIPULATION, EACH	7/1/2015	12/31/2382	4
PRA	28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH OR WITHOUT INTERNAL OR EXTERNAL F	7/1/2015	12/31/2382	4
PRA	28530	CLOSED TREATMENT OF SESAMOID FRACTURE	4/1/2013	12/31/2382	1
PRA	28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	4/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT ANESTHESIA	4/1/2013	12/31/2382	1
PRA	28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING ANESTHESIA	4/1/2013	12/31/2382	1
PRA	28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL, WITH MANIPULATION	4/1/2013	12/31/2382	1
PRA	28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	4/1/2013	12/31/2382	1
PRA	28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	4/1/2013	12/31/2382	1
PRA	28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	4/1/2013	12/31/2382	1
PRA	28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATION	4/1/2013	12/31/2382	1
PRA	28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	4/1/2013	12/31/2382	1
PRA	28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	4/1/2014	12/31/2382	2
PRA	28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	4/1/2014	12/31/2382	2
PRA	28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH MANIPULATION	7/1/2015	12/31/2382	3
PRA	28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	7/1/2015	12/31/2382	5
PRA	28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	4/1/2014	12/31/2382	2
PRA	28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	4/1/2014	12/31/2382	2
PRA	28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	7/1/2015	12/31/2382	4
PRA	28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	7/1/2015	12/31/2382	4
PRA	28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	7/1/2015	12/31/2382	4
PRA	28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	4/1/2019	12/31/2382	3
PRA	28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	7/1/2015	12/31/2382	4
PRA	28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	4/1/2019	12/31/2382	3
PRA	28705	PANTALAR ARTHRODESIS	4/1/2013	12/31/2382	1
PRA	28715	TRIPLE ARTHRODESIS	4/1/2013	12/31/2382	1
PRA	28725	SUBTALAR ARTHRODESIS	4/1/2013	12/31/2382	1
PRA	28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	4/1/2013	12/31/2382	1
PRA	28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY AS FOR FLATFOOT CORRECTION	4/1/2013	12/31/2382	1
PRA	28737	ARTHRODESIS, MIDTARSAL NAVICULAR-CUNEIFORM, WITH TENDON LENGTHENING AND ADVANCEMENT (MILLER TYPE PROCEDURE)	4/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	7/1/2019	12/31/2382	2
PRA	28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	1/1/2012	12/31/2382	1
PRA	28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	1/1/2012	12/31/2382	1
PRA	28760	ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK	1/1/2012	12/31/2382	1
PRA	28800	AMPUTATION, FOOT; MIDTARSAL (CHOPART TYPE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	28805	AMPUTATION, FOOT; TRANSMETATARSAL	1/1/2012	12/31/2382	1
PRA	28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	4/1/2019	12/31/2382	5
PRA	28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	7/1/2015	12/31/2382	6
PRA	28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	4/1/2019	12/31/2382	8
PRA	28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL	1/1/2012	12/31/2382	1
PRA	28899	UNLISTED PROCEDURE, FOOT OR TOES	4/1/2018	12/31/2382	1
PRA	29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	10/1/2010	12/31/2382	1
PRA	29010	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	10/1/2010	12/31/2382	1
PRA	29015	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD	10/1/2010	12/31/2382	1
PRA	29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	10/1/2010	12/31/2382	1
PRA	29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	10/1/2010	12/31/2382	1
PRA	29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH	10/1/2010	12/31/2382	1
PRA	29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	10/1/2010	12/31/2382	1
PRA	29049	APPLICATION; PLASTER FIGURE-OF-EIGHT	10/1/2010	12/31/2382	1
PRA	29055	APPLICATION; SHOULDER SPICA	10/1/2010	12/31/2382	1
PRA	29058	APPLICATION; PLASTER VELPEAU	10/1/2010	12/31/2382	1
PRA	29065	APPLICATION; SHOULDER TO HAND (LONG ARM)	1/1/2012	12/31/2382	1
PRA	29075	APPLICATION; ELBOW TO FINGER (SHORT ARM)	1/1/2012	12/31/2382	1
PRA	29085	APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)	1/1/2012	12/31/2382	1
PRA	29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	10/1/2010	12/31/2382	2
PRA	29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	1/1/2012	12/31/2382	1
PRA	29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	1/1/2012	12/31/2382	1
PRA	29130	APPLICATION OF FINGER SPLINT; STATIC	7/1/2012	12/31/2382	3
PRA	29131	APPLICATION OF FINGER SPLINT; DYNAMIC	7/1/2012	12/31/2382	2
PRA	29200	STRAPPING; THORAX	10/1/2010	12/31/2382	1
PRA	29240	STRAPPING; SHOULDER (EG, VELPEAU)	10/1/2012	12/31/2382	1
PRA	29260	STRAPPING; ELBOW OR WRIST	1/1/2012	12/31/2382	1
PRA	29280	STRAPPING; HAND OR FINGER	10/1/2010	12/31/2382	2
PRA	29305	APPLICATION OF HIP SPICA CAST; ONE LEG	10/1/2010	12/31/2382	1
PRA	29325	APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS	10/1/2010	12/31/2382	1
PRA	29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	1/1/2012	12/31/2382	1
PRA	29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	1/1/2012	12/31/2382	1
PRA	29358	APPLICATION OF LONG LEG CAST BRACE	1/1/2012	12/31/2382	1
PRA	29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	1/1/2012	12/31/2382	1
PRA	29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	1/1/2012	12/31/2382	1
PRA	29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	1/1/2012	12/31/2382	1
PRA	29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	1/1/2012	12/31/2382	1
PRA	29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	1/1/2012	12/31/2382	1
PRA	29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	1/1/2012	12/31/2382	1
PRA	29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG	7/1/2013	12/31/2382	1
PRA	29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	1/1/2012	12/31/2382	1
PRA	29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	1/1/2012	12/31/2382	1
PRA	29520	STRAPPING; HIP	10/1/2012	12/31/2382	1
PRA	29530	STRAPPING; KNEE	4/1/2013	12/31/2382	1
PRA	29540	STRAPPING; ANKLE	4/1/2013	12/31/2382	1
PRA	29550	STRAPPING; TOES	4/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	29580	STRAPPING; UNNA BOOT	1/1/2012	12/31/2382	1
PRA	29581	APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION SYSTEM, BELOW KNEE	1/1/2012	12/31/2382	1
PRA	29584	APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION SYSTEM; UPPER ARM, FOREARM, HAND AND FINGERS	1/1/2012	12/31/2382	1
PRA	29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	10/1/2010	12/31/2382	2
PRA	29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	1/1/2012	12/31/2382	1
PRA	29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSER JACKET, ETC.	1/1/2012	12/31/2382	1
PRA	29720	REPAIR OF SPICA, BODY CAST OR JACKET	10/1/2010	12/31/2382	1
PRA	29730	WINDOWING OF CAST	7/1/2015	12/31/2382	1
PRA	29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	10/1/2010	12/31/2382	1
PRA	29750	WEDGING OF CLUBFOOT CAST	7/1/2013	12/31/2382	1
PRA	29799	UNLISTED PROCEDURE, CASTING OR STRAPPING	4/1/2018	12/31/2382	1
PRA	29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	1/1/2012	12/31/2382	1
PRA	29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPERATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	1/1/2012	12/31/2382	1
PRA	29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	1/1/2012	12/31/2382	1
PRA	29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	1/1/2012	12/31/2382	1
PRA	29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	1/1/2012	12/31/2382	1
PRA	29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	1/1/2012	12/31/2382	1
PRA	29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	1/1/2012	12/31/2382	1
PRA	29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	1/1/2012	12/31/2382	1
PRA	29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE	1/1/2012	12/31/2382	1
PRA	29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
PRA	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH OR WITHOU	1/1/2012	12/31/2382	1
PRA	29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	1/1/2012	12/31/2382	1
PRA	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	1/1/2012	12/31/2382	1
PRA	29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	1/1/2012	12/31/2382	1
PRA	29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	1/1/2012	12/31/2382	1
PRA	29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	1/1/2012	12/31/2382	1
PRA	29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	1/1/2012	12/31/2382	1
PRA	29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	1/1/2012	12/31/2382	1
PRA	29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	1/1/2012	12/31/2382	1
PRA	29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	1/1/2012	12/31/2382	1
PRA	29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION OF TRIANGULAR FIBROCARILAGE AND/OR JOINT DEBRIDEMENT	1/1/2012	12/31/2382	1
PRA	29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	1/1/2012	12/31/2382	1
PRA	29848	ARTHROSCOPY, WRIST, SURGICAL; WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	1/1/2012	12/31/2382	1
PRA	29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR	1/1/2012	12/31/2382	1
PRA	29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR	1/1/2012	12/31/2382	1
PRA	29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL	1/1/2012	12/31/2382	1
PRA	29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL	1/1/2012	12/31/2382	1
PRA	29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	1/1/2012	12/31/2382	1
PRA	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROPL	1/1/2012	12/31/2382	1
PRA	29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVESTOMY	1/1/2012	12/31/2382	1
PRA	29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF THE	1/1/2012	12/31/2382	1
PRA	29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	1/1/2012	12/31/2382	1
PRA	29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION)	1/1/2012	12/31/2382	1
PRA	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	1/1/2012	12/31/2382	1
PRA	29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDritis DISSECANS FRAGMENT)	1/1/2012	12/31/2382	1
PRA	29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)	1/1/2012	12/31/2382	1
PRA	29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	1/1/2012	12/31/2382	1
PRA	29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY)	1/1/2012	12/31/2382	1
PRA	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING)	1/1/2012	12/31/2382	1
PRA	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL INCLUDING ANY MENISCAL SHAVING)	1/1/2012	12/31/2382	1
PRA	29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	1/1/2012	12/31/2382	1
PRA	29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	1/1/2012	12/31/2382	1
PRA	29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERN	1/1/2012	12/31/2382	1
PRA	29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION	1/1/2012	12/31/2382	1
PRA	29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION WITH INTERNAL FIXATION	1/1/2012	12/31/2382	1
PRA	29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	1/1/2012	12/31/2382	1
PRA	29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	1/1/2012	12/31/2382	1
PRA	29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OR OSTEOCHONDral DEFECT OF TALUS AND/OR TIBIA, INCLUDING	1/1/2012	12/31/2382	1
PRA	29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDritis DISSECANS LESION, TALAR DOME FRACTURE, OR TIBIAL PLAFON	1/1/2012	12/31/2382	1
PRA	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	1/1/2012	12/31/2382	1
PRA	29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	1/1/2012	12/31/2382	1
PRA	29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL	1/1/2012	12/31/2382	1
PRA	29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED	1/1/2012	12/31/2382	1
PRA	29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE	1/1/2012	12/31/2382	1
PRA	29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS),SURGICAL; WITH ANKLE ARTHRODESIS	1/1/2012	12/31/2382	1
PRA	29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC INCLUDES SYNOVIAL BIOPSY	10/1/2010	12/31/2382	2
PRA	29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	29902	ARTHROSCOPY, METACARPOMETACARPAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED ULNAR COLLATERAL LIGAMENT	10/1/2010	12/31/2382	2
PRA	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	1/1/2012	12/31/2382	1
PRA	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	1/1/2012	12/31/2382	1
PRA	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	1/1/2012	12/31/2382	1
PRA	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	1/1/2012	12/31/2382	1
PRA	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	1/1/2012	12/31/2382	1
PRA	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	1/1/2012	12/31/2382	1
PRA	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	1/1/2012	12/31/2382	1
PRA	29999	UNLISTED PROCEDURE, ARTHROSCOPY	4/1/2018	12/31/2382	1
PRA	30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	10/1/2010	12/31/2382	1
PRA	30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	10/1/2010	12/31/2382	1
PRA	30100	BIOPSY, INTRANASAL	7/1/2015	12/31/2382	2
PRA	30110	EXCISION, NASAL POLYP(S), SIMPLE	7/1/2013	12/31/2382	1
PRA	30115	EXCISION, NASAL POLYP(S), EXTENSIVE	7/1/2013	12/31/2382	1
PRA	30117	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; INTERNAL APPROACH	10/1/2010	12/31/2382	2
PRA	30118	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; EXTERNAL APPROACH (LATERAL RHINOTOMY)	7/1/2015	12/31/2382	1
PRA	30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	10/1/2010	12/31/2382	1
PRA	30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	10/1/2010	12/31/2382	2
PRA	30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	10/1/2010	12/31/2382	1
PRA	30130	EXCISION TURBINATE, PARTIAL OR COMPLETE	1/1/2012	12/31/2382	1
PRA	30140	SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE	1/1/2012	12/31/2382	1
PRA	30150	RHINECTOMY; PARTIAL	10/1/2010	12/31/2382	1
PRA	30160	RHINECTOMY; TOTAL	10/1/2010	12/31/2382	1
PRA	30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	7/1/2013	12/31/2382	1
PRA	30210	DISPLACEMENT THERAPY (PROETZ TYPE)	7/1/2013	12/31/2382	1
PRA	30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	7/1/2013	12/31/2382	1
PRA	30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	7/1/2013	12/31/2382	1
PRA	30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	7/1/2013	12/31/2382	1
PRA	30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	10/1/2010	12/31/2382	1
PRA	30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELE	10/1/2010	12/31/2382	1
PRA	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	10/1/2010	12/31/2382	1
PRA	30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	10/1/2010	12/31/2382	1
PRA	30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	10/1/2010	12/31/2382	1
PRA	30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	10/1/2010	12/31/2382	1
PRA	30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHEN	10/1/2010	12/31/2382	1
PRA	30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHEN	10/1/2010	12/31/2382	1
PRA	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	7/1/2013	12/31/2382	1
PRA	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	10/1/2010	12/31/2382	1
PRA	30540	REPAIR CHOANAL ATRESIA; INTRANASAL	7/1/2013	12/31/2382	1
PRA	30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	7/1/2013	12/31/2382	1
PRA	30560	LYSIS INTRANASAL SYNECHIA	7/1/2013	12/31/2382	1
PRA	30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	10/1/2010	12/31/2382	2
PRA	30600	REPAIR FISTULA; ORONASAL	10/1/2010	12/31/2382	1
PRA	30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)	7/1/2013	12/31/2382	1
PRA	30630	REPAIR NASAL SEPTAL PERFORATIONS	10/1/2010	12/31/2382	1
PRA	30801	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (EG, ELECTROCAUTERY	10/1/2010	12/31/2382	1
PRA	30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (EG; ELECTROCAUTERY, RADIO	10/1/2010	12/31/2382	1
PRA	30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY METHOD	7/1/2013	12/31/2382	1
PRA	30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) ANY METHOD	7/1/2013	12/31/2382	1
PRA	30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; INITIAL	7/1/2013	12/31/2382	1
PRA	30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; SUBSEQUENT	7/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	30915	LIGATION ARTERIES; ETHMOIDAL	7/1/2013	12/31/2382	1
PRA	30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	7/1/2013	12/31/2382	1
PRA	30930	FRACTURE NASAL TURBINATE(S), THERAPEUTIC	7/1/2013	12/31/2382	1
PRA	30999	UNLISTED PROCEDURE, NOSE	4/1/2018	12/31/2382	1
PRA	31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	7/1/2013	12/31/2382	1
PRA	31002	LAVAGE BY CANNULATION; SPHENOID SINUS	1/1/2012	12/31/2382	1
PRA	31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	7/1/2013	12/31/2382	1
PRA	31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF ANTROCHOANAL POLYPS	7/1/2013	12/31/2382	1
PRA	31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF ANTROCHOANAL POLYPS	7/1/2013	12/31/2382	1
PRA	31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	4/1/2013	12/31/2382	1
PRA	31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	1/1/2012	12/31/2382	1
PRA	31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL OF POLYP(S)	1/1/2012	12/31/2382	1
PRA	31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPINE OPERATION)	1/1/2012	12/31/2382	1
PRA	31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH TYPE)	1/1/2012	12/31/2382	1
PRA	31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (INCLUDES ABLATION)	1/1/2012	12/31/2382	1
PRA	31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION (INCLUDES ABLATION)	1/1/2012	12/31/2382	1
PRA	31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	1/1/2012	12/31/2382	1
PRA	31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	1/1/2012	12/31/2382	1
PRA	31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	1/1/2012	12/31/2382	1
PRA	31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	1/1/2012	12/31/2382	1
PRA	31090	SINUSOTOMY COMBINED, THREE OR MORE SINUSES (UNILATERAL)	1/1/2012	12/31/2382	1
PRA	31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	1/1/2012	12/31/2382	1
PRA	31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	1/1/2012	12/31/2382	1
PRA	31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	1/1/2012	12/31/2382	1
PRA	31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	1/1/2012	12/31/2382	1
PRA	31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	31231	NASAL ENDOSCOPY, DIAGNOSTICS UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY	1/1/2012	12/31/2382	1
PRA	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY	1/1/2012	12/31/2382	1
PRA	31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DIBRIDMENT	1/1/2012	12/31/2382	1
PRA	31238	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH CONTROL OF EPISTAXIS	1/1/2012	12/31/2382	1
PRA	31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	1/1/2012	12/31/2382	1
PRA	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	1/1/2012	12/31/2382	1
PRA	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH LIGATION OF SPHENOPALATINE ARTERY	1/1/2018	12/31/2382	1
PRA	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	1/1/2018	12/31/2382	1
PRA	31254	NASAL ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL	1/1/2012	12/31/2382	1
PRA	31255	NASAL ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, ANTERIOR AND POSTERIOR (TOTAL)	1/1/2012	12/31/2382	1
PRA	31256	NASAL ENDOSCOPY, SURGICAL; WITH MAXILLARY ANTROSTOMY	1/1/2012	12/31/2382	1
PRA	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	1/1/2018	12/31/2382	1
PRA	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	1/1/2018	12/31/2382	1
PRA	31267	MAXILLARY SINUS ENDOSCOPY, SURGICAL; WITH REMOVAL OF MUCOUS MEMBRANE AND/OR POLYPS	1/1/2012	12/31/2382	1
PRA	31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT REMOVAL OF TISSUE FROM SINUS	1/1/2012	12/31/2382	1
PRA	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPENOIDOTOMY;	1/1/2012	12/31/2382	1
PRA	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	1/1/2012	12/31/2382	1
PRA	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; ETHMOID REGION	1/1/2012	12/31/2382	1
PRA	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; SPHENOID REGION	1/1/2012	12/31/2382	1
PRA	31292	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR INFERIOR ORBITAL WALL DECOMPRESSION	1/1/2012	12/31/2382	1
PRA	31293	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBITAL WALL AND INFERIOR ORBITAL WALL DECOMPRESSION	1/1/2012	12/31/2382	1
PRA	31294	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OPTIC NERVE DECOMPRESSION	1/1/2012	12/31/2382	1
PRA	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BALLOON DILATION) TRANSNASAL	1/1/2012	12/31/2382	1
PRA	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BALLOON DILATION)	1/1/2012	12/31/2382	1
PRA	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG, BALLOON DILATION)	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL AND SPHENOID SINUS OSTIA (EG, BALLOON DILATION)	1/1/2018	12/31/2382	1
PRA	31299	UNLISTED PROCEDURE, ACCESSORY SINUSES	4/1/2018	12/31/2382	1
PRA	31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, CORDECTOMY	10/1/2010	12/31/2382	1
PRA	31360	LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION	10/1/2010	12/31/2382	1
PRA	31365	LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION	10/1/2010	12/31/2382	1
PRA	31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION	10/1/2010	12/31/2382	1
PRA	31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION	10/1/2010	12/31/2382	1
PRA	31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL	10/1/2010	12/31/2382	1
PRA	31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL	10/1/2010	12/31/2382	1
PRA	31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL	10/1/2010	12/31/2382	1
PRA	31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL	10/1/2010	12/31/2382	1
PRA	31390	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUCTION	10/1/2010	12/31/2382	1
PRA	31395	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTION	10/1/2010	12/31/2382	1
PRA	31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	7/1/2013	12/31/2382	1
PRA	31420	EPIGLOTTIDECTOMY	10/1/2010	12/31/2382	1
PRA	31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	10/1/2010	12/31/2382	2
PRA	31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	10/1/2010	12/31/2382	1
PRA	31505	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC	10/1/2010	12/31/2382	1
PRA	31510	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH BIOPSY	10/1/2010	12/31/2382	1
PRA	31511	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
PRA	31512	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF LESION	10/1/2010	12/31/2382	1
PRA	31513	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH VOCAL CORD INJECTION	7/1/2013	12/31/2382	1
PRA	31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	10/1/2010	12/31/2382	1
PRA	31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN	10/1/2010	12/31/2382	1
PRA	31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	10/1/2010	12/31/2382	1
PRA	31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MICROSCOPE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR	10/1/2010	12/31/2382	1
PRA	31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, INITIAL	10/1/2010	12/31/2382	1
PRA	31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, SUBSEQUENT	10/1/2010	12/31/2382	1
PRA	31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	10/1/2010	12/31/2382	1
PRA	31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICROSCOPE	10/1/2010	12/31/2382	1
PRA	31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	10/1/2010	12/31/2382	1
PRA	31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE	10/1/2010	12/31/2382	1
PRA	31540	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS;	10/1/2010	12/31/2382	1
PRA	31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH O	10/1/2010	12/31/2382	1
PRA	31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH SUBMUCOSAL REMOVAL OF NON	1/1/2012	12/31/2382	1
PRA	31546	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH SUBMUCOSAL REMOVAL OF NON-PLASTI	1/1/2012	12/31/2382	1
PRA	31551	REPAIR OF NARROWED VOICE BOX WITH GRAFT IN PATIENT YOUNGER THAN 12 YEARS OF AGE	1/1/2017	12/31/2382	1
PRA	31552	REPAIR OF NARROWED VOICE BOX WITH GRAFT IN PATIENT AGE 12 YEARS OR OLDER	1/1/2017	12/31/2382	1
PRA	31553	REPAIR OF NARROWED VOICE BOX WITH GRAFT AND PLACEMENT OF INDWELLING STENT IN PATIENT YOUNGER THAN 12 YEARS OF AGE	1/1/2017	12/31/2382	1
PRA	31554	REPAIR OF NARROWED VOICE BOX WITH GRAFT AND PLACEMENT OF INDWELLING STENT IN PATIENT AGE 12 YEARS OR OLDER	1/1/2017	12/31/2382	1
PRA	31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYENOIDECTOMY;	10/1/2010	12/31/2382	1
PRA	31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYENOIDECTOMY; WITH OPERATING MICROSCOPE	10/1/2010	12/31/2382	1
PRA	31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	10/1/2010	12/31/2382	1
PRA	31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE	10/1/2010	12/31/2382	1
PRA	31572	DESTRUCTION OF ABNORMALITY OF ONE SODE OF VOICE BOX USING A FLEXIBLE ENDOSCOPE	1/1/2017	12/31/2382	1
PRA	31573	INJECTION OF DRUG INTO ONE SIDE OF VOICE BOX USING A FLEXIBLE ENDOSCOPE	1/1/2017	12/31/2382	1
PRA	31574	INJECTION OF SUBSTANCE TO AUGMENT VOICE BOX USING A FLEXIBLE ENDOSCOPE	1/1/2017	12/31/2382	1
PRA	31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	10/1/2010	12/31/2382	1
PRA	31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY	10/1/2010	12/31/2382	1
PRA	31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
PRA	31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC; WITH STROBOSCOPY	10/1/2010	12/31/2382	1
PRA	31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVAL	10/1/2010	12/31/2382	1
PRA	31584	LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE	10/1/2010	12/31/2382	1
PRA	31587	LARYNGOPLASTY, CRICOID SPLIT	10/1/2010	12/31/2382	1
PRA	31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	10/1/2010	12/31/2382	1
PRA	31591	REPAIR OF ONE SIDE OF VOICE BOX BY MOVING VOCAL CORD TO MIDDLE	1/1/2017	12/31/2382	1
PRA	31592	EXCISION OF PART OF WINDPIPE AND CRICOID CARTILAGE	1/1/2017	12/31/2382	1
PRA	31599	UNLISTED PROCEDURE, LARYNX	4/1/2018	12/31/2382	1
PRA	31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);	10/1/2010	12/31/2382	1
PRA	31601	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	10/1/2010	12/31/2382	1
PRA	31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	10/1/2010	12/31/2382	1
PRA	31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	10/1/2010	12/31/2382	1
PRA	31610	TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS	10/1/2010	12/31/2382	1
PRA	31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN ALARYNGEAL SPEECH PROSTHESIS (EG, VOI	10/1/2010	12/31/2382	1
PRA	31612	TRACHEAL PUNCTURE, PERCUTANEOUS FOR ASPIRATION OF MUCUS (TRANSTRACHEAL ASPIRATION)	10/1/2010	12/31/2382	1
PRA	31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION	10/1/2010	12/31/2382	1
PRA	31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION	10/1/2010	12/31/2382	1
PRA	31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	10/1/2010	12/31/2382	1
PRA	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING	10/1/2010	12/31/2382	1
PRA	31623	BRONCHOSCOPY; WITH PLACEMENT OF CATHETER	10/1/2010	12/31/2382	1
PRA	31624	BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE	10/1/2010	12/31/2382	1
PRA	31625	BRONCHOSCOPY; WITH BIOPSY	10/1/2010	12/31/2382	1
PRA	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF FIDUCIAL	7/1/2012	12/31/2382	1
PRA	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH COMPUTER-ASSISTED	7/1/2012	12/31/2382	1
PRA	31628	BRONCHOSCOPY; WITH TRANSBRONCHIAL LUNG BIOPSY, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	10/1/2010	12/31/2382	1
PRA	31629	BRONCHOSCOPY; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	31630	BRONCHOSCOPY; WITH TRACHEAL OR BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE	10/1/2013	12/31/2382	1
PRA	31631	BRONCHOSCOPY; WITH TRACHEAL DILATION AND PLACEMENT OF TRACHEAL STENT	10/1/2010	12/31/2382	1
PRA	31632	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL LUNG BIOPSY	10/1/2013	12/31/2382	2
PRA	31633	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL NEEDLE	10/1/2013	12/31/2382	2
PRA	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION,	4/1/2011	12/31/2382	1
PRA	31635	BRONCHOSCOPY; WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
PRA	31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH PLACEMENT OF BRONCHIAL STENT(S)	10/1/2010	12/31/2382	1
PRA	31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; EACH ADDITIONAL MAJOR BRONCHUS	10/1/2010	12/31/2382	2
PRA	31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH REVISION OF TRACHEAL OR BRONCHIAL	7/1/2015	12/31/2382	1
PRA	31640	BRONCHOSCOPY; WITH EXCISION OF TUMOR	10/1/2010	12/31/2382	1
PRA	31641	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH DESTRUCTION OF TUMOR OR	10/1/2010	12/31/2382	1
PRA	31643	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF CATHETER(S)	10/1/2010	12/31/2382	1
PRA	31645	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION	10/1/2010	12/31/2382	1
PRA	31646	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION	10/1/2010	12/31/2382	2
PRA	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WHEN	1/1/2013	12/31/2382	1
PRA	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCHIAL VAL	1/1/2013	12/31/2382	1
PRA	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCHIAL VAL	7/1/2015	12/31/2382	2
PRA	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WHEN	7/1/2015	12/31/2382	3
PRA	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND	1/1/2016	12/31/2382	1
PRA	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND	1/1/2016	12/31/2382	1
PRA	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRANSENDOSCOPIC ENDOBRONCHIAL ULTRASOUND	1/1/2016	12/31/2382	1
PRA	31660	FLUOROSCOPIC IMAGING GUIDANCE, WHEN PERFORMED WITH BRONCHIAL THERMOPLASTY, 1 LOBE	1/1/2013	12/31/2382	1
PRA	31661	FLUOROSCOPIC IMAGING GUIDANCE, WHEN PERFORMED WITH BRONCHIAL THERMOPLASTY, 2 OR MORE LOBES	1/1/2013	12/31/2382	1
PRA	31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	10/1/2010	12/31/2382	1
PRA	31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEOBRONCHIAL	10/1/2010	12/31/2382	1
PRA	31725	CATHETER ASPIRATION (SEPARATE PROCEDURE); TRACHEOBRONCHIAL WITH FIBERSCOPE, BEDSIDE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/ STENT OR INDWELLING TUBE FOR OXYGEN THERAPY	10/1/2010	12/31/2382	1
PRA	31750	TRACHEOPLASTY; CERVICAL	10/1/2010	12/31/2382	1
PRA	31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	10/1/2010	12/31/2382	1
PRA	31760	TRACHEOPLASTY; INTRATHORACIC	10/1/2010	12/31/2382	1
PRA	31766	CARINAL RECONSTRUCTION	10/1/2010	12/31/2382	1
PRA	31770	BRONCHOPLASTY; GRAFT REPAIR	10/1/2010	12/31/2382	2
PRA	31775	BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS	10/1/2010	12/31/2382	1
PRA	31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	10/1/2010	12/31/2382	1
PRA	31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC	10/1/2010	12/31/2382	1
PRA	31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	10/1/2010	12/31/2382	1
PRA	31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC	10/1/2010	12/31/2382	1
PRA	31800	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; CERVICAL	10/1/2010	12/31/2382	1
PRA	31805	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; INTRATHORACIC	10/1/2010	12/31/2382	1
PRA	31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR	10/1/2010	12/31/2382	1
PRA	31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR	10/1/2010	12/31/2382	1
PRA	31830	REVISION OF TRACHEOSTOMY SCAR	10/1/2010	12/31/2382	1
PRA	31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI	4/1/2018	12/31/2382	1
PRA	32035	THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA	4/1/2013	12/31/2382	1
PRA	32036	THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA	4/1/2013	12/31/2382	1
PRA	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S), UNILATERAL	1/1/2012	12/31/2382	1
PRA	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES), UNILATERAL	1/1/2012	12/31/2382	1
PRA	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLEURA	1/1/2012	12/31/2382	1
PRA	32100	THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY	10/1/2010	12/31/2382	1
PRA	32110	THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR OF LUNG TEAR	1/1/2012	12/31/2382	1
PRA	32120	THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS	10/1/2010	12/31/2382	1
PRA	32124	THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	32140	THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL, WITH OR WITHOUT A PLEURAL PROCEDURE	10/1/2010	12/31/2382	1
PRA	32141	THORACOTOMY, MAJOR; WITH EXCISION-PLICATION OF BULLAE, WITH OR WITHOUT ANY PLEURAL PROCEDURE	10/1/2010	12/31/2382	1
PRA	32150	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT	10/1/2010	12/31/2382	1
PRA	32151	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY	10/1/2010	12/31/2382	1
PRA	32160	THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE	10/1/2010	12/31/2382	1
PRA	32200	PNEUMONOSTOMY, WITH OPEN DRAINAGE OF ABSCESS OR CYST	10/1/2010	12/31/2382	2
PRA	32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	4/1/2013	12/31/2382	1
PRA	32220	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); TOTAL	4/1/2013	12/31/2382	1
PRA	32225	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); PARTIAL	4/1/2013	12/31/2382	1
PRA	32310	PLEURECTOMY; PARIETAL (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	32320	DECORTICATION AND PARIETAL PLEURECTOMY	1/1/2012	12/31/2382	1
PRA	32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE	10/1/2010	12/31/2382	2
PRA	32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	10/1/2010	12/31/2382	2
PRA	32440	PNEUMONECTOMY, TOTAL	10/1/2010	12/31/2382	1
PRA	32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;WITH RESECTION OF SEGMENT OF TRACHEA FOLLOWED BY BRONCHO-TRACHEAL ANASTOM	10/1/2010	12/31/2382	1
PRA	32445	PNEUMONECTOMY, EXTRAPLEURAL; WITHOUT EMPYEMECTOMY	10/1/2010	12/31/2382	1
PRA	32480	LOBECTOMY, TOTAL OR SEGMENTAL;	1/1/2012	12/31/2382	1
PRA	32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOMY)	10/1/2010	12/31/2382	1
PRA	32484	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECTOMY)	10/1/2010	12/31/2382	2
PRA	32486	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;WITH CIRCUMFERENTIAL RESECTION OF SEGMENT OF BRONCHUS FOLLOWED	10/1/2010	12/31/2382	1
PRA	32488	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;ALL REMAINING LUNG FOLLOWING PREVIOUS REMOVAL OF A PORTION	10/1/2010	12/31/2382	1
PRA	32491	EXCISION-PLICATION OF EMPHYSEMATOUS LUNG(S) (BULLOUS OR NON-BULLOUS) FOR LUNG VOLUME REDUCTION, STERNAL SPLIT	1/1/2012	12/31/2382	1
PRA	32501	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHO- PLASTY)WHEN PERFORMED AT TIME OF LOBECTOMY OR SEGMENTEC	10/1/2010	12/31/2382	1
PRA	32503	RESECTION OF APICAL LUNG TUMOR, INCLUDING CHEST WALL RESECTION, RIBS RESECTIONS, NEUROVASCULAR DISSECTION,	1/1/2012	12/31/2382	1
PRA	32504	RESECTION OF APICAL LUNG TUMOR, INCLUDING CHEST WALL RESECTION, RIBS RESECTIONS, NEUROVASCULAR DISSECTION,	1/1/2012	12/31/2382	1
PRA	32505	THORACOTOMY, WITH THERAPEUTIC WEDGE RESECTION, INITIAL	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	32506	THORACOTOMY, WITH THERAPEUTIC WEDGE RESECTION, EACH ADDITIONAL RESECTION, IPSILATERAL	1/1/2012	12/31/2382	3
PRA	32507	THORACOTOMY, WITH THERAPEUTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION	7/1/2013	12/31/2382	2
PRA	32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY);	10/1/2010	12/31/2382	1
PRA	32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	10/1/2010	12/31/2382	2
PRA	32551	TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABCESS, HEMOTHORAX, EMPYEMA), WHEN PERFORMED	7/1/2015	12/31/2382	2
PRA	32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	4/1/2012	12/31/2382	2
PRA	32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUT	7/1/2012	12/31/2382	1
PRA	32554	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT IMAGING GUIDANCE	7/1/2015	12/31/2382	2
PRA	32555	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITH IMAGING GUIDANCE	7/1/2015	12/31/2382	2
PRA	32556	PLURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITHOUT IMAGING GUIDANCE	7/1/2015	12/31/2382	2
PRA	32557	PLURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITH IMAGING GUIDANCE	7/1/2015	12/31/2382	2
PRA	32560	INSTILLATION, VIA CHEST TUBE/CATHETER, AGENT FOR PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)	7/1/2012	12/31/2382	1
PRA	32561	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOYTIC AGENT FOR BREAK UP OF MULTI	7/1/2012	12/31/2382	1
PRA	32562	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOYTIC AGENT FOR BREAK UP OF MULTI	7/1/2012	12/31/2382	1
PRA	32601	THORACOSCOPY, DIAGNOSTIC(SEPARATE PROCEDURE);LUNGS AND PLEURAL SPACE, WITHOUT BIOPSY	10/1/2010	12/31/2382	1
PRA	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITH BIOPSY	10/1/2010	12/31/2382	1
PRA	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH BIOPSY	10/1/2010	12/31/2382	1
PRA	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S), UNILATERAL	1/1/2012	12/31/2382	1
PRA	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES), UNILATERAL	1/1/2012	12/31/2382	1
PRA	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA	1/1/2012	12/31/2382	1
PRA	32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS, ANY METHOD	4/1/2013	12/31/2382	1
PRA	32651	THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	4/1/2013	12/31/2382	1
PRA	32652	THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTRAPLEURAL PNEUMONOLYSIS	4/1/2013	12/31/2382	1
PRA	32653	THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT	10/1/2010	12/31/2382	1
PRA	32654	THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE	4/1/2013	12/31/2382	1
PRA	32655	THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, INCLUDING ANY PLEURAL PROCEDURE	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	32656	THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	4/1/2013	12/31/2382	1
PRA	32658	THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDIAL SAC	10/1/2010	12/31/2382	1
PRA	32659	THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION OF PERICARDIAL SAC FOR DRAINAGE	10/1/2010	12/31/2382	1
PRA	32661	THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS	10/1/2010	12/31/2382	1
PRA	32662	THORACOSCOPY, SURGICAL; WITH EXISION OF MEDIASTINAL CYST, TUMOR, OR MASS	10/1/2010	12/31/2382	1
PRA	32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL	1/1/2012	12/31/2382	1
PRA	32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	1/1/2012	12/31/2382	1
PRA	32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	10/1/2010	12/31/2382	1
PRA	32666	THORACOSCOPY, SURGICAL; THERAPEUTIC WEDGE RESECTION, INITIAL UNILATERAL	1/1/2012	12/31/2382	1
PRA	32667	THORACOSCOPY, SURGICAL; THERAPEUTIC WEDGE RESECTION, EACH ADDITIONAL RESECTION, IPSILATERAL	1/1/2012	12/31/2382	3
PRA	32668	THORACOSCOPY, SURGICAL; THERAPEUTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION	7/1/2013	12/31/2382	2
PRA	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL OF A SINGLE LUNG SEGMENT	7/1/2013	12/31/2382	2
PRA	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL OF TWO LOBES	1/1/2012	12/31/2382	1
PRA	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL OF LUNG	1/1/2012	12/31/2382	1
PRA	32672	THORACOSCOPY, SURGICAL; WITH RESECTION-PILCATION FOR EMPHYSEMATOUS LUNG FOR VOLUME	1/1/2012	12/31/2382	1
PRA	32673	THORACOSCOPY, SURGICAL; WITH RESECTION OF THYMUS, UNILATERAL OR BILATERAL	1/1/2012	12/31/2382	1
PRA	32674	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY	1/1/2012	12/31/2382	1
PRA	32701	THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC BODY RADIATION THERAPY, ENTIRE COURSE OF TREATMENT	1/1/2013	12/31/2382	1
PRA	32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	10/1/2010	12/31/2382	1
PRA	32810	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT TYPE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	10/1/2010	12/31/2382	1
PRA	32820	MAJOR RECONSTRUCTION, CHEST WALL (POST-TRAUMATIC)	10/1/2010	12/31/2382	1
PRA	32850	DONOR PNEUMONECTOMY(IES) WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT (CADAVER)	10/1/2010	12/31/2382	1
PRA	32851	LUNG TANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	32855	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION	10/1/2010	12/31/2382	1
PRA	32856	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION	10/1/2010	12/31/2382	1
PRA	32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	10/1/2010	12/31/2382	1
PRA	32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	10/1/2010	12/31/2382	1
PRA	32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE OF BRONCHOPLEURAL FISTULA	10/1/2010	12/31/2382	1
PRA	32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES	10/1/2010	12/31/2382	1
PRA	32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	10/1/2010	12/31/2382	1
PRA	32994	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE PULMONARY TUMOR(S) INCLUDING PLEURA OR CHEST WALL WHEN INVOLVED BY TUMOR EXTENSION, PERCUTANEOUS, INCLUDING IMAGING GUIDANCE WHEN PERFORMED, UNILATERAL; CRYOABLATIO	1/1/2018	12/31/2382	1
PRA	32997	TOTAL LUNG LAVAGE (UNILATERAL)	7/1/2013	12/31/2382	1
PRA	32998	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF ONE OR MORE PULMONARY TUMOR(S) INCLUDING PLEURA OR CHEST WALL	7/1/2013	12/31/2382	1
PRA	32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	4/1/2018	12/31/2382	1
PRA	33020	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)	10/1/2010	12/31/2382	1
PRA	33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	10/1/2010	12/31/2382	1
PRA	33030	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33031	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33050	EXCISION OF PERICARDIAL CYST OR TUMOR	10/1/2010	12/31/2382	1
PRA	33120	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33130	RESECTION OF EXTERNAL CARDIAC TUMOR	10/1/2010	12/31/2382	1
PRA	33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE TIME OF OTHER OPEN CARDIAC PROCEDURE	10/1/2010	12/31/2382	1
PRA	33202	INSERTION OF EPICARDIAL ELECTRODE(S); OPEN INCISION (EG, THORACOTOMY, MEDIAN STERNOTOMY)	10/1/2010	12/31/2382	1
PRA	33203	INSERTION OF EPICARDIAL ELECTRODE(S); ENDOSCOPIC APPROACH (EG, THORACOSCOPY, PERICARDIOSCOPY)	10/1/2010	12/31/2382	1
PRA	33206	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL	10/1/2010	12/31/2382	1
PRA	33207	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); VENTRICULAR	10/1/2010	12/31/2382	1
PRA	33208	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); AV SEQUENTIAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	33210	INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING ELECTRODES (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	33212	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR OR AUTOMATIC IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULS	10/1/2010	12/31/2382	1
PRA	33213	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER	10/1/2010	12/31/2382	1
PRA	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO DUAL CHAMBER SYSTEM (INCLUDES RE	10/1/2010	12/31/2382	1
PRA	33215	REPOSITIONING OF PREVIOUSLY IMPLANTED TRANSVENOUS PACEMAKER OR PACING CARDIOVERTER-DEFIBRILLATOR (RIGHT ATRIAL	10/1/2010	12/31/2382	2
PRA	33216	INSERTION OF A SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR CARDIOVERTER-DEFIBRILLATOR	10/1/2010	12/31/2382	1
PRA	33217	INSERTION OF 2 TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR CARDIOVERTER-DEFIBRILLATOR	10/1/2010	12/31/2382	1
PRA	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRODE FOR A SINGLE CHAMBER, PERMANENT	10/1/2010	12/31/2382	1
PRA	33220	REPAIR OF TWO TRANSVENOUS ELECTRODES FOR A DUAL CHAMBER PERMANENT PACEMAKER OR	10/1/2010	12/31/2382	1
PRA	33221	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	1/1/2012	12/31/2382	1
PRA	33222	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER OR AUTOMATIC IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR	10/1/2010	12/31/2382	1
PRA	33223	REVISION OF SKIN POCKET FOR CARDIOVERTER-DEFIBRILLATOR	10/1/2010	12/31/2382	1
PRA	33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, WITH ATTACHMENT TO PREVIOUS	10/1/2010	12/31/2382	1
PRA	33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, AT TIME OF INSERTION OF PAC	10/1/2010	12/31/2382	1
PRA	33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT VENTRICULAR) ELECTRODE (INCLUDING REMOVAL,	10/1/2010	12/31/2382	1
PRA	33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; SINGLE LEAD	1/1/2012	12/31/2382	1
PRA	33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; DUAL LEAD	1/1/2012	12/31/2382	1
PRA	33229	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; MULTIPLE LEAD	1/1/2012	12/31/2382	1
PRA	33230	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING DUAL LEADS	1/1/2012	12/31/2382	1
PRA	33231	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	1/1/2012	12/31/2382	1
PRA	33233	REMOVAL OF PERMANENT PACEMAKER; PULSE GENERATOR ONLY	10/1/2010	12/31/2382	1
PRA	33234	REMOVAL OF TRANSVENOUS PACEMAKER AND ELECTRODE(S); SINGLE LEAD SYSTEM, ATRIAL OR VENTRICULAR	10/1/2010	12/31/2382	1
PRA	33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM	10/1/2010	12/31/2382	1
PRA	33236	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODEBY THORACOTOMY;SINGLE LEAD SYSTEM, ATRIAL OR VENTRICULA	10/1/2010	12/31/2382	1
PRA	33237	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODESBY THORACOTOMY;DUAL LEAD SYSTEM	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	33238	REMOVAL OF PERMASNENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY	10/1/2010	12/31/2382	1
PRA	33240	INSERION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY	10/1/2010	12/31/2382	1
PRA	33241	REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY	10/1/2010	12/31/2382	1
PRA	33243	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	10/1/2010	12/31/2382	1
PRA	33244	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	10/1/2010	12/31/2382	1
PRA	33249	INSERTION OR REPOSITIONING OF ELECTRODE LEAD(S) FOR SINGLE OR DUAL CHAMBER	10/1/2010	12/31/2382	1
PRA	33250	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLFF-PARKINSON-WHITE, A-V NODE RE	10/1/2010	12/31/2382	1
PRA	33251	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLFF-PARKINSON-WHITE, A-V NODE RE	10/1/2010	12/31/2382	1
PRA	33254	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIED MAZE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	33255	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE), WITHOUT CARDIO	10/1/2010	12/31/2382	1
PRA	33256	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE), WITH CARDIOPULMONARY	10/1/2010	12/31/2382	1
PRA	33257	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC	10/1/2010	12/31/2382	1
PRA	33258	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC	10/1/2010	12/31/2382	1
PRA	33259	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC	10/1/2010	12/31/2382	1
PRA	33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33262	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRIL	1/1/2012	12/31/2382	1
PRA	33263	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRIL	1/1/2012	12/31/2382	1
PRA	33264	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRIL	1/1/2012	12/31/2382	1
PRA	33265	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED, WITHOUT CARDIOPULMONARY	10/1/2010	12/31/2382	1
PRA	33266	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE, WITHOUT CARDIOPULMONAR	10/1/2010	12/31/2382	1
PRA	33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH SUBCUTANEOUS ELECTRO	1/1/2015	12/31/2382	1
PRA	33271	INSERTION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE	1/1/2015	12/31/2382	1
PRA	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE	1/1/2015	12/31/2382	1
PRA	33273	REPOSITIONING OF PREVIOUSLY IMPLANTED SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE	1/1/2015	12/31/2382	1
PRA	33274	INSERTION OR REPLACEMENT OF PERMANENT LEADLESS PACEMAKER INTO LOWER RIGHT CHAMBER OF HEART VIA CATHETER USING IMAGING GUIDANCE	1/1/2019	12/31/2382	1
PRA	33275	REMOVAL OF PERMANENT LEADLESS PACEMAKER INTO LOWER RIGHT CHAMBER OF HEART VIA CATHETER USING IMAGING GUIDANCE	1/1/2019	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	33285	INSERTION OF HEART RHYTHM MONITOR UNDER SKIN	1/1/2019	12/31/2382	1
PRA	33286	REMOVAL OF HEART RHYTHM MONITOR FROM UNDER SKIN	1/1/2019	12/31/2382	1
PRA	33289	INSERTION OF WIRELESS PRESSURE SENSOR INTO LUNG ARTERY VIA CATHETER	1/1/2019	12/31/2382	1
PRA	33300	REPAIR OF CARDIAC WOUND; WITHOUT BYPASS	10/1/2010	12/31/2382	1
PRA	33305	REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33310	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITHOUT BYPASS	10/1/2010	12/31/2382	1
PRA	33315	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS	10/1/2010	12/31/2382	1
PRA	33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	10/1/2010	12/31/2382	1
PRA	33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33330	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT BYPASS	10/1/2010	12/31/2382	1
PRA	33335	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33340	REPAIR OF LEFT UPPER HEART	1/1/2017	12/31/2382	1
PRA	33361	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; PERCUTANEOUS FEMORAL ARTERY APPROACH	1/1/2013	12/31/2382	1
PRA	33362	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; OPEN FEMORAL ARTERY APPROACH	1/1/2013	12/31/2382	1
PRA	33363	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; OPEN AXILLARY ARTERY APPROACH	1/1/2013	12/31/2382	1
PRA	33364	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH	1/1/2013	12/31/2382	1
PRA	33365	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; TRANSAORTIC APPROACH	1/1/2013	12/31/2382	1
PRA	33366	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; TRANSAPICAL EXPOSURE	1/1/2014	12/31/2382	1
PRA	33367	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; CARDIOPULMONARY BYPASS SUPPORT WITH PERCUTANEOUS	1/1/2013	12/31/2382	1
PRA	33368	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; CARDIOPULMONARY BYPASS SUPPORT WITH OPEN	1/1/2013	12/31/2382	1
PRA	33369	TRANSCATHETER AORTIC VALVE REPLACEMENT WITH PROSTHETIC VALVE; CARDIOPULMONARY BYPASS SUPPORT WITH CENTRAL	1/1/2013	12/31/2382	1
PRA	33390	SIMPLE REPAIR OF AORTIC VALVE BY OPEN PROCEDURE ON HEART-LUNG MACHINE	1/1/2017	12/31/2382	1
PRA	33391	COMPLEX REPAIR OF AORTIC VALVE BY OPEN PROCEDURE ON HEART-LUNG MACHINE	1/1/2017	12/31/2382	1
PRA	33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT	10/1/2010	12/31/2382	1
PRA	33405	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	33406	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH HOMOGRAFT VALVE (FREEHAND)	10/1/2010	12/31/2382	1
PRA	33410	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE VALVE	10/1/2010	12/31/2382	1
PRA	33411	REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONARY CUSP	10/1/2010	12/31/2382	1
PRA	33412	REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT (KONNO PROCEDURE)	10/1/2010	12/31/2382	1
PRA	33413	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE WITH HOMOGRAFT REPLACEMENT OF PULM	10/1/2010	12/31/2382	1
PRA	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT OF THE OUTFLOW TRACT	10/1/2010	12/31/2382	1
PRA	33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC STENOSIS	10/1/2010	12/31/2382	1
PRA	33416	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS (EG, ASYMMETRIC SEPTAL HYPERTROPH)	10/1/2010	12/31/2382	1
PRA	33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	10/1/2010	12/31/2382	1
PRA	33418	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED;	1/1/2015	12/31/2382	1
PRA	33419	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED;	1/1/2015	12/31/2382	1
PRA	33420	VALVOTOMY, MITRAL VALVE (COMMISSUROTOMY); CLOSED	10/1/2010	12/31/2382	1
PRA	33422	VALVOTOMY, MITRAL VALVE (COMMISSUROTOMY); OPEN, WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;	10/1/2010	12/31/2382	1
PRA	33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING	10/1/2010	12/31/2382	1
PRA	33427	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL RECONSTRUCTION WITH OR WITHOUT RING	10/1/2010	12/31/2382	1
PRA	33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33440	REPLACEMENT OF AORTIC VALVE BY TRANSLOCATION OF PULMONARY VALVE, REPLACEMENT OF PULMONARY VALVE WITH CONDUIT, AND ENLARGEMENT OF OUTFLOW TRACT FROM LEFT LOWER CHAMBER OF HEART	1/1/2019	12/31/2382	1
PRA	33460	VALVULOPLASTY OR VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS;	10/1/2010	12/31/2382	1
PRA	33463	VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION	10/1/2010	12/31/2382	1
PRA	33464	VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION	10/1/2010	12/31/2382	1
PRA	33465	VALVULOPLASTY OR VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS; REPLACEMENT	10/1/2010	12/31/2382	1
PRA	33468	TRICUSPID VALVE REPOSITIONING AND PPLICATION FOR EBSTEIN ANOMALY	10/1/2010	12/31/2382	1
PRA	33470	VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY); CLOSED (TRANSVENTRICULAR)	10/1/2010	12/31/2382	1
PRA	33471	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; VIA PULMONARY ARTERY	10/1/2010	12/31/2382	1
PRA	33474	VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY); OPEN, WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	33475	REPLACEMENT, PULMONARY VALVE	10/1/2010	12/31/2382	1
PRA	33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT COMMISSUROTOMY	10/1/2010	12/31/2382	1
PRA	33477	TRANSCATHETER PULMONARY VALVE IMPLANTATION, PERCUTANEOUS APPROACH, INCLUDING PRE-STENTING OF VALVE	1/1/2016	12/31/2382	1
PRA	33478	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR INFUNDIBULAR RESECTION	10/1/2010	12/31/2382	1
PRA	33496	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY BYPASS (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	33500	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITH CARDIO-PULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITHOUT CARDIO-PULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33502	ANOMALOUS CORONARY ARTERY; LIGATION	10/1/2010	12/31/2382	1
PRA	33503	ANOMALOUS CORONARY ARTERY; GRAFT, WITHOUT CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33504	ANOMALOUS CORONARY ARTERY; GRAFT, WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33505	REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI PROCEDURE)	10/1/2010	12/31/2382	1
PRA	33506	REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY ARTERY TO AORTA	10/1/2010	12/31/2382	1
PRA	33507	REPAIR OF ANOMALOUS AORTIC ORIGIN OF CORONARY ARTERY BY UNROOFING OR TRANSLOCATION	10/1/2010	12/31/2382	1
PRA	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OR VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE (LIST	10/1/2010	12/31/2382	1
PRA	33510	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT	10/1/2010	12/31/2382	1
PRA	33511	CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS	10/1/2010	12/31/2382	1
PRA	33512	CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS	10/1/2010	12/31/2382	1
PRA	33513	CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS	10/1/2010	12/31/2382	1
PRA	33514	CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS	10/1/2010	12/31/2382	1
PRA	33516	CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS	10/1/2010	12/31/2382	1
PRA	33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN GRAFT (LIST SEPARATELY IN ADD	10/1/2010	12/31/2382	1
PRA	33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS (LIST SEPARATELY IN ADD	10/1/2010	12/31/2382	1
PRA	33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOUS GRAFTS (LIST SEPARATELY IN A	10/1/2010	12/31/2382	1
PRA	33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR VENOUS GRAFTS (LIST SEPARATELY IN AD	10/1/2010	12/31/2382	1
PRA	33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FIVE VENOUS GRAFTS (LIST SEPARATELY IN AD	10/1/2010	12/31/2382	1
PRA	33523	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SIX OR MORE VENOUS GRAFTS (LIST SEPARATEL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	33530	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION	10/1/2010	12/31/2382	1
PRA	33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	10/1/2010	12/31/2382	1
PRA	33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAFTS	10/1/2010	12/31/2382	1
PRA	33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL GRAFTS	10/1/2010	12/31/2382	1
PRA	33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY ARTERIAL GRAFTS	10/1/2010	12/31/2382	1
PRA	33542	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	10/1/2010	12/31/2382	1
PRA	33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCARDIAL RESECTION	10/1/2010	12/31/2382	1
PRA	33548	SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WHEN PERFORMED	10/1/2010	12/31/2382	1
PRA	33572	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORONARY ARTERY	10/1/2010	12/31/2382	3
PRA	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID)BY SUTURE OR PATCH	1/1/2012	12/31/2382	1
PRA	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH	1/1/2012	12/31/2382	1
PRA	33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)	10/1/2010	12/31/2382	1
PRA	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT BY CONTRUCTION	10/1/2010	12/31/2382	1
PRA	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES(EG.SINGLE VENTRICLEWITH SUBAORTIC OBSTRUCTION)BY SURGICAL ENLARGEMENT OF	10/1/2010	12/31/2382	1
PRA	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR;	10/1/2010	12/31/2382	1
PRA	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR;WITH REPAIR OF RIGHT VENTRICULAR	10/1/2010	12/31/2382	1
PRA	33615	REPAIR OF COMPLEXCARDIAC ANOMALIES BY CLOSURE OFATRIAL-SEPTAL DEFECT AND ANASTOMOSIS OF ATRIA OR VENA CAVA TO	10/1/2010	12/31/2382	1
PRA	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG. SINGLE VENTRICLE) BY MODIFIED FONTAN PROCEDURE	10/1/2010	12/31/2382	1
PRA	33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH HYPOPLASIA	10/1/2010	12/31/2382	1
PRA	33620	APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS (EG HYBRID APPROACH STAGE1)	4/1/2011	12/31/2382	1
PRA	33621	TRANSTHORACIC INSERTION OF CATHETER FOR STENT PLACEMENT WITH CATHETER REMOVAL AND CLOSURE (EG, HYBRID APPROACH	4/1/2011	12/31/2382	1
PRA	33622	RECONSTRUCTION OF COMPLEX CARDIAC ANOMALY (EG. SINGLE VENTRICLE OR HYPOPLASTICLEFT HEART) WITH PALLIATION	4/1/2011	12/31/2382	1
PRA	33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT PATCH	10/1/2010	12/31/2382	1
PRA	33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY VENOUS DRAINAGE	10/1/2010	12/31/2382	1
PRA	33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR PATCH CLOSURE	10/1/2010	12/31/2382	1
PRA	33660	PATCH CLOSURE, ENDOCARDIAL CUSHION DEFECT, WITH OR WITHOUT REPAIR OF MITRAL AND/OR TRICUSPID CLEFT;	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	33665	PATCH CLOSURE, ENDOCARDIAL CUSHION DEFECT, WITH OR WITHOUT REPAIR OF MITRAL AND/OR TRICUSPID CLEFT; WITH REPAI	1/1/2012	12/31/2382	1
PRA	33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE	1/1/2012	12/31/2382	1
PRA	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS	10/1/2010	12/31/2382	1
PRA	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION	4/1/2012	12/31/2382	1
PRA	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY ARTERY BAND. WITH OR WITHOUT GUSSET	4/1/2012	12/31/2382	1
PRA	33681	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH	10/1/2010	12/31/2382	1
PRA	33684	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION	10/1/2010	12/31/2382	1
PRA	33688	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WIT	10/1/2010	12/31/2382	1
PRA	33690	BANDING OF PULMONARY ARTERY	10/1/2010	12/31/2382	1
PRA	33692	COMPLETE REPAIR TETRALOGY OF FALLOT;	10/1/2010	12/31/2382	1
PRA	33694	COMPLETE REPAIR TETRALOGY OF FALLOT; WITH TRANSANNULAR PATCH	10/1/2010	12/31/2382	1
PRA	33697	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONSTRUCTION OF CONDUIT FROM RIGHT VENTRI	10/1/2010	12/31/2382	1
PRA	33702	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;	10/1/2010	12/31/2382	1
PRA	33710	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH REPAIR OF VENTRICULAR SEPTAL DEFECT	10/1/2010	12/31/2382	1
PRA	33720	REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	10/1/2010	12/31/2382	1
PRA	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN (EG, SCIMITAR SYNDROME)	10/1/2010	12/31/2382	1
PRA	33726	REPAIR OF PULMONARY VENOUS STENOSIS	4/1/2012	12/31/2382	1
PRA	33730	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR INFRACARDIAC TYPES)	10/1/2010	12/31/2382	1
PRA	33732	REPAIR OF COR TRIATIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT ATRIAL MEMBRANE	10/1/2010	12/31/2382	1
PRA	33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED (BLALOCK-HANLON TYPE OPERATION)	10/1/2010	12/31/2382	1
PRA	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN, WITH INFLOW OCCLUSION	10/1/2010	12/31/2382	1
PRA	33750	SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)	10/1/2010	12/31/2382	1
PRA	33755	SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)	10/1/2010	12/31/2382	1
PRA	33762	SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	33764	SHUNT; CENTRAL, WITH PROSTHETIC GRAFT	10/1/2010	12/31/2382	1
PRA	33766	SHUNT; VENA CAVA TO PULMONARY ARTERY (GLENN TYPE OPERATION)	10/1/2010	12/31/2382	1
PRA	33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIRECTIONAL GLENN PROCEDURE)	10/1/2010	12/31/2382	1
PRA	33768	ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA	10/1/2010	12/31/2382	1
PRA	33770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT AND SUBPULMONARY STENOSIS;	10/1/2010	12/31/2382	1
PRA	33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES...; WITH SURGICAL ENLARGEMENT OF VENTRICULAR SEPTAL DEFECT	10/1/2010	12/31/2382	1
PRA	33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARD	10/1/2010	12/31/2382	1
PRA	33775	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARD	10/1/2010	12/31/2382	1
PRA	33776	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARD	10/1/2010	12/31/2382	1
PRA	33777	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH CARD	10/1/2010	12/31/2382	1
PRA	33778	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE);	10/1/2010	12/31/2382	1
PRA	33779	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH	10/1/2010	12/31/2382	1
PRA	33780	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH	10/1/2010	12/31/2382	1
PRA	33781	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH	10/1/2010	12/31/2382	1
PRA	33782	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS REPAIR (IE, NIKAI DOH PROC	7/1/2012	12/31/2382	1
PRA	33783	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS REPAIR (IE, NIKAI DOH PROC	7/1/2012	12/31/2382	1
PRA	33786	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	10/1/2010	12/31/2382	1
PRA	33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY	10/1/2010	12/31/2382	1
PRA	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEOMALACIA) (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING);	10/1/2010	12/31/2382	1
PRA	33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS	10/1/2010	12/31/2382	1
PRA	33813	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33814	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33820	PATENT DUCTUS ARTERIOSUS; LIGATION (PRIMARY PROCEDURE)	10/1/2010	12/31/2382	1
PRA	33822	PATENT DUCTUS ARTERIOSUS; DIVISION, UNDER 18 YEARS	10/1/2010	12/31/2382	1
PRA	33824	PATENT DUCTUS ARTERIOSUS; DIVISION, 18 YEARS AND OLDER	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	33840	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; WITH DIRECT ANASTOMOSIS	10/1/2010	12/31/2382	1
PRA	33845	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; WITH GRAFT	10/1/2010	12/31/2382	1
PRA	33851	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; REPAIR USING EITHER LEF	10/1/2010	12/31/2382	1
PRA	33852	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; REPAIR OF HYPOPLASTIC O	10/1/2010	12/31/2382	1
PRA	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC MATERIAL; WITH CARDIOPULMONARY	10/1/2010	12/31/2382	1
PRA	33863	ASCENDING AORTA GRAFT-...;WITH AORTIC ROOT REPLACEMENT USING COMPOSITE PROSTHESIS AND CORONARY RECONSTRUCTION	10/1/2010	12/31/2382	1
PRA	33864	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION, WITH CORONARY RECONSTRUCTION	10/1/2010	12/31/2382	1
PRA	33866	GRAFT TO HALF OF AORTIC ARTERY ARCH	1/1/2019	12/31/2382	1
PRA	33875	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	10/1/2010	12/31/2382	1
PRA	33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33880	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; INVOLVING COVERAGE OF LEFT SUBCLAVIN ARTERY ORIGIN, INITIAL	10/1/2010	12/31/2382	1
PRA	33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; NOT INVOLVING COVERAGE OF LEFT SUBCLAVIN ARTERY ORIGIN,	10/1/2010	12/31/2382	1
PRA	33883	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; INITIAL EXTEN	10/1/2010	12/31/2382	1
PRA	33884	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; EACH ADDITION	7/1/2015	12/31/2382	2
PRA	33886	PLACEMENT OF DISTAL EXTENSION PROSTHESIS DELAYED AFTER ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA	10/1/2010	12/31/2382	1
PRA	33889	OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION WITH ENDOVASCULAR REPAIR OF	10/1/2010	12/31/2382	1
PRA	33891	BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-CAROTID, PERFORMED IN CONJUNCTION	10/1/2010	12/31/2382	1
PRA	33910	PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33915	PULMONARY ARTERY EMBOLECTOMY; WITHOUT BYPASS	10/1/2010	12/31/2382	1
PRA	33916	PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT	10/1/2010	12/31/2382	1
PRA	33920	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONTRUCTION OR REPLACEMENT OF CONDUIT FROM RIGH	10/1/2010	12/31/2382	1
PRA	33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33924	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN CONJUNCTION WITH A CONGENITAL HEAR	10/1/2010	12/31/2382	1
PRA	33925	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITHOUT CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1
PRA	33926	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITH CARDIOPULMONARY BYPASS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	33927	IMPLANTATION OF A TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEART) WITH RECIPIENT CARDIECTOMY	1/1/2018	12/31/2382	1
PRA	33930	DONOR CARDIECTOMY-PNEUMONECTOMY, WITH PREPARATION AND MAINTENANCE OF HOMOGRAFT	10/1/2010	12/31/2382	1
PRA	33933	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART/LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSE	10/1/2010	12/31/2382	1
PRA	33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	10/1/2010	12/31/2382	1
PRA	33940	DONOR CARDIECTOMY, WITH PREPARATION AND MAINTENANCE OF HOMOGRAFT	10/1/2010	12/31/2382	1
PRA	33944	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION	10/1/2010	12/31/2382	1
PRA	33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	10/1/2010	12/31/2382	1
PRA	33946	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; INITIATION	1/1/2015	12/31/2382	1
PRA	33947	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; DAILY MANAGEMENT	1/1/2015	12/31/2382	1
PRA	33948	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; DAILY MANAGEMENT	1/1/2015	12/31/2382	1
PRA	33949	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; DAILY MANAGEMENT	1/1/2015	12/31/2382	1
PRA	33951	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; INSERTION OF	4/1/2015	12/31/2382	1
PRA	33952	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; INSERTION OF	4/1/2015	12/31/2382	1
PRA	33953	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; INSERTION OF	4/1/2015	12/31/2382	1
PRA	33954	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; INSERTION OF	4/1/2015	12/31/2382	1
PRA	33955	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; INSERTION OF	4/1/2015	12/31/2382	1
PRA	33956	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; INSERTION OF	4/1/2015	12/31/2382	1
PRA	33957	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REPOSITION PERIPHERAL	1/1/2015	12/31/2382	1
PRA	33958	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REPOSITION PERIPHERAL	1/1/2015	12/31/2382	1
PRA	33959	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REPOSITION PERIPHERAL	1/1/2015	12/31/2382	1
PRA	33962	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REPOSITION PERIPHERAL	1/1/2015	12/31/2382	1
PRA	33963	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REPOSITION OF CENTRAL	1/1/2015	12/31/2382	1
PRA	33964	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REPOSITION OF CENTRAL	1/1/2015	12/31/2382	1
PRA	33965	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REMOVAL OF PERIPHERAL	1/1/2015	12/31/2382	1
PRA	33966	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REMOVAL OF PERIPHERAL	1/1/2015	12/31/2382	1
PRA	33967	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	10/1/2010	12/31/2382	1
PRA	33969	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REMOVAL OF PERIPHERAL	1/1/2015	12/31/2382	1
PRA	33970	INTRA-AORTIC BALLOON COUNTERPULSATION; INSERTION ONLY	10/1/2010	12/31/2382	1
PRA	33971	INTRA-AORTIC BALLOON COUNTERPULSATION; REMOVAL OF BALLOON INCLUDING REPAIR OF ARTERY, WITH OR WITHOUT GRAFT	10/1/2010	12/31/2382	1
PRA	33973	INSERTION OF INTR-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA	10/1/2010	12/31/2382	1
PRA	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCENDING AORTA, INCLUDING REPAIR OF THE ASCENDING AORT	10/1/2010	12/31/2382	1
PRA	33975	IMPLANTATION OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT	10/1/2010	12/31/2382	1
PRA	33976	IMPLANTATION OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT	10/1/2010	12/31/2382	1
PRA	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT	10/1/2010	12/31/2382	1
PRA	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT	10/1/2010	12/31/2382	1
PRA	33979	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE	10/1/2010	12/31/2382	2
PRA	33980	REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE	10/1/2010	12/31/2382	2
PRA	33981	REPLACEMENT OF EXTRACORPOREAL VENTRICULAR ASSIST DEVICE, SINGLE OR BIVENTRICULAR, PUMP(S), SINGLE OR EACH PUMP	7/1/2012	12/31/2382	2
PRA	33982	REPLACEMENT OF VENTRICULAR ASSIST DEVICE, PUMP(S); IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE, WITHOUT	7/1/2012	12/31/2382	1
PRA	33983	REPLACEMENT OF VENTRICULAR ASSIST DEVICE, PUMP(S); IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE, WITH CARDIO	7/1/2012	12/31/2382	1
PRA	33984	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REMOVAL OF PERIPHERAL	1/1/2015	12/31/2382	1
PRA	33985	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REMOVAL OF CENTRAL	1/1/2015	12/31/2382	1
PRA	33986	EXTRACORPOREAL MEMBRANE OXYGENATION/EXTRACORPOREAL LIFE SUPPORT PROVIDED BY PHYSICIAN; REMOVAL OF CENTRAL	1/1/2015	12/31/2382	1
PRA	33987	ARTERIAL EXPOSURE WITH CREATION OF GRAFT CONDUIT TO FACILITATE ARTERIAL PERFUSION FOR ECMO/ECLS	1/1/2015	12/31/2382	1
PRA	33988	INSERTION OF LEFT HEART VENT BY THORACIC INCISION FOR ECMO/ECLS, INCISION OF LEFT HEART VENT	1/1/2015	12/31/2382	1
PRA	33989	REMOVAL OF LEFT HEART VENT BY THORACIC INCISION FOR ECMO/ECLS, REMOVAL OF LEFT HEART VENT	1/1/2015	12/31/2382	1
PRA	33990	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION;	1/1/2013	12/31/2382	1
PRA	33991	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION;	1/1/2013	12/31/2382	1
PRA	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE AT SEPERATE AND DISTINCT SESSION FROM INSERTION	1/1/2013	12/31/2382	1
PRA	33993	REPOSITIONING OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE WITH IMAGING GUIDANCE AT SEPERATE AND DISTINCT SESSION	1/1/2013	12/31/2382	1
PRA	33999	UNLISTED PROCEDURE, CARDIAC SURGERY	4/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	34001	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK INCIS	10/1/2010	12/31/2382	1
PRA	34051	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE, SUBCLAVIAN ARTERY, BY THORACIC INCISION	10/1/2010	12/31/2382	1
PRA	34101	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL, INNOMINATE, SUBCLAVIAN ARTERY, BY A	1/1/2012	12/31/2382	1
PRA	34111	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR ARTERY, BY ARM INCISION	10/1/2010	12/31/2382	2
PRA	34151	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC, MESENTERY, AORTOILIAC ARTERY, BY ABDOMIN	10/1/2018	12/31/2382	1
PRA	34201	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL, AORTOILIAC ARTERY, BY LEG INCISION	1/1/2012	12/31/2382	1
PRA	34203	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLITEAL-TIBIO-PERONEAL ARTERY, BY LEG INCISION	1/1/2012	12/31/2382	1
PRA	34401	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION	10/1/2010	12/31/2382	1
PRA	34421	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY LEG INCISION	1/1/2012	12/31/2382	1
PRA	34451	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY ABDOMINAL AND LEG INCISION	10/1/2010	12/31/2382	1
PRA	34471	THROMBECTOMY, DIRECT OR WITH CATHETER; SUBCLAVIAN VEIN, BY NECK INCISION	10/1/2010	12/31/2382	1
PRA	34490	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM INCISION	1/1/2012	12/31/2382	1
PRA	34501	VALVULOPLASTY, FEMORAL VEIN	1/1/2012	12/31/2382	1
PRA	34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	1/1/2012	12/31/2382	1
PRA	34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	10/1/2010	12/31/2382	2
PRA	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	10/1/2010	12/31/2382	1
PRA	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	1/1/2012	12/31/2382	1
PRA	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 A	1/1/2018	12/31/2382	1
PRA	34702	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	1/1/2018	12/31/2382	1
PRA	34703	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-UNI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATIONS,	1/1/2018	12/31/2382	1
PRA	34704	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-UNI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL	1/1/2018	12/31/2382	1
PRA	34705	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-BI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL	1/1/2018	12/31/2382	1
PRA	34706	ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-BI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL	1/1/2018	12/31/2382	1
PRA	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY BY DEPLOYMENT OF AN ILIO-ILIAC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND	1/1/2018	12/31/2382	1
PRA	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY BY DEPLOYMENT OF AN ILIO-ILIAC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL NONSELECTIVE CATHETERIZATION(S), ALL ASSOCIATED RADIOLOGICAL SUPERVISION	1/1/2018	12/31/2382	1
PRA	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES) DISTAL TO THE COMMON ILIAC ARTERY(IES) OR PROXIMAL TO THE RENAL ARTERY(IES) FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR ILIAC ANEURYSM, FALSE ANEURYSM, DISSECTION, PENETRATI	1/1/2018	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	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	1/1/2018	12/31/2382	1
PRA	34711	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-PR	1/1/2018	12/31/2382	2
PRA	34712	TRANSCATHETER DELIVERY OF ENHANCED FIXATION DEVICE(S) TO THE ENDOGRAFT (EG, ANCHOR, SCREW, TACK) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2018	12/31/2382	1
PRA	34713	PERCUTANEOUS ACCESS AND CLOSURE OF FEMORAL ARTERY FOR DELIVERY OF ENDOGRAFT THROUGH A LARGE SHEATH (12 FRENCH OR LARGER), INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY P	1/1/2018	12/31/2382	2
PRA	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT OF CARDIOPULMONARY BYPASS, BY GROIN INCISION, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED	1/1/2018	12/31/2382	2
PRA	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS BY INFRACLAVICULAR OR SUPRACLAVICULAR INCISION, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	1/1/2018	12/31/2382	2
PRA	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT OF CARDIOPULMONARY BYPASS, BY INFRACLAVICULAR OR SUPRACLAVICULAR INCISION, UNILATERAL	1/1/2018	12/31/2382	2
PRA	34808	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE	10/1/2010	12/31/2382	1
PRA	34812	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF AORTIC ENDOCVASCULAR PROSTHESIS, BY GROIN INCISION, UNILATERAL	10/1/2018	12/31/2382	1
PRA	34813	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORTIC ANEURYSM REPAIR	10/1/2010	12/31/2382	1
PRA	34820	OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR ILIAC OCCULSION DURING ENDOVASCULAR THER	10/1/2018	12/31/2382	1
PRA	34830	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, TUBE PROSTHESIS	10/1/2010	12/31/2382	1
PRA	34831	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, AORTO-BI-ILIAC PROSTHESIS	10/1/2010	12/31/2382	1
PRA	34832	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, AORTO-BIFEMORAL PROSTHESIS	10/1/2010	12/31/2382	1
PRA	34833	OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF INFRARENAL AORTIC OR ILIAC ENDOVASCULAR	10/1/2018	12/31/2382	1
PRA	34834	OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF INFRARENAL AORTIC OR ILIAC ENDOVASCULAR PROSTHESI	10/1/2018	12/31/2382	1
PRA	34839	PHYSICIAN PLANNING OF A PATIENT-SPECIFIC FENESTRATED VISCERAL AORTIC ENDOGRAFT REQUIRING A MINIMUM OF	1/1/2015	12/31/2382	1
PRA	34841	ENDOVASCULAR REPAIR OF VISCERAL AORTA BY DEPLOYMENT OF A FENESTRATED VISCERAL AORTIC ENDOGRAFT	1/1/2014	12/31/2382	1
PRA	34842	ENDOVASCULAR REPAIR OF VISCERAL AORTA BY DEPLOYMENT OF A FENESTRATED VISCERAL AORTIC ENDOGRAFT	1/1/2014	12/31/2382	1
PRA	34843	ENDOVASCULAR REPAIR OF VISCERAL AORTA BY DEPLOYMENT OF A FENESTRATED VISCERAL AORTIC ENDOGRAFT	1/1/2014	12/31/2382	1
PRA	34844	ENDOVASCULAR REPAIR OF VISCERAL AORTA BY DEPLOYMENT OF A FENESTRATED VISCERAL AORTIC ENDOGRAFT	1/1/2014	12/31/2382	1
PRA	34845	ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABSOMINAL AORTA WITH A FENESTRATED VISCERAL AORTIC	1/1/2014	12/31/2382	1
PRA	34846	ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABSOMINAL AORTA WITH A FENESTRATED VISCERAL AORTIC	1/1/2014	12/31/2382	1
PRA	34847	ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABSOMINAL AORTA WITH A FENESTRATED VISCERAL AORTIC	1/1/2014	12/31/2382	1
PRA	34848	ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABSOMINAL AORTA WITH A FENESTRATED VISCERAL AORTIC	1/1/2014	12/31/2382	1
PRA	35001	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	7/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	35002	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	7/1/2013	12/31/2382	1
PRA	35005	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	1/1/2012	12/31/2382	1
PRA	35011	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	1/1/2012	12/31/2382	1
PRA	35013	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	1/1/2012	12/31/2382	1
PRA	35021	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	1/1/2012	12/31/2382	1
PRA	35022	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	1/1/2012	12/31/2382	1
PRA	35045	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	10/1/2018	12/31/2382	1
PRA	35081	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	10/1/2010	12/31/2382	1
PRA	35082	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	10/1/2010	12/31/2382	1
PRA	35091	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	10/1/2010	12/31/2382	1
PRA	35092	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	10/1/2010	12/31/2382	1
PRA	35102	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	10/1/2010	12/31/2382	1
PRA	35103	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	10/1/2010	12/31/2382	1
PRA	35111	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	10/1/2010	12/31/2382	1
PRA	35112	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	10/1/2010	12/31/2382	1
PRA	35121	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	7/1/2015	12/31/2382	1
PRA	35122	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	10/1/2010	12/31/2382	1
PRA	35131	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	7/1/2013	12/31/2382	1
PRA	35132	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	4/1/2014	12/31/2382	1
PRA	35141	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	7/1/2013	12/31/2382	1
PRA	35142	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	4/1/2014	12/31/2382	1
PRA	35151	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	1/1/2012	12/31/2382	1
PRA	35152	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	1/1/2012	12/31/2382	1
PRA	35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK	10/1/2010	12/31/2382	2
PRA	35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	10/1/2010	12/31/2382	2
PRA	35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	10/1/2010	12/31/2382	2
PRA	35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	10/1/2010	12/31/2382	1
PRA	35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	10/1/2010	12/31/2382	2
PRA	35201	REPAIR BLOOD VESSEL, DIRECT; NECK	10/1/2010	12/31/2382	2
PRA	35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	10/1/2010	12/31/2382	2
PRA	35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	10/1/2010	12/31/2382	3
PRA	35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	10/1/2010	12/31/2382	3
PRA	35216	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS	7/1/2015	12/31/2382	2
PRA	35221	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	10/1/2010	12/31/2382	3
PRA	35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	10/1/2010	12/31/2382	3
PRA	35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	10/1/2010	12/31/2382	2
PRA	35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	10/1/2010	12/31/2382	2
PRA	35241	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS	10/1/2010	12/31/2382	2
PRA	35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	10/1/2010	12/31/2382	2
PRA	35251	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL	10/1/2010	12/31/2382	2
PRA	35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	10/1/2010	12/31/2382	2
PRA	35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	10/1/2010	12/31/2382	1
PRA	35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	10/1/2010	12/31/2382	2
PRA	35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS	10/1/2010	12/31/2382	2
PRA	35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPASS	10/1/2010	12/31/2382	2
PRA	35281	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL	10/1/2010	12/31/2382	2
PRA	35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY	10/1/2010	12/31/2382	2
PRA	35301	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; CAROTID, VERTEBRAL, SUBCLAVIAN, BY NECK INCISION	7/1/2012	12/31/2382	2
PRA	35302	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT; IF PERFORMED; SUPERFICIAL FEMORAL ARTERY	1/1/2012	12/31/2382	1
PRA	35303	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; POPLITEAL ARTERY	1/1/2012	12/31/2382	1
PRA	35304	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIOPERONEAL TRUNK ARTERY	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	35305	THROMBOENDARTERECTOMY,INCLUDING PATCH GRAFT, IF PERFORMED; TIBIAL OR PERONEAL ARTERY, INITIAL VESSEL	1/1/2012	12/31/2382	1
PRA	35306	THROMBOENDARTERECTOMY,INCLUDING PATCH GRAFT, IF PERFORMED; EACH ADDITIONAL TIBIAL OR PERONEAL ARTERY	10/1/2010	12/31/2382	2
PRA	35311	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVIAN, INNOMINATE, BY THORACIC INCISION	1/1/2012	12/31/2382	1
PRA	35321	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL	1/1/2012	12/31/2382	1
PRA	35331	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA	10/1/2010	12/31/2382	1
PRA	35341	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR RENAL	7/1/2012	12/31/2382	3
PRA	35351	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC	1/1/2012	12/31/2382	1
PRA	35355	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL	1/1/2012	12/31/2382	1
PRA	35361	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIAC	10/1/2010	12/31/2382	1
PRA	35363	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIOFEMORAL	10/1/2010	12/31/2382	1
PRA	35371	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON FEMORAL	1/1/2012	12/31/2382	1
PRA	35372	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FEMORAL	1/1/2012	12/31/2382	1
PRA	35390	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION	10/1/2013	12/31/2382	1
PRA	35400	ANGIOSCOPY (NON-CORONARY VESSELS OR GRAFTS) DURING THERAPEUTIC INTERVENTION (LIST SEPARATELY IN ADDITION T	10/1/2010	12/31/2382	1
PRA	35500	HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY BYPASS PROCEDURE	10/1/2010	12/31/2382	2
PRA	35501	BYPASS GRAFT, WITH VEIN; CAROTID	1/1/2012	12/31/2382	1
PRA	35506	BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN	10/1/2010	12/31/2382	1
PRA	35508	BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL	10/1/2010	12/31/2382	1
PRA	35509	BYPASS GRAFT, WITH VEIN; CAROTID-CAROTID	10/1/2010	12/31/2382	1
PRA	35510	BYPASS GRAFT, WITH VEIN; CAROTID BRACHIAL	10/1/2010	12/31/2382	1
PRA	35511	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN	10/1/2010	12/31/2382	1
PRA	35512	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN BRACHIAL	10/1/2010	12/31/2382	1
PRA	35515	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL	10/1/2010	12/31/2382	1
PRA	35516	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY	10/1/2010	12/31/2382	1
PRA	35518	BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY	10/1/2010	12/31/2382	1
PRA	35521	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	35522	BYPASS GRAFT, WITH VEIN; AXILLARY BRACHIAL	10/1/2010	12/31/2382	1
PRA	35523	BYBASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR RADIAL	1/1/2012	12/31/2382	1
PRA	35525	BYPASS GRAFT, WITH VEIN; BRACHIAL BRACHIAL	10/1/2010	12/31/2382	1
PRA	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN OR CAROTID	10/1/2010	12/31/2382	3
PRA	35531	BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC	10/1/2018	12/31/2382	1
PRA	35533	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL	10/1/2010	12/31/2382	1
PRA	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	1/1/2012	12/31/2382	1
PRA	35536	BYPASS GRAFT, WITH VEIN; SPLENORENAL	10/1/2010	12/31/2382	1
PRA	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	10/1/2010	12/31/2382	1
PRA	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	10/1/2010	12/31/2382	1
PRA	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	10/1/2010	12/31/2382	1
PRA	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	10/1/2010	12/31/2382	1
PRA	35556	BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL	1/1/2012	12/31/2382	1
PRA	35558	BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL	1/1/2012	12/31/2382	1
PRA	35560	BYPASS GRAFT, WITH VEIN; AORTORENAL	1/1/2012	12/31/2382	1
PRA	35563	BYPASS GRAFT, WITH VEIN; ILIOILIAC	1/1/2012	12/31/2382	1
PRA	35565	BYPASS GRAFT, WITH VEIN; ILIOFEMORAL	1/1/2012	12/31/2382	1
PRA	35566	BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEAL ARTERY OR OTHER DISTAL VESSELS	1/1/2012	12/31/2382	1
PRA	35570	BYPASS GRAFT, WITH VEIN;	7/1/2012	12/31/2382	2
PRA	35571	BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, -PERONEAL ARTERY OR OTHER DISTAL VESSELS	10/1/2018	12/31/2382	1
PRA	35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION PROCEDURE (EG, AORTIC, VENA CAVAL, C	10/1/2010	12/31/2382	2
PRA	35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	1/1/2012	12/31/2382	1
PRA	35585	IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	10/1/2010	12/31/2382	2
PRA	35587	IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL	10/1/2018	12/31/2382	1
PRA	35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS PROCEDURE	10/1/2010	12/31/2382	2
PRA	35601	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	10/1/2010	12/31/2382	1
PRA	35612	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN	10/1/2010	12/31/2382	1
PRA	35616	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY	10/1/2010	12/31/2382	1
PRA	35621	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL	1/1/2012	12/31/2382	1
PRA	35623	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	10/1/2010	12/31/2382	2
PRA	35626	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN OR CAROTID	10/1/2010	12/31/2382	3
PRA	35631	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, AORTORENAL	7/1/2014	12/31/2382	4
PRA	35632	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-CELIAC	1/1/2012	12/31/2382	1
PRA	35633	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-MESENERIC	1/1/2012	12/31/2382	1
PRA	35634	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIORENAL	1/1/2012	12/31/2382	1
PRA	35636	BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL	10/1/2010	12/31/2382	1
PRA	35637	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOILIAC	10/1/2010	12/31/2382	1
PRA	35638	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBI-ILIAC	10/1/2010	12/31/2382	1
PRA	35642	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL	10/1/2010	12/31/2382	1
PRA	35645	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL	10/1/2010	12/31/2382	1
PRA	35646	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL OR BIFEMORAL	10/1/2010	12/31/2382	1
PRA	35647	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	10/1/2010	12/31/2382	1
PRA	35650	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY	10/1/2010	12/31/2382	1
PRA	35654	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL	10/1/2010	12/31/2382	1
PRA	35656	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	1/1/2012	12/31/2382	1
PRA	35661	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	10/1/2010	12/31/2382	1
PRA	35663	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC	1/1/2012	12/31/2382	1
PRA	35665	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL	1/1/2012	12/31/2382	1
PRA	35666	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	10/1/2010	12/31/2382	2
PRA	35671	BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTERY	10/1/2010	12/31/2382	2
PRA	35681	BYPASS GRAFT, COMPOSITE	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	35682	BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO LOCATIONS	10/1/2010	12/31/2382	1
PRA	35683	BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS FROM TWO OR MORE LOCATIONS	10/1/2010	12/31/2382	1
PRA	35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNTHETIC CONDUIT	10/1/2010	12/31/2382	2
PRA	35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURGERY (NON-HEMODIALYSIS)	10/1/2010	12/31/2382	1
PRA	35691	TRANSPOSITION AND-OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY	1/1/2012	12/31/2382	1
PRA	35693	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY	1/1/2012	12/31/2382	1
PRA	35694	TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY	1/1/2012	12/31/2382	1
PRA	35695	TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY	1/1/2012	12/31/2382	1
PRA	35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTERY	10/1/2010	12/31/2382	2
PRA	35700	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL-ANTERIOR TIB-IAL, POSTERIOR TIBIAL, PERONEAL ARTERY OR OTHER DISTAL	10/1/2010	12/31/2382	2
PRA	35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; CAROTID ARTERY	1/1/2012	12/31/2382	1
PRA	35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NECK	10/1/2010	12/31/2382	2
PRA	35820	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHEST	10/1/2010	12/31/2382	2
PRA	35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABDOMEN	10/1/2010	12/31/2382	2
PRA	35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; EXTREMITY	10/1/2010	12/31/2382	2
PRA	35870	REPAIR OF GRAFT-ENTERIC FISTULA	10/1/2010	12/31/2382	1
PRA	35875	THROMBECTOMY AND/OR REPAIR OF ARTERIAL OR VENOUS GRAFT	10/1/2010	12/31/2382	2
PRA	35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VENOUS GRAFT	10/1/2010	12/31/2382	2
PRA	35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH VEIN PATCH ANGIOPLASTY	10/1/2010	12/31/2382	2
PRA	35881	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITION	10/1/2018	12/31/2382	1
PRA	35883	REVISION, FEMORAL ANASTOMOSIS OF SYSNTHETIC ARTERIAL BYPASS GRAFT IN GRION, OPEN; WITH NONAUTOGENOUS PATCH	7/1/2013	12/31/2382	1
PRA	35884	REVISION, FEMORAL ANASTOMOSIS OF SYSNTHETIC ARTERIAL BYPASS GRAFT IN GRION, OPEN; WITH AUTOGENOUS VEIN PATCH	7/1/2013	12/31/2382	1
PRA	35901	EXCISION OF INFECTED GRAFT; NECK	10/1/2010	12/31/2382	1
PRA	35903	EXCISION OF INFECTED GRAFT; EXTREMITY	10/1/2010	12/31/2382	2
PRA	35905	EXCISION OF INFECTED GRAFT; THORAX	10/1/2010	12/31/2382	1
PRA	35907	EXCISION OF INFECTED GRAFT; ABDOMEN	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	7/1/2015	12/31/2382	4
PRA	36002	INJECTION PROCEDURES (EG, THROMBIN)FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM	10/1/2010	12/31/2382	2
PRA	36005	INJECTION PROCEDURE FOR CONTRAST VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE OR INTRACATHETER)	10/1/2010	12/31/2382	2
PRA	36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	10/1/2010	12/31/2382	2
PRA	36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL VEIN, JUGULAR VEIN)	7/1/2015	12/31/2382	4
PRA	36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BRANCH (EG, LEFT ADRENAL VEIN, P	7/1/2015	12/31/2382	4
PRA	36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	10/1/2010	12/31/2382	2
PRA	36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	10/1/2010	12/31/2382	2
PRA	36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	7/1/2015	12/31/2382	4
PRA	36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	10/1/2010	12/31/2382	2
PRA	36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY	7/1/2015	12/31/2382	3
PRA	36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	10/1/2010	12/31/2382	2
PRA	36200	INTRODUCTION OF CATHETER, AORTA	10/1/2010	12/31/2382	2
PRA	36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A V	7/1/2015	12/31/2382	6
PRA	36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN	7/1/2015	12/31/2382	4
PRA	36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE THORACIC OR BRACHIOCEPHAL	7/1/2015	12/31/2382	2
PRA	36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, THORACIC OR B	7/1/2015	12/31/2382	6
PRA	36221	NON SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID, VERTEBRAL	1/1/2013	12/31/2382	1
PRA	36222	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY	1/1/2013	12/31/2382	1
PRA	36223	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY	1/1/2013	12/31/2382	1
PRA	36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF IPSILATERAL	1/1/2013	12/31/2382	1
PRA	36225	SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR INNOMINATE ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL	1/1/2013	12/31/2382	1
PRA	36226	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL	1/1/2013	12/31/2382	1
PRA	36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL	4/1/2013	12/31/2382	1
PRA	36228	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID OR VERTEBRAL ARTERIES,	7/1/2015	12/31/2382	4
PRA	36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY BR	7/1/2015	12/31/2382	6

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY BRANC	7/1/2015	12/31/2382	4
PRA	36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL, PELVIC OR LOWE	7/1/2015	12/31/2382	3
PRA	36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, ABDOMINAL, PE	7/1/2015	12/31/2382	6
PRA	36251	SELECTIVE CATHETER PLACEMENT, MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL	1/1/2012	12/31/2382	1
PRA	36252	SELECTIVE CATHETER PLACEMENT, MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL	1/1/2012	12/31/2382	1
PRA	36253	SUPERSELECTIVE CATHETER PLACEMENT RENAL ARTARY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY	1/1/2012	12/31/2382	1
PRA	36254	SUPERSELECTIVE CATHETER PLACEMENT RENAL ARTARY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY	1/1/2012	12/31/2382	1
PRA	36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF LIVER)	10/1/2010	12/31/2382	1
PRA	36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	10/1/2010	12/31/2382	1
PRA	36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	10/1/2010	12/31/2382	1
PRA	36299	UNLISTED PROCEDURE, VASCULAR INJECTION	4/1/2018	12/31/2382	1
PRA	36400	VENIPUNCTURE, UNDER AGE 3 YEARS; FEMORAL, JUGULAR OR SAGITTAL SINUS	10/1/2010	12/31/2382	1
PRA	36405	VENIPUNCTURE, UNDER AGE 3 YEARS; SCALP VEIN	10/1/2010	12/31/2382	1
PRA	36406	VENIPUNCTURE, UNDER AGE 3 YEARS; OTHER VEIN	10/1/2010	12/31/2382	1
PRA	36410	VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECESSITATING PHYSICIAN'S SKILL (SEPARATE PROCEDURE), FOR DIAGN	10/1/2010	12/31/2382	3
PRA	36415	ROUTINE VENIPUNCTURE OR FINGER/HEEL/EAR STICK FOR COLLECTION OF SPECIMEN(S)	4/1/2017	12/31/2382	2
PRA	36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)	10/1/2018	12/31/2382	3
PRA	36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR	10/1/2010	12/31/2382	2
PRA	36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	7/1/2015	12/31/2382	2
PRA	36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	10/1/2010	12/31/2382	1
PRA	36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	10/1/2010	12/31/2382	1
PRA	36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	10/1/2010	12/31/2382	1
PRA	36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	10/1/2010	12/31/2382	1
PRA	36456	PARTIAL EXCHANGE TRANSFUSION, NEWBORN	1/1/2017	12/31/2382	1
PRA	36460	TRANSFUSION, INTRAUTERINE, FETAL	7/1/2015	12/31/2382	2
PRA	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	1/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	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	1/1/2018	12/31/2382	1
PRA	36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); LIMB OR TRUNK	1/1/2018	12/31/2382	2
PRA	36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN	1/1/2012	12/31/2382	1
PRA	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	1/1/2012	12/31/2382	1
PRA	36473	MECHANICOCHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE; FIRST VEIN TREATED	1/1/2017	12/31/2382	1
PRA	36474	MECHANICOCHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE; SUBSEQUENT VEIN(S)	4/1/2018	12/31/2382	1
PRA	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING.	1/1/2012	12/31/2382	1
PRA	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING.	7/1/2015	12/31/2382	2
PRA	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING.	1/1/2012	12/31/2382	1
PRA	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING.	10/1/2010	12/31/2382	2
PRA	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	10/1/2010	12/31/2382	1
PRA	36482	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS FRST VEIN	1/1/2018	12/31/2382	1
PRA	36483	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS	1/1/2018	12/31/2382	2
PRA	36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	7/1/2015	12/31/2382	4
PRA	36510	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN	10/1/2010	12/31/2382	1
PRA	36511	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	10/1/2010	12/31/2382	1
PRA	36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	10/1/2010	12/31/2382	1
PRA	36513	THERAPEUTIC APHERESIS; FOR PLATELETS	10/1/2010	12/31/2382	1
PRA	36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	10/1/2010	12/31/2382	1
PRA	36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSIO	10/1/2010	12/31/2382	1
PRA	36522	PHOTOPHERESIS, EXTRACORPOREAL	10/1/2010	12/31/2382	1
PRA	36555	INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE	10/1/2010	12/31/2382	2
PRA	36556	INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; 5 YEARS OF AGE OR OLDER	10/1/2010	12/31/2382	2
PRA	36557	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5	10/1/2010	12/31/2382	2
PRA	36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR	10/1/2010	12/31/2382	2
PRA	36560	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR OLDER	10/1/2010	12/31/2382	2
PRA	36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP	7/1/2015	12/31/2382	1
PRA	36565	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING 2 CATHETERS VIA	7/1/2015	12/31/2382	1
PRA	36566	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORTS	7/1/2015	12/31/2382	1
PRA	36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5	10/1/2010	12/31/2382	2
PRA	36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR OLDER	10/1/2010	12/31/2382	2
PRA	36570	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITH SUBCUTANEOUS PORT, UNDER 5 YEARS OF AGE	10/1/2010	12/31/2382	2
PRA	36571	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITH SUBCUTANEOUS PORT, AGE 5 YEARS OR OLDER	10/1/2010	12/31/2382	2
PRA	36572	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION USING IMAGING GUIDANCE, PATIENT YOUNGER THAN 5 YEARS	1/1/2019	12/31/2382	1
PRA	36573	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION USING IMAGING GUIDANCE, PATIENT 5 YEARS OR OLDER	1/1/2019	12/31/2382	1
PRA	36575	REPAIR OF TUNNELED OR NON TUNNELED CENTRAL VENOUS ACCESS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, CENTRAL	10/1/2010	12/31/2382	2
PRA	36576	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCANTEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION SITE	10/1/2010	12/31/2382	2
PRA	36578	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP,CENTRAL OR	10/1/2010	12/31/2382	2
PRA	36580	REPLACEMENT, COMPLETE, OF A NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS	10/1/2010	12/31/2382	2
PRA	36581	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT	10/1/2010	12/31/2382	2
PRA	36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS	10/1/2010	12/31/2382	2
PRA	36583	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP	10/1/2010	12/31/2382	2
PRA	36584	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT	10/1/2010	12/31/2382	2
PRA	36585	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS	10/1/2010	12/31/2382	2
PRA	36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHERER. WITHOUT SUBCUTANEOUS PORT OR PUMP	10/1/2010	12/31/2382	2
PRA	36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL	10/1/2010	12/31/2382	2
PRA	36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	7/1/2012	12/31/2382	2
PRA	36592	COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER, VENOUS, NOT OTHERWISE SPECIFIED	10/1/2010	12/31/2382	1
PRA	36593	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	10/1/2010	12/31/2382	2
PRA	36595	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE VIA SEPERATE VENOUS ACCESS	10/1/2010	12/31/2382	2
PRA	36596	MECHANICAL REMOVAL OF INTRALUMINAL OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN	10/1/2010	12/31/2382	2

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PRA	36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GUIDANCE	10/1/2010	12/31/2382	2
PRA	36598	CONTRAST INJECTIONS FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCESS DEVICE, INCLUDING FLUOROSCOPY,	10/1/2010	12/31/2382	2
PRA	36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	7/1/2015	12/31/2382	4
PRA	36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); PERCUTAN	10/1/2010	12/31/2382	3
PRA	36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); CUTDOWN	10/1/2010	12/31/2382	2
PRA	36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN	10/1/2010	12/31/2382	1
PRA	36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	10/1/2010	12/31/2382	1
PRA	36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	10/1/2010	12/31/2382	1
PRA	36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; VEIN TO VEIN	10/1/2010	12/31/2382	1
PRA	36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, EXTERNAL (SCRIBNER TYPE)	10/1/2010	12/31/2382	1
PRA	36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, EXTERNAL REVISION OR CLOSURE	10/1/2010	12/31/2382	1
PRA	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	7/1/2013	12/31/2382	1
PRA	36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY BASILIC VEIN TRANSPOSITION	7/1/2013	12/31/2382	1
PRA	36820	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VWIN TRANSPOSITION	1/1/2012	12/31/2382	1
PRA	36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARATE	10/1/2010	12/31/2382	2
PRA	36823	INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXTRACORPOREAL CIRCULATION INCLUDING REGIONAL CHEMOTH	10/1/2010	12/31/2382	1
PRA	36825	CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT	10/1/2010	12/31/2382	1
PRA	36830	CREATION OF ARTERIOVENOUS FISTULA; NONAUTOGENOUS GRAFT	10/1/2010	12/31/2382	2
PRA	36831	THROMBECTOMY, ARTERIOVENOUS FISTULA WITHOUT REVISION	10/1/2010	12/31/2382	1
PRA	36832	REVISION OF AN ARTERIOVENOUS FISTULA, WITH OR WITHOUT THROMBECTOMY, AUTOGENOUS OR NON-AUTOGENOUS GRAFT	10/1/2010	12/31/2382	2
PRA	36833	REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY	10/1/2010	12/31/2382	1
PRA	36835	INSERTION OF THOMAS SHUNT	10/1/2010	12/31/2382	1
PRA	36838	DISTAL REVASCLARIZATION AND INTERVAL LIGATION, UPPER EXTREMITY HEMODIALYSIS ACCESS	1/1/2012	12/31/2382	1
PRA	36860	CANNULA DECLOTTING; WITHOUT BALLOON CATHETER	10/1/2010	12/31/2382	2
PRA	36861	CANNULA DECLOTTING; WITH BALLOON CATHETER	10/1/2010	12/31/2382	2
PRA	36901	INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	36902	INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT AND BALLOON DILATION OF DIALYSIS SEGMENT, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1
PRA	36903	INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT AND INSERTION OF STENT IN DIALYSIS SEGMENT, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1
PRA	36904	EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT IN DIALYSIS CIRCUIT AND BALLOON DIALTION OF DIALYSIS SEGMENT, ACCESSED THROUGH SKIN, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1
PRA	36905	EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT IN DIALYSIS CIRCUIT AND BALLOON DIALTION OF DIALYSIS SEGMENT, ACCESSED THROUGH SKIN, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1
PRA	36906	EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT AND BALLOON DIALTION OF DIALYSIS SEGMENT, ACCESSED THROUGH SKIN, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1
PRA	36907	BALLOON DILATION OF DIALYSIS SEGMENT, ACCESSED THROUGH THE SKIN, WITH IMAGING INCLUDING RADIOLOGICAL SUERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1
PRA	36908	INSERTION OF STENT IN DIALYSIS SEGMENT, WITH IMAGING INCLUDING RADIOLOGICAL SUERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1
PRA	36909	PERMANENT BLOCKAGE OF DIALYSIS CIRCUIT, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1
PRA	37140	ANASTOMOSIS; PORTOCAVAL	10/1/2010	12/31/2382	1
PRA	37145	ANASTOMOSIS; RENOPORTAL	10/1/2010	12/31/2382	1
PRA	37160	ANASTOMOSIS; CAVAL-MESENERIC	10/1/2010	12/31/2382	1
PRA	37180	ANASTOMOSIS; SPLENORENAL, PROXIMAL	10/1/2010	12/31/2382	1
PRA	37181	ANASTOMOSIS; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION OF ESOPHAGOGASTRIC VARICES, ANY TECHNIQUE)	10/1/2010	12/31/2382	1
PRA	37182	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VENOUS ACCESS, HEPATIC AND PORTA	10/1/2010	12/31/2382	1
PRA	37183	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VENOUS ACCESS, HEPATIC AND PORTAL	10/1/2010	12/31/2382	1
PRA	37184	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRAFT	1/1/2012	12/31/2382	1
PRA	37185	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRAFT, INC	10/1/2010	12/31/2382	2
PRA	37186	SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY, NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRAFT	10/1/2010	12/31/2382	2
PRA	37187	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEINS, INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLY	1/1/2012	12/31/2382	1
PRA	37188	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEINS, INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLY	1/1/2012	12/31/2382	1
PRA	37191	INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLDING ACCESS, VESSEL SELECTION, AND	4/1/2012	12/31/2382	1
PRA	37192	REPOSITIONING OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSELL SELE	4/1/2012	12/31/2382	1
PRA	37193	RETRIEVAL OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSEL SELEC	4/1/2012	12/31/2382	1
PRA	37195	THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION	10/1/2010	12/31/2382	1
PRA	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY, INCLUDES RADIOLOGICAL SUPERVISION	1/1/2013	12/31/2382	2
PRA	37200	TRANSCATHETER BIOPSY	10/1/2010	12/31/2382	2

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PRA	37211	TRANCATHETER THERAPY, ARTERIAL INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING RADIOLO	4/1/2013	12/31/2382	1
PRA	37212	TRANCATHETER THERAPY, VENOUS INFUSION FOR THROMBOLYSIS, ANY METHOD, INCLUDING RADIOLOGICAL SUPERVISION	4/1/2013	12/31/2382	1
PRA	37213	TRANCATHETER THERAPY, ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING	4/1/2013	12/31/2382	1
PRA	37214	TRANCATHETER THERAPY, ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING	4/1/2013	12/31/2382	1
PRA	37215	TRANCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, PERCUTANEOUS; WITH DISTAL EMBOLIC	4/1/2013	12/31/2382	1
PRA	37216	TRANCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, PERCUTANEOUS; WITHOUT DISTAL EMBO	10/1/2013	12/31/2382	1
PRA	37217	TRANCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), INTRATHORACIC COMMON CAROTID ARTERY OR INNOMINATE ARTERY	1/1/2014	12/31/2382	1
PRA	37218	TRANCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRATHORACIC COMMON CAROTID ARTERY	1/1/2015	12/31/2382	1
PRA	37220	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH	10/1/2018	12/31/2382	1
PRA	37221	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH	10/1/2018	12/31/2382	1
PRA	37222	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL	7/1/2011	12/31/2382	2
PRA	37223	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL	7/1/2011	12/31/2382	2
PRA	37224	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S),UNILATERAL; WITH TRANSLUM	10/1/2018	12/31/2382	1
PRA	37225	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S),UNILATERAL; WITH ATHERECT	10/1/2018	12/31/2382	1
PRA	37226	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S),UNILATERAL; WITH TRANSLUM	10/1/2018	12/31/2382	1
PRA	37227	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S),UNILATERAL; WITH TRANSLUM	10/1/2018	12/31/2382	1
PRA	37228	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; INITIAL VESSEL;	10/1/2018	12/31/2382	1
PRA	37229	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; INITIAL VESSEL;	10/1/2018	12/31/2382	1
PRA	37230	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; INITIAL VESSEL;WITH	10/1/2018	12/31/2382	1
PRA	37231	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; INITIAL VESSEL;	10/1/2018	12/31/2382	1
PRA	37232	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; EACH ADDITIONAL	7/1/2011	12/31/2382	2
PRA	37233	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; EACH ADDITIONAL	7/1/2011	12/31/2382	2
PRA	37234	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; EACH ADDITIONAL	7/1/2011	12/31/2382	2
PRA	37235	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; EACH ADDITIONAL	7/1/2011	12/31/2382	2
PRA	37236	TRANCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION	1/1/2014	12/31/2382	1
PRA	37237	TRANCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION	4/1/2015	12/31/2382	2

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PRA	37238	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION	1/1/2014	12/31/2382	1
PRA	37239	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION	4/1/2015	12/31/2382	2
PRA	37241	VASCULAR EMBOLIZATION OR OCCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCED	4/1/2015	12/31/2382	2
PRA	37242	OCCCLUSION OF ARTERY (OTHER THAN HEMORRHAGE OR TUMOR) WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION,	4/1/2015	12/31/2382	2
PRA	37243	OCCCLUSION OF TUMORS OR OBSTRUCTED BLOOD VESSEL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION,	4/1/2015	12/31/2382	1
PRA	37244	VASCULAR EMBOLIZATION OR OCCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCED	4/1/2015	12/31/2382	2
PRA	37246	BALLOON DILATION OF ARTERY, ACCESSED THROUGH THE SKIN OR BY OPEN PRCEDURE, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, INITIAL ARTERY	1/1/2017	12/31/2382	1
PRA	37247	BALLOON DILATION OF ARTERY, ACCESSED THROUGH THE SKIN OR BY OPEN PRCEDURE, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, EACH ADDITIONAL ARTERY	1/1/2017	12/31/2382	2
PRA	37248	BALLOON DILATION OF FIRST VEIN, ACCESSED THROUGH THE SKIN OR BY OPEN PROCEDURE, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1
PRA	37249	BALLOON DILATION OF ADDITIONAL VEIN, ACCESSED THROUGH THE SKIN OR BY OPEN PROCEDURE, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	4/1/2018	12/31/2382	3
PRA	37252	INTRAVASCULAR ULTRASOUND DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION; INITIAL NONCORONARY	1/1/2016	12/31/2382	1
PRA	37253	INTRAVASCULAR ULTRASOUND DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION; EACH ADDITIONAL	4/1/2017	12/31/2382	5
PRA	37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL (SEPS)	1/1/2012	12/31/2382	1
PRA	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	4/1/2018	12/31/2382	1
PRA	37565	LIGATION OF INTERNAL JUGULAR VEIN	4/1/2013	12/31/2382	1
PRA	37600	LIGATION; EXTERNAL CAROTID ARTERY	10/1/2010	12/31/2382	1
PRA	37605	LIGATION; INTERNAL OR COMMON CAROTID ARTERY	10/1/2013	12/31/2382	1
PRA	37606	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WITH SELVERSTONE OR CRUTCHFIELD CLAMP	10/1/2013	12/31/2382	1
PRA	37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	10/1/2010	12/31/2382	1
PRA	37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	1/1/2012	12/31/2382	1
PRA	37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	10/1/2010	12/31/2382	2
PRA	37616	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST	10/1/2010	12/31/2382	1
PRA	37617	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN	10/1/2010	12/31/2382	3
PRA	37618	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY	10/1/2010	12/31/2382	2
PRA	37619	LIGATION OF INFERIOR VENA CAVA	1/1/2012	12/31/2382	1
PRA	37650	INTERRUPTION, PARTIAL OR COMPLETE, OF FEMORAL VEIN, BY LIGATURE, INTRAVASCULAR DEVICE	7/1/2013	12/31/2382	1

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PRA	37660	INTERRUPTION, PARTIAL OR COMPLETE, OF COMMON ILIAC VEIN BY LIGATURE, INTRAVASCULAR DEVICE	4/1/2013	12/31/2382	1
PRA	37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS	7/1/2013	12/31/2382	1
PRA	37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	7/1/2013	12/31/2382	1
PRA	37722	LIGATION, DIVISION, AND STRIPPING, LONG SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW	7/1/2013	12/31/2382	1
PRA	37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER A	7/1/2013	12/31/2382	1
PRA	37760	LIGATION OF PERFORATORS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WITHOUT SKIN GRAFT	7/1/2013	12/31/2382	1
PRA	37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG	4/1/2012	12/31/2382	1
PRA	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	1/1/2012	12/31/2382	1
PRA	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	1/1/2012	12/31/2382	1
PRA	37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)	7/1/2013	12/31/2382	1
PRA	37785	LIGATION, DIVISION, AND/OR EXCISION OF RECURRENT OR SECONDARY VARICOSE VEINS (CLUSTERS), ONE LEG	7/1/2013	12/31/2382	1
PRA	37788	PENILE REVASCLARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT	10/1/2010	12/31/2382	1
PRA	37790	PENILE REVASCLARIZATON, ARTERY, WITH OR WITHOUT VEIN GRAFT	10/1/2010	12/31/2382	1
PRA	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	4/1/2018	12/31/2382	1
PRA	38100	SPLENECTOMY (SEPARATE PROCEDURE); TOTAL	10/1/2010	12/31/2382	1
PRA	38101	SPLENECTOMY (SEPARATE PROCEDURE); PARTIAL	10/1/2010	12/31/2382	1
PRA	38102	SPLENECTOMY; TOTAL, IN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PROCEDURE	10/1/2010	12/31/2382	1
PRA	38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENECTOMY	10/1/2010	12/31/2382	1
PRA	38120	LAPAROSCOPY, SURGICAL SPLENECTOMY	10/1/2010	12/31/2382	1
PRA	38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	4/1/2018	12/31/2382	1
PRA	38200	INJECTION PROCEDURE FOR SPLENOPTOGRAPHY	10/1/2010	12/31/2382	1
PRA	38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION	10/1/2012	12/31/2382	1
PRA	38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; ALLOGENIC	10/1/2010	12/31/2382	1
PRA	38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; AUTOLOGOUS	10/1/2010	12/31/2382	1
PRA	38207	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVATION AND STORAGE	10/1/2012	12/31/2382	1
PRA	38208	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF PREVIOUSLY FROZEN HARVEST	10/1/2012	12/31/2382	1

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PRA	38209	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; WASHING OF HARVEST	10/1/2012	12/31/2382	1
PRA	38210	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CELL DEPLETION WITHIN HARVEST, T-CELL DEPLE	10/1/2012	12/31/2382	1
PRA	38211	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL DEPLETION	10/1/2012	12/31/2382	1
PRA	38212	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RED BLOOD CELL REMOVAL	10/1/2012	12/31/2382	1
PRA	38213	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET DEPLETION	10/1/2012	12/31/2382	1
PRA	38214	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLUME) DEPLETION	10/1/2012	12/31/2382	1
PRA	38215	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL CONCENTRATION IN PLASMA, MONONUCLEAR, OR BUFFY	10/1/2012	12/31/2382	1
PRA	38220	BONE MARROW ASPIRATION	1/1/2012	12/31/2382	1
PRA	38221	BONE MARROW BIOPSY, NEEDLE OR TROCAR	1/1/2012	12/31/2382	1
PRA	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	1/1/2018	12/31/2382	1
PRA	38230	BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC	10/1/2010	12/31/2382	1
PRA	38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	1/1/2012	12/31/2382	1
PRA	38240	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENIC	10/1/2010	12/31/2382	1
PRA	38241	BONE MARROW TRANSPLANTATION; AUTOLOGOUS	10/1/2010	12/31/2382	1
PRA	38242	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENEIC DONOR LYMPHOCYTE INFUSIONS	10/1/2010	12/31/2382	1
PRA	38243	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST	1/1/2013	12/31/2382	1
PRA	38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	7/1/2015	12/31/2382	1
PRA	38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE	7/1/2015	12/31/2382	1
PRA	38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	10/1/2010	12/31/2382	1
PRA	38380	SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH	10/1/2010	12/31/2382	1
PRA	38381	SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	10/1/2010	12/31/2382	1
PRA	38382	SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH	10/1/2010	12/31/2382	1
PRA	38500	BIOPSY OR EXCISION OF LYMPH NODE(S); SUPERFICIAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	2
PRA	38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL, INGUINAL, AXILLARY)	7/1/2019	12/31/2382	2
PRA	38510	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S)	1/1/2012	12/31/2382	1
PRA	38520	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S) WITH EXCISION SCALENE FAT PAD	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	38525	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP AXILLARY NODE(S)	1/1/2012	12/31/2382	1
PRA	38530	BIOPSY OR EXCISION OF LYMPH NODE(S); INTERNAL MAMMARY NODE(S) (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	38531	OPEN BIOPSY OR EXCISION OF LYMPH NODES IN GROIN	1/1/2019	12/31/2382	1
PRA	38542	DISSECTION, DEEP JUGULAR NODE(S)	1/1/2012	12/31/2382	1
PRA	38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP NEUROVASCULAR DISSECTION; SIMPLE	10/1/2010	12/31/2382	1
PRA	38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP NEUROVASCUALR DISSECTION; COMPLEX	10/1/2010	12/31/2382	1
PRA	38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA-AORTIC	10/1/2010	12/31/2382	1
PRA	38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL (AORTIC AND/OR SPLENIC)	10/1/2010	12/31/2382	1
PRA	38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	10/1/2010	12/31/2382	1
PRA	38571	LAPAROSCOPY, SURGICAL;WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	10/1/2010	12/31/2382	1
PRA	38572	LAPAROSCOPY, SURGICAL;WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING	10/1/2010	12/31/2382	1
PRA	38573	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING, PERITONEAL WASHINGS, PERITONEAL BIOPSY(IES), OMENTECTOMY, AND DIAPHRAGMATIC WASHINGS, INCLUDING DIAPHRAGMATI	1/1/2018	12/31/2382	1
PRA	38589	UNLISTED LAPAROSCOPY PROCEDURE.LYMPHATIC SYSTEM	4/1/2018	12/31/2382	1
PRA	38700	SUPRAHYOID LYMPHADENECTOMY	7/1/2013	12/31/2382	1
PRA	38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	7/1/2013	12/31/2382	1
PRA	38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	1/1/2012	12/31/2382	1
PRA	38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	1/1/2012	12/31/2382	1
PRA	38745	AXILLARY LYMPHADENECTOMY; COMPLETE	1/1/2012	12/31/2382	1
PRA	38746	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRACHEAL NODES	10/1/2010	12/31/2382	1
PRA	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, PARA-AORTIC AND VENA CAVA NODES	10/1/2010	12/31/2382	1
PRA	38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPARATE PROCEDURE)	7/1/2013	12/31/2382	1
PRA	38765	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILI	4/1/2013	12/31/2382	1
PRA	38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES (SEPARATE PROCEDURE)	4/1/2013	12/31/2382	1
PRA	38780	RETROPERITONEAL TRANSABDOMINAL LYMPHADENCTOMY, EXTENSIVE, INCLUDING PELVIC, AORTIC, AND RENAL NODES (SEPARATE	10/1/2010	12/31/2382	1
PRA	38790	INJECTION PROCEDURE FOR LYMPHANGIOGRAPHY	7/1/2013	12/31/2382	1
PRA	38792	INJECTION PROCEDURE; FOR IDENTIFICATION OF SENTINEL NODE	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	38794	CANNULATION, THORACIC DUCT	10/1/2010	12/31/2382	1
PRA	38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S),INCLUDES INJECTION OF NON-RADIO	1/1/2012	12/31/2382	1
PRA	38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	4/1/2018	12/31/2382	1
PRA	39000	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; CERVICAL APPROACH	10/1/2010	12/31/2382	1
PRA	39010	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; TRANSTHORACIC	10/1/2010	12/31/2382	1
PRA	39200	EXCISION OF MEDIASTINAL CYST	10/1/2010	12/31/2382	1
PRA	39220	EXCISION OF MEDIASTINAL TUMOR	10/1/2010	12/31/2382	1
PRA	39401	MEDIASTINOSCOPY; INCLUDES BIOPSY(IES) OF MEDIASTINAL MASS (EG, LYMPHOMA), WHEN PERFORMED	1/1/2016	12/31/2382	1
PRA	39402	MEDIASTINOSCOPY; WITH LYMPH NODE BIOPSY(IES) (EG, LUNG CANCER STAGING)	1/1/2016	12/31/2382	1
PRA	39499	UNLISTED PROCEDURE, MEDIASTINUM	4/1/2018	12/31/2382	1
PRA	39501	REPAIR, LACERATION OF DIAPHRAGM	10/1/2010	12/31/2382	1
PRA	39503	REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSERTION AND WITH OR WITHOUT CREATION OF VE	10/1/2010	12/31/2382	1
PRA	39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE	10/1/2010	12/31/2382	1
PRA	39541	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC	10/1/2010	12/31/2382	1
PRA	39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION; PARALYTIC	10/1/2010	12/31/2382	1
PRA	39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	10/1/2010	12/31/2382	1
PRA	39561	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL LOCAL MUSCLE FLAP)	10/1/2010	12/31/2382	1
PRA	39599	UNLISTED PROCEDURE, DIAPHRAGM	4/1/2018	12/31/2382	1
PRA	40490	BIOPSY OF LIP	10/1/2018	12/31/2382	2
PRA	40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	10/1/2010	12/31/2382	2
PRA	40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	10/1/2010	12/31/2382	2
PRA	40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	10/1/2010	12/31/2382	2
PRA	40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER OR FAN)	10/1/2010	12/31/2382	2
PRA	40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLANDER)	10/1/2010	12/31/2382	2
PRA	40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	10/1/2010	12/31/2382	2
PRA	40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	10/1/2010	12/31/2382	2
PRA	40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX	10/1/2010	12/31/2382	2
PRA	40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL	10/1/2010	12/31/2382	1
PRA	40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE PROCEDURE	10/1/2010	12/31/2382	1
PRA	40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO STAGES	10/1/2010	12/31/2382	1
PRA	40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE	7/1/2013	12/31/2382	1
PRA	40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECT	10/1/2010	12/31/2382	1
PRA	40799	UNLISTED PROCEDURE, LIPS	4/1/2018	12/31/2382	1
PRA	40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	1/1/2014	12/31/2382	2
PRA	40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	1/1/2014	12/31/2382	2
PRA	40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	10/1/2018	12/31/2382	1
PRA	40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	1/1/2014	12/31/2382	2
PRA	40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	10/1/2010	12/31/2382	2
PRA	40808	BIOPSY, VESTIBULE OF MOUTH	7/1/2019	12/31/2382	2
PRA	40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	7/1/2019	12/31/2382	2
PRA	40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPAIR	7/1/2019	12/31/2382	2
PRA	40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX REPAIR	7/1/2014	12/31/2382	4
PRA	40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH EXCISION OF UNDERLYING MUSCLE	10/1/2010	12/31/2382	2
PRA	40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	10/1/2010	12/31/2382	2
PRA	40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	10/1/2010	12/31/2382	2
PRA	40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LASER, THERMAL, CRYO, CHEMICAL)	10/1/2010	12/31/2382	2
PRA	40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	10/1/2010	12/31/2382	2
PRA	40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	10/1/2010	12/31/2382	2
PRA	40840	VESTIBULOPLASTY; ANTERIOR	10/1/2010	12/31/2382	1
PRA	40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	10/1/2010	12/31/2382	1
PRA	40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	40844	VESTIBULOPLASTY; ENTIRE ARCH	7/1/2013	12/31/2382	1
PRA	40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	10/1/2010	12/31/2382	1
PRA	40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH	4/1/2018	12/31/2382	1
PRA	41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL	10/1/2018	12/31/2382	1
PRA	41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, SUPERF	10/1/2018	12/31/2382	1
PRA	41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, S	10/1/2010	12/31/2382	2
PRA	41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE	10/1/2010	12/31/2382	2
PRA	41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR SPACE	10/1/2010	12/31/2382	2
PRA	41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE	10/1/2010	12/31/2382	2
PRA	41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	10/1/2010	12/31/2382	1
PRA	41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBLINGUAL	10/1/2010	12/31/2382	2
PRA	41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMENTAL	10/1/2018	12/31/2382	1
PRA	41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMANDIBULAR	10/1/2010	12/31/2382	2
PRA	41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; MASTICATOR SPACE	10/1/2010	12/31/2382	2
PRA	41019	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK REGION FOR SUBSEQUENT INTERS	10/1/2010	12/31/2382	1
PRA	41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	7/1/2019	12/31/2382	2
PRA	41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	7/1/2019	12/31/2382	2
PRA	41108	BIOPSY OF FLOOR OF MOUTH	10/1/2010	12/31/2382	2
PRA	41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	10/1/2010	12/31/2382	2
PRA	41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	10/1/2010	12/31/2382	2
PRA	41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	10/1/2010	12/31/2382	2
PRA	41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	10/1/2010	12/31/2382	2
PRA	41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	10/1/2010	12/31/2382	1
PRA	41116	EXCISION, LESION OF FLOOR OF MOUTH	1/1/2014	12/31/2382	2
PRA	41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	10/1/2010	12/31/2382	1
PRA	41130	GLOSSECTOMY; HEMIGLOSSECTOMY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	41135	GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION	10/1/2010	12/31/2382	1
PRA	41140	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADICAL NECK DISSECTION	10/1/2010	12/31/2382	1
PRA	41145	GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATERAL RADICAL NECK DISSECTION	10/1/2010	12/31/2382	1
PRA	41150	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBULAR RESECTION, WITHOUT RADICAL NECK	10/1/2010	12/31/2382	1
PRA	41153	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAHYOID NECK DISSECTION	10/1/2010	12/31/2382	1
PRA	41155	GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR RESECTION, AND RADICAL NECK DISSECT	10/1/2010	12/31/2382	1
PRA	41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS OF TONGUE	10/1/2010	12/31/2382	2
PRA	41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	10/1/2010	12/31/2382	2
PRA	41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	10/1/2010	12/31/2382	2
PRA	41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	10/1/2010	12/31/2382	1
PRA	41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	10/1/2010	12/31/2382	1
PRA	41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, ONE OR MORE SITES, PER SESSION	7/1/2012	12/31/2382	1
PRA	41599	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH	4/1/2018	12/31/2382	1
PRA	41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	10/1/2010	12/31/2382	2
PRA	41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES	10/1/2018	12/31/2382	1
PRA	41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	10/1/2018	12/31/2382	1
PRA	41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	10/1/2010	12/31/2382	4
PRA	41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	1/1/2014	12/31/2382	2
PRA	41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	10/1/2010	12/31/2382	1
PRA	41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	10/1/2010	12/31/2382	1
PRA	41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITHOUT REPAIR	10/1/2010	12/31/2382	2
PRA	41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR	10/1/2010	12/31/2382	2
PRA	41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH COMPLEX REPAIR	10/1/2010	12/31/2382	2
PRA	41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH SEXTANT OR QUADRANT (SPECIFY)	10/1/2010	12/31/2382	4
PRA	41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	1/1/2014	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	10/1/2010	12/31/2382	2
PRA	41870	PERIODONTAL MUCOSAL GRAFTING	1/1/2014	12/31/2382	2
PRA	41872	GINGIVOPLASTY	10/1/2010	12/31/2382	4
PRA	41874	ALVEOPLASTY	10/1/2010	12/31/2382	4
PRA	41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	4/1/2018	12/31/2382	1
PRA	42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	10/1/2010	12/31/2382	1
PRA	42100	BIOPSY OF PALATE, UVULA	7/1/2019	12/31/2382	2
PRA	42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	7/1/2019	12/31/2382	2
PRA	42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	10/1/2010	12/31/2382	2
PRA	42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE	10/1/2010	12/31/2382	2
PRA	42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	10/1/2010	12/31/2382	1
PRA	42140	UVULECTOMY, EXCISION OF UVULA	10/1/2010	12/31/2382	1
PRA	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	10/1/2010	12/31/2382	1
PRA	42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	1/1/2019	12/31/2382	1
PRA	42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	10/1/2010	12/31/2382	1
PRA	42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	10/1/2010	12/31/2382	1
PRA	42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	10/1/2010	12/31/2382	1
PRA	42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY	10/1/2010	12/31/2382	1
PRA	42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBT	10/1/2010	12/31/2382	1
PRA	42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	10/1/2010	12/31/2382	1
PRA	42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	10/1/2010	12/31/2382	1
PRA	42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	10/1/2010	12/31/2382	1
PRA	42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	10/1/2010	12/31/2382	1
PRA	42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	10/1/2010	12/31/2382	1
PRA	42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	10/1/2010	12/31/2382	1
PRA	42260	REPAIR OF NASOLABIAL FISTULA	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	10/1/2010	12/31/2382	1
PRA	42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	10/1/2010	12/31/2382	1
PRA	42299	UNLISTED PROCEDURE, PALATE, UVULA	4/1/2018	12/31/2382	1
PRA	42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	10/1/2010	12/31/2382	2
PRA	42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	10/1/2010	12/31/2382	2
PRA	42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	10/1/2010	12/31/2382	2
PRA	42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	10/1/2010	12/31/2382	2
PRA	42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMPLICATED, INTRAORAL	1/1/2019	12/31/2382	1
PRA	42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	10/1/2010	12/31/2382	2
PRA	42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	4/1/2013	12/31/2382	1
PRA	42400	BIOPSY OF SALIVARY GLAND; NEEDLE	10/1/2010	12/31/2382	2
PRA	42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	10/1/2010	12/31/2382	2
PRA	42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	10/1/2010	12/31/2382	1
PRA	42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	10/1/2010	12/31/2382	1
PRA	42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DISSECTION	4/1/2013	12/31/2382	1
PRA	42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE	4/1/2013	12/31/2382	1
PRA	42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE	4/1/2013	12/31/2382	1
PRA	42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE	4/1/2013	12/31/2382	1
PRA	42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL NECK DISSECTION	4/1/2013	12/31/2382	1
PRA	42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	4/1/2013	12/31/2382	1
PRA	42450	EXCISION OF SUBLINGUAL GLAND	1/1/2019	12/31/2382	1
PRA	42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	10/1/2010	12/31/2382	2
PRA	42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED	1/1/2014	12/31/2382	2
PRA	42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	10/1/2010	12/31/2382	1
PRA	42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS	10/1/2010	12/31/2382	1
PRA	42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF BOTH SUBMANDIBULAR (WHARTON'S) DUCT	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	42550	INJECTION PROCEDURE FOR SIALOGRAPHY	10/1/2010	12/31/2382	2
PRA	42600	CLOSURE SALIVARY FISTULA	1/1/2019	12/31/2382	1
PRA	42650	DILATION SALIVARY DUCT	10/1/2010	12/31/2382	2
PRA	42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	10/1/2010	12/31/2382	2
PRA	42665	LIGATION SALIVARY DUCT, INTRAORAL	10/1/2010	12/31/2382	2
PRA	42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	4/1/2018	12/31/2382	1
PRA	42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	10/1/2010	12/31/2382	2
PRA	42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL APPROACH	10/1/2010	12/31/2382	1
PRA	42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL APPROACH	1/1/2014	12/31/2382	1
PRA	42800	BIOPSY; OROPHARYNX	10/1/2010	12/31/2382	3
PRA	42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	1/1/2019	12/31/2382	1
PRA	42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	10/1/2010	12/31/2382	1
PRA	42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	10/1/2010	12/31/2382	2
PRA	42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	10/1/2010	12/31/2382	1
PRA	42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES	4/1/2013	12/31/2382	1
PRA	42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCUTANEOUS TISSUES AND/OR INTO PHARYNX	4/1/2013	12/31/2382	1
PRA	42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	10/1/2010	12/31/2382	1
PRA	42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	10/1/2010	12/31/2382	1
PRA	42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12	10/1/2010	12/31/2382	1
PRA	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	10/1/2010	12/31/2382	1
PRA	42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12	10/1/2010	12/31/2382	1
PRA	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	10/1/2010	12/31/2382	1
PRA	42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12	10/1/2010	12/31/2382	1
PRA	42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	10/1/2010	12/31/2382	1
PRA	42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; WITHOUT CLOSURE	10/1/2010	12/31/2382	1
PRA	42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH LOCAL FLAP (EG, TONGUE)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	42845	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH OTHER FLAP	10/1/2010	12/31/2382	1
PRA	42860	EXCISION OF TONSIL TAGS	10/1/2010	12/31/2382	1
PRA	42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	42890	LIMITED PHARYNGECTOMY	10/1/2010	12/31/2382	1
PRA	42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY ADVANCEMENT OF LATERAL AND POSTERIOR	10/1/2010	12/31/2382	1
PRA	42894	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP	10/1/2010	12/31/2382	1
PRA	42900	SUTURE PHARYNX FOR WOUND OR INJURY	10/1/2010	12/31/2382	1
PRA	42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	10/1/2010	12/31/2382	1
PRA	42953	PHARYNGOESOPHAGEAL REPAIR	10/1/2010	12/31/2382	1
PRA	42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	10/1/2010	12/31/2382	1
PRA	42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); SIMPLE	10/1/2010	12/31/2382	1
PRA	42961	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); SIMPLE COMPLICATED, REQUIRING	10/1/2010	12/31/2382	1
PRA	42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); SIMPLE WITH SECONDARY SURGICAL	10/1/2010	12/31/2382	1
PRA	42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); SIMPLE, WITH POSTERIOR NAS	10/1/2010	12/31/2382	1
PRA	42971	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); COMPLICATED, REQUIRING HOS	10/1/2010	12/31/2382	1
PRA	42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); WITH SECONDARY SURGICAL IN	10/1/2010	12/31/2382	1
PRA	42999	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS	4/1/2018	12/31/2382	1
PRA	43020	ESOPHAGOTOMY, CERVICAL APPROACH; WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
PRA	43030	CRICOPHARYNGEAL MYOTOMY	10/1/2010	12/31/2382	1
PRA	43045	ESOPHAGOTOMY, THORACIC APPROACH; WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
PRA	43100	EXCISION OF LOCAL LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH	10/1/2010	12/31/2382	1
PRA	43101	EXCISION OF LOCAL LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC APPROACH	10/1/2010	12/31/2382	1
PRA	43107	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH PHARYNGOGASTROSTOMY OR CERVICAL ESOPHAGOGASTROST	10/1/2010	12/31/2382	1
PRA	43108	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON INTERPOSITION OR SMALL BOWEL RECONSTRUCTION	10/1/2010	12/31/2382	1
PRA	43112	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PHARYNGOGASTROSTOMY OR CERVICAL ESOPHAGOGASTROSTOM	10/1/2010	12/31/2382	1
PRA	43113	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON INTERPOSITION OR SMALL BOWEL RECONSTRUCTION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	43116	PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING MICROVASCULAR ANASTOMOSIS, OBTAINING	10/1/2010	12/31/2382	1
PRA	43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, WITH OR WITHOUT P;	10/1/2010	12/31/2382	1
PRA	43118	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION...WITH COLON	10/1/2010	12/31/2382	1
PRA	43121	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH OR WITHOUT PROXIMAL GASTRECTOMY, WITH	10/1/2010	12/31/2382	1
PRA	43122	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITHOUT PROXIMAL GASTRECTOMY; WITH	10/1/2010	12/31/2382	1
PRA	43123	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH...WITH COLON INTERPOSITION OR SMALL BOWEL	10/1/2010	12/31/2382	1
PRA	43124	TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), WITH CERVICAL ESOPHAGOSTOMY	10/1/2010	12/31/2382	1
PRA	43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERVICAL APPROACH	10/1/2010	12/31/2382	1
PRA	43135	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; THORACIC APPROACH	10/1/2010	12/31/2382	1
PRA	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH DIVERTICULECTOMY OF HYPOPHARYNX OR CERVICAL ESOPHAGUS, WITH	1/1/2015	12/31/2382	1
PRA	43191	ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN	1/1/2014	12/31/2382	1
PRA	43192	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH DIRECT SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	1/1/2014	12/31/2382	1
PRA	43193	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	1/1/2014	12/31/2382	1
PRA	43194	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH REMOVAL OF FOREIGN BODY	1/1/2014	12/31/2382	1
PRA	43195	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BALLOON DILATION (LESS THAN 30MM DIAMETER)	1/1/2014	12/31/2382	1
PRA	43196	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OVER GUIDE WIRE	1/1/2014	12/31/2382	1
PRA	43197	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; DIAGNOSTIC, INCLUDES COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	1/1/2014	12/31/2382	1
PRA	43198	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; WITH BIOPSY, SINGLE OR MULTIPLE	1/1/2014	12/31/2382	1
PRA	43200	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); DIAGNOSTIC PROCEDURE	10/1/2010	12/31/2382	1
PRA	43201	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	10/1/2010	12/31/2382	1
PRA	43202	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR	10/1/2010	12/31/2382	1
PRA	43204	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR INJECTION SCLEROSIS OF ESOPHAGEAL VARICES	10/1/2010	12/31/2382	1
PRA	43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BAND LIGATION OF ESOPHAGEAL VARICES	10/1/2010	12/31/2382	1
PRA	43206	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH OPTICAL ENDOMICROSCOPY	1/1/2013	12/31/2382	1
PRA	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ESOPHAGOGASTRIC FUNDOPLASTY, PARTIAL OR COMPLETE, INCLUDES	1/1/2016	12/31/2382	1
PRA	43211	REMOVAL OF TISSUE LINING OF ESPHAGUS USING AN ENDOSCOPE	1/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	43212	PLACEMENT OF STENT ON ESOPHAGUS USING AN ENDOSCOPE	1/1/2014	12/31/2382	1
PRA	43213	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); WITH DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR	1/1/2014	12/31/2382	1
PRA	43214	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	1/1/2014	12/31/2382	1
PRA	43215	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
PRA	43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYPS(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS	10/1/2010	12/31/2382	1
PRA	43217	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR REMOVAL OF POLYPOID LESION(S)	10/1/2010	12/31/2382	1
PRA	43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR DILATION, DIRECT, ANY METHOD	10/1/2010	12/31/2382	1
PRA	43226	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR INSERTION OF WIRE TO GUIDE DILATION	10/1/2010	12/31/2382	1
PRA	43227	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASE)	10/1/2013	12/31/2382	1
PRA	43229	DESTRUCTIOB OF GROWTHS OF ESOPHAGUS USING AN ENDOSCOPE	1/1/2014	12/31/2382	1
PRA	43231	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	10/1/2010	12/31/2382	1
PRA	43232	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE	10/1/2010	12/31/2382	1
PRA	43233	BALLOON DILATION OF ESPHAGUS, STOMACH, AND/OR UPER SMALL BOWEL USING ENDOSCOPE	1/1/2014	12/31/2382	1
PRA	43235	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	1
PRA	43236	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APP	10/1/2010	12/31/2382	1
PRA	43237	UPPER GASTROINTESTINAL ENDOSCOPY INCULDING ESOPHAGUS WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE	10/1/2010	12/31/2382	1
PRA	43238	UPPER GASTROINTESTINAL ENDOSCOPY INCULDING ESOPHAGUS WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR	10/1/2010	12/31/2382	1
PRA	43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	1
PRA	43240	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, WITH TRANSMURAL DRAINAGE OF PSEUDOCYST	10/1/2010	12/31/2382	1
PRA	43241	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	1
PRA	43242	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, WITH TRANSENDOSCOPIC ULTRASOUND-GUIDED INTRAMU	10/1/2010	12/31/2382	1
PRA	43243	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	1
PRA	43244	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,..WITH BAND LIGATION OF ESOPHAGEAL AND/OR GASTRIC	10/1/2010	12/31/2382	1
PRA	43245	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	1
PRA	43246	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	1
PRA	43247	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	43248	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OF	10/1/2010	12/31/2382	1
PRA	43249	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH ...WITH BALLOON DILATION OF ESOPHAGUS	10/1/2010	12/31/2382	1
PRA	43250	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS...WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY HOT	10/1/2010	12/31/2382	1
PRA	43251	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	1
PRA	43252	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	1/1/2013	12/31/2382	1
PRA	43253	INJECTION OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCES OR MARKERS IN ESOPHAGUS, STOMACH, AND/OR UPER SMALL BOWEL	1/1/2014	12/31/2382	1
PRA	43254	REMOVAL OF TISSUE LINING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	1/1/2014	12/31/2382	1
PRA	43255	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	2
PRA	43257	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	1
PRA	43259	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS...WITH ENDOSCOPIC ULTRASOUND EXAMINATION	10/1/2010	12/31/2382	1
PRA	43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN;	10/1/2010	12/31/2382	1
PRA	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY; WITH BIOPSY, SINGLE OR MULTIPLE	10/1/2010	12/31/2382	1
PRA	43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F	10/1/2010	12/31/2382	2
PRA	43263	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F	1/1/2014	12/31/2382	1
PRA	43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F	10/1/2010	12/31/2382	1
PRA	43265	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F	10/1/2010	12/31/2382	1
PRA	43266	PLACEMENT OF STENT IN ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	1/1/2014	12/31/2382	1
PRA	43270	DESTRUCTION OF GROWTHS ON ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING ENDOSCOPE	1/1/2014	12/31/2382	1
PRA	43273	ENDOSCOPIC CANNULATION OF PAPANILLA WITH DIRECT VISUALIZATION OF COMMON BILE DUCT(S) AND/OR PANCREATIC DUCT(S)	10/1/2010	12/31/2382	1
PRA	43274	PLACEMENT OF STENT PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	4/1/2015	12/31/2382	2
PRA	43275	REMOVAL OF FOREIGN BODY OR STENT FROM PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	1/1/2014	12/31/2382	1
PRA	43276	REPLACEMENT OF STENT PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	4/1/2015	12/31/2382	2
PRA	43277	BALLOON DILATION OF PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	1/1/2014	12/31/2382	3
PRA	43278	DESTRUCTION OF MASS ON GALLBLADDER, PANCREATIC, LIVER, AND BILE DUCTS USING AN ENDOSCPE	1/1/2014	12/31/2382	1
PRA	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTOMY (HELLER TYPE), WITH FUNDOPLASTY, WHEN PERFORMED	7/1/2012	12/31/2382	1
PRA	43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURES)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT	7/1/2012	12/31/2382	1
PRA	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITH	7/1/2012	12/31/2382	1
PRA	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY)	4/1/2011	12/31/2382	1
PRA	43284	PLACEMENT OF AUGMENTATION DEVICE IN SPHINCTER OF ESOPHAGUS USING LAPAROSCOPE	1/1/2017	12/31/2382	1
PRA	43285	REMOVAL OF AUGMENTATION DEVICE IN SPHINCTER OF ESOPHAGUS	1/1/2017	12/31/2382	1
PRA	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL, WITH LAPAROSCOPIC MOBILIZATION OF THE ABDOMINAL AND MEDIASTINAL ESOPHAGUS AND PROXIMAL GASTRECTOMY, WITH LAPAROSCOPIC PYLORIC DRAINAGE PROCEDURE IF PERFORMED, WITH OP	1/1/2018	12/31/2382	1
PRA	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH LAPAROSCOPIC MOBILIZATION OF THE ABDOMINAL AND LOWER MEDIASTINAL ESOPHAGUS AND PROXIMAL GASTRECTOMY, WITH LAPAROSCOPIC PYLORIC DRAINAGE PROCEDURE	1/1/2018	12/31/2382	1
PRA	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL, WITH THORACOSCOPIC MOBILIZATION OF THE UPPER, MIDDLE, AND LOWER MEDIASTINAL ESOPHAGUS, WITH SEPARATE LAPAROSCOPIC PROXIMAL GASTRECTOMY, WITH LAPAROSCOPIC PYLORIC DRAINAGE	1/1/2018	12/31/2382	1
PRA	43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS	4/1/2018	12/31/2382	1
PRA	43300	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FIS	10/1/2010	12/31/2382	1
PRA	43305	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH REPAIR OF TRACHEOESOPHAGEAL FISTUL	10/1/2010	12/31/2382	1
PRA	43310	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL FIS	10/1/2010	12/31/2382	1
PRA	43312	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH REPAIR OF TRACHEOESOPHAGEAL FISTUL	10/1/2010	12/31/2382	1
PRA	43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH;W/O REPAIR OF CONG	10/1/2010	12/31/2382	1
PRA	43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION),THORACIC APPROACH; WITH REPAIR OF CON	10/1/2010	12/31/2382	1
PRA	43320	ESOPHAGOGASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND PYLOROPLASTY; ABDOMINAL APPROACH	10/1/2010	12/31/2382	1
PRA	43325	ESOPHAGOGASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)	10/1/2010	12/31/2382	1
PRA	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY	4/1/2011	12/31/2382	1
PRA	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE;THORACOTOMY	4/1/2011	12/31/2382	1
PRA	43330	ESOPHAGOMYOTOMY (HELLER TYPE), WITH OR WITHOUT HIATAL HERNIA REPAIR); ABDOMINAL APPROACH	10/1/2010	12/31/2382	1
PRA	43331	ESOPHAGOMYOTOMY (HELLER TYPE), WITH OR WITHOUT HIATAL HERNIA REPAIR); THORACIC APPROACH	10/1/2010	12/31/2382	1
PRA	43332	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT NEONATAL	4/1/2011	12/31/2382	1
PRA	43333	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT NEONATAL	4/1/2011	12/31/2382	1
PRA	43334	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOTOMY, EXCEPT NEONATAL; WITHOUT	4/1/2011	12/31/2382	1
PRA	43335	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOTOMY, EXCEPT NEONATAL	4/1/2011	12/31/2382	1
PRA	43336	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOABDOMINAL INCISION, EXCEP	4/1/2011	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	43337	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOABDOMINAL INCISION, EXCEPT	4/1/2011	12/31/2382	1
PRA	43338	ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY)	4/1/2011	12/31/2382	1
PRA	43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH	10/1/2010	12/31/2382	1
PRA	43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH	10/1/2010	12/31/2382	1
PRA	43351	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH	10/1/2010	12/31/2382	1
PRA	43352	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH	10/1/2010	12/31/2382	1
PRA	43360	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING ESOPHAGEAL LESION OR FISTULA, OR	10/1/2010	12/31/2382	1
PRA	43361	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAG- ECTOMY, FOR OBSTRUCTING ESOPHAGEAL...WITH COLON INTERPO	10/1/2010	12/31/2382	1
PRA	43400	LIGATION, DIRECT, ESOPHAGEAL VARICES	10/1/2010	12/31/2382	1
PRA	43405	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAGEAL PERFORATION	10/1/2010	12/31/2382	1
PRA	43410	SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH	10/1/2010	12/31/2382	1
PRA	43415	SUTURE OF ESOPHAGEAL WOUND OR INJURY; THORACIC APPROACH	10/1/2010	12/31/2382	1
PRA	43420	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; CERVICAL APPROACH	10/1/2010	12/31/2382	1
PRA	43425	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; THORACIC APPROACH	10/1/2010	12/31/2382	1
PRA	43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES; INITIAL SESSION	10/1/2010	12/31/2382	1
PRA	43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE OR STRING	10/1/2010	12/31/2382	1
PRA	43460	ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAAKEN TYPE)	10/1/2010	12/31/2382	1
PRA	43496	FREE JEJUNUM TRANSFER WITH MICROVASCULAR ANASTOMOSIS	10/1/2010	12/31/2382	1
PRA	43499	UNLISTED PROCEDURE, ESOPHAGUS	4/1/2018	12/31/2382	1
PRA	43500	GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL	10/1/2010	12/31/2382	1
PRA	43501	GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER OR ESOPHAGOGASTRIC LACERATION	10/1/2010	12/31/2382	1
PRA	43502	GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION (EG, MALLORY-WEISS)	10/1/2010	12/31/2382	1
PRA	43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PLASTIC TUBES	10/1/2010	12/31/2382	1
PRA	43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)	10/1/2010	12/31/2382	1
PRA	43605	BIOPSY OF STOMACH; BY LAPAROTOMY	10/1/2010	12/31/2382	1
PRA	43610	EXCISION, LOCAL, OF ULCER OR TUMOR OF STOMACH	1/1/2014	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	43611	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	1/1/2014	12/31/2382	2
PRA	43620	GASTRECTOMY, TOTAL; INCLUDING INTESTINAL ANASTOMOSIS	10/1/2010	12/31/2382	1
PRA	43621	EXCISION, LOCAL; WITH ROUX-EN-Y RECONSTRUCTION	10/1/2010	12/31/2382	1
PRA	43622	GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE	10/1/2010	12/31/2382	1
PRA	43631	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY	10/1/2010	12/31/2382	1
PRA	43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY	10/1/2010	12/31/2382	1
PRA	43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTON	10/1/2010	12/31/2382	1
PRA	43634	GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH	10/1/2010	12/31/2382	1
PRA	43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY	10/1/2010	12/31/2382	1
PRA	43640	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR SELECTIVE	10/1/2010	12/31/2382	1
PRA	43641	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CELL (HIGHLY SELECTIVE)	10/1/2010	12/31/2382	1
PRA	43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY	10/1/2010	12/31/2382	1
PRA	43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION	10/1/2010	12/31/2382	1
PRA	43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	10/1/2010	12/31/2382	1
PRA	43648	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	10/1/2010	12/31/2382	1
PRA	43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	10/1/2010	12/31/2382	1
PRA	43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SELECTIVE	10/1/2010	12/31/2382	1
PRA	43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE(EG, STAMM PROCEDURE)	10/1/2010	12/31/2382	1
PRA	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	4/1/2018	12/31/2382	1
PRA	43752	NASO- OR ORO-GASTRIC TUBE PLACEMENT, NECESSITATING PHYSICIAN'S SKILL	10/1/2010	12/31/2382	2
PRA	43753	GASTRIC INTUBATION AND ASPIRATION(S) THERAPEUTIC, NECESSITATING PHYSICIAN'S SKILL (EG, FOR GASTROINTESTINAL	4/1/2011	12/31/2382	1
PRA	43754	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN(EG, ACID ANALYSIS)	4/1/2011	12/31/2382	1
PRA	43755	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH GASTRIC	4/1/2011	12/31/2382	1
PRA	43756	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE SPECIMEN (EG, BILE STUDY FOR	1/1/2011	12/31/2382	1
PRA	43757	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECTION OF MULTIPLE FRACTIONAL SPE	1/1/2011	12/31/2382	1
PRA	43761	REPOSITIONING OF THE GASTRIC FEEDING TUBE, ANY METHOD, THROUGH THE DUODENUM FOR	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	43762	REPLACEMENT OF STOMACH STOMA TUBE ACCESSED THROUGH SKIN	1/1/2019	12/31/2382	2
PRA	43763	REPLACEMENT OF STOMACH STOMA TUBE ACCESSED THROUGH SKIN WITH REVISION OF STOMA OPENING	1/1/2019	12/31/2382	2
PRA	43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC BAND	10/1/2010	12/31/2382	1
PRA	43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY	10/1/2010	12/31/2382	1
PRA	43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY	10/1/2010	12/31/2382	1
PRA	43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC BAND COMPO	10/1/2010	12/31/2382	1
PRA	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND AND SUBUTANEOUS PORT	10/1/2010	12/31/2382	1
PRA	43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)	7/1/2012	12/31/2382	1
PRA	43800	PYLOROPLASTY	10/1/2010	12/31/2382	1
PRA	43810	GASTRODUODENOSTOMY	10/1/2010	12/31/2382	1
PRA	43820	GASTROJEJUNOSTOMY;	10/1/2010	12/31/2382	1
PRA	43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE	10/1/2010	12/31/2382	1
PRA	43830	GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDURE)	10/1/2010	12/31/2382	1
PRA	43831	GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE); NEONATAL, FOR FEEDING	10/1/2010	12/31/2382	1
PRA	43832	GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY PROCEDURE)	10/1/2010	12/31/2382	1
PRA	43840	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR INJURY	10/1/2010	12/31/2382	2
PRA	43842	GASTROPLASTY, VERTICAL-BANDED, FOR MORBID OBESITY	10/1/2013	12/31/2382	1
PRA	43843	GASTROPLASTY, OTHER THAN VERTICAL-BANDED, FOR MORBID OBESITY	10/1/2010	12/31/2382	1
PRA	43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILESOSTOMY	10/1/2010	12/31/2382	1
PRA	43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTROENTEROSTOMY FOR MORBID OBESITY	10/1/2010	12/31/2382	1
PRA	43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SMALL BOWEL RECONSTRUCTION TO LIM	10/1/2010	12/31/2382	1
PRA	43848	REVISION OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	43850	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUCTION; WITHOUT VAGOTOMY	10/1/2010	12/31/2382	1
PRA	43855	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUCTION; WITH VAGOTOMY	10/1/2010	12/31/2382	1
PRA	43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GASTREC	10/1/2010	12/31/2382	1
PRA	43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GASTREC	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	43870	CLOSURE OF GASTROSTOMY, SURGICAL	10/1/2010	12/31/2382	1
PRA	43880	CLOSURE OF GASTROCOLIC FISTULA	10/1/2010	12/31/2382	1
PRA	43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTODES, ANTRUM, OPEN	10/1/2010	12/31/2382	1
PRA	43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTODES, ANTRUM, OPEN	10/1/2010	12/31/2382	1
PRA	43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY	10/1/2010	12/31/2382	1
PRA	43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY	10/1/2010	12/31/2382	1
PRA	43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY	10/1/2010	12/31/2382	1
PRA	43999	UNLISTED PROCEDURE, STOMACH	4/1/2018	12/31/2382	1
PRA	44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	44010	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	10/1/2010	12/31/2382	1
PRA	44015	TUBE JEJUNOSTOMY FOR ENTERAL ALIMENTATION, INTRAOPERATIVE, ANY METHOD (LIST SEPARATELY IN ADDITION TO PRIMARY	10/1/2010	12/31/2382	1
PRA	44020	ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	10/1/2010	12/31/2382	2
PRA	44021	ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER TUBE)	10/1/2010	12/31/2382	1
PRA	44025	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	10/1/2010	12/31/2382	1
PRA	44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY	10/1/2010	12/31/2382	1
PRA	44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MIDGUT VOLVULUS (EG, LADD PROCEDURE)	10/1/2010	12/31/2382	1
PRA	44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	10/1/2010	12/31/2382	1
PRA	44110	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULI	10/1/2010	12/31/2382	1
PRA	44111	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE BOWEL NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR FISTULI	10/1/2010	12/31/2382	1
PRA	44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ANASTOMOSIS	10/1/2010	12/31/2382	1
PRA	44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND ANASTOMOSIS	7/1/2019	12/31/2382	2
PRA	44125	ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH DOUBLE-BARREL ENTEROSTOMY	10/1/2010	12/31/2382	1
PRA	44126	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL	10/1/2010	12/31/2382	1
PRA	44127	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS WITH TAPERI	10/1/2010	12/31/2382	1
PRA	44128	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS, EACH ADDIT	10/1/2010	12/31/2382	2
PRA	44130	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE; (SEPARATE PROCEDURE)	1/1/2019	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	44132	DONOR ENTERECTOMY, OPEN, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; FROM CADAVER DONOR	10/1/2010	12/31/2382	1
PRA	44133	DONOR ENTERECTOMY, OPEN, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; PARTIAL FROM LIVING DONOR	10/1/2010	12/31/2382	1
PRA	44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR	10/1/2010	12/31/2382	1
PRA	44136	INTESTINAL ALLOTRANSPLANTATION; FROM LIVING DONOR	10/1/2010	12/31/2382	1
PRA	44137	REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE	10/1/2010	12/31/2382	1
PRA	44139	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY	10/1/2010	12/31/2382	1
PRA	44140	COLECTOMY, PARTIAL; WITH ANASTOMOSIS	10/1/2010	12/31/2382	2
PRA	44141	COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY	10/1/2010	12/31/2382	1
PRA	44143	COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	44144	COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATION OF MUCOFISTULA	10/1/2010	12/31/2382	1
PRA	44145	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	10/1/2010	12/31/2382	1
PRA	44146	COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY	10/1/2010	12/31/2382	1
PRA	44147	COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH	10/1/2010	12/31/2382	1
PRA	44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR ILEOPROCTOSTOMY	10/1/2010	12/31/2382	1
PRA	44151	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOSTOMY	10/1/2010	12/31/2382	1
PRA	44155	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY	10/1/2010	12/31/2382	1
PRA	44156	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOMY	10/1/2010	12/31/2382	1
PRA	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, INCLUDES LOOP ILEOSTOMY, AND RECTAL	10/1/2010	12/31/2382	1
PRA	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, CREATION OF ILEAL RESERVIOR	10/1/2010	12/31/2382	1
PRA	44160	COLECTOMY WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY	10/1/2010	12/31/2382	1
PRA	44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS	10/1/2010	12/31/2382	1
PRA	44186	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY	10/1/2010	12/31/2382	1
PRA	44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	10/1/2010	12/31/2382	1
PRA	44188	LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY	10/1/2010	12/31/2382	1
PRA	44202	LAPAROSCOPY, SURGICAL; INTESTINAL RESECTION, WITH ANASTOMOSIS (INTRA OR EXTRACORPOREAL)	10/1/2010	12/31/2382	1
PRA	44203	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTOMOSIS	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	10/1/2010	12/31/2382	2
PRA	44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLECTOMY	10/1/2010	12/31/2382	1
PRA	44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLECTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE)	10/1/2010	12/31/2382	1
PRA	44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)	10/1/2010	12/31/2382	1
PRA	44208	LAPAROSCOPY, SURGICAL, COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WIT	10/1/2010	12/31/2382	1
PRA	44210	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH ILEOSTOMY OR ILEOPROCTOSTOMY	10/1/2010	12/31/2382	1
PRA	44211	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOANAL ANASTOMOSIS, CREATION OF	10/1/2010	12/31/2382	1
PRA	44212	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOSTOMY	10/1/2010	12/31/2382	1
PRA	44213	LAPAROSCOPY, SURGICAL, MOBILIZATION OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY	10/1/2010	12/31/2382	1
PRA	44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS	10/1/2010	12/31/2382	1
PRA	44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	4/1/2018	12/31/2382	1
PRA	44300	ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	2
PRA	44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	44314	REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	44316	CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	44320	COLECTOMY OR SKIN LEVEL CECOSTOMY; (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	44322	COLECTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR HIRSCHSPRUNG DISEASE) (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	44340	REVISION OF COLECTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	44345	REVISION OF COLECTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	44346	REVISION OF COLECTOMY; WITH REPAIR OF PARACOLESTOMY HERNIA (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; DIAGNOSTIC	10/1/2010	12/31/2382	1
PRA	44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH BIOPSY AND/OR COLLECTION OF SP	10/1/2010	12/31/2382	1
PRA	44363	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
PRA	44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH REMOVAL OF POLYPOID LESION(S)	10/1/2010	12/31/2382	1
PRA	44365	SMALL INTESTINAL ENDOSCOPY,...WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS OR BIPOLEAR	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH CONTROL OF HEMORRHAGE (EG, ELE	10/1/2010	12/31/2382	1
PRA	44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH ABLATION OF TUMOR OR MUCOSAL L	10/1/2010	12/31/2382	1
PRA	44370	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH TRANSENDOSCOPIC STENT PLACEMEN	10/1/2010	12/31/2382	1
PRA	44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH PLACEMENT OF PERCUTANEOUS JEJU	10/1/2010	12/31/2382	1
PRA	44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH CONVERSION OF PERCUTANEOUS GAS	10/1/2010	12/31/2382	1
PRA	44376	SMALL INTESTINAL ENOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; DIAGNOSTIC, WITH OR	10/1/2010	12/31/2382	1
PRA	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,...WITH CONTROL OF BLEEDING, ANY	10/1/2010	12/31/2382	1
PRA	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,...WITH CONTROL OF BLEEDING, ANY	10/1/2010	12/31/2382	1
PRA	44379	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND BEYOND PORTION OF DUODENUM, INCLUDING THE ILEUM, WITH TR	10/1/2010	12/31/2382	1
PRA	44380	FIBEROPTIC ILEOSCOPY THROUGH STOMA;	10/1/2010	12/31/2382	1
PRA	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	1/1/2015	12/31/2382	1
PRA	44382	FIBEROPTIC ILEOSCOPY THROUGH STOMA; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	10/1/2010	12/31/2382	1
PRA	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACEMENT OF ENDOSCOPIC STENT	1/1/2015	12/31/2382	1
PRA	44385	FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR PELVIC POUCH;	10/1/2010	12/31/2382	1
PRA	44386	FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR PELVIC POUCH; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY	10/1/2010	12/31/2382	1
PRA	44388	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY;	10/1/2010	12/31/2382	1
PRA	44389	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	10/1/2010	12/31/2382	1
PRA	44390	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
PRA	44391	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGU	10/1/2010	12/31/2382	1
PRA	44392	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH REMOVAL OF POLYPOID LESION(S)	10/1/2010	12/31/2382	1
PRA	44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY SNARE TECHNIQUE	10/1/2010	12/31/2382	1
PRA	44401	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), R OTHER LESION(S)	1/1/2015	12/31/2382	1
PRA	44402	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC STENT PLACEMENT	1/1/2015	12/31/2382	1
PRA	44403	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC MUCOSAL RESECTION	1/1/2015	12/31/2382	1
PRA	44404	COLONOSCOPY THROUGH STOMA; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	1/1/2015	12/31/2382	1
PRA	44405	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DIALTION	1/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	44406	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC ULTRASOUND EXAMINATION, LIMITED TO THE SIGMOID, DESCENDING, TRANS	1/1/2015	12/31/2382	1
PRA	44407	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC ULTRASOUNDGUIDED INTRAMURAL OR TRANSMURAL	1/1/2015	12/31/2382	1
PRA	44408	COLONOSCOPY THROUGH STOMA; WITH DECOMPRESSION, INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN	1/1/2015	12/31/2382	1
PRA	44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG. MILLER-ABBOTT) (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	44602	SUTURE OF SMALL INTESTINE FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY, OR RUPTURE;SINGLE PERFORAT	10/1/2010	12/31/2382	1
PRA	44603	SUTURE OF SMALL INTESTINE FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY, OR RUPTURE; MULTIPLE	10/1/2010	12/31/2382	1
PRA	44604	SUTURE OF LARGE INTESTINE FOR PERFORATED ULCER, DIVERT- ICULUM, WOUND, INJURY OR RUPTURE; WITHOUT COLOSTOMY	10/1/2010	12/31/2382	1
PRA	44605	SUTURE OF INTESTINE (ENTERORRHAPHY), LARGE OR SMALL, FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPT	10/1/2010	12/31/2382	1
PRA	44615	INTESTINAL STRICTUROPLASTY WITH OR WITHOUT DILATION FOR INTESTINAL OBSTRUCTION	7/1/2019	12/31/2382	3
PRA	44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;	10/1/2010	12/31/2382	2
PRA	44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL	10/1/2010	12/31/2382	1
PRA	44626	CLOSURE OF ENTEROSTOMY WITH RESECTION AND COLORECTAL ANASTOMOSIS (EG, CLOSURE OF HARTMANN TYPE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	44640	CLOSURE OF INTESTINAL CUTANEOUS FISTULA	10/1/2010	12/31/2382	2
PRA	44650	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	10/1/2010	12/31/2382	2
PRA	44660	CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECTION	10/1/2010	12/31/2382	1
PRA	44661	CLOSURE OF ENTEROVESICAL FISTULA; WITH BOWEL AND/OR BLADDER RESECTION	10/1/2010	12/31/2382	1
PRA	44680	INTESTINAL PLICATION (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	44700	EXCLUSION OF SMALL BOWEL FROM PELVIS BY MESH OR OTHER PROSTHESIS, OR NATIVE TISSUE (EG, BLADDER OR OMENTUM)	10/1/2010	12/31/2382	1
PRA	44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	10/1/2010	12/31/2382	1
PRA	44705	PREPARATION OF FECAL MICROBIOTA FOR INSTILLATION, INCLUDING ASSESMENT OF DONOR SPECIMEN	1/1/2013	12/31/2382	1
PRA	44715	BACKBENCH STANDARD PREPARATION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION,	10/1/2010	12/31/2382	1
PRA	44720	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS	10/1/2010	12/31/2382	2
PRA	44721	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS	10/1/2010	12/31/2382	2
PRA	44799	UNLISTED PROCEDURE, INTESTINE	4/1/2018	12/31/2382	1
PRA	44800	EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTERIC DUCT	10/1/2010	12/31/2382	1
PRA	44820	EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)	1/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	44850	SUTURE OF MESENTERY (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	44899	UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY	4/1/2018	12/31/2382	1
PRA	44900	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN	10/1/2010	12/31/2382	1
PRA	44950	APPENDECTOMY;	10/1/2010	12/31/2382	1
PRA	44955	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (NOT AS SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	44960	APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS	10/1/2010	12/31/2382	1
PRA	44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	10/1/2010	12/31/2382	1
PRA	44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	4/1/2018	12/31/2382	1
PRA	45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	10/1/2010	12/31/2382	1
PRA	45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	10/1/2010	12/31/2382	1
PRA	45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS	10/1/2010	12/31/2382	1
PRA	45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)	1/1/2014	12/31/2382	2
PRA	45108	ANORECTAL MYOMECTIONY	10/1/2010	12/31/2382	1
PRA	45110	PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY, ONE OR TWO STAGES	10/1/2010	12/31/2382	1
PRA	45111	PROCTECTOMY; PARTIAL RESECTION OF RECTUM	10/1/2010	12/31/2382	1
PRA	45112	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE, ONE OR TWO STAGES	10/1/2010	12/31/2382	1
PRA	45113	PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, CREATION OF ILEAL RESERVOIR, WITH OR WITHO	10/1/2010	12/31/2382	1
PRA	45114	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSACRAL APPROACH, ONE OR TWO STAGES	10/1/2010	12/31/2382	1
PRA	45116	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSACRAL APPROACH ONLY (KRASKE TYPE)	10/1/2010	12/31/2382	1
PRA	45119	PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANAL ANASTOMOSIS), WITH CREATION OF	10/1/2010	12/31/2382	1
PRA	45120	PROCTECTOMY, COMPLETE; (EG, FOR CONGENITAL MEGACOLON, SWENSON, DUHAMEL, OR SOAVE TYPE OPERATION)	10/1/2010	12/31/2382	1
PRA	45121	PROCTECTOMY, COMPLETE; WITH SUBTOTAL OR TOTAL COLECTOMY, WITH MULTIPLE BIOPSIES (EG, FOR COLONIC AGANGLIONOSIS)	10/1/2010	12/31/2382	1
PRA	45123	PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	10/1/2010	12/31/2382	1
PRA	45126	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY, WITH REMOVAL OF BLADDER AND URETERAL	10/1/2010	12/31/2382	1
PRA	45130	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH	10/1/2010	12/31/2382	1
PRA	45135	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINEAL APPROACH	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	45136	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	10/1/2010	12/31/2382	1
PRA	45150	DIVISION OF STRICTURE OF RECTUM	10/1/2010	12/31/2382	1
PRA	45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCCYGEAL APPROACH	10/1/2010	12/31/2382	1
PRA	45171	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (IE, PARTIAL THICKNESS)	1/1/2014	12/31/2382	2
PRA	45172	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (IE, FULL THICKNESS)	1/1/2014	12/31/2382	2
PRA	45190	DESTRUCTION OF RECTAL TUMOR, ANY METHOD (EG,ELECTRODESICCATION) TRANSANAL APPROACH	10/1/2010	12/31/2382	1
PRA	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	45303	PROCTOSIGMOIDOSCOPY; WITH DILATION, DIRECT, INSTRUMENTAL	10/1/2010	12/31/2382	1
PRA	45305	PROCTOSIGMOIDOSCOPY; WITH BIOPSY	10/1/2010	12/31/2382	1
PRA	45307	PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
PRA	45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPO	10/1/2010	12/31/2382	1
PRA	45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE	10/1/2010	12/31/2382	1
PRA	45315	PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF MULTIPLE EXCRESCENCES, PAPILOMATA OR POLYPS	10/1/2010	12/31/2382	1
PRA	45317	PROCTOSIGMOIDOSCOPY; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGULATION)	10/1/2010	12/31/2382	1
PRA	45320	PROCTOSIGMOIDOSCOPY; WITH ABLATION OF TUMOR (EG, ELECTROCOAGULATION, PHOTOCOAGULATION, HOT BIOPSY/FULGURATION)	10/1/2010	12/31/2382	1
PRA	45321	PROCTOSIGMOIDOSCOPY; WITH DECOMPRESSION OF VOLVULUS	10/1/2010	12/31/2382	1
PRA	45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)	10/1/2010	12/31/2382	1
PRA	45330	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	10/1/2010	12/31/2382	1
PRA	45331	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	10/1/2010	12/31/2382	1
PRA	45332	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
PRA	45333	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF POLYPOID LESION(S)	10/1/2010	12/31/2382	1
PRA	45334	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGULATION)	10/1/2010	12/31/2382	1
PRA	45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	10/1/2010	12/31/2382	1
PRA	45337	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH DECOMPRESSION OF VOLVULUS	10/1/2010	12/31/2382	1
PRA	45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMORS, POLYPS OR OTHER LESIONS BY SNARE TECHNIQUE	10/1/2010	12/31/2382	1
PRA	45340	SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	10/1/2010	12/31/2382	1
PRA	45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATIO	10/1/2010	12/31/2382	1
PRA	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	1/1/2015	12/31/2382	1
PRA	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES ORE AND POST DILATION AND	1/1/2015	12/31/2382	1
PRA	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	1/1/2015	12/31/2382	1
PRA	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S)	1/1/2015	12/31/2382	1
PRA	45378	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT COLON DECOMPRESSION	10/1/2010	12/31/2382	1
PRA	45379	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
PRA	45380	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASH	10/1/2010	12/31/2382	1
PRA	45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	10/1/2010	12/31/2382	1
PRA	45382	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHO	1/1/2014	12/31/2382	1
PRA	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY HOT	10/1/2010	12/31/2382	1
PRA	45385	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH REMOVAL OF POLYPOID LESION(S)	10/1/2010	12/31/2382	1
PRA	45386	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BT BALLOON, 1 OR MORE STRICTURES	10/1/2010	12/31/2382	1
PRA	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	1/1/2015	12/31/2382	1
PRA	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC STENT PLACEMENT	1/1/2015	12/31/2382	1
PRA	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	1/1/2015	12/31/2382	1
PRA	45391	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	10/1/2010	12/31/2382	1
PRA	45392	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED	10/1/2010	12/31/2382	1
PRA	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRESSION, INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN	1/1/2015	12/31/2382	1
PRA	45395	LAPAROSCOPY, SURGICAL;PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY	10/1/2010	12/31/2382	1
PRA	45397	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE, WITH CREATION OF COLONIC	10/1/2010	12/31/2382	1
PRA	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIGATION(S)	1/1/2015	12/31/2382	1
PRA	45399	UNLISTED PROCEDURE; COLON	4/1/2018	12/31/2382	1
PRA	45400	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	10/1/2010	12/31/2382	1
PRA	45402	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	45499	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM	4/1/2018	12/31/2382	1
PRA	45500	PROCTOPLASTY; FOR STENOSIS	10/1/2010	12/31/2382	1
PRA	45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE	10/1/2010	12/31/2382	1
PRA	45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	10/1/2010	12/31/2382	1
PRA	45540	PROCTOPEXY FOR PROLAPSE; ABDOMINAL APPROACH	10/1/2010	12/31/2382	1
PRA	45541	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	10/1/2010	12/31/2382	1
PRA	45550	PROCTOPEXY COMBINED WITH SIGMOID RESECTION, ABDOMINAL APPROACH	10/1/2010	12/31/2382	1
PRA	45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	45562	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	10/1/2010	12/31/2382	1
PRA	45563	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH COLOSTOMY	10/1/2010	12/31/2382	1
PRA	45800	CLOSURE OF RECTOVESICAL FISTULA;	10/1/2010	12/31/2382	1
PRA	45805	CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY	10/1/2010	12/31/2382	1
PRA	45820	CLOSURE OF RECTOURETHRAL FISTULA;	10/1/2010	12/31/2382	1
PRA	45825	CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY	10/1/2010	12/31/2382	1
PRA	45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA	10/1/2010	12/31/2382	1
PRA	45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	10/1/2010	12/31/2382	1
PRA	45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	10/1/2010	12/31/2382	1
PRA	45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	10/1/2010	12/31/2382	1
PRA	45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), DIAGNOSTIC	10/1/2010	12/31/2382	1
PRA	45999	UNLISTED PROCEDURE, RECTUM	4/1/2018	12/31/2382	1
PRA	46020	PLACEMENT OF SETON	1/1/2014	12/31/2382	2
PRA	46030	REMOVAL OF ANAL SETON, OTHER MARKER	10/1/2010	12/31/2382	1
PRA	46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	2
PRA	46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA	10/1/2010	12/31/2382	2
PRA	46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	10/1/2010	12/31/2382	2
PRA	46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY, SUBMUSCULAR	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	46070	INCISION, ANAL SEPTUM (INFANT)	10/1/2010	12/31/2382	1
PRA	46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	10/1/2010	12/31/2382	2
PRA	46200	FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY	10/1/2010	12/31/2382	1
PRA	46220	PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCEDURE)	4/1/2014	12/31/2382	1
PRA	46221	HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (EG, RUBBER BAND)	10/1/2010	12/31/2382	1
PRA	46230	EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE	10/1/2010	12/31/2382	1
PRA	46250	HEMORRHOIDECTOMY, EXTERNAL, COMPLETE	10/1/2010	12/31/2382	1
PRA	46255	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE;	10/1/2010	12/31/2382	1
PRA	46257	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY	10/1/2010	12/31/2382	1
PRA	46258	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY	10/1/2010	12/31/2382	1
PRA	46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE;	10/1/2010	12/31/2382	1
PRA	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY	10/1/2010	12/31/2382	1
PRA	46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY	10/1/2010	12/31/2382	1
PRA	46270	FISTULECTOMY; SUBCUTANEOUS	10/1/2010	12/31/2382	1
PRA	46275	FISTULECTOMY; SUBMUSCULAR	10/1/2010	12/31/2382	1
PRA	46280	FISTULECTOMY; COMPLEX OR MULTIPLE	10/1/2010	12/31/2382	1
PRA	46285	FISTULECTOMY; SECOND STAGE	10/1/2010	12/31/2382	1
PRA	46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	10/1/2010	12/31/2382	1
PRA	46320	ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID	10/1/2010	12/31/2382	2
PRA	46500	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	10/1/2010	12/31/2382	1
PRA	46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	10/1/2010	12/31/2382	1
PRA	46600	ANOSCOPY; DIAGNOSTIC (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESOLUTION MAGNIFICATION AND CHEMICAL AGENT ENHANCEMENT	1/1/2015	12/31/2382	1
PRA	46604	ANOSCOPY; FOR DILATION, DIRECT, INSTRUMENTAL	10/1/2010	12/31/2382	1
PRA	46606	ANOSCOPY; FOR BIOPSY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNIFICATION AND CHEMICAL AGENT ENHANCEMENT, WITH BIOPSY, SINGLE	1/1/2015	12/31/2382	1
PRA	46608	ANOSCOPY; FOR REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
PRA	46610	ANOSCOPY; FOR REMOVAL OF POLYP	10/1/2010	12/31/2382	1
PRA	46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE	10/1/2010	12/31/2382	1
PRA	46612	ANOSCOPY; FOR MULTIPLE POLYP REMOVAL	10/1/2010	12/31/2382	1
PRA	46614	ANOSCOPY; WITH COAGULATION FOR CONTROL OF HEMORRHAGE AND/OR FULGURATION OF MUCOSAL LESION	10/1/2010	12/31/2382	1
PRA	46615	ANOSCOPY; WITH ABLATION OF TUMORS, POLYPS, OR OTHER LESIONS NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIP	10/1/2010	12/31/2382	1
PRA	46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT	10/1/2010	12/31/2382	1
PRA	46705	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; INFANT	10/1/2010	12/31/2382	1
PRA	46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	4/1/2014	12/31/2382	1
PRA	46707	REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA)	7/1/2014	12/31/2382	1
PRA	46710	REPAIR OF ILEOANAL POUCH FISTULA/SINUS, POUCH ADVANCEMENT; TRANSPERINEAL APPROACH	10/1/2010	12/31/2382	1
PRA	46712	REPAIR OF ILEOANAL POUCH FISTULA/SINUS, POUCH ADVANCEMENT; COMBINED TRANSPERINEAL AND TRANSABDOMINAL APPROACH	10/1/2010	12/31/2382	1
PRA	46715	REPAIR OF CONGENITAL ANOVAGINAL FISTULA ("CUT-BACK" TYPE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	46716	PERINEAL TRANSPLANT OF ANOVAGINAL FISTULA	10/1/2010	12/31/2382	1
PRA	46730	CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE; PERINEAL OR SACROCOCCYGEAL APPROACH	10/1/2010	12/31/2382	1
PRA	46735	CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE; COMBINED ABDOMINAL AND PERINEAL APPROACH	10/1/2010	12/31/2382	1
PRA	46740	CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE, WITH REPAIR OF URINARY FISTULA	10/1/2010	12/31/2382	1
PRA	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA; COMBINED TRANSABDOMINAL AND SACROP	10/1/2010	12/31/2382	1
PRA	46744	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROPERINEAL APPROACH	10/1/2010	12/31/2382	1
PRA	46746	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED ABDOMINAL AND SACROPERINEAL APPR	10/1/2010	12/31/2382	1
PRA	46748	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED...;WITH VAGINAL LENGTHENING BY	10/1/2010	12/31/2382	1
PRA	46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	10/1/2010	12/31/2382	1
PRA	46751	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD	10/1/2010	12/31/2382	1
PRA	46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE	10/1/2010	12/31/2382	1
PRA	46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	10/1/2010	12/31/2382	1
PRA	46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION (PARK POSTERIOR ANAL REPAIR)	10/1/2010	12/31/2382	1
PRA	46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CH	10/1/2010	12/31/2382	1
PRA	46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; EL	10/1/2010	12/31/2382	1
PRA	46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CR	10/1/2010	12/31/2382	1
PRA	46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LA	10/1/2010	12/31/2382	1
PRA	46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SU	10/1/2010	12/31/2382	1
PRA	46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE;	10/1/2010	12/31/2382	1
PRA	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY)	10/1/2010	12/31/2382	1
PRA	46940	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL	10/1/2010	12/31/2382	1
PRA	46942	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQU	10/1/2010	12/31/2382	1
PRA	46945	LIGATION OF INTERNAL HEMORRHOIDS; SINGLE PROCEDURE	10/1/2010	12/31/2382	1
PRA	46946	LIGATION OF INTERNAL HEMORRHOIDS; MULTIPLE PROCEDURES	10/1/2010	12/31/2382	1
PRA	46947	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING	10/1/2010	12/31/2382	1
PRA	46999	UNLISTED PROCEDURE, ANUS	4/1/2018	12/31/2382	1
PRA	47000	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE;	10/1/2010	12/31/2382	3
PRA	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (NOT AS	10/1/2010	12/31/2382	3
PRA	47010	HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	7/1/2019	12/31/2382	1
PRA	47015	LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOEBIC OR ECHINOCOCCAL)CYST(S) OR ABCE	10/1/2010	12/31/2382	1
PRA	47100	BIOPSY OF LIVER, WEDGE (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	3
PRA	47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY	1/1/2014	12/31/2382	2
PRA	47122	HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY	10/1/2010	12/31/2382	1
PRA	47125	HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY	10/1/2010	12/31/2382	1
PRA	47130	HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY	10/1/2010	12/31/2382	1
PRA	47133	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF HOMOGRAFT	10/1/2010	12/31/2382	1
PRA	47135	LIVER TRANSPLANT, WITH OR WITHOUT RECIPIENT HEPATECTOMY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	47140	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DONOR; LEFT LATERAL SEGMENT ONLY	10/1/2010	12/31/2382	1
PRA	47141	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DONOR; TOTAL LEFT LOBECTOMY	10/1/2010	12/31/2382	1
PRA	47142	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DONOR; TOTAL RIGHT LOBECTOMY	10/1/2010	12/31/2382	1
PRA	47143	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING	10/1/2010	12/31/2382	1
PRA	47144	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING	10/1/2010	12/31/2382	1
PRA	47145	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING	10/1/2010	12/31/2382	1
PRA	47146	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING	1/1/2019	12/31/2382	2
PRA	47147	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING	1/1/2019	12/31/2382	1
PRA	47300	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	10/1/2010	12/31/2382	2
PRA	47350	MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY	10/1/2010	12/31/2382	1
PRA	47360	MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVERWOUND OR INJURY, WITH OR WITHOUT HEPATIC ARTERY LIGATIO	10/1/2010	12/31/2382	1
PRA	47361	MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIVE DEBRIDEMENT, COAGULATION AND/OR SUTURE	10/1/2010	12/31/2382	1
PRA	47362	MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL OF PACKING	10/1/2010	12/31/2382	1
PRA	47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	10/1/2010	12/31/2382	1
PRA	47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	10/1/2010	12/31/2382	1
PRA	47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	4/1/2018	12/31/2382	1
PRA	47380	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	10/1/2010	12/31/2382	1
PRA	47381	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	10/1/2010	12/31/2382	1
PRA	47382	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	10/1/2010	12/31/2382	1
PRA	47383	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, CRYOABLATION	1/1/2015	12/31/2382	1
PRA	47399	UNLISTED PROCEDURE, LIVER	4/1/2018	12/31/2382	1
PRA	47400	HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS	10/1/2010	12/31/2382	1
PRA	47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS, WITH OR WITHOUT CHOLECYS	10/1/2010	12/31/2382	1
PRA	47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS, WITH OR WITHOUT CHOLECYS	10/1/2010	12/31/2382	1
PRA	47460	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	47490	PERCUTANEOUS CHOLECYSTOSTOMY	10/1/2010	12/31/2382	1
PRA	47531	INJECTION OF BILE DUCT FOR X-RAY IMAGING PROCEDURE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE INCLUDING	1/1/2016	12/31/2382	2
PRA	47532	INJECTION OF BILE DUCT FOR X-RAY IMAGING PROCEDURE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE INCLUDING	1/1/2016	12/31/2382	1
PRA	47533	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE	1/1/2016	12/31/2382	1
PRA	47534	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE	4/1/2017	12/31/2382	2
PRA	47535	CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL-EXTERNAL BILIARY DRAINAGE CATHETER, PERCUTANEOUS	1/1/2016	12/31/2382	1
PRA	47536	EXCHANGE OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED,	4/1/2017	12/31/2382	2
PRA	47537	REMOVAL OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, REQUIRING FLUOROSCOPIC GUIDANCE, INCLUDING DIAGNOSTIC	1/1/2016	12/31/2382	1
PRA	47538	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY	1/1/2017	12/31/2382	2
PRA	47539	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY	1/1/2017	12/31/2382	2
PRA	47540	PLACEMENT OF STENT AND DRAINAGE CATHETER OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH THE IMAGING INCLUDING	1/1/2017	12/31/2382	2
PRA	47541	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE, BALLOON DILATION	1/1/2016	12/31/2382	1
PRA	47542	BALLOON DILATION OF BILE DUCT ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE INCLUDING RADIOLOGICAL SUPERVISION	1/1/2016	12/31/2382	2
PRA	47543	BIOPSY OF BILE DUCT OR LIVER DUCT ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	1
PRA	47544	REMOVAL OF BILIARY DUCT OR GALLBLADDER STONE, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE	1/1/2016	12/31/2382	1
PRA	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY)	10/1/2010	12/31/2382	1
PRA	47552	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC	10/1/2010	12/31/2382	1
PRA	47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHIN	10/1/2010	12/31/2382	1
PRA	47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR REMOVAL OF STONE(S)	10/1/2010	12/31/2382	1
PRA	47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR DILATION OF BILIARY DUCT STRICTURE(S) WITHOUT S	10/1/2010	12/31/2382	1
PRA	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR DILATION OF BILIARY DUCT STRICTURE(S) WITH STEN	10/1/2010	12/31/2382	1
PRA	47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	10/1/2010	12/31/2382	1
PRA	47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	10/1/2010	12/31/2382	1
PRA	47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	10/1/2010	12/31/2382	1
PRA	47570	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	10/1/2010	12/31/2382	1
PRA	47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT	4/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	47600	CHOLECYSTECTOMY;	10/1/2010	12/31/2382	1
PRA	47605	CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY	10/1/2010	12/31/2382	1
PRA	47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;	10/1/2010	12/31/2382	1
PRA	47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY	10/1/2010	12/31/2382	1
PRA	47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH O	10/1/2010	12/31/2382	1
PRA	47700	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR WITHOUT LIVER BIOPSY, WITH OR WITHOU	10/1/2010	12/31/2382	1
PRA	47701	PORTOENTEROSTOMY (EG, KASAI PROCEDURE)	10/1/2010	12/31/2382	1
PRA	47711	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; EXTRAHEPATIC	10/1/2010	12/31/2382	1
PRA	47712	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; INTRAHEPATIC	10/1/2010	12/31/2382	1
PRA	47715	EXCISION OF CHOLEDOCHAL CYST	10/1/2010	12/31/2382	1
PRA	47720	CHOLECYSTOENTEROSTOMY; DIRECT	10/1/2010	12/31/2382	1
PRA	47721	CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY	10/1/2010	12/31/2382	1
PRA	47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	10/1/2010	12/31/2382	1
PRA	47741	ROUX-EN-Y WITH GASTROENTEROSTOMY	10/1/2010	12/31/2382	1
PRA	47760	ANASTOMOSIS, DIRECT, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	10/1/2010	12/31/2382	1
PRA	47765	ANASTOMOSIS, DIRECT, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	10/1/2010	12/31/2382	1
PRA	47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	10/1/2010	12/31/2382	1
PRA	47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	10/1/2010	12/31/2382	1
PRA	47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END ANASTOMOSIS	10/1/2010	12/31/2382	1
PRA	47801	PLACEMENT OF CHOLEDOCHAL STENT	10/1/2010	12/31/2382	1
PRA	47802	U-TUBE HEPATICOENTEROSTOMY	10/1/2010	12/31/2382	1
PRA	47900	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	47999	UNLISTED PROCEDURE, BILIARY TRACT	4/1/2018	12/31/2382	1
PRA	48000	DRAINAGE OF ABDOMEN FOR PANCREATITIS	10/1/2010	12/31/2382	1
PRA	48001	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH CHOLECYSTOSTOMY, GASTROSTOMY, AND JEJUNOSTOM	10/1/2010	12/31/2382	1
PRA	48020	REMOVAL OF PANCREATIC CALCULUS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	48100	BIOPSY OF PANCREAS (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	4/1/2014	12/31/2382	1
PRA	48105	RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NECROTIZING PANCREATITIS	4/1/2012	12/31/2382	1
PRA	48120	EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)	10/1/2010	12/31/2382	1
PRA	48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY;	10/1/2010	12/31/2382	1
PRA	48145	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH PANCREATICOJEJUNOSTOMY	10/1/2010	12/31/2382	1
PRA	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYPE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	48148	EXCISION OF AMPULLA OF VATER, SIMPLE	10/1/2010	12/31/2382	1
PRA	48150	PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH PANCREATICOJUNOSTOMY (WHIPPLE TYPE PROCEDURE), AND PANCREATIC JEJUN	10/1/2010	12/31/2382	1
PRA	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY,.....; WITHOUT PANCREATICOJEJUNOSTOMY	10/1/2010	12/31/2382	1
PRA	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHENTEROSTOMY AND DUODENOJEJUNOS	10/1/2010	12/31/2382	1
PRA	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY,; WITHOUT PANCREATICOJEJUNOSTOMY	10/1/2010	12/31/2382	1
PRA	48155	PANCREATECTOMY, TOTAL;	10/1/2010	12/31/2382	1
PRA	48160	PANCREATECTOMY, TOTAL; WITH TRANSPLANTATION	10/1/2013	12/31/2382	1
PRA	48400	INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY	10/1/2010	12/31/2382	1
PRA	48500	MARSUPIALIZATION OF CYST OF PANCREAS	10/1/2010	12/31/2382	1
PRA	48510	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN	10/1/2010	12/31/2382	1
PRA	48520	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIRECT	10/1/2010	12/31/2382	1
PRA	48540	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; ROUX-EN-Y	10/1/2010	12/31/2382	1
PRA	48545	PANCREATORRHAPHY FOR TRAUMA	10/1/2010	12/31/2382	1
PRA	48547	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC TRAUMA	10/1/2010	12/31/2382	1
PRA	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS	4/1/2012	12/31/2382	1
PRA	48550	DONOR PANCREATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT FROM CADAVER DONOR, WITH OR WITHOUT DUODEN	10/1/2010	12/31/2382	1
PRA	48551	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANTATION	10/1/2010	12/31/2382	1
PRA	48552	BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANTATION, VENOUS	10/1/2010	12/31/2382	2
PRA	48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	10/1/2010	12/31/2382	1
PRA	48999	UNLISTED PROCEDURE, PANCREAS	4/1/2018	12/31/2382	1
PRA	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	49002	REOPENING OF RECENT LAPAROTOMY	10/1/2010	12/31/2382	1
PRA	49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	49020	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPENDICEAL ABSCESS, OPEN	10/1/2010	12/31/2382	2
PRA	49040	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN	10/1/2010	12/31/2382	2
PRA	49060	DRAINAGE OF RETROPERITONEAL ABSCESS; OPEN	10/1/2010	12/31/2382	2
PRA	49062	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN	10/1/2010	12/31/2382	1
PRA	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	1/1/2012	12/31/2382	1
PRA	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	1/1/2019	12/31/2382	2
PRA	49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	1/1/2012	12/31/2382	1
PRA	49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE	4/1/2014	12/31/2382	2
PRA	49185	INJECTION OF ABNORMAL FLUID ACCUMULATION USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
PRA	49203	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL	10/1/2010	12/31/2382	1
PRA	49204	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL	10/1/2010	12/31/2382	1
PRA	49205	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL	10/1/2010	12/31/2382	1
PRA	49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	10/1/2010	12/31/2382	1
PRA	49220	STAGING CELIOTOMY (LAPAROTOMY) FOR HODGKIN'S DISEASE OR LYMPHOMA (INCLUDES SPLENECTOMY, NEEDLE OR OPEN BIOPSY)	10/1/2010	12/31/2382	1
PRA	49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	49255	OMENECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, W/OR W/OUT COLLECTION OF SPECIMENS BY	10/1/2010	12/31/2382	1
PRA	49321	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM, WITH BIOPSY (SINGLE OR MULTIPLE)	10/1/2010	12/31/2382	1
PRA	49322	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH ASPIRATION OF CAVITY OR CYST (SINGLE OR MULTIPLE)	10/1/2010	12/31/2382	1
PRA	49323	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL	10/1/2010	12/31/2382	1
PRA	49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, PERMANENT	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	49325	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNULA OR CATHETER, WITH REMOVAL	10/1/2010	12/31/2382	1
PRA	49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE)	10/1/2010	12/31/2382	1
PRA	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE	4/1/2011	12/31/2382	1
PRA	49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	4/1/2018	12/31/2382	1
PRA	49400	PNEUMOPERITONEUM (SEPARATE PROCEDURE); INITIAL	10/1/2010	12/31/2382	1
PRA	49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	10/1/2010	12/31/2382	1
PRA	49405	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	4/1/2015	12/31/2382	2
PRA	49406	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	4/1/2015	12/31/2382	2
PRA	49407	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE VAGINA OR RECTUM	4/1/2015	12/31/2382	1
PRA	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE(EG,FIDUCIAL MARKERS, DOSIMETER), PERCUT	7/1/2012	12/31/2382	1
PRA	49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE(EG, FIDUCIAL MARKERS,DOSIMETER),OPEN	4/1/2011	12/31/2382	1
PRA	49418	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL CHEMOTHERAPY INSTILLATION,	4/1/2011	12/31/2382	1
PRA	49419	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, WITH SUBCUTANEOUS RESERVOIR. PERMANENT (IE, TOTALLY IMPLANTA	10/1/2010	12/31/2382	1
PRA	49421	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; PERMANENT	10/1/2010	12/31/2382	1
PRA	49422	REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER	10/1/2010	12/31/2382	1
PRA	49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGICAL GUIDANCE (SEPARATE PROCED	4/1/2014	12/31/2382	2
PRA	49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED CATHETER (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	3
PRA	49425	PERITONEAL-VENOUS SHUNT (EG, LEVEEN SHUNT)	10/1/2010	12/31/2382	1
PRA	49426	REVISION OF PERITONEAL-VENOUS SHUNT	10/1/2010	12/31/2382	1
PRA	49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PERITONEAL-VENOUS SHUNT	10/1/2010	12/31/2382	1
PRA	49428	LIGATION OF PERITONEAL-VENOUS SHUNT	10/1/2010	12/31/2382	1
PRA	49429	REMOVAL OF PERITONEAL-VENOUS SHUNT	10/1/2010	12/31/2382	1
PRA	49435	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH REMOTE CHEST EXIT SITE	10/1/2010	12/31/2382	1
PRA	49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITONEAL CANNULA OR CATHETER	10/1/2010	12/31/2382	1
PRA	49440	INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION	10/1/2010	12/31/2382	1
PRA	49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST	10/1/2010	12/31/2382	1
PRA	49446	CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE	10/1/2010	12/31/2382	1
PRA	49450	REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE	10/1/2010	12/31/2382	1
PRA	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST	10/1/2010	12/31/2382	1
PRA	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST	10/1/2010	12/31/2382	1
PRA	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, GASTRO-JEJUNOSTOMY	10/1/2010	12/31/2382	1
PRA	49465	CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY,	10/1/2010	12/31/2382	1
PRA	49491	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED	7/1/2013	12/31/2382	1
PRA	49492	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT WITH ORWITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED	7/1/2013	12/31/2382	1
PRA	49495	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE	7/1/2013	12/31/2382	1
PRA	49496	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGU	7/1/2013	12/31/2382	1
PRA	49500	REPAIR INGUINAL HERNIA, UNDER AGE 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY	7/1/2013	12/31/2382	1
PRA	49501	REPAIR INITIAL INGUINAL HERNIA, 6 MONTHS TO UNDER 5 YRS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRAN	7/1/2013	12/31/2382	1
PRA	49505	REPAIR INGUINAL HERNIA, AGE 5 OR OVER;	7/1/2013	12/31/2382	1
PRA	49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YRS OR OVER; INCARCERATED OR STRANGULATED	7/1/2013	12/31/2382	1
PRA	49520	REPAIR INGUINAL HERNIA, ANY AGE; RECURRENT	7/1/2013	12/31/2382	1
PRA	49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	7/1/2013	12/31/2382	1
PRA	49525	REPAIR INGUINAL HERNIA, ANY AGE; SLIDING	7/1/2013	12/31/2382	1
PRA	49540	REPAIR LUMBAR HERNIA	7/1/2013	12/31/2382	1
PRA	49550	REPAIR FEMORAL HERNIA, GROIN INCISION	7/1/2013	12/31/2382	1
PRA	49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	7/1/2013	12/31/2382	1
PRA	49555	REPAIR FEMORAL HERNIA, RECURRENT, ANY APPROACH	7/1/2013	12/31/2382	1
PRA	49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	7/1/2013	12/31/2382	1
PRA	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	7/1/2012	12/31/2382	2
PRA	49561	REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	10/1/2018	12/31/2382	1
PRA	49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	49566	REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	10/1/2010	12/31/2382	2
PRA	49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA REPAIR (LIST SEPARATELY IN	7/1/2012	12/31/2382	2
PRA	49570	REPAIR EPIGASTRIC HERNIA, PROPERITONEAL FAT (SEPARATE PROCEDURE); SIMPLE	7/1/2013	12/31/2382	1
PRA	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED	7/1/2013	12/31/2382	1
PRA	49580	REPAIR UMBILICAL HERNIA; UNDER AGE 5 YEARS	7/1/2013	12/31/2382	1
PRA	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	7/1/2013	12/31/2382	1
PRA	49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	7/1/2013	12/31/2382	1
PRA	49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	7/1/2013	12/31/2382	1
PRA	49590	REPAIR SPIGELIAN HERNIA	7/1/2013	12/31/2382	1
PRA	49600	REPAIR OF OMPHALOCELE; SMALL, WITH PRIMARY CLOSURE	7/1/2013	12/31/2382	1
PRA	49605	REPAIR OF OMPHALOCELE; LARGE OR GASTROSCHISIS, WITH OR WITHOUT PROSTHESIS	4/1/2013	12/31/2382	1
PRA	49606	REPAIR OF OMPHALOCELE; WITH STAGED CLOSURE OF PROSTHESIS, REDUCTION IN OPERATING ROOM, UNDER ANESTHESIA	4/1/2013	12/31/2382	1
PRA	49610	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE	4/1/2013	12/31/2382	1
PRA	49611	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE	4/1/2013	12/31/2382	1
PRA	49650	LAPAROSCOPY, SURGICAL, REPAIR INITIAL INGUINAL HERNIA	7/1/2013	12/31/2382	1
PRA	49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	7/1/2013	12/31/2382	1
PRA	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA; REDUCIBLE	10/1/2010	12/31/2382	2
PRA	49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA; INCARCERATED OR	10/1/2010	12/31/2382	2
PRA	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE	10/1/2018	12/31/2382	1
PRA	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); INCARCERATED	10/1/2018	12/31/2382	1
PRA	49656	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA ; REDUCIBLE	10/1/2018	12/31/2382	1
PRA	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA ; INCARCERATED OR STRANGULATED	10/1/2018	12/31/2382	1
PRA	49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIOROGRAPHY, HERNIOTOMY	4/1/2018	12/31/2382	1
PRA	49900	SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE	10/1/2010	12/31/2382	1
PRA	49904	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECTS)	10/1/2010	12/31/2382	1
PRA	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECTS) (LIST SEPARATELY IN ADDITION TO CODE F	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	49906	FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS	10/1/2010	12/31/2382	1
PRA	49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	4/1/2018	12/31/2382	1
PRA	50010	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES	4/1/2013	12/31/2382	1
PRA	50020	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; OPEN	10/1/2010	12/31/2382	1
PRA	50040	NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE	4/1/2013	12/31/2382	1
PRA	50045	NEPHROTOMY, WITH EXPLORATION	4/1/2013	12/31/2382	1
PRA	50060	NEPHROLITHOTOMY; REMOVAL OF CALCULUS	4/1/2013	12/31/2382	1
PRA	50065	NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS	4/1/2013	12/31/2382	1
PRA	50070	NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY	4/1/2013	12/31/2382	1
PRA	50075	NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AND CALYCES (INCLUDING ANATROPHIC PYE	4/1/2013	12/31/2382	1
PRA	50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYEOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, LITHOTRIPSY, STENTI	1/1/2012	12/31/2382	1
PRA	50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYEOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, LITHOTRIPSY, STENTI	1/1/2012	12/31/2382	1
PRA	50100	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDURE)	4/1/2013	12/31/2382	1
PRA	50120	PYELOTOMY; WITH EXPLORATION	1/1/2012	12/31/2382	1
PRA	50125	PYELOTOMY; WITH DRAINAGE, PYELOSTOMY	1/1/2012	12/31/2382	1
PRA	50130	PYELOTOMY; WITH REMOVAL OF CALCULUS (PYEOLITHOTOMY, PELVIOLITHOTOMY, INCLUDING COAGULUM PYEOLITHOTOMY)	1/1/2012	12/31/2382	1
PRA	50135	PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMALITY)	1/1/2012	12/31/2382	1
PRA	50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	1/1/2012	12/31/2382	1
PRA	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY	1/1/2012	12/31/2382	1
PRA	50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION;	1/1/2012	12/31/2382	1
PRA	50225	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; COMPLICATED BECAUSE OF PREV	1/1/2012	12/31/2382	1
PRA	50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH INCLUDING RIB RESECTION; RADICAL, WITH REGIONAL LYMP	1/1/2012	12/31/2382	1
PRA	50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INCISION	4/1/2013	12/31/2382	1
PRA	50236	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE INCISION	4/1/2013	12/31/2382	1
PRA	50240	NEPHRECTOMY, PARTIAL	4/1/2013	12/31/2382	1
PRA	50250	ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUDING INTRAOPERATIVE ULTRASOUND, IF PERFORM	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	50280	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY	4/1/2013	12/31/2382	1
PRA	50290	EXCISION OF PERINEPHRIC CYST	10/1/2010	12/31/2382	1
PRA	50300	DONOR NEPHRECTOMY, WITH PREPARATION AND MAINTENANCE OF HOMOGRAFT; FROM CADAVER DONOR, UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
PRA	50320	DONOR NEPHRECTOMY, OPEN FROM LIVING DONOR (EXCLUDING PREPARATION AND	10/1/2010	12/31/2382	1
PRA	50323	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION	10/1/2010	12/31/2382	1
PRA	50325	BACKBENCH STANDARD PREPARATION OF LIVING DONOR RENAL ALLOGRAFT (OPEN OR LAPAROSCOPIC) PRIOR TO TRANSPLANTATION	10/1/2010	12/31/2382	1
PRA	50327	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ANASTOMO	7/1/2018	12/31/2382	2
PRA	50328	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; ARTERIAL ANASTOM	10/1/2010	12/31/2382	3
PRA	50329	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; URETERAL ANASTOM	10/1/2010	12/31/2382	2
PRA	50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	7/1/2013	12/31/2382	1
PRA	50360	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT; EXCLUDING DONOR AND RECIPIENT NEPHRECTOMY	10/1/2010	12/31/2382	1
PRA	50365	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY	4/1/2013	12/31/2382	1
PRA	50370	REMOVAL OF TRANSPLANTED HOMOGRAFT (EG, INFARCTED OR REJECTED KIDNEY)	10/1/2010	12/31/2382	1
PRA	50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	10/1/2010	12/31/2382	1
PRA	50382	REMOVAL AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEOUS APPROACH, INCLUDING RADIOLOGI	7/1/2013	12/31/2382	1
PRA	50384	REMOVAL OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEOUS APPROACH, INCLUDING RADIOLOGICAL SUPERVISION	7/1/2013	12/31/2382	1
PRA	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH,	1/1/2012	12/31/2382	1
PRA	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF	1/1/2012	12/31/2382	1
PRA	50387	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETERAL REQUIRING FLUOROSCOPIC GUIDANCE,	7/1/2013	12/31/2382	1
PRA	50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE	1/1/2012	12/31/2382	1
PRA	50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS	10/1/2010	12/31/2382	2
PRA	50391	INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/OR URETER THROUGH ESTABLISHED NEPHROSTOMY	4/1/2013	12/31/2382	1
PRA	50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING URETERAL CATHETER	1/1/2012	12/31/2382	1
PRA	50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WITHOUT PLASTIC OPERATION ON URE	4/1/2013	12/31/2382	1
PRA	50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WITHOUT PLASTIC OPERATION ON URE	4/1/2013	12/31/2382	1
PRA	50430	INJECTION PROCEDURE FOR X-RAY IMAGING OF KIDNEY AND URINARY DUCT USING IMAGING GUIDANCE INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	50431	INJECTION PROCEDURE FOR X-RAY IMAGING OF KIDNEY AND URINARY DUCT USING IMAGING GUIDANCE INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
PRA	50432	PLACEMENT OF CATHETER OF KIDNEY, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
PRA	50433	PLACEMENT OF CATHETER OF KIDNEY AND URINARY TUBE, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
PRA	50434	CONVERSION OF NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH STUDY OF KIDNEY	1/1/2016	12/31/2382	2
PRA	50435	REPLACEMENT OF KIDNEY DRAINAGE CATHETER ACCESSED THROUGH THE SKIN WITH IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
PRA	50436	ENLARGEMENT OF EXISTING OPENING INTO URINARY TRACT ACCESSED THROUGH SKIN USING IMAGING GUIDANCE	1/1/2019	12/31/2382	1
PRA	50437	ENLARGEMENT OF EXISTING OPENING INTO URINARY TRACT ACCESSED THROUGH SKIN AND CREATION OF NEW ACCESS INTO URINE COLLECTING SYSTEM OF KIDNEY, USING IMAGING GUIDANCE	1/1/2019	12/31/2382	1
PRA	50500	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY	10/1/2010	12/31/2382	1
PRA	50520	CLOSURE OF NEPHROCUTANEOUS OR PYELOUTANEOUS FISTULA	10/1/2010	12/31/2382	1
PRA	50525	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR; ABDOMINAL APPROACH	10/1/2010	12/31/2382	1
PRA	50526	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR; THORACIC APPROACH	10/1/2010	12/31/2382	1
PRA	50540	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER PLASTIC PROCEDURE, UNILATERAL OR B	10/1/2010	12/31/2382	1
PRA	50541	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	10/1/2012	12/31/2382	1
PRA	50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)	10/1/2012	12/31/2382	1
PRA	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	1/1/2012	12/31/2382	1
PRA	50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	10/1/2012	12/31/2382	1
PRA	50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA'S FASCIA AND SURROUNDING FATTY TISSUE)	1/1/2012	12/31/2382	1
PRA	50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY	1/1/2012	12/31/2382	1
PRA	50547	LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY FROM LIVING DONOR(EXCLUDING PREP AND MAINTENANCE OF ALLOGRAFT)	10/1/2010	12/31/2382	1
PRA	50548	LAPAROSCOPICALLY ASSISTED NEPHROURETERECTOMY	1/1/2012	12/31/2382	1
PRA	50549	UNLISTED LAPAROSCOPY PROCEDURE, RENAL	4/1/2018	12/31/2382	1
PRA	50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	1/1/2012	12/31/2382	1
PRA	50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	1/1/2012	12/31/2382	1
PRA	50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	10/1/2010	12/31/2382	1
PRA	50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	1/1/2012	12/31/2382	1
PRA	50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH RESECTION OF TUMOR	10/1/2010	12/31/2382	1
PRA	50570	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	1/1/2012	12/31/2382	1
PRA	50572	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	1/1/2012	12/31/2382	1
PRA	50574	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	10/1/2010	12/31/2382	1
PRA	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, ...; WITH ENDOPYELOTOMY (INCLUDES CYSTOSCOPY, URETEROSCOPY,	1/1/2012	12/31/2382	1
PRA	50576	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	1/1/2012	12/31/2382	1
PRA	50580	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	10/1/2010	12/31/2382	1
PRA	50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	10/1/2010	12/31/2382	1
PRA	50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	7/1/2013	12/31/2382	1
PRA	50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	1/1/2012	12/31/2382	1
PRA	50600	URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	50605	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	1/1/2012	12/31/2382	1
PRA	50606	BIOPSY OF URINARY DUCT USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	4/1/2017	12/31/2382	1
PRA	50610	URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER	1/1/2012	12/31/2382	1
PRA	50620	URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER	1/1/2012	12/31/2382	1
PRA	50630	URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER	1/1/2012	12/31/2382	1
PRA	50650	URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)	4/1/2013	12/31/2382	1
PRA	50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AND/OR PERINEAL APPROACH	10/1/2012	12/31/2382	1
PRA	50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHET	1/1/2012	12/31/2382	1
PRA	50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	10/1/2010	12/31/2382	2
PRA	50688	CHANGE OF URETEROSTOMY TUBE	10/1/2010	12/31/2382	2
PRA	50690	INJECTION PROCEDURE FOR VISUALIZATION OF ILEAL CONDUIT AND/ OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SER	10/1/2010	12/31/2382	2
PRA	50693	PLACEMENT OF STENT OF URINARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
PRA	50694	PLACEMENT OF STENT OF URINARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
PRA	50695	PLACEMENT OF STENT OF URINARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
PRA	50700	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)	4/1/2013	12/31/2382	1

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PRA	50705	OCCLUSION OF URINARY DUCT USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
PRA	50706	BALLOON DILATION TREATMENT F STRICTURE OF URINARY DUCT USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
PRA	50715	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITONEAL FIBROSIS	7/1/2013	12/31/2382	1
PRA	50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	10/1/2012	12/31/2382	1
PRA	50725	URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINARY TRACT OR VENA CAVA	7/1/2013	12/31/2382	1
PRA	50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	10/1/2010	12/31/2382	1
PRA	50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH REPAIR OF FASCIAL DEFECT AND HERNIA	10/1/2010	12/31/2382	1
PRA	50740	URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS	4/1/2013	12/31/2382	1
PRA	50750	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX	4/1/2013	12/31/2382	1
PRA	50760	URETEROURETEROSTOMY	4/1/2013	12/31/2382	1
PRA	50770	TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETER	10/1/2010	12/31/2382	1
PRA	50780	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER	7/1/2013	12/31/2382	1
PRA	50782	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	1/1/2012	12/31/2382	1
PRA	50783	URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING	1/1/2012	12/31/2382	1
PRA	50785	URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP	7/1/2013	12/31/2382	1
PRA	50800	URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	7/1/2013	12/31/2382	1
PRA	50810	URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHMENT OF ABDOMINAL OR PERINEAL COLOSTOMY, I	10/1/2010	12/31/2382	1
PRA	50815	URETEROCOLON CONDUIT, INCLUDING BOWEL ANASTOMOSIS	7/1/2013	12/31/2382	1
PRA	50820	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING BOWEL ANASTOMOSIS (BRICKER OPERATION)	7/1/2013	12/31/2382	1
PRA	50825	CONTINENT DIVERSION, INCLUDING BOWEL ANASTOMOSIS USING ANY SEGMENT OF SMALL AND/OR LARGE BOWEL (KOCK POUCH OR	10/1/2010	12/31/2382	1
PRA	50830	URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT, URETEROSIGMOIDOSTOMY OR URETEROENTEROSTOMY WITH	10/1/2010	12/31/2382	1
PRA	50840	REPLACEMENT OF ALL OR PART OF URETER BY BOWEL SEGMENT, INCLUDING BOWEL ANASTOMOSIS	7/1/2013	12/31/2382	1
PRA	50845	CUTANEOUS APPENDICO-VESICOSTOMY	10/1/2010	12/31/2382	1
PRA	50860	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	7/1/2013	12/31/2382	1
PRA	50900	URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)	4/1/2013	12/31/2382	1
PRA	50920	CLOSURE OF URETEROCUTANEOUS FISTULA	10/1/2010	12/31/2382	2

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PRA	50930	CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)	10/1/2010	12/31/2382	2
PRA	50940	DELIGATION OF URETER	1/1/2012	12/31/2382	1
PRA	50945	LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	1/1/2012	12/31/2382	1
PRA	50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT PLACEMENT	1/1/2012	12/31/2382	1
PRA	50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL STENT PLACEMENT	1/1/2012	12/31/2382	1
PRA	50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	4/1/2018	12/31/2382	1
PRA	50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	1/1/2012	12/31/2382	1
PRA	50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	1/1/2012	12/31/2382	1
PRA	50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	1/1/2012	12/31/2382	1
PRA	50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	1/1/2012	12/31/2382	1
PRA	50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	1/1/2012	12/31/2382	1
PRA	50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	1/1/2012	12/31/2382	1
PRA	50972	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	1/1/2012	12/31/2382	1
PRA	50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	1/1/2012	12/31/2382	1
PRA	50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	1/1/2012	12/31/2382	1
PRA	50980	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	1/1/2012	12/31/2382	1
PRA	51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE MATERIAL	10/1/2010	12/31/2382	1
PRA	51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION	10/1/2010	12/31/2382	1
PRA	51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	10/1/2010	12/31/2382	1
PRA	51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	2
PRA	51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RESECTION	10/1/2010	12/31/2382	1
PRA	51060	TRANSVESICAL URETEROLITHOTOMY	4/1/2012	12/31/2382	1
PRA	51065	CYSTOTOMY, WITH STONE BASKET EXTRACTION AND/OR ULTRASONIC OR ELECTROHYDRAULIC FRAGMENTATION OF URETERAL CALCUL	10/1/2010	12/31/2382	1
PRA	51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	7/1/2014	12/31/2382	1
PRA	51100	ASPIRATION OF BLADDER; BY NEEDLE	10/1/2010	12/31/2382	1
PRA	51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	10/1/2010	12/31/2382	1

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PRA	51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	10/1/2010	12/31/2382	1
PRA	51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	10/1/2010	12/31/2382	1
PRA	51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	51525	CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	51530	CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR	10/1/2010	12/31/2382	1
PRA	51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	7/1/2013	12/31/2382	1
PRA	51550	CYSTECTOMY, PARTIAL; SIMPLE	10/1/2010	12/31/2382	1
PRA	51555	CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, DIFFICULT LOCATION)	10/1/2010	12/31/2382	1
PRA	51565	CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER (URETERONEOCYSTOSTOMY)	10/1/2010	12/31/2382	1
PRA	51570	CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	51575	CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND OBTURAT	10/1/2010	12/31/2382	1
PRA	51580	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPLANTATIONS;	10/1/2010	12/31/2382	1
PRA	51585	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPLANTATIONS; WITH BILATERAL PELVIC LY	10/1/2010	12/31/2382	1
PRA	51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING BOWEL ANASTOMOSIS;	10/1/2010	12/31/2382	1
PRA	51595	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING BOWEL ANASTOMOSIS; WITH BILATERA	10/1/2010	12/31/2382	1
PRA	51596	CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY TECHNIQUE, USING ANY SEGMENT OF SMALL AND/OR LARGE BOWEL T	10/1/2010	12/31/2382	1
PRA	51597	PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL MALIGNANCY, WITH REMOVAL OF BLADDER AND URET	10/1/2010	12/31/2382	1
PRA	51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	10/1/2010	12/31/2382	1
PRA	51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/ OR CHAIN URETHROCYSTOGRAPHY	10/1/2010	12/31/2382	1
PRA	51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	10/1/2010	12/31/2382	1
PRA	51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	10/1/2010	12/31/2382	1
PRA	51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR RESIDUAL URINE)	10/1/2010	12/31/2382	2
PRA	51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	10/1/2010	12/31/2382	2
PRA	51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED ANATOMY, FRACTURED CATHETER/BALLO	10/1/2010	12/31/2382	2
PRA	51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	10/1/2010	12/31/2382	1
PRA	51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK	10/1/2010	12/31/2382	1
PRA	51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING DETENTION TIME)	10/1/2010	12/31/2382	1
PRA	51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	10/1/2010	12/31/2382	1
PRA	51726	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT)	10/1/2010	12/31/2382	1
PRA	51727	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL PRESSURE PROFILE STUDIES	7/1/2012	12/31/2382	1
PRA	51728	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT) WITH VOIDING PRESSURE STUDIES	7/1/2012	12/31/2382	1
PRA	51729	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT) WITH VOIDING PRESSURE STUDIES AND URETHRAL	7/1/2012	12/31/2382	1
PRA	51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER)	10/1/2010	12/31/2382	1
PRA	51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	10/1/2010	12/31/2382	1
PRA	51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN NEEDLE, ANY TECHNIQUE	10/1/2010	12/31/2382	1
PRA	51785	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE	10/1/2010	12/31/2382	1
PRA	51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY TIME)	10/1/2010	12/31/2382	1
PRA	51797	VOIDING PRESSURE STUDIES (VP); INTRA-ABDOMINAL VOIDING PRESSURE (AP) (RECTAL, GASTRIC, INTRAPERITONEAL)	10/1/2010	12/31/2382	1
PRA	51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY ULTRASOUND, NON-IMAGING	10/1/2010	12/31/2382	1
PRA	51800	CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR VESICAL NECK (ANTERIOR Y-PLASTY, VESICA	10/1/2010	12/31/2382	1
PRA	51820	CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY	10/1/2010	12/31/2382	1
PRA	51840	ANTERIOR VESICourethropeXY, OR UREthropeXY (EG, MARSHALL-MARCHETTE-KRANTZ, BURCH); SIMPLE	10/1/2010	12/31/2382	1
PRA	51841	ANTERIOR VESICourethropeXY, OR UREthropeXY (MARSHALL-MARCHETTI-KRANTZ TYPE); COMPLICATED (EG, SECONDARY REPAIR	10/1/2010	12/31/2382	1
PRA	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONTROL (EG, STAMEY, RAZ, MODIFIED PEREYR	10/1/2010	12/31/2382	1
PRA	51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE	10/1/2010	12/31/2382	1
PRA	51865	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED	10/1/2010	12/31/2382	1
PRA	51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	51900	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	10/1/2010	12/31/2382	1
PRA	51920	CLOSURE OF VESICOUTERINE FISTULA;	10/1/2010	12/31/2382	1
PRA	51925	CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY	10/1/2010	12/31/2382	1
PRA	51940	CLOSURE OF BLADDER EXSTROPHY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	51960	ENTEROCYSTOPLASTY, INCLUDING BOWEL ANASTOMOSIS	10/1/2010	12/31/2382	1
PRA	51980	CUTANEOUS VESICOSTOMY	10/1/2010	12/31/2382	1
PRA	51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	10/1/2010	12/31/2382	1
PRA	51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG,FASCIA OR SYNTHETIC)	10/1/2010	12/31/2382	1
PRA	51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER	4/1/2018	12/31/2382	1
PRA	52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF CLOTS	10/1/2010	12/31/2382	1
PRA	52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRA	10/1/2010	12/31/2382	2
PRA	52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRA	1/1/2012	12/31/2382	1
PRA	52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR DUCT RA	10/1/2010	12/31/2382	1
PRA	52204	CYSTOURETHROSCOPY, WITH BIOPSY	10/1/2010	12/31/2382	1
PRA	52214	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF TRIGONE, BLADDER NECK, PROSTAT	10/1/2010	12/31/2382	1
PRA	52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR TREATMENT OF MINOR (LESS THAN	10/1/2010	12/31/2382	1
PRA	52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; SMALL BLADDE	10/1/2010	12/31/2382	1
PRA	52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDE	10/1/2010	12/31/2382	1
PRA	52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; LARGE BLADDE	10/1/2010	12/31/2382	1
PRA	52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY OR FULGURATION	10/1/2010	12/31/2382	1
PRA	52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL OR CONDUCTION (SPINAL) ANESTHES	10/1/2010	12/31/2382	1
PRA	52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL ANESTHESIA	10/1/2010	12/31/2382	1
PRA	52270	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE	10/1/2010	12/31/2382	1
PRA	52275	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE	10/1/2010	12/31/2382	1
PRA	52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	10/1/2010	12/31/2382	1
PRA	52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)	10/1/2010	12/31/2382	1
PRA	52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS, WITH OR WITHOUT MEATOTO	10/1/2010	12/31/2382	1
PRA	52282	CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT	10/1/2010	12/31/2382	1
PRA	52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL OF THE FOLLOWING: URETHRAL MEA	10/1/2010	12/31/2382	1
PRA	52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	1/1/2013	12/31/2382	1
PRA	52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
PRA	52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
PRA	52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
PRA	52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE	10/1/2010	12/31/2382	1
PRA	52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE	10/1/2010	12/31/2382	1
PRA	52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE	10/1/2010	12/31/2382	2
PRA	52317	LITHOLAPAXY; CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS, SIMPLE; S	10/1/2010	12/31/2382	1
PRA	52318	LITHOLAPAXY; CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS, SIMPLE; C	10/1/2010	12/31/2382	1
PRA	52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL CALCULUS	1/1/2012	12/31/2382	1
PRA	52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF URETERAL CALCULUS (EG, ULTRASONI	10/1/2010	12/31/2382	1
PRA	52327	CYSTOURETHROSCOPY; WITH SUBURETERIC INJECTION OF IMPLANT MATERIAL	1/1/2012	12/31/2382	1
PRA	52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION, WITHOUT REMOVAL OF URETERAL CALCULU	1/1/2012	12/31/2382	1
PRA	52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	7/1/2013	12/31/2382	1
PRA	52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A PERCUTANEOUS NEPHROSTOMY	1/1/2012	12/31/2382	1
PRA	52341	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRUCTURE (EG, BALLOON DILATION, LASER, ELECTROCAUTERY, AND INC	1/1/2012	12/31/2382	1
PRA	52342	CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG, BALLOON DILATION, LASER, ELECTROCAU	1/1/2012	12/31/2382	1
PRA	52343	CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON DILATION, LASER, ELECTROCAUTERY, AND	1/1/2012	12/31/2382	1
PRA	52344	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION, LASER, ELECTR	1/1/2012	12/31/2382	1
PRA	52345	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG, BALLOON DILATION	4/1/2013	12/31/2382	1
PRA	52346	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON DILATION, LASER, ELE	4/1/2013	12/31/2382	1
PRA	52351	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC	7/1/2013	12/31/2382	1
PRA	52352	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR MANIPULATION OF CALCULUS	1/1/2012	12/31/2382	1
PRA	52353	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED)	1/1/2012	12/31/2382	1
PRA	52354	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR FULGURATION OF LESION	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	52355	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF TUMOR	1/1/2012	12/31/2382	1
PRA	52356	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDING INSERTION OF DWELLING	1/1/2014	12/31/2382	1
PRA	52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERIOR URETHRAL VALVES, OR CONGENT	10/1/2010	12/31/2382	1
PRA	52402	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS	10/1/2010	12/31/2382	1
PRA	52441	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT; SINGLE IMPLANT	1/1/2015	12/31/2382	1
PRA	52442	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT; EACH ADDITIONAL	10/1/2017	12/31/2382	6
PRA	52450	TRANSURETHRAL INCISION OF PROSTATE	10/1/2010	12/31/2382	1
PRA	52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	52601	TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTO	10/1/2010	12/31/2382	1
PRA	52630	TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN ONE YEAR POSTOPERATIVE	10/1/2010	12/31/2382	1
PRA	52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE	10/1/2010	12/31/2382	1
PRA	52647	NON-CONTACT LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE	10/1/2010	12/31/2382	1
PRA	52648	CONTACT LASER VAPORIZATION WITH OR WITHOUT TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERE	10/1/2010	12/31/2382	1
PRA	52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE	10/1/2010	12/31/2382	1
PRA	52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	10/1/2010	12/31/2382	1
PRA	53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA	10/1/2010	12/31/2382	1
PRA	53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA, EXTERNAL	10/1/2010	12/31/2382	1
PRA	53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	10/1/2010	12/31/2382	1
PRA	53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT	10/1/2010	12/31/2382	1
PRA	53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	10/1/2010	12/31/2382	1
PRA	53060	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST	10/1/2010	12/31/2382	1
PRA	53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	10/1/2010	12/31/2382	1
PRA	53200	BIOPSY OF URETHRA	10/1/2010	12/31/2382	1
PRA	53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	10/1/2010	12/31/2382	1
PRA	53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	10/1/2010	12/31/2382	1
PRA	53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	10/1/2010	12/31/2382	1
PRA	53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	10/1/2010	12/31/2382	1
PRA	53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	10/1/2010	12/31/2382	1
PRA	53250	EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)	10/1/2010	12/31/2382	1
PRA	53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	10/1/2010	12/31/2382	1
PRA	53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE	10/1/2010	12/31/2382	1
PRA	53270	EXCISION OR FULGURATION; SKENE'S GLANDS	10/1/2010	12/31/2382	1
PRA	53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE	10/1/2010	12/31/2382	1
PRA	53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANNSEN TYPE)	10/1/2010	12/31/2382	1
PRA	53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION	10/1/2010	12/31/2382	1
PRA	53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	10/1/2010	12/31/2382	1
PRA	53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URET	10/1/2010	12/31/2382	1
PRA	53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; FIRST STAGE	10/1/2010	12/31/2382	1
PRA	53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; SECOND STAGE	10/1/2010	12/31/2382	1
PRA	53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	10/1/2010	12/31/2382	1
PRA	53431	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER FOR INCONTINENCE (EG, TENAGO, LEAD	10/1/2010	12/31/2382	1
PRA	53440	OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE, WITH OR WITHOUT INTRODUCTION OF PROSTHESIS	10/1/2010	12/31/2382	1
PRA	53442	REMOVAL OF PERINEAL PROSTHESIS INTRODUCED FOR CONTINENCE	10/1/2010	12/31/2382	1
PRA	53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	10/1/2010	12/31/2382	1
PRA	53445	OPERATION FOR CORRECTION OF URINARY INCONTINENCE WITH PLACEMENT OF INFLATABLE URETHRAL OR BLADDER NECK SPHINCT	10/1/2010	12/31/2382	1
PRA	53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR, AND CUFF	10/1/2010	12/31/2382	1
PRA	53447	REMOVAL, REPAIR OR REPLACEMENT OF INFLATABLE SPHINCTER INCLUDING PUMP AND/OR RESERVOIR AND/OR CUFF	10/1/2010	12/31/2382	1
PRA	53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPINCTER INCLUDING PUMP, RESERVOIR AND CUFF THROUGH	10/1/2010	12/31/2382	1
PRA	53449	SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE SPHINCTER DEVICE	10/1/2010	12/31/2382	1
PRA	53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON TYPE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	53500	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY	10/1/2010	12/31/2382	1
PRA	53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE	10/1/2010	12/31/2382	1
PRA	53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	10/1/2010	12/31/2382	1
PRA	53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	10/1/2010	12/31/2382	1
PRA	53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	10/1/2010	12/31/2382	1
PRA	53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; INITIAL	10/1/2010	12/31/2382	1
PRA	53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; SUBSEQUENT	10/1/2010	12/31/2382	1
PRA	53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE, GENERAL OR CONDU	10/1/2010	12/31/2382	1
PRA	53620	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; INITIAL	10/1/2010	12/31/2382	1
PRA	53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; SUBSEQUENT	10/1/2010	12/31/2382	1
PRA	53660	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; INITIAL	10/1/2010	12/31/2382	1
PRA	53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; SUBSEQUENT	10/1/2010	12/31/2382	1
PRA	53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	10/1/2010	12/31/2382	1
PRA	53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY	10/1/2010	12/31/2382	1
PRA	53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY	10/1/2010	12/31/2382	1
PRA	53854	DESTRUCTION OF PROSTATE TISSUE ACCESSED THROUGH URETHRA USING RADIOFREQUENCY GENERATED WATER VAPOR HEAT THERAPY	1/1/2019	12/31/2382	1
PRA	53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMENT	7/1/2014	12/31/2382	1
PRA	53860	TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE BLADDER NECK AND PROXIMAL URETHRA FOR STRESS	1/1/2011	12/31/2382	1
PRA	53899	UNLISTED PROCEDURE, URINARY SYSTEM	4/1/2018	12/31/2382	1
PRA	54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN	10/1/2010	12/31/2382	1
PRA	54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	10/1/2010	12/31/2382	1
PRA	54015	INCISION AND DRAINAGE OF PENIS, DEEP	10/1/2010	12/31/2382	1
PRA	54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; C	10/1/2010	12/31/2382	1
PRA	54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; E	10/1/2010	12/31/2382	1

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PRA	54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; C	10/1/2010	12/31/2382	1
PRA	54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; L	10/1/2010	12/31/2382	1
PRA	54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; S	10/1/2010	12/31/2382	1
PRA	54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE	10/1/2010	12/31/2382	1
PRA	54100	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	7/1/2014	12/31/2382	2
PRA	54105	BIOPSY OF PENIS; DEEP STRUCTURES	10/1/2010	12/31/2382	2
PRA	54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	10/1/2010	12/31/2382	1
PRA	54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	10/1/2010	12/31/2382	1
PRA	54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN LENGTH	10/1/2010	12/31/2382	1
PRA	54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	10/1/2010	12/31/2382	1
PRA	54120	AMPUTATION OF PENIS; PARTIAL	10/1/2010	12/31/2382	1
PRA	54125	AMPUTATION OF PENIS; COMPLETE	10/1/2010	12/31/2382	1
PRA	54130	AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	10/1/2010	12/31/2382	1
PRA	54135	AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, H	10/1/2010	12/31/2382	1
PRA	54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN	10/1/2010	12/31/2382	1
PRA	54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; NEWBORN	10/1/2010	12/31/2382	1
PRA	54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; EXCEPT NEWBORN	10/1/2010	12/31/2382	1
PRA	54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS	10/1/2010	12/31/2382	1
PRA	54163	REPAIR INCOMPLETE CIRCUMCISION	10/1/2010	12/31/2382	1
PRA	54164	FRENULOTOMY OF PENIS	10/1/2010	12/31/2382	1
PRA	54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	10/1/2010	12/31/2382	1
PRA	54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	10/1/2010	12/31/2382	1
PRA	54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	7/1/2013	12/31/2382	1
PRA	54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY	7/1/2013	12/31/2382	1
PRA	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSA INJECTION OF VASOACTIVE DRUGS (EG, PAPAVERINE, PHENTOLAMINE)	10/1/2010	12/31/2382	1
PRA	54235	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVERINE, PHENTOLAMINE)	7/1/2013	12/31/2382	1

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PRA	54240	PENILE PLETHYSMOGRAPHY	10/1/2010	12/31/2382	1
PRA	54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST	10/1/2010	12/31/2382	1
PRA	54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH OR WITHOUT MOBILIZATION OF URE	10/1/2010	12/31/2382	1
PRA	54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPADIAS REPAIR WITH OR WITHOUT TRA	10/1/2010	12/31/2382	1
PRA	54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM	10/1/2010	12/31/2382	1
PRA	54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); GREATER THAN 3 CM	10/1/2010	12/31/2382	1
PRA	54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) WITH FREE SKIN GRAFT OBTAINED	10/1/2010	12/31/2382	1
PRA	54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM (EG, THIRD STAGE CECIL REPAIR)	10/1/2010	12/31/2382	1
PRA	54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH SIMPLE MEATAL ADVANCEMENT	10/1/2010	12/31/2382	1
PRA	54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKI	10/1/2010	12/31/2382	1
PRA	54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKI	10/1/2010	12/31/2382	1
PRA	54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH EXTENSIVE DISSECTION TO CO	10/1/2010	12/31/2382	1
PRA	54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE	10/1/2010	12/31/2382	1
PRA	54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY BY U	10/1/2010	12/31/2382	1
PRA	54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY CLOSURE, INCISION, OR EXCISION,	10/1/2010	12/31/2382	1
PRA	54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAP	10/1/2010	12/31/2382	1
PRA	54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING EXTENSIVE DISSECTION AND	10/1/2010	12/31/2382	1
PRA	54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES	10/1/2010	12/31/2382	1
PRA	54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGLATION	10/1/2010	12/31/2382	1
PRA	54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	10/1/2010	12/31/2382	1
PRA	54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE	10/1/2010	12/31/2382	1
PRA	54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH EXSTROPHY OF BLADDER	10/1/2010	12/31/2382	1
PRA	54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)	10/1/2010	12/31/2382	1
PRA	54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)	10/1/2010	12/31/2382	1
PRA	54405	INSERTION OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND/OR RE	10/1/2010	12/31/2382	1
PRA	54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS WITHOUT REPLACEMENT OF PRO	10/1/2010	12/31/2382	1

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PRA	54408	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFATABLE PENILE PROSTHESIS	10/1/2010	12/31/2382	1
PRA	54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI- COMPONENT, INFLATABLE PENILE PROSTHESIS AT THE SAME OP	10/1/2010	12/31/2382	1
PRA	54411	REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF A MULTI- COMPONENT INFLATABLE PENILE PROSTHESIS THROUGH AN INFECT	10/1/2010	12/31/2382	1
PRA	54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS, WITHOUT REPLACEMENT F	10/1/2010	12/31/2382	1
PRA	54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS AT THE	10/1/2010	12/31/2382	1
PRA	54417	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS THROUGH	10/1/2010	12/31/2382	1
PRA	54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
PRA	54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
PRA	54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER PROCEDURE, RONGEUR, OR PUNCH) FOR PRIAP	10/1/2010	12/31/2382	1
PRA	54437	REPAIR OF PENIS	1/1/2016	12/31/2382	1
PRA	54438	REPLANTATION OF AMPUTATED PENIS	1/1/2016	12/31/2382	1
PRA	54440	PLASTIC OPERATION OF PENIS FOR INJURY	10/1/2010	12/31/2382	1
PRA	54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING	10/1/2010	12/31/2382	1
PRA	54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	7/1/2014	12/31/2382	1
PRA	54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	7/1/2013	12/31/2382	1
PRA	54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	1/1/2012	12/31/2382	1
PRA	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROA	7/1/2013	12/31/2382	1
PRA	54522	ORCHIECTOMY, PARTIAL	1/1/2012	12/31/2382	1
PRA	54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	1/1/2012	12/31/2382	1
PRA	54535	ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION	10/1/2010	12/31/2382	1
PRA	54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	7/1/2013	12/31/2382	1
PRA	54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	7/1/2013	12/31/2382	1
PRA	54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATERAL TESTIS	1/1/2012	12/31/2382	1
PRA	54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	54640	ORCHIOPEXY, ANY TYPE, WITH OR WITHOUT HERNIA REPAIR	7/1/2013	12/31/2382	1
PRA	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEPHENS)	1/1/2012	12/31/2382	1

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PRA	54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	7/1/2013	12/31/2382	1
PRA	54670	SUTURE OR REPAIR OF TESTICULAR INJURY	1/1/2012	12/31/2382	1
PRA	54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	10/1/2010	12/31/2382	1
PRA	54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	1/1/2012	12/31/2382	1
PRA	54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	1/1/2012	12/31/2382	1
PRA	54699	UNLISTED LAPAROSCOPY PROCEDURE, TESTIS	4/1/2018	12/31/2382	1
PRA	54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR HEMATOMA)	4/1/2013	12/31/2382	1
PRA	54800	BIOPSY OF EPIDIDYMIS, NEEDLE	4/1/2013	12/31/2382	1
PRA	54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS	4/1/2013	12/31/2382	1
PRA	54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY	4/1/2013	12/31/2382	1
PRA	54860	EPIDIDYMECTOMY; UNILATERAL	10/1/2010	12/31/2382	1
PRA	54861	EPIDIDYMECTOMY; BILATERAL	10/1/2010	12/31/2382	1
PRA	54865	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	10/1/2010	12/31/2382	1
PRA	54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL	10/1/2010	12/31/2382	1
PRA	54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL	10/1/2010	12/31/2382	1
PRA	55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF MEDICATION	4/1/2013	12/31/2382	1
PRA	55040	EXCISION OF HYDROCELE; UNILATERAL	10/1/2010	12/31/2382	1
PRA	55041	EXCISION OF HYDROCELE; BILATERAL	10/1/2010	12/31/2382	1
PRA	55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)	1/1/2012	12/31/2382	1
PRA	55100	DRAINAGE OF SCROTAL WALL ABSCESS	10/1/2010	12/31/2382	2
PRA	55110	SCROTAL EXPLORATION	10/1/2010	12/31/2382	1
PRA	55120	REMOVAL OF FOREIGN BODY IN SCROTUM	10/1/2010	12/31/2382	1
PRA	55150	RESECTION OF SCROTUM	10/1/2010	12/31/2382	1
PRA	55175	SCROTOPLASTY; SIMPLE	10/1/2010	12/31/2382	1
PRA	55180	SCROTOPLASTY; COMPLICATED	10/1/2010	12/31/2382	1
PRA	55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)	10/1/2010	12/31/2382	1
PRA	55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMOGRAMS, UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
PRA	55400	VASOVASOSTOMY, VASOVASORRHAPHY	7/1/2013	12/31/2382	1
PRA	55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)	4/1/2013	12/31/2382	1
PRA	55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	4/1/2013	12/31/2382	1
PRA	55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL APPROACH	1/1/2012	12/31/2382	1
PRA	55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH HERNIA REPAIR	1/1/2012	12/31/2382	1
PRA	55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	1/1/2012	12/31/2382	1
PRA	55559	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD	4/1/2018	12/31/2382	1
PRA	55600	VESICULOTOMY;	7/1/2013	12/31/2382	1
PRA	55605	VESICULOTOMY; COMPLICATED	1/1/2012	12/31/2382	1
PRA	55650	VESICULECTOMY, ANY APPROACH	7/1/2013	12/31/2382	1
PRA	55680	EXCISION OF MULLERIAN DUCT CYST	4/1/2013	12/31/2382	1
PRA	55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	10/1/2010	12/31/2382	1
PRA	55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	10/1/2010	12/31/2382	1
PRA	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATION SAMPLING, INCLUDING IMA	10/1/2010	12/31/2382	1
PRA	55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	10/1/2010	12/31/2382	1
PRA	55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED	10/1/2010	12/31/2382	1
PRA	55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL	10/1/2010	12/31/2382	1
PRA	55810	PROSTATECTOMY, PERINEAL RADICAL;	10/1/2010	12/31/2382	1
PRA	55812	PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)	10/1/2010	12/31/2382	1
PRA	55815	PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC	10/1/2010	12/31/2382	1
PRA	55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/OR	10/1/2010	12/31/2382	1
PRA	55831	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/OR	10/1/2010	12/31/2382	1
PRA	55840	PROSTATECTOMY, RETROPUBIC RADICAL;	10/1/2010	12/31/2382	1

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PRA	55842	PROSTATECTOMY, RETROPUBIC RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)	10/1/2010	12/31/2382	1
PRA	55845	PROSTATECTOMY, RETROPUBIC RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRI	10/1/2010	12/31/2382	1
PRA	55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	10/1/2010	12/31/2382	1
PRA	55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; WITH LYMPH NODE BIOPSY(S) (LIMITED)	10/1/2010	12/31/2382	1
PRA	55865	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; WITH BILATERAL PELVIC LYMPHADENECT	10/1/2010	12/31/2382	1
PRA	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING	10/1/2010	12/31/2382	1
PRA	55870	ELECTROEJACULATION	10/1/2010	12/31/2382	1
PRA	55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE FOR INTERSTITIAL CRYOSURGICAL PROBE PLACEM	10/1/2010	12/31/2382	1
PRA	55874	TRANSPERINEAL PLACEMENT OF BIODEGRADABLE MATERIAL, PERI-PROSTATIC, SINGLE OR MULTIPLE INJECTION(S), INCLUDING IMAGE GUIDANCE, WHEN PERFORMED	1/1/2018	12/31/2382	1
PRA	55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION, WITH	10/1/2010	12/31/2382	1
PRA	55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE, PROSTATE, SINGLE OR MULTIPLE	10/1/2010	12/31/2382	1
PRA	55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	4/1/2018	12/31/2382	1
PRA	55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/OR GENITALIA (EXCEPT PROSTATE) FOR SUBSEQUENT INTERST	10/1/2010	12/31/2382	1
PRA	55970	INTERSEX SURGERY; MALE TO FEMALE	10/1/2013	12/31/2382	1
PRA	55980	INTERSEX SURGERY; FEMALE TO MALE	10/1/2013	12/31/2382	1
PRA	56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	10/1/2010	12/31/2382	2
PRA	56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	7/1/2013	12/31/2382	1
PRA	56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	7/1/2013	12/31/2382	1
PRA	56441	LYSIS OF LABIAL ADHESIONS	10/1/2010	12/31/2382	1
PRA	56442	HYMENOTOMY, SIMPLE INCISION	10/1/2010	12/31/2382	1
PRA	56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE, ANY METHOD	10/1/2010	12/31/2382	1
PRA	56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE, ANY METHOD	10/1/2010	12/31/2382	1
PRA	56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION	10/1/2010	12/31/2382	1
PRA	56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL LESION	7/1/2014	12/31/2382	6
PRA	56620	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); PARTIAL	10/1/2010	12/31/2382	1
PRA	56625	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); COMPLETE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	56630	VULVECTOMY, RADICAL, PARTIAL;	10/1/2010	12/31/2382	1
PRA	56631	VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	10/1/2010	12/31/2382	1
PRA	56632	VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	10/1/2010	12/31/2382	1
PRA	56633	VULVECTOMY, RADICAL, COMPLETE;	10/1/2010	12/31/2382	1
PRA	56634	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY	10/1/2010	12/31/2382	1
PRA	56637	VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY	10/1/2010	12/31/2382	1
PRA	56640	VULVECTOMY, RADICAL, COMPLETE, WITH INGUINOFEMORAL, ILIAC, AND PELVIC LYMPHADENECTOMY	4/1/2013	12/31/2382	1
PRA	56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	10/1/2010	12/31/2382	1
PRA	56740	EXCISION OF BARTHOLIN'S GLAND OR CYST	4/1/2013	12/31/2382	1
PRA	56800	PLASTIC REPAIR OF INTROITUS	10/1/2010	12/31/2382	1
PRA	56805	CLITOROPLASTY FOR ADRENOGENITAL SYNDROME	10/1/2010	12/31/2382	1
PRA	56810	PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	56820	COLPOSCOPY OF THE VULVA;	10/1/2010	12/31/2382	1
PRA	56821	COLPOSCOPY OF THE VULVA; WITH BIOPY(S)	10/1/2010	12/31/2382	1
PRA	57000	COLPOTOMY; WITH EXPLORATION	10/1/2010	12/31/2382	1
PRA	57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS	10/1/2010	12/31/2382	1
PRA	57020	COLPOCENTESIS (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; POST-OBSTETRICAL	7/1/2014	12/31/2382	1
PRA	57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTERTRICAL (EG, POST-TRAUMA, SPONTANEOUS BLEEDING)	7/1/2014	12/31/2382	1
PRA	57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD	10/1/2010	12/31/2382	1
PRA	57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE, ANY METHOD	10/1/2010	12/31/2382	1
PRA	57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	7/1/2019	12/31/2382	2
PRA	57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	10/1/2010	12/31/2382	2
PRA	57106	VAGINECTOMY PARTIAL REMOVAL OF VAGINAL WALL	10/1/2010	12/31/2382	1
PRA	57107	VAGINECTOMY PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE	10/1/2010	12/31/2382	1
PRA	57109	VAGINECTOMY PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE WITH BILATERAL TOTAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	57110	COLPECTOMY, OBLITERATION OF VAGINA; COMPLETE	10/1/2010	12/31/2382	1
PRA	57111	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY)	10/1/2010	12/31/2382	1
PRA	57112	COLPECTOMY, OBLITERATION OF VAGINA; WITH REMOVAL OR PARAVAGINAL TISSUE WITH BILATERAL TOTAL PELVIC	10/1/2010	12/31/2382	1
PRA	57120	COLPOCLEISIS (LE FORT TYPE)	10/1/2010	12/31/2382	1
PRA	57130	EXCISION OF VAGINAL SEPTUM	10/1/2010	12/31/2382	1
PRA	57135	EXCISION OF VAGINAL CYST OR TUMOR	10/1/2010	12/31/2382	2
PRA	57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL, PARASITIC, OR FUNGOID DISEAS	10/1/2010	12/31/2382	1
PRA	57155	INSERTION OF UTERINE TANDEMS AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHTHERAPY	10/1/2010	12/31/2382	1
PRA	57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY	4/1/2011	12/31/2382	1
PRA	57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	10/1/2010	12/31/2382	1
PRA	57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	10/1/2010	12/31/2382	1
PRA	57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC NONOBSTETRICAL VAGINAL HEMORRHAGE (S)	10/1/2010	12/31/2382	1
PRA	57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	10/1/2010	12/31/2382	1
PRA	57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)	10/1/2010	12/31/2382	1
PRA	57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL PLICATION)	10/1/2010	12/31/2382	1
PRA	57230	PLASTIC REPAIR OF URETHROCELE	10/1/2010	12/31/2382	1
PRA	57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE	10/1/2010	12/31/2382	1
PRA	57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	10/1/2010	12/31/2382	1
PRA	57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	10/1/2010	12/31/2382	1
PRA	57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR	10/1/2010	12/31/2382	1
PRA	57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH SITE	7/1/2014	12/31/2382	2
PRA	57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	57270	REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	57280	COLPOPEXY, ABDOMINAL APPROACH	10/1/2010	12/31/2382	1
PRA	57282	SACROSPINOUS LIGAMENT FIXATION FOR PROLAPSE OF VAGINA	10/1/2010	12/31/2382	1
PRA	57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY INCONTINENCE, AND/OR INCOMPLETE VAGIL	10/1/2010	12/31/2382	1
PRA	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE IF PERFORMED); VAGINAL APPROACH	10/1/2010	12/31/2382	1
PRA	57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	10/1/2010	12/31/2382	1
PRA	57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	10/1/2010	12/31/2382	1
PRA	57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	10/1/2010	12/31/2382	1
PRA	57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	10/1/2010	12/31/2382	1
PRA	57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	10/1/2010	12/31/2382	1
PRA	57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	10/1/2010	12/31/2382	1
PRA	57296	REVISION OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL APPROACH	10/1/2010	12/31/2382	1
PRA	57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	10/1/2010	12/31/2382	1
PRA	57305	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH	10/1/2010	12/31/2382	1
PRA	57307	CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CONCOMITANT COLOSTOMY	10/1/2010	12/31/2382	1
PRA	57308	CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL BODY RECONSTRUCTION, WITH OR WITHOUT	10/1/2010	12/31/2382	1
PRA	57310	CLOSURE OF URETHROVAGINAL FISTULA;	10/1/2010	12/31/2382	1
PRA	57311	CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT	10/1/2010	12/31/2382	1
PRA	57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	10/1/2010	12/31/2382	1
PRA	57330	CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH	10/1/2010	12/31/2382	1
PRA	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDROME	10/1/2010	12/31/2382	1
PRA	57400	DILATION OF VAGINA UNDER ANESTHESIA	10/1/2010	12/31/2382	1
PRA	57410	PELVIC EXAMINATION UNDER ANESTHESIA	10/1/2010	12/31/2382	1
PRA	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	10/1/2010	12/31/2382	1
PRA	57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	10/1/2010	12/31/2382	1
PRA	57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S)	10/1/2010	12/31/2382	1
PRA	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE IF PERFORMED); LAPAROSCOPIC APPROACH	10/1/2010	12/31/2382	1
PRA	57425	LAPAROSCOPY, SURGICAL, COLPOPEXY	10/1/2010	12/31/2382	1
PRA	57426	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH	7/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	57452	COLPOSCOPY (VAGINOSCOPY); (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	57454	COLPOSCOPY (VAGINOSCOPY); WITH BIOPSIES, OR BIOPSY OF THE CERVIX	10/1/2010	12/31/2382	1
PRA	57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX	10/1/2010	12/31/2382	1
PRA	57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL CURETTAGE	10/1/2010	12/31/2382	1
PRA	57460	COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTROSURGICAL EXCISION(S) OF THE CERVIX (LEEP)	10/1/2010	12/31/2382	1
PRA	57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE CONIZATION OF THE CERVIX	10/1/2010	12/31/2382	1
PRA	57500	BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT FULGURATION (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	10/1/2010	12/31/2382	1
PRA	57510	CAUTERIZATION OF CERVIX; ELECTRO OR THERMAL	10/1/2010	12/31/2382	1
PRA	57511	CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	10/1/2010	12/31/2382	1
PRA	57513	CAUTERIZATION OF CERVIX; LASER ABLATION	10/1/2010	12/31/2382	1
PRA	57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REP	10/1/2010	12/31/2382	1
PRA	57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION,.....LOOP ELECTRODE EXCISION	10/1/2010	12/31/2382	1
PRA	57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	57531	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING	10/1/2010	12/31/2382	1
PRA	57540	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;	10/1/2010	12/31/2382	1
PRA	57545	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPAIR	10/1/2010	12/31/2382	1
PRA	57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	10/1/2010	12/31/2382	1
PRA	57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIOR REPAIR	10/1/2010	12/31/2382	1
PRA	57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	10/1/2010	12/31/2382	1
PRA	57558	DILATION AND CURETTAGE OF CERVICAL STUMP	10/1/2010	12/31/2382	1
PRA	57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL	10/1/2010	12/31/2382	1
PRA	57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	10/1/2010	12/31/2382	1
PRA	57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCER- VICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION, ANY	10/1/2010	12/31/2382	1
PRA	58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	10/1/2010	12/31/2382	1
PRA	58140	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARATE PROCEDURE); ABDOMINAL APPROACH	10/1/2010	12/31/2382	1
PRA	58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARATE PROCEDURE); VAGINAL APPROACH	10/1/2010	12/31/2382	1
PRA	58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH	10/1/2010	12/31/2382	1
PRA	58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL	10/1/2010	12/31/2382	1
PRA	58152	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL	10/1/2010	12/31/2382	1
PRA	58180	SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITH	10/1/2010	12/31/2382	1
PRA	58200	TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING.	10/1/2010	12/31/2382	1
PRA	58210	RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLIN	10/1/2010	12/31/2382	1
PRA	58240	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL HYSTERECTOMY OR CERVICECTOMY, WITH OR WIT	10/1/2010	12/31/2382	1
PRA	58260	VAGINAL HYSTERECTOMY;	10/1/2010	12/31/2382	1
PRA	58262	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	10/1/2010	12/31/2382	1
PRA	58263	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE	10/1/2010	12/31/2382	1
PRA	58267	VAGINAL HYSTERECTOMY; WITH COLPO-URETHROCYSOPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE, PEREYRA TYPE, WITH OR WITHO	10/1/2010	12/31/2382	1
PRA	58270	VAGINAL HYSTERECTOMY; WITH REPAIR OF ENTEROCELE	10/1/2010	12/31/2382	1
PRA	58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY;	10/1/2010	12/31/2382	1
PRA	58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY; WITH REPAIR OF ENTEROCELE	10/1/2010	12/31/2382	1
PRA	58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	10/1/2010	12/31/2382	1
PRA	58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS	10/1/2010	12/31/2382	1
PRA	58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	10/1/2010	12/31/2382	1
PRA	58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S), WITH RE	10/1/2010	12/31/2382	1
PRA	58293	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH COLPO-URETHROCYSOPEXY (MARSHALL-MARCHETTI-KRANT	10/1/2010	12/31/2382	1
PRA	58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER, THAN 250 GRAMS; WITH REPAIR OF ENTEROCELE	10/1/2010	12/31/2382	1
PRA	58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	10/1/2013	12/31/2382	1
PRA	58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	10/1/2010	12/31/2382	1
PRA	58321	ARTIFICIAL INSEMINATION; INTRA-CERVICAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	10/1/2010	12/31/2382	1
PRA	58323	SPERM WASHING FOR ARTIFICIAL INSEMINATION	10/1/2010	12/31/2382	1
PRA	58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR HYSTEROSONOGRAPHY OR HYSTEROSALPINGOGRAPHY	10/1/2010	12/31/2382	1
PRA	58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ESTABLISHING PATENCY (ANY METHOD)	1/1/2012	12/31/2382	1
PRA	58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHTHERAPY	10/1/2010	12/31/2382	1
PRA	58350	HYDROTUBATION OF OVIDUCT, INCLUDING MATERIALS	4/1/2013	12/31/2382	1
PRA	58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	10/1/2010	12/31/2382	1
PRA	58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL CURETTAGE, WHEN PERFORMED	10/1/2010	12/31/2382	1
PRA	58400	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR WITHOUT SHORTENING OF SACROUTERINE	10/1/2010	12/31/2382	1
PRA	58410	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR WITHOUT SHORTENING OF SACROUTERINE	10/1/2010	12/31/2382	1
PRA	58520	HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)	10/1/2010	12/31/2382	1
PRA	58540	HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)	10/1/2010	12/31/2382	1
PRA	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	10/1/2010	12/31/2382	1
PRA	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OV	10/1/2010	12/31/2382	1
PRA	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	10/1/2010	12/31/2382	1
PRA	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/	10/1/2010	12/31/2382	1
PRA	58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL WEIGHT OF 250 GRAMS OR LESS	10/1/2010	12/31/2382	1
PRA	58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL	10/1/2010	12/31/2382	1
PRA	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC	10/1/2010	12/31/2382	1
PRA	58550	LAPAROSCOPY, SURGICAL; WITH VAGINAL HYSTERECTOMY W/OR W/OUT REMOVAL OF TUBES,W/ OR W/OUT REMOVAL OF OVARIES	10/1/2010	12/31/2382	1
PRA	58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND/OR	10/1/2010	12/31/2382	1
PRA	58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	10/1/2010	12/31/2382	1
PRA	58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATHER THAN 250 GRAMS; WITH REMOVALOF TUBE(S)	10/1/2010	12/31/2382	1
PRA	58555	HYSTEROSCOPY, DIAGNOSTIC (SEPERATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY W/ OR W/OUT D&C	10/1/2010	12/31/2382	1
PRA	58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY METHOD)	10/1/2010	12/31/2382	1
PRA	58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	10/1/2010	12/31/2382	1
PRA	58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	10/1/2010	12/31/2382	1
PRA	58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (ANY METHOD)	10/1/2010	12/31/2382	1
PRA	58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERM	10/1/2010	12/31/2382	1
PRA	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	10/1/2010	12/31/2382	1
PRA	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY	10/1/2010	12/31/2382	1
PRA	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	10/1/2010	12/31/2382	1
PRA	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR	10/1/2010	12/31/2382	1
PRA	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERECTOMY FOR RESECTION OF MALIGNANCY (TUMOR DEBULKING), WITH OMENTECTOMY INCLUDING SALPINGO-OOPHORECTOMY, UNILATERAL OR BILATERAL, WHEN PERFORMED	1/1/2018	12/31/2382	1
PRA	58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	4/1/2018	12/31/2382	1
PRA	58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	4/1/2018	12/31/2382	1
PRA	58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
PRA	58605	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, POSTPARTUM, UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
PRA	58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAREAN SECTION OR INTRA-ABDOMINAL SURG	10/1/2010	12/31/2382	1
PRA	58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL OR SUPRAPUBIC APPROACH	10/1/2010	12/31/2382	1
PRA	58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) SEPERATE PROCEDURE	10/1/2010	12/31/2382	1
PRA	58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND SALPINGECTOMY)	10/1/2010	12/31/2382	1
PRA	58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL	10/1/2010	12/31/2382	1
PRA	58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)	10/1/2010	12/31/2382	1
PRA	58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR FALOPE RING)	10/1/2010	12/31/2382	1
PRA	58672	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	7/1/2013	12/31/2382	1
PRA	58673	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	7/1/2013	12/31/2382	1
PRA	58674	DESTRUCTION OF FIBROID TUMOR OF UTERUS USING A LAPAROSCOPE AND ULTRASOUND GUIDANCE AND MONITORING	1/1/2017	12/31/2382	1
PRA	58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	4/1/2018	12/31/2382	1
PRA	58700	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	58740	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	10/1/2010	12/31/2382	1
PRA	58750	TUBOTUBAL ANASTOMOSIS	4/1/2013	12/31/2382	1
PRA	58752	TUBOUTERINE IMPLANTATION	4/1/2013	12/31/2382	1
PRA	58760	FIMBRIOPLASTY	1/1/2012	12/31/2382	1
PRA	58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	1/1/2012	12/31/2382	1
PRA	58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGINAL APPROACH	10/1/2010	12/31/2382	1
PRA	58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); ABDOMINAL APPROACH	10/1/2010	12/31/2382	1
PRA	58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN	4/1/2013	12/31/2382	1
PRA	58822	DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH	4/1/2013	12/31/2382	1
PRA	58825	TRANSPOSITION, OVARY(S)	10/1/2010	12/31/2382	1
PRA	58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
PRA	58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
PRA	58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;	10/1/2010	12/31/2382	1
PRA	58943	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN MALIGNANCY, WITH PARA-AORTIC AND PELVIC L	10/1/2010	12/31/2382	1
PRA	58950	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY;	10/1/2010	12/31/2382	1
PRA	58951	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY; WITH TOTAL ABDOMINAL HYS	10/1/2010	12/31/2382	1
PRA	58952	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND OMENTECTOMY; WITH RADICAL DISSECTION	10/1/2010	12/31/2382	1
PRA	58953	BILATERAL SALPINGO-OOPHORECTOMY W/OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR DEBULK	10/1/2010	12/31/2382	1
PRA	58954	BILATERAL SALPINGO-OOPHORECTOMY W/OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY W/PELVIC LYMPHADENECTOMY AND LIMIT	10/1/2010	12/31/2382	1
PRA	58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY FOR MALIGNANCY	10/1/2010	12/31/2382	1
PRA	58957	RESECTION OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY, WITH OMENTECTIMY, IF PERFORMED	10/1/2010	12/31/2382	1
PRA	58958	RESECTION OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY, WITH OMENTECTIMY, IF PERFORMED;	10/1/2010	12/31/2382	1
PRA	58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN MALIGNANCY ("SECOND LOOK"), WITH OR WITHOUT OMENTECTOMY, PER	10/1/2010	12/31/2382	1
PRA	58970	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL, ANY METHOD	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	58974	EMBRYO TRANSFER, INTRAUTERINE	10/1/2010	12/31/2382	1
PRA	58976	GAMETE, ZYGOTE, OR EMBRYO INTRAFALLOPIAN TRANSFER, ANY METHOD	10/1/2010	12/31/2382	2
PRA	58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	4/1/2018	12/31/2382	1
PRA	59000	AMNIOCENTESIS, ANY METHOD	7/1/2017	12/31/2382	2
PRA	59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND GUIDANCE)	7/1/2017	12/31/2382	2
PRA	59012	CORDOCENTESIS (INTRAUTERINE), ANY METHOD	7/1/2017	12/31/2382	2
PRA	59015	CHORIONIC VILLUS SAMPLING, ANY METHOD	7/1/2017	12/31/2382	2
PRA	59020	FETAL CONTRACTION STRESS TEST	7/1/2017	12/31/2382	4
PRA	59025	FETAL NON-STRESS TEST	7/1/2017	12/31/2382	4
PRA	59030	FETAL SCALP BLOOD SAMPLING	7/1/2017	12/31/2382	2
PRA	59050	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING PHYSICIAN) WITH WRITTEN REPORT; SUPE	7/1/2017	12/31/2382	2
PRA	59051	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN; INTERPRETATION ONLY	7/1/2017	12/31/2382	2
PRA	59070	TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE	7/1/2017	12/31/2382	2
PRA	59072	FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE	7/1/2017	12/31/2382	1
PRA	59074	FETAL FLUID DRAINAGE, INCLUDING ULTRASOUND GUIDANCE	7/1/2017	12/31/2382	1
PRA	59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	7/1/2017	12/31/2382	1
PRA	59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	10/1/2010	12/31/2382	1
PRA	59120	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING SALPINGECTOMY AND/OR OOPHORECTOMY, ABDOMI	10/1/2010	12/31/2382	1
PRA	59121	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY	10/1/2010	12/31/2382	1
PRA	59130	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; ABDOMINAL PREGNANCY	10/1/2010	12/31/2382	1
PRA	59135	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY REQUIRING TOTAL HYSSTERECTOMY	10/1/2010	12/31/2382	1
PRA	59136	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS	10/1/2010	12/31/2382	1
PRA	59140	SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION	10/1/2010	12/31/2382	1
PRA	59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY	10/1/2010	12/31/2382	1
PRA	59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR OOPHORECTOMY	10/1/2010	12/31/2382	1
PRA	59160	CURETTAGE, POSTPARTUM	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN	10/1/2010	12/31/2382	1
PRA	59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL	10/1/2010	12/31/2382	1
PRA	59325	CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL	10/1/2010	12/31/2382	1
PRA	59350	HYSTERORRHAPHY OF RUPTURED UTERUS	10/1/2010	12/31/2382	1
PRA	59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS)	10/1/2010	12/31/2382	1
PRA	59409	VAGINAL DELIVERY ONLY	1/1/2018	12/31/2382	2
PRA	59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS) INCLUDING POSTPARTUM CARE	10/1/2010	12/31/2382	1
PRA	59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO CODE(S) FOR DELIVERY)	10/1/2010	12/31/2382	2
PRA	59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	10/1/2010	12/31/2382	1
PRA	59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	10/1/2010	12/31/2382	1
PRA	59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPARTUM CARE	10/1/2010	12/31/2382	1
PRA	59514	CESAREAN DELIVERY ONLY	10/1/2010	12/31/2382	1
PRA	59515	CESAREAN DELIVERY ONLY INCLUDING POSTPARTUM CARE	10/1/2010	12/31/2382	1
PRA	59525	SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST IN ADDITION TO 59510, 59514, 59515 OR 59618, 5962)	10/1/2010	12/31/2382	1
PRA	59610	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS)	10/1/2010	12/31/2382	1
PRA	59612	VAGINAL DELIVERY ONLY, AFTER CEASAREAN DELIVERY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	1/1/2018	12/31/2382	2
PRA	59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVER; INCLUDING POSTPARTUM CARE	10/1/2010	12/31/2382	1
PRA	59618	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPARTUM CARE, FOLLOWING ATTEMPTEDV	10/1/2010	12/31/2382	1
PRA	59620	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY;	10/1/2010	12/31/2382	1
PRA	59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPEDED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY;INCLUDING POSTPAR	10/1/2010	12/31/2382	1
PRA	59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	10/1/2010	12/31/2382	1
PRA	59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER	10/1/2010	12/31/2382	1
PRA	59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	59830	TREATMENT OF SEPTIC ABORTION, COMPLETED SURGICALLY	10/1/2010	12/31/2382	1
PRA	59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	10/1/2010	12/31/2382	1
PRA	59841	INDUCED ABORTION, BY DILATION AND EVACUATION	10/1/2010	12/31/2382	1
PRA	59850	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMI	10/1/2010	12/31/2382	1
PRA	59851	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMI	10/1/2010	12/31/2382	1
PRA	59852	INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMI	10/1/2010	12/31/2382	1
PRA	59855	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES WITH OR WITHOUT CERVICAL DILATION, INCLUDING HOSPITAL	10/1/2010	12/31/2382	1
PRA	59856	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES ...WITH DILATION AND CURETTAGE AND/OR EVACUATION	10/1/2010	12/31/2382	1
PRA	59857	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES ...WITH HYSTEROTOMY (FAILED MEDICAL EVALUATION)	10/1/2010	12/31/2382	1
PRA	59866	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	10/1/2010	12/31/2382	1
PRA	59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	10/1/2010	12/31/2382	1
PRA	59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	10/1/2010	12/31/2382	1
PRA	59897	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE	4/1/2018	12/31/2382	1
PRA	59898	UNLISTED LAPAROSCOPY PROCEDURE, MATERNITY CARE AND DELIVERY	4/1/2018	12/31/2382	1
PRA	59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY	4/1/2018	12/31/2382	1
PRA	60000	INCISION AND DRAINAGE OF THYROGLOSSAL CYST, INFECTED	10/1/2010	12/31/2382	1
PRA	60100	BIOPSY THYROID, PERCUTANEOUS NEEDLE	10/1/2014	12/31/2382	3
PRA	60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	10/1/2010	12/31/2382	2
PRA	60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	10/1/2010	12/31/2382	1
PRA	60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRA- LATERALSUBTOTAL LOBECTOMY, INCLUDING ISTHMUSECTOMY	10/1/2010	12/31/2382	1
PRA	60220	TOTAL THYROID LOBECTOMY, UNILATERAL;	10/1/2010	12/31/2382	1
PRA	60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING ISTHMUS	10/1/2010	12/31/2382	1
PRA	60240	THYROIDECTOMY, TOTAL OR COMPLETE	10/1/2010	12/31/2382	1
PRA	60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTION	10/1/2010	12/31/2382	1
PRA	60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK DISSECTION	10/1/2010	12/31/2382	1
PRA	60260	THYROIDECTOMY, SECONDARY	7/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	60270	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL SPLIT OR TRANSTHORACIC APPROACH	10/1/2010	12/31/2382	1
PRA	60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND; CERVICAL APPROACH	10/1/2010	12/31/2382	1
PRA	60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	10/1/2010	12/31/2382	1
PRA	60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	10/1/2010	12/31/2382	1
PRA	60300	ASPIRATION AND/OR INJECTION, THYROID CYST	10/1/2014	12/31/2382	2
PRA	60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	10/1/2010	12/31/2382	1
PRA	60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	10/1/2010	12/31/2382	1
PRA	60505	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL EXPLORATION, STERNAL SPLIT OR TRANSTHORAC	10/1/2010	12/31/2382	1
PRA	60512	PARATHYROID AUTOTRANSPLANTATION	10/1/2010	12/31/2382	1
PRA	60520	THYMECTOMY, PARTIAL OR TOTAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	60521	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITHOUT RADICAL MEDIASTINAL DISSECTION	10/1/2010	12/31/2382	1
PRA	60522	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH RADICAL MEDIASTINAL DISSECTION	10/1/2010	12/31/2382	1
PRA	60540	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LU	7/1/2013	12/31/2382	1
PRA	60545	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LU	4/1/2013	12/31/2382	1
PRA	60600	EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY	10/1/2010	12/31/2382	1
PRA	60605	EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY	10/1/2010	12/31/2382	1
PRA	60650	LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND W/ OR W/O BIOPSY	1/1/2012	12/31/2382	1
PRA	60659	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM	4/1/2018	12/31/2382	1
PRA	60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	4/1/2018	12/31/2382	1
PRA	61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INITIAL	10/1/2010	12/31/2382	1
PRA	61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; SUBSEQUENT TAPS	10/1/2010	12/31/2382	1
PRA	61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVO	10/1/2010	12/31/2382	2
PRA	61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVO	10/1/2010	12/31/2382	2
PRA	61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAGNOSIS OR TRE	10/1/2010	12/31/2382	1
PRA	61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE	10/1/2010	12/31/2382	2

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PRA	61105	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; NOT FOLLOWED BY OTHER SURGERY	10/1/2014	12/31/2382	1
PRA	61107	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR IMPLANTING VENTRICULAR CATHETER OR PRESSURE RECORDI	10/1/2014	12/31/2382	1
PRA	61108	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOR EVACUATION AND/OR DRAINAGE OF SUBDURAL HEMATOMA	10/1/2014	12/31/2382	1
PRA	61120	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS, CONTRAST MEDIA, DYE, OR RADIOACTIVE MATERIA	10/1/2010	12/31/2382	1
PRA	61140	BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION	10/1/2014	12/31/2382	1
PRA	61150	BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST	10/1/2014	12/31/2382	1
PRA	61151	BURR HOLE(S) OR TREPHINE; WITH SUBSEQUENT TAPPING (ASPIRATION) OF INTRACRANIAL ABSCESS OR CYST	10/1/2014	12/31/2382	1
PRA	61154	BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL OR SUBDURAL	10/1/2014	12/31/2382	1
PRA	61156	BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL	10/1/2014	12/31/2382	1
PRA	61210	BURR HOLE(S); FOR IMPLANTING VENTRICULAR CATHETER, RESERVOIR, EEG ELECTRODE(S) OR PRESSURE RECORDING DEVICE (S	10/1/2010	12/31/2382	1
PRA	61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR CONNECTION TO VENTRICULAR CATHETER	10/1/2010	12/31/2382	1
PRA	61250	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY OTHER SURGERY	10/1/2010	12/31/2382	1
PRA	61253	BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
PRA	61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL	10/1/2010	12/31/2382	1
PRA	61305	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSSA)	10/1/2010	12/31/2382	1
PRA	61312	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL	10/1/2010	12/31/2382	2
PRA	61313	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; INTRACEREBRAL	10/1/2010	12/31/2382	2
PRA	61314	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; EXTRADURAL OR SUBDURAL	10/1/2010	12/31/2382	2
PRA	61315	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; INTRACEREBELLAR	10/1/2010	12/31/2382	1
PRA	61316	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE GRAFT (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY	10/1/2010	12/31/2382	1
PRA	61320	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENTORIAL	10/1/2010	12/31/2382	2
PRA	61321	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENTORIAL	10/1/2014	12/31/2382	1
PRA	61322	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR TREATMENT OF INTRACRANIAL HYPERTENSI	10/1/2010	12/31/2382	1
PRA	61323	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR TREATMENT OF INTRACRANIAL HYPER	10/1/2010	12/31/2382	1
PRA	61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	7/1/2013	12/31/2382	1
PRA	61333	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION	4/1/2013	12/31/2382	1

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PRA	61340	OTHER CRANIAL DECOMPRESSION (EG, SUBTEMPORAL), SUPRATENTORIAL	7/1/2013	12/31/2382	1
PRA	61343	CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF MEDULLA AND SPINAL CORD, WITH OR WITH	10/1/2010	12/31/2382	1
PRA	61345	OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	10/1/2010	12/31/2382	1
PRA	61450	CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION OF SENSORY ROOT OF GASSERIAN GANGLION	10/1/2010	12/31/2382	1
PRA	61458	CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERVES	10/1/2010	12/31/2382	1
PRA	61460	CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES	10/1/2010	12/31/2382	1
PRA	61500	CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL	10/1/2014	12/31/2382	1
PRA	61501	CRANIECTOMY; FOR OSTEOMYELITIS	10/1/2010	12/31/2382	1
PRA	61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOM	10/1/2014	12/31/2382	1
PRA	61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA, SUPRATENTORIAL	10/1/2014	12/31/2382	1
PRA	61514	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN ABSCESS, SUPRATENTORIAL	10/1/2010	12/31/2382	2
PRA	61516	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR FENESTRATION OF CYST, SUPRATENTORIAL	10/1/2014	12/31/2382	1
PRA	61517	IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	10/1/2010	12/31/2382	1
PRA	61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; EXCEPT MENINGIOMA, CEREBELLOPONTIN	10/1/2014	12/31/2382	1
PRA	61519	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; MENINGIOMA	10/1/2014	12/31/2382	1
PRA	61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; CEREBELLOPONTINE ANGLE TUMOR	10/1/2010	12/31/2382	1
PRA	61521	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; MIDLINE TUMOR AT BASE OF SKULL	10/1/2010	12/31/2382	1
PRA	61522	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN ABSCESS	10/1/2014	12/31/2382	1
PRA	61524	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR FENESTRATION OF CYST	10/1/2010	12/31/2382	2
PRA	61526	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR;	10/1/2010	12/31/2382	1
PRA	61530	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBI	10/1/2010	12/31/2382	1
PRA	61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPHINE HOLE(S) FOR LONG TERM SEIZURE M	7/1/2013	12/31/2382	1
PRA	61533	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR LONG TERM SEIZURE	10/1/2010	12/31/2382	2
PRA	61534	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR EXCISION OF EPILEP	10/1/2010	12/31/2382	1
PRA	61535	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR REMOVAL OF EPIDURA	10/1/2010	12/31/2382	2
PRA	61536	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR EXCISION OF CEREBR	10/1/2010	12/31/2382	1

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PRA	61537	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITHOUT ELECTROCORTICOGRAPHY DURING	10/1/2010	12/31/2382	1
PRA	61538	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR LOBECTOMY WITH ELE	10/1/2010	12/31/2382	1
PRA	61539	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR LOBECTOMY WITH ELE	10/1/2010	12/31/2382	1
PRA	61540	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL LOBE, PARTIAL OR TOTAL, WITHOUT	10/1/2010	12/31/2382	1
PRA	61541	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR TRANSECTION OF COR	10/1/2010	12/31/2382	1
PRA	61543	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR PARTIAL OR SUBTOTA	10/1/2010	12/31/2382	1
PRA	61544	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR EXCISION OR COAGUL	10/1/2014	12/31/2382	1
PRA	61545	CRANIOTOMY WITH ELEVATION OF BONE FLAP FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY; FOR EXCISION OF CRANIO	10/1/2010	12/31/2382	1
PRA	61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRANIAL APPROACH	10/1/2010	12/31/2382	1
PRA	61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSSEPTAL APPROACH, NONSTEREOTACTIC	10/1/2010	12/31/2382	1
PRA	61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE	10/1/2010	12/31/2382	1
PRA	61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES	10/1/2010	12/31/2382	1
PRA	61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP	10/1/2010	12/31/2382	1
PRA	61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP	10/1/2010	12/31/2382	1
PRA	61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLOVERLEAF SKULL); NOT REQUIRING BONE	10/1/2010	12/31/2382	1
PRA	61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLOVERLEAF SKULL); RECONTOURING WITH M	10/1/2010	12/31/2382	1
PRA	61563	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA); WITHOUT OPTIC NERVE DE	10/1/2010	12/31/2382	2
PRA	61564	EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA); WITH OPTIC NERVE DECOM	4/1/2013	12/31/2382	1
PRA	61566	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDALOHIPPOCAMPECTOMY	10/1/2010	12/31/2382	1
PRA	61567	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTION, WITH	10/1/2010	12/31/2382	1
PRA	61570	CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN	10/1/2014	12/31/2382	1
PRA	61571	CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAIN	10/1/2014	12/31/2382	1
PRA	61575	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LES	10/1/2010	12/31/2382	1
PRA	61576	TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LES	10/1/2010	12/31/2382	1
PRA	61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ETHMOIDECTOMY	10/1/2010	12/31/2382	1
PRA	61581	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ORBITAL EXENTERATION	10/1/2010	12/31/2382	1

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PRA	61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRA DURAL, INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY.	10/1/2010	12/31/2382	1
PRA	61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA;INTRA- DURAL, INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY	10/1/2010	12/31/2382	1
PRA	61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL. INCLUDING SUPRAORBITAL RIDGE OSTEOTOMY AND	10/1/2010	12/31/2382	1
PRA	61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL,...WITH ORBITAL EXENTERATION	10/1/2010	12/31/2382	1
PRA	61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CRANIAL FOSSA WITH OR WITHOUT INTERNL	10/1/2010	12/31/2382	1
PRA	61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA, WITH OR WITHOUT DISARTICULATION OF THE MANDIBLE	10/1/2010	12/31/2382	1
PRA	61591	INFRATEMPORAL POSTAURICULAR APPROACH TO MIDDLE CRANIAL FOSSA INCLUDING MASTOIDECTOMY, RESECTION OF SIGMOID	10/1/2010	12/31/2382	1
PRA	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA INCLUDING OSTEOTOMY OF ZYGOMA, CRANIOTOMY, EXTRA- OR	10/1/2010	12/31/2382	1
PRA	61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING MASTOIDECT	10/1/2010	12/31/2382	1
PRA	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING LABYRINTHE	10/1/2010	12/31/2382	1
PRA	61597	TRANSCONDYLAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING OCCIPITAL	10/1/2010	12/31/2382	1
PRA	61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM, INCLUDING LIGATION OF SUPERIO	10/1/2010	12/31/2382	1
PRA	61600	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF ANTERIOR CRANIAL FOSSA;	10/1/2010	12/31/2382	1
PRA	61601	RESECTION OR EXCISION OF NEOPLASTIC,VASCULAR OR INFEC- TIOUS LESION...INTRADURAL, INCLUDING DURAL REPAIR	10/1/2010	12/31/2382	1
PRA	61605	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRATEMPORAL FOSSA,...EXTRADURAL	10/1/2010	12/31/2382	1
PRA	61606	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION,...INTRADURAL, INCLUDING DURAL REPAIR	10/1/2010	12/31/2382	1
PRA	61607	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR AREA, CAVERNOUS SINUS, CLIVUS	10/1/2010	12/31/2382	1
PRA	61608	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR AREA...INTRADUAL, INCLUDING	10/1/2010	12/31/2382	1
PRA	61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR	10/1/2010	12/31/2382	1
PRA	61613	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MAL- FORMATION, OR CAROTID-CAVERNOUS FISTULA BY DISSECTION	10/1/2010	12/31/2382	1
PRA	61615	RESECTION OR EXCISION OF NEOPLASTIC,VASCULAR OR INFEC- TIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA-EXTRADU	10/1/2010	12/31/2382	1
PRA	61616	RESECTION OR EXCISION OF NEOPLASTIC,VASCULAR OR INFEC- TIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA-INTRADU	10/1/2010	12/31/2382	1
PRA	61618	SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR,MIDDLE OR POSTERIOR CRANIAL FOSSA...BY FREE TISSUE GRAFT	10/1/2010	12/31/2382	2
PRA	61619	SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIAL FOSSA...BY LOCAL OR REGIONALIZED	10/1/2010	12/31/2382	2
PRA	61623	ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR NECK (EXTRACRANIAL/INTRACRANIAL) INCLUDING SELECTIV	10/1/2010	12/31/2382	2
PRA	61624	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCUL	10/1/2010	12/31/2382	2

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PRA	61626	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCUL	10/1/2010	12/31/2382	2
PRA	61630	BALLOON ANGIOPLASTY, INTRACRANIAL (EG, ATHEROSCLEROTIC STENOSIS), PERCUTANEOUS	10/1/2014	12/31/2382	1
PRA	61635	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRACRANIAL, INCLUDING BALLOON ANGIOPLASTY, IF PERFORMED	1/1/2011	12/31/2382	2
PRA	61640	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; INITIAL VESSELL	10/1/2012	12/31/2382	1
PRA	61641	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN SAME VASCULAR FAMILY	1/1/2014	12/31/2382	1
PRA	61642	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN DIFFERENT VASCULAR FAMIL	1/1/2014	12/31/2382	1
PRA	61645	REMOVAL OF BLOOD CLOT AND INJECTION TO DISSOLVE BLOOD CLOT FROM HEAD ARTERY USING FLUOROSCOPIC GUIDANCE, ACCESSED THROUGH SKIN	10/1/2018	12/31/2382	1
PRA	61650	INFUSION OF CHEMICAL AGENT INTO THE ARTERY OF BRAIN WITH INSERTION OF CATHETER AND IMAGING	1/1/2016	12/31/2382	1
PRA	61651	INFUSION OF CHEMICAL AGENT INTO THE ARTERY OF BRAIN WITH INSERTION OF CATHETER AND IMAGING	1/1/2016	12/31/2382	2
PRA	61680	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SIMPLE	10/1/2010	12/31/2382	1
PRA	61682	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, COMPLEX	10/1/2010	12/31/2382	1
PRA	61684	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SIMPLE	10/1/2010	12/31/2382	1
PRA	61686	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, COMPLEX	10/1/2010	12/31/2382	1
PRA	61690	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE	10/1/2010	12/31/2382	1
PRA	61692	SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX	10/1/2010	12/31/2382	1
PRA	61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULATION	10/1/2014	12/31/2382	2
PRA	61698	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBROBASILAR CIRCULATION	10/1/2014	12/31/2382	1
PRA	61700	SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULATION	10/1/2014	12/31/2382	2
PRA	61702	SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBRAL-BASILAR CIRCULATION	10/1/2014	12/31/2382	1
PRA	61703	SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF OCCLUDING CLAMP TO CERVICAL CAROTID ARTE	10/1/2010	12/31/2382	1
PRA	61705	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRACRANIAL AND CERVICAL OCCLUSIO	10/1/2010	12/31/2382	1
PRA	61708	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRACRANIAL ELECTROTHROMBOSIS	10/1/2014	12/31/2382	1
PRA	61710	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRA-ARTERIAL EMBOLIZATION, INJEC	10/1/2014	12/31/2382	1
PRA	61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTICAL) ARTERIES	10/1/2010	12/31/2382	1
PRA	61720	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING AND RECORDING TECHNIQUES, SIN	10/1/2014	12/31/2382	1
PRA	61735	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING AND RECORDING TECHNIQUES, SIN	10/1/2014	12/31/2382	1

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PRA	61750	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR INTRACRANIAL LESION;	10/1/2010	12/31/2382	2
PRA	61751	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR	10/1/2014	12/31/2382	2
PRA	61760	STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LONG TERM SEIZURE MONITORING	10/1/2010	12/31/2382	1
PRA	61770	STEREOTACTIC LOCALIZATION, ANY METHOD, INCLUDING BURR HOLE(S); WITH INSERTION OF CATHETER(S) FOR BRACHYTHERAPY	10/1/2010	12/31/2382	1
PRA	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL	4/1/2011	12/31/2382	1
PRA	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL	4/1/2011	12/31/2382	1
PRA	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL	4/1/2011	12/31/2382	1
PRA	61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRICAL	4/1/2013	12/31/2382	1
PRA	61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRICAL	4/1/2013	12/31/2382	1
PRA	61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SIMPLE CRANIAL LESION	10/1/2010	12/31/2382	1
PRA	61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION	10/1/2016	12/31/2382	4
PRA	61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 COMPLEX CRANIAL LESION	10/1/2010	12/31/2382	1
PRA	61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION	10/1/2016	12/31/2382	4
PRA	61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEROTACTIC RADIOSURGEY	10/1/2010	12/31/2382	1
PRA	61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CORTICAL	10/1/2010	12/31/2382	1
PRA	61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBRAL; CORTICAL	10/1/2010	12/31/2382	1
PRA	61863	TWIST DRILL, BURR HOLE, WITHOUT USE OF INTRAOPERATIVE MICROELECTRODE RECORDING; FIRST ARRAY	1/1/2012	12/31/2382	1
PRA	61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, EACH ADDITIONAL ARRAY	10/1/2010	12/31/2382	1
PRA	61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTATIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE	1/1/2012	12/31/2382	1
PRA	61868	TWIST DRILL, BURR HOLE, WITH USE OF INTRAOPERATIVE MICROELECTRODE RECORDING, EACH ADDITIONAL ARRAY	10/1/2010	12/31/2382	2
PRA	61870	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; CORTICAL	10/1/2010	12/31/2382	1
PRA	61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	10/1/2010	12/31/2382	1
PRA	61885	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR	10/1/2018	12/31/2382	1
PRA	61886	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIM PULSE GENERATOR WITH CONNECTION TO TWO OR MORE ELECTR	7/1/2013	12/31/2382	1
PRA	61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	10/1/2014	12/31/2382	1
PRA	62000	ELEVATION OF DEPRESSED SKULL FRACTURE; SIMPLE, EXTRADURAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	62005	ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMUNATED, EXTRADURAL	10/1/2010	12/31/2382	1
PRA	62010	ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR DEBRIDEMENT OF BRAIN	10/1/2010	12/31/2382	1
PRA	62100	CRANIOTOMY FOR REPAIR OF DURAL/CSF LEAK, INCLUDING SURGERY FOR RHINORRHEA/OTORRHEA	10/1/2010	12/31/2382	1
PRA	62115	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQUIRING BONE GRAFTS OR CRANIOPLASTY	10/1/2010	12/31/2382	1
PRA	62117	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRING CRANIOTOMY AND RECONSTRUCTION WITH OR	10/1/2010	12/31/2382	1
PRA	62120	REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY	10/1/2010	12/31/2382	1
PRA	62121	CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE, SKULL BASE	10/1/2010	12/31/2382	1
PRA	62140	CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER	10/1/2010	12/31/2382	1
PRA	62141	CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER	10/1/2010	12/31/2382	1
PRA	62142	REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	10/1/2010	12/31/2382	2
PRA	62143	REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	10/1/2010	12/31/2382	2
PRA	62145	CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY	10/1/2010	12/31/2382	2
PRA	62146	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 CM DIAMETER	10/1/2010	12/31/2382	2
PRA	62147	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5 CM DIAMETER	10/1/2014	12/31/2382	1
PRA	62148	INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT FOR CRANIOPLASTY (LIST SEPARATELY IN ADDITION TO COD)	10/1/2014	12/31/2382	1
PRA	62160	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHETER AND ATTACHMENT TO SHUNT	10/1/2010	12/31/2382	1
PRA	62161	NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATION OF SEPTUM PELLUCIDUM OR INTRAVENTRIC	10/1/2010	12/31/2382	1
PRA	62162	NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID CYCST, INCLUDING PLACEMENT OF EXTERNAL	10/1/2010	12/31/2382	1
PRA	62163	NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
PRA	62164	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACEMENT OF EXTERNAL VENTRICULAR FOR	10/1/2010	12/31/2382	1
PRA	62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANSPHENOIDAL APPROACH	10/1/2010	12/31/2382	1
PRA	62180	VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)	10/1/2010	12/31/2382	1
PRA	62190	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-ATRIAL, -JUGULAR, -AURICULAR	10/1/2010	12/31/2382	1
PRA	62192	CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, -PLEURAL, OTHER TERMINUS	10/1/2010	12/31/2382	1
PRA	62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	10/1/2014	12/31/2382	1
PRA	62200	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE;	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	62201	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE; STEREOTACTIC METHOD	10/1/2010	12/31/2382	1
PRA	62220	CREATION OF SHUNT; VENTRICULO-ATRIAL, -JUGULAR, -AURICULAR	10/1/2010	12/31/2382	1
PRA	62223	CREATION OF SHUNT; VENTRICULO-PERITONEAL, -PLEURAL, OTHER TERMINUS	10/1/2010	12/31/2382	1
PRA	62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	10/1/2010	12/31/2382	2
PRA	62230	REPLACEMENT OR REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN SHUNT SYSTEM	10/1/2010	12/31/2382	2
PRA	62252	REPROGRAMMING OF PROGRAMMABLE CSF SHUNT	10/1/2010	12/31/2382	2
PRA	62256	REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITHOUT REPLACEMENT	10/1/2010	12/31/2382	1
PRA	62258	REMOVAL OF COMPLETE CSF SHUNT SYSTEM; WITH REPLACEMENT BY SIMILAR OR OTHER SHUNT AT SAME OPERATION	10/1/2010	12/31/2382	1
PRA	62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION OR MECHANICAL MEANS INCLUDING RADIOL	10/1/2010	12/31/2382	1
PRA	62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION, MULTIPLE ADHESIOLYSIS SESSIONS, 1 DAY	10/1/2010	12/31/2382	1
PRA	62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS, INTERVERTEBRAL DISC, OR PARAVERTEBRAL TISSUE	10/1/2010	12/31/2382	2
PRA	62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	10/1/2010	12/31/2382	1
PRA	62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	10/1/2010	12/31/2382	2
PRA	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	10/1/2010	12/31/2382	2
PRA	62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF SPINAL FLUID (BY NEEDLE OR CATHETER)	10/1/2010	12/31/2382	1
PRA	62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	10/1/2010	12/31/2382	2
PRA	62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	10/1/2010	12/31/2382	1
PRA	62281	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); EPIDURAL, CERVICAL OR THORACIC	10/1/2010	12/31/2382	1
PRA	62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	10/1/2010	12/31/2382	1
PRA	62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTERIZED AXIAL TOMOGRAPHY, SPINAL (OTHER THAN C1-C2 AND POSTERIOR)	10/1/2010	12/31/2382	1
PRA	62287	ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF	10/1/2010	12/31/2382	1
PRA	62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR	7/1/2014	12/31/2382	5
PRA	62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	10/1/2014	12/31/2382	4
PRA	62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL DISK, SINGLE OR MULTIPLE LEVEL	10/1/2010	12/31/2382	1
PRA	62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION, SPINAL	10/1/2014	12/31/2382	1
PRA	62302	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; CERVICAL	1/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	62303	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; THORACIC	1/1/2015	12/31/2382	1
PRA	62304	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; LUMBOSACRAL	1/1/2015	12/31/2382	1
PRA	62305	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; 2 OR MORE	1/1/2015	12/31/2382	1
PRA	62320	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF UPPER OR MIDDLE BACK	1/1/2017	12/31/2382	1
PRA	62321	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF UPPER OR MIDDLE BACK USING IMAGING GUIDANCE	1/1/2017	12/31/2382	1
PRA	62322	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM USING IMAGING GUIDANCE	1/1/2017	12/31/2382	1
PRA	62323	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM USING IMAGING GUIDANCE	1/1/2017	12/31/2382	1
PRA	62324	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CANAL OF UPPER OR MIDDLE BACK	1/1/2017	12/31/2382	1
PRA	62325	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CANAL OF UPPER OR MIDDLE BACK	1/1/2017	12/31/2382	1
PRA	62326	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK USING IMAGING GUIDANCE	1/1/2017	12/31/2382	1
PRA	62327	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK USING IMAGING GUIDANCE	1/1/2017	12/31/2382	1
PRA	62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL	10/1/2010	12/31/2382	1
PRA	62351	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER; WITH LAMINECTOMY	10/1/2010	12/31/2382	1
PRA	62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	10/1/2010	12/31/2382	1
PRA	62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR	10/1/2010	12/31/2382	1
PRA	62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; NON-PROGRAMMABLE PUMP	10/1/2010	12/31/2382	1
PRA	62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING	10/1/2010	12/31/2382	1
PRA	62365	REMOVAL OF SUBUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL OR EPIDURAL INFUSION	10/1/2010	12/31/2382	1
PRA	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; WITHOU REPROGR	10/1/2010	12/31/2382	1
PRA	62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; WITH REPROGRAMM	10/1/2010	12/31/2382	1
PRA	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; WITH REPROGRAM	1/1/2012	12/31/2382	1
PRA	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; WITH REPROGRAM	1/1/2012	12/31/2382	1
PRA	62380	DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT IN LOWER BACK USING ENDOSCOPE	4/1/2018	12/31/2382	2
PRA	63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	10/1/2010	12/31/2382	1
PRA	63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	10/1/2010	12/31/2382	1
PRA	63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	10/1/2010	12/31/2382	1
PRA	63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH DECOMPRESSION OF CAUDA EQUINA A	10/1/2010	12/31/2382	1
PRA	63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	10/1/2010	12/31/2382	1
PRA	63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	10/1/2010	12/31/2382	1
PRA	63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	10/1/2010	12/31/2382	1
PRA	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY	7/1/2013	12/31/2382	1
PRA	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	7/1/2013	12/31/2382	1
PRA	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY	10/1/2014	12/31/2382	4
PRA	63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY	7/1/2013	12/31/2382	1
PRA	63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY	7/1/2013	12/31/2382	1
PRA	63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), EACH ADDITIONAL CERVICAL INTERSPACE	7/1/2012	12/31/2382	4
PRA	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), EACH ADDITIONAL LUMBAR INTERSPACE	10/1/2010	12/31/2382	4
PRA	63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQ	10/1/2010	12/31/2382	1
PRA	63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQ	10/1/2010	12/31/2382	1
PRA	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQ	10/1/2010	12/31/2382	1
PRA	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQ	10/1/2014	12/31/2382	5
PRA	63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS;	10/1/2010	12/31/2382	1
PRA	63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERETEBRAL SEGMENTS; WITH RECONST	10/1/2010	12/31/2382	1
PRA	63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVER	10/1/2010	12/31/2382	1
PRA	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE	10/1/2010	12/31/2382	1
PRA	63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVER	10/1/2014	12/31/2382	3
PRA	63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), (EG, HERNIATED INTERVERTEBRAL DISK	10/1/2010	12/31/2382	1
PRA	63066	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), (EG, HERNIATED INTERVERTEBRAL DISK	10/1/2014	12/31/2382	1
PRA	63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERV	10/1/2010	12/31/2382	1
PRA	63076	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERV	10/1/2014	12/31/2382	3
PRA	63077	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; THOR	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	63078	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; THOR	10/1/2014	12/31/2382	3
PRA	63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF	10/1/2010	12/31/2382	1
PRA	63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF	10/1/2010	12/31/2382	6
PRA	63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSTHORACIC APPROACH WITH DECOMPRESSION OF	10/1/2010	12/31/2382	1
PRA	63086	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSTHORACIC APPROACH WITH DECOMPRESSION OF	10/1/2014	12/31/2382	2
PRA	63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBINED THORACOLUMBAR APPROACH WITH DEC	10/1/2010	12/31/2382	1
PRA	63088	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, COMBINED THORACOLUMBAR APPROACH WITH DEC	7/1/2019	12/31/2382	3
PRA	63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPRO	10/1/2010	12/31/2382	1
PRA	63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPRO	10/1/2014	12/31/2382	3
PRA	63101	VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, THORACIC, SINGLE SEGMENT	10/1/2010	12/31/2382	1
PRA	63102	VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, LUMBAR, SINGLE SEGMENT	10/1/2010	12/31/2382	1
PRA	63103	VERTEBRAL CORPECTOMY, PARTIAL OR COMPLETE, THORACIC OR LUMBAR,	10/1/2014	12/31/2382	3
PRA	63170	LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORACIC OR THORACOLUMBAR	10/1/2010	12/31/2382	1
PRA	63172	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNOID SPACE	10/1/2010	12/31/2382	1
PRA	63173	LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL SPACE	10/1/2010	12/31/2382	1
PRA	63180	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT, CERVICAL; ONE OR TWO SEGMENTS	10/1/2010	12/31/2382	1
PRA	63182	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT, CERVICAL; MORE THAN TWO SEGMENTS	10/1/2010	12/31/2382	1
PRA	63185	LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS	10/1/2010	12/31/2382	1
PRA	63190	LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS	10/1/2010	12/31/2382	1
PRA	63191	LAMINECTOMY WITH SECTION OF SPINAL ACCESSORY NERVE	7/1/2013	12/31/2382	1
PRA	63194	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE STAGE; CERVICAL	10/1/2010	12/31/2382	1
PRA	63195	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOTHALAMIC TRACT, ONE STAGE; THORACIC	10/1/2010	12/31/2382	1
PRA	63196	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE STAGE; CERVICAL	10/1/2010	12/31/2382	1
PRA	63197	LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, ONE STAGE; THORACIC	10/1/2010	12/31/2382	1
PRA	63198	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; CERVICAL	10/1/2010	12/31/2382	1
PRA	63199	LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOTHALAMIC TRACTS, TWO STAGES WITHIN 14 DAYS; THORACIC	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	63200	LAMINECTOMY, WITH RELEASE OF TETHERED SPINAL CORD, LUMBAR	10/1/2010	12/31/2382	1
PRA	63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; CERVICAL	10/1/2010	12/31/2382	1
PRA	63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; THORACIC	10/1/2010	12/31/2382	1
PRA	63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; THORACOLUMBAR	10/1/2010	12/31/2382	1
PRA	63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; CERVICAL	10/1/2010	12/31/2382	1
PRA	63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; THORACIC	10/1/2010	12/31/2382	1
PRA	63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	10/1/2010	12/31/2382	1
PRA	63268	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; SACRAL	10/1/2010	12/31/2382	1
PRA	63270	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; CERVICAL	10/1/2010	12/31/2382	1
PRA	63271	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; THORACIC	10/1/2010	12/31/2382	1
PRA	63272	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; LUMBAR	10/1/2010	12/31/2382	1
PRA	63273	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLASM, INTRADURAL; SACRAL	10/1/2010	12/31/2382	1
PRA	63275	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, CERVICAL	10/1/2010	12/31/2382	1
PRA	63276	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, THORACIC	10/1/2010	12/31/2382	1
PRA	63277	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, LUMBAR	10/1/2010	12/31/2382	1
PRA	63278	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; EXTRADURAL, SACRAL	10/1/2010	12/31/2382	1
PRA	63280	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, CERVICAL	10/1/2010	12/31/2382	1
PRA	63281	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, THORACIC	10/1/2010	12/31/2382	1
PRA	63282	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, EXTRAMEDULLARY, LUMBAR	10/1/2010	12/31/2382	1
PRA	63283	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, SACRAL	10/1/2010	12/31/2382	1
PRA	63285	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, CERVICAL	10/1/2010	12/31/2382	1
PRA	63286	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, THORACIC	10/1/2010	12/31/2382	1
PRA	63287	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, THORACOLUMBAR	10/1/2010	12/31/2382	1
PRA	63290	LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED EXTRADURAL-INTRADURAL LESION, ANY LEVEL	10/1/2010	12/31/2382	1
PRA	63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY INTRASPINAL PROCEDURE	10/1/2010	12/31/2382	1
PRA	63300	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	63301	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	10/1/2010	12/31/2382	1
PRA	63302	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	10/1/2010	12/31/2382	1
PRA	63303	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	10/1/2010	12/31/2382	1
PRA	63304	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	10/1/2010	12/31/2382	1
PRA	63305	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	10/1/2010	12/31/2382	1
PRA	63306	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	10/1/2010	12/31/2382	1
PRA	63307	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	10/1/2010	12/31/2382	1
PRA	63308	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SING	10/1/2014	12/31/2382	3
PRA	63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODALITY (INCLUDING STIMULATION AN	10/1/2010	12/31/2382	2
PRA	63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT FOLLOWED BY OTHER SURGERY	10/1/2010	12/31/2382	1
PRA	63620	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR) ;1 SPINAL LESION	10/1/2010	12/31/2382	1
PRA	63621	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR) ; EACH ADDITIONAL SPINAL LESION	10/1/2010	12/31/2382	2
PRA	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL	10/1/2010	12/31/2382	2
PRA	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL	10/1/2010	12/31/2382	1
PRA	63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	10/1/2010	12/31/2382	1
PRA	63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING F	10/1/2010	12/31/2382	1
PRA	63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY	7/1/2012	12/31/2382	1
PRA	63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S)	7/1/2012	12/31/2382	1
PRA	63685	INCISION AND SUBCUTANEOUS PLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE	10/1/2014	12/31/2382	1
PRA	63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	10/1/2014	12/31/2382	1
PRA	63700	REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER	10/1/2010	12/31/2382	1
PRA	63702	REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER	10/1/2010	12/31/2382	1
PRA	63704	REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER	10/1/2010	12/31/2382	1
PRA	63706	REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER	10/1/2010	12/31/2382	1
PRA	63707	REPAIR OF DURAL/CSF LEAK, NOT REQUIRING LAMINECTOMY	10/1/2010	12/31/2382	1
PRA	63709	REPAIR OF DURAL/CSF LEAK OR PSEUDOMENINGOCELE, WITH LAMINECTOMY	10/1/2010	12/31/2382	1

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PRA	63710	DURAL GRAFT, SPINAL	10/1/2010	12/31/2382	1
PRA	63740	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; INCLUDING LAMINECTOMY	10/1/2010	12/31/2382	1
PRA	63741	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; PERCUTANEOUS, NOT REQUIRING LAMINECTOM	10/1/2010	12/31/2382	1
PRA	63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	10/1/2010	12/31/2382	1
PRA	63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT	10/1/2010	12/31/2382	1
PRA	64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	7/1/2014	12/31/2382	4
PRA	64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	10/1/2010	12/31/2382	1
PRA	64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	1/1/2012	12/31/2382	1
PRA	64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS	1/1/2012	12/31/2382	1
PRA	64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER, INCLUDING DAILY MANAGEMENT FOR	1/1/2012	12/31/2382	1
PRA	64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	1/1/2012	12/31/2382	1
PRA	64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	1/1/2012	12/31/2382	1
PRA	64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	1/1/2020	12/31/2382	2
PRA	64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	10/1/2010	12/31/2382	3
PRA	64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	1/1/2012	12/31/2382	1
PRA	64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	1/1/2012	12/31/2382	1
PRA	64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	1/1/2012	12/31/2382	1
PRA	64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE	10/1/2010	12/31/2382	1
PRA	64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER, INCLUDING DAILY MANAGEMENT FOR ANE	1/1/2012	12/31/2382	1
PRA	64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	1/1/2012	12/31/2382	1
PRA	64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER INCLUDING DAILY MANAGEMENT FOR AN	1/1/2012	12/31/2382	1
PRA	64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUSION BY CATHETER	1/1/2012	12/31/2382	1
PRA	64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	10/1/2016	12/31/2382	10
PRA	64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S)	7/1/2011	12/31/2382	1
PRA	64461	PARAVERTEBRAL BLOCK, THORACIC; SINGLE INJECTION SITE	1/1/2016	12/31/2382	1
PRA	64462	PARAVERTEBRAL BLOCK, THORACIC; SECON AND ANY ADDITIONAL INJECTION SITE(S)	1/1/2016	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	64463	PARAVERTEBRAL BLOCK, THORACIC; CONTINUOUS INFUSION BY CATHETER	1/1/2016	12/31/2382	1
PRA	64479	INJECTION, ANESTHETIC AGENT AND/OR STERIOD TRANSFORAMINAL EPIDURAL; CERVICAL OR THORACIC, SINGLE LEVEL	10/1/2010	12/31/2382	1
PRA	64480	INJECTION, ANESTHETIC AGENT AND/OR STERIOD, TRANSFORAMINAL EPIDURAL; CERVICAL OR THORACIC EACH ADDITIONAL LEVE	10/1/2016	12/31/2382	4
PRA	64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL OR SACRAL,EACH,SINGLE LEVEL	7/1/2013	12/31/2382	1
PRA	64484	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR SACRAL,EACH ADDITIONAL LEVEL	10/1/2016	12/31/2382	4
PRA	64486	TRANSVERSUS ABDOMINIS PLANE BLOCK, UNILATERAL; INJECTIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL	1/1/2015	12/31/2382	1
PRA	64487	TRANSVERSUS ABDOMINIS PLANE BLOCK, UNILATERAL; CONTINUOUS INFUSIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL	1/1/2015	12/31/2382	1
PRA	64488	TRANSVERSUS ABDOMINIS PLANE BLOCK, BILATERAL; INJECTIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL	1/1/2015	12/31/2382	1
PRA	64489	TRANSVERSUS ABDOMINIS PLANE BLOCK, BILATERAL; CONTINUOUS INFUSIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL	1/1/2015	12/31/2382	1
PRA	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	4/1/2012	12/31/2382	1
PRA	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	4/1/2012	12/31/2382	1
PRA	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	4/1/2012	12/31/2382	1
PRA	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	4/1/2012	12/31/2382	1
PRA	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	4/1/2012	12/31/2382	1
PRA	64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	4/1/2012	12/31/2382	1
PRA	64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	4/1/2013	12/31/2382	1
PRA	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	4/1/2013	12/31/2382	1
PRA	64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTIC PLEXUS	10/1/2010	12/31/2382	1
PRA	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	4/1/2013	12/31/2382	1
PRA	64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING	10/1/2012	12/31/2382	1
PRA	64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE	10/1/2010	12/31/2382	1
PRA	64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE	10/1/2010	12/31/2382	2
PRA	64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES ;SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	1/1/2012	12/31/2382	1
PRA	64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATMENT, INCLUDES PROGRAMMING	4/1/2011	12/31/2382	1
PRA	64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE	1/1/2012	12/31/2382	1
PRA	64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	1/1/2012	12/31/2382	1
PRA	64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE	10/1/2010	12/31/2382	2
PRA	64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR	10/1/2010	12/31/2382	2
PRA	64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES ;SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	10/1/2010	12/31/2382	2
PRA	64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	10/1/2010	12/31/2382	2
PRA	64590	INCISION AND SUBCUTANEOUS PLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUC	10/1/2010	12/31/2382	1
PRA	64595	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	10/1/2010	12/31/2382	1
PRA	64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, MENTAL, OR INFERIOR ALVEOLAR BR	10/1/2010	12/31/2382	2
PRA	64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE	4/1/2013	12/31/2382	1
PRA	64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE UNDER R	4/1/2013	12/31/2382	1
PRA	64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	4/1/2011	12/31/2382	1
PRA	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); MUSCLES ENERVATED BY FACIAL NERVE (EG,	1/1/2012	12/31/2382	1
PRA	64615	DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); MUSCLES INNERVATED BY FACIAL, TRIGEMINAL	1/1/2013	12/31/2382	1
PRA	64616	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ONE SIDE OF NECK EXCLUDING VOICE BOX ACCESSED	1/1/2014	12/31/2382	1
PRA	64617	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ONE SIDE OF VOICE BOX ACCESSED	1/1/2014	12/31/2382	1
PRA	64620	DESTRUCTION BY NEUROLYTIC AGENT; INTERCOSTAL NERVE	10/1/2016	12/31/2382	5
PRA	64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	10/1/2010	12/31/2382	1
PRA	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	1/1/2012	12/31/2382	1
PRA	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE; CERVICAL OR	1/1/2012	12/31/2382	1
PRA	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE; CERVICAL OR	7/1/2015	12/31/2382	4
PRA	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE; LUMBAR OR SACRAL	1/1/2012	12/31/2382	1
PRA	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE; LUMBAR OR SACRAL	7/1/2015	12/31/2382	4
PRA	64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	10/1/2014	12/31/2382	5
PRA	64642	CHEMODENERVATION OF ONE EXTREMITY, 1-4 MUSCLE (S)	1/1/2014	12/31/2382	1
PRA	64643	CHEMODENERVATION OF ONE EXTREMITY, EACH ADDITIONAL EXTREMITY, 1-4 MUSCLES	1/1/2014	12/31/2382	3
PRA	64644	CHEMODENERVATION OF ONE EXTREMITY, 5 OR MORE MUSCLES	1/1/2014	12/31/2382	1

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PRA	64645	CHEMODENERVATION OF ONE EXTREMITY, EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLES	1/1/2014	12/31/2382	3
PRA	64646	CHEMODENERVATION OF TRUNK MUSCLE (S), 1-5 MUSCLES	1/1/2014	12/31/2382	1
PRA	64647	CHEMODENERVATION OF TRUNK MUSCLE(S), 6 OR MORE MUSCLES	1/1/2014	12/31/2382	1
PRA	64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	10/1/2010	12/31/2382	1
PRA	64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER DAY	10/1/2010	12/31/2382	1
PRA	64680	DESTRUCTION BY NEUROLYTIC AGENT, CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING	10/1/2010	12/31/2382	1
PRA	64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING, SUPERIOR HYPOGASTRIC PLEXUS	10/1/2010	12/31/2382	1
PRA	64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	10/1/2010	12/31/2382	2
PRA	64704	NEUROPLASTY; NERVE OF HAND OR FOOT	10/1/2014	12/31/2382	4
PRA	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	10/1/2014	12/31/2382	3
PRA	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE	4/1/2013	12/31/2382	1
PRA	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS	4/1/2013	12/31/2382	1
PRA	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS	4/1/2013	12/31/2382	1
PRA	64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	10/1/2014	12/31/2382	2
PRA	64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	4/1/2013	12/31/2382	1
PRA	64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	4/1/2013	12/31/2382	1
PRA	64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	1/1/2012	12/31/2382	1
PRA	64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	10/1/2014	12/31/2382	4
PRA	64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	10/1/2010	12/31/2382	2
PRA	64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLAST)	10/1/2014	12/31/2382	2
PRA	64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	4/1/2013	12/31/2382	1
PRA	64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	4/1/2013	12/31/2382	1
PRA	64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	4/1/2013	12/31/2382	1
PRA	64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	4/1/2013	12/31/2382	1
PRA	64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	4/1/2013	12/31/2382	1
PRA	64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	4/1/2013	12/31/2382	1

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PRA	64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE	1/1/2012	12/31/2382	1
PRA	64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	4/1/2013	12/31/2382	1
PRA	64755	TRANSECTION OR AVULSION OF; VAGI LIMITED TO PROXIMAL STOMACH (SELECTIVE PROXIMAL VAGOTOMY, PROXIMAL GASTRIC VA	10/1/2010	12/31/2382	1
PRA	64760	TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL	7/1/2013	12/31/2382	1
PRA	64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT ADDUCTOR TENOTOMY	7/1/2013	12/31/2382	1
PRA	64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT ADDUCTOR TENOTOMY	7/1/2013	12/31/2382	1
PRA	64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	10/1/2010	12/31/2382	2
PRA	64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	10/1/2010	12/31/2382	2
PRA	64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	10/1/2014	12/31/2382	2
PRA	64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	10/1/2010	12/31/2382	1
PRA	64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY BY THIS NUMBER)	10/1/2014	12/31/2382	1
PRA	64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	10/1/2010	12/31/2382	2
PRA	64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIST SEPARATELY BY THIS NUMBER)	10/1/2010	12/31/2382	2
PRA	64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	10/1/2014	12/31/2382	3
PRA	64786	EXCISION OF NEUROMA; SCIATIC NERVE	4/1/2013	12/31/2382	1
PRA	64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NEUROMA EXCISION)	10/1/2014	12/31/2382	4
PRA	64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	10/1/2016	12/31/2382	5
PRA	64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	10/1/2010	12/31/2382	1
PRA	64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)	10/1/2010	12/31/2382	2
PRA	64795	BIOPSY OF NERVE	10/1/2010	12/31/2382	2
PRA	64802	SYMPATHECTOMY, CERVICAL	7/1/2013	12/31/2382	1
PRA	64804	SYMPATHECTOMY, CERVICOTHORACIC	7/1/2013	12/31/2382	1
PRA	64809	SYMPATHECTOMY, THORACOLUMBAR	7/1/2013	12/31/2382	1
PRA	64818	SYMPATHECTOMY, LUMBAR	7/1/2013	12/31/2382	1
PRA	64820	SYMPATHECTOMY, DIGITAL ARTERIES, WITH MAGNIFICATION, EACH DIGIT	10/1/2014	12/31/2382	4
PRA	64821	SYMPATHECTOMY; RADIAL ARTERY	1/1/2012	12/31/2382	1

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PRA	64822	SYMPATHECTOMY; ULNAR ARTERY	1/1/2012	12/31/2382	1
PRA	64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	1/1/2012	12/31/2382	1
PRA	64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	4/1/2013	12/31/2382	1
PRA	64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE	10/1/2014	12/31/2382	3
PRA	64834	SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE	4/1/2013	12/31/2382	1
PRA	64835	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR	4/1/2013	12/31/2382	1
PRA	64836	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR	4/1/2013	12/31/2382	1
PRA	64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT	10/1/2014	12/31/2382	2
PRA	64840	SUTURE OF POSTERIOR TIBIAL NERVE	4/1/2013	12/31/2382	1
PRA	64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION	10/1/2010	12/31/2382	2
PRA	64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION	10/1/2014	12/31/2382	2
PRA	64858	SUTURE OF SCIATIC NERVE	4/1/2013	12/31/2382	1
PRA	64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE	10/1/2010	12/31/2382	2
PRA	64861	SUTURE OF; BRACHIAL PLEXUS	4/1/2013	12/31/2382	1
PRA	64862	SUTURE OF; LUMBAR PLEXUS	4/1/2013	12/31/2382	1
PRA	64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	10/1/2010	12/31/2382	2
PRA	64865	SUTURE OF FACIAL NERVE; INTRATEMPORAL, WITH OR WITHOUT GRAFTING	10/1/2010	12/31/2382	1
PRA	64866	ANASTOMOSIS; FACIAL-SPINAL ACCESSORY	10/1/2010	12/31/2382	1
PRA	64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	10/1/2010	12/31/2382	1
PRA	64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEUROR)	10/1/2014	12/31/2382	1
PRA	64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO C)	10/1/2010	12/31/2382	1
PRA	64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTU)	10/1/2010	12/31/2382	1
PRA	64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	10/1/2010	12/31/2382	1
PRA	64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LENGTH	10/1/2010	12/31/2382	1
PRA	64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM LENGTH	7/1/2013	12/31/2382	2
PRA	64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN 4 CM LENGTH	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH	10/1/2010	12/31/2382	2
PRA	64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4 CM LENGTH	10/1/2010	12/31/2382	2
PRA	64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; UP TO 4 CM LENGTH	10/1/2010	12/31/2382	2
PRA	64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; MORE THAN 4 CM LENGTH	10/1/2010	12/31/2382	2
PRA	64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; UP TO 4 CM LENGTH	10/1/2010	12/31/2382	2
PRA	64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; MORE THAN 4 CM LENGTH	10/1/2010	12/31/2382	2
PRA	64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND	10/1/2010	12/31/2382	2
PRA	64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE)	10/1/2014	12/31/2382	1
PRA	64905	NERVE PEDICLE TRANSFER; FIRST STAGE	10/1/2010	12/31/2382	1
PRA	64907	NERVE PEDICLE TRANSFER; SECOND STAGE	10/1/2010	12/31/2382	1
PRA	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT, EACH NERVE	10/1/2010	12/31/2382	3
PRA	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT, EACH NERVE	10/1/2010	12/31/2382	2
PRA	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE)	1/1/2018	12/31/2382	3
PRA	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH ADDITIONAL STRAND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2018	12/31/2382	3
PRA	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	10/1/2018	12/31/2382	1
PRA	65091	EVISCKERATION OF OCULAR CONTENTS; WITHOUT IMPLANT	1/1/2012	12/31/2382	1
PRA	65093	EVISCKERATION OF OCULAR CONTENTS; WITH IMPLANT	1/1/2012	12/31/2382	1
PRA	65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	1/1/2012	12/31/2382	1
PRA	65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT	1/1/2012	12/31/2382	1
PRA	65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	1/1/2012	12/31/2382	1
PRA	65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; ONLY	1/1/2012	12/31/2382	1
PRA	65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; WITH THERAPEUTIC REMOVAL OF	1/1/2012	12/31/2382	1
PRA	65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; WITH MUSCLE OR MYOCUTANEOUS	1/1/2012	12/31/2382	1
PRA	65125	MODIFICATION OF OCULAR IMPLANT (EG, DRILLING RECEPTACLE FOR PROSTHESIS APPENDAGE) (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCKERATION, IN SCLERAL SHELL	1/1/2012	12/31/2382	1
PRA	65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED TO IMPLANT	1/1/2012	12/31/2382	1

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PRA	65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO IMPLANT	1/1/2012	12/31/2382	1
PRA	65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT	1/1/2012	12/31/2382	1
PRA	65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND/OR ATTACHMENT OF MUSCLES TO	1/1/2012	12/31/2382	1
PRA	65175	REMOVAL OF OCULAR IMPLANT	1/1/2012	12/31/2382	1
PRA	65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	1/1/2012	12/31/2382	1
PRA	65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CONCRETIONS), SUBCONJUNCTIVAL, OR SCLER	1/1/2012	12/31/2382	1
PRA	65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	1/1/2012	12/31/2382	1
PRA	65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	1/1/2012	12/31/2382	1
PRA	65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OR LENS	1/1/2012	12/31/2382	1
PRA	65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE	1/1/2012	12/31/2382	1
PRA	65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION	1/1/2012	12/31/2382	1
PRA	65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE	1/1/2012	12/31/2382	1
PRA	65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT HOSPITALIZATION	1/1/2012	12/31/2382	1
PRA	65273	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITH HOSPITALIZATION	1/1/2012	12/31/2382	1
PRA	65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN BODY	1/1/2012	12/31/2382	1
PRA	65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL TISSUE	1/1/2012	12/31/2382	1
PRA	65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR RESECTION OF UVEAL TISSUE	1/1/2012	12/31/2382	1
PRA	65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	1/1/2012	12/31/2382	1
PRA	65290	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE	1/1/2012	12/31/2382	1
PRA	65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM	1/1/2012	12/31/2382	1
PRA	65410	BIOPSY OF CORNEA	1/1/2012	12/31/2382	1
PRA	65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	1/1/2012	12/31/2382	1
PRA	65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	1/1/2012	12/31/2382	1
PRA	65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	1/1/2012	12/31/2382	1
PRA	65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION, CURETTAGE)	1/1/2012	12/31/2382	1
PRA	65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR THERMOCAUTERIZATION	1/1/2012	12/31/2382	1
PRA	65600	TATTOO CORNEA, MECHANICAL OR CHEMICAL	1/1/2012	12/31/2382	1
PRA	65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR	1/1/2012	12/31/2382	1
PRA	65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)	1/1/2012	12/31/2382	1
PRA	65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	1/1/2012	12/31/2382	1
PRA	65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	1/1/2012	12/31/2382	1
PRA	65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	1/1/2012	12/31/2382	1
PRA	65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION	10/1/2012	12/31/2382	1
PRA	65760	KERATOMILEUSIS	10/1/2013	12/31/2382	1
PRA	65765	KERATOPHAKIA	10/1/2013	12/31/2382	1
PRA	65767	EPIKERATOPLASTY	10/1/2013	12/31/2382	1
PRA	65770	KERATOPROSTHESIS	1/1/2012	12/31/2382	1
PRA	65771	RADIAL KERATOTOMY	10/1/2013	12/31/2382	1
PRA	65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	1/1/2012	12/31/2382	1
PRA	65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	1/1/2012	12/31/2382	1
PRA	65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SELF-RETAINING	1/1/2012	12/31/2382	1
PRA	65779	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SINGLE LAYER, SUTURED	1/1/2012	12/31/2382	1
PRA	65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION	1/1/2012	12/31/2382	1
PRA	65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT	1/1/2012	12/31/2382	1
PRA	65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT	1/1/2012	12/31/2382	1
PRA	65785	IMPLANTATION OF CORNEAL RING SEGMENTS	4/1/2017	12/31/2382	1
PRA	65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH DIAGNOSTIC ASPIRATION OF AQUEOUS	1/1/2012	12/31/2382	1
PRA	65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF VITREOUS AND/OR DISCISSION OF AN	1/1/2012	12/31/2382	1
PRA	65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF BLOOD, WITH OR WITHOUT IRRIGATIO	1/1/2012	12/31/2382	1
PRA	65820	GONIOTOMY	1/1/2012	12/31/2382	1
PRA	65850	TRABECULOTOMY AB EXTERNO	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT SERIES)	1/1/2012	12/31/2382	1
PRA	65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUI)	1/1/2012	12/31/2382	1
PRA	65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUI)	1/1/2012	12/31/2382	1
PRA	65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUI)	1/1/2012	12/31/2382	1
PRA	65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUI)	1/1/2012	12/31/2382	1
PRA	65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER EYE	1/1/2012	12/31/2382	1
PRA	65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT EYE	1/1/2012	12/31/2382	1
PRA	65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE	1/1/2012	12/31/2382	1
PRA	66020	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); AIR OR LIQUID	1/1/2012	12/31/2382	1
PRA	66030	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); MEDICATION	1/1/2012	12/31/2382	1
PRA	66130	EXCISION OF LESION, SCLERA	1/1/2012	12/31/2382	1
PRA	66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY	1/1/2012	12/31/2382	1
PRA	66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY	1/1/2012	12/31/2382	1
PRA	66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH IRIDECTOMY	1/1/2012	12/31/2382	1
PRA	66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO	1/1/2012	12/31/2382	1
PRA	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING FROM PREVIOUS OCULAR SURGERY OR	1/1/2012	12/31/2382	1
PRA	66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR STENT	1/1/2012	12/31/2382	1
PRA	66175	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHI RETENTION OF DEVICE OR STENT	1/1/2012	12/31/2382	1
PRA	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITHOUT GRAFT	1/1/2015	12/31/2382	1
PRA	66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTENO, SCHOCKET, DENVER-KRUPIN)	1/1/2012	12/31/2382	1
PRA	66183	INSERTION ANTERIOUS SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVIOR, EXTERNAL	1/1/2014	12/31/2382	1
PRA	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITHOUT GRAFT	1/1/2015	12/31/2382	1
PRA	66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	1/1/2012	12/31/2382	1
PRA	66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	1/1/2012	12/31/2382	1
PRA	66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LATE, MAJOR OR MINOR PROCEDURE	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION	1/1/2012	12/31/2382	1
PRA	66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS BOMBE	1/1/2012	12/31/2382	1
PRA	66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	1/1/2012	12/31/2382	1
PRA	66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY	1/1/2012	12/31/2382	1
PRA	66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; "OPTICAL" (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	1/1/2012	12/31/2382	1
PRA	66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE THROUGH SMALL INCISION (EG, MCCANNE	1/1/2012	12/31/2382	1
PRA	66700	CILIARY BODY DESTRUCTION; DIATHERMY	1/1/2012	12/31/2382	1
PRA	66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION	1/1/2012	12/31/2382	1
PRA	66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	1/1/2012	12/31/2382	1
PRA	66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	1/1/2012	12/31/2382	1
PRA	66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	1/1/2012	12/31/2382	1
PRA	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE SESSIONS)	1/1/2012	12/31/2382	1
PRA	66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF VISION, FOR WIDENING OF ANTERIO	1/1/2012	12/31/2382	1
PRA	66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)	1/1/2012	12/31/2382	1
PRA	66820	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; STAB I	1/1/2012	12/31/2382	1
PRA	66821	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; LASER	1/1/2012	12/31/2382	1
PRA	66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID) WITH CORNE	1/1/2012	12/31/2382	1
PRA	66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	1/1/2012	12/31/2382	1
PRA	66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG, PHACOEMULSIFICATION), W	1/1/2012	12/31/2382	1
PRA	66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	1/1/2012	12/31/2382	1
PRA	66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	1/1/2012	12/31/2382	1
PRA	66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	1/1/2012	12/31/2382	1
PRA	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS, MANUAL OR MECHANICAL TECHNIQUE	1/1/2012	12/31/2382	1
PRA	66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), MANUAL OR	1/1/2012	12/31/2382	1
PRA	66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED WITH CONCURRENT CATARACT REMOVAL	1/1/2012	12/31/2382	1
PRA	66986	EXCHANGE OF INTRAOCULAR LENS	1/1/2012	12/31/2382	1
PRA	66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	10/1/2012	12/31/2382	1
PRA	66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE	4/1/2018	12/31/2382	1
PRA	67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); PARTIAL REMOVAL	1/1/2012	12/31/2382	1
PRA	67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); SUBTOTAL REMOVAL WITH MECHANIC	1/1/2012	12/31/2382	1
PRA	67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA APPROACH (POSTERIOR SCLEROTOMY)	1/1/2012	12/31/2382	1
PRA	67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS EXCHANGE), WITH OR WITHOUT ASPIRAT	1/1/2012	12/31/2382	1
PRA	67027	IMPLANTATION OR REPLACEMENT OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT), INCLUDES CONCOMIT	1/1/2012	12/31/2382	1
PRA	67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	1/1/2012	12/31/2382	1
PRA	67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR OPACITIES, LASER SURGERY (ONE OR M	1/1/2012	12/31/2382	1
PRA	67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	1/1/2012	12/31/2382	1
PRA	67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATION	1/1/2012	12/31/2382	1
PRA	67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOTOCOAGULATION	1/1/2012	12/31/2382	1
PRA	67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRENETINAL CELLULAR MEMBRANE	1/1/2012	12/31/2382	1
PRA	67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETINA, INCLUDES,	1/1/2012	12/31/2382	1
PRA	67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEMBRANE, INCLUDES,	1/1/2012	12/31/2382	1
PRA	67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR DIATHERMY, WITH OR WITHOUT DRAINAGE OF SUBR	1/1/2012	12/31/2382	1
PRA	67105	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION, WITH OR WITHOUT DRAINAGE OF SUBRETINA	1/1/2012	12/31/2382	1
PRA	67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING , WITH OR WITHOUT IMPLANT, WITH OR WITHOUT CRYOTHERAPY, PHOTO-	1/1/2012	12/31/2382	1
PRA	67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR OR GAS TAMPONADE, FOCAL ENDOLAS	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	67110	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMORETINOPEXY)	1/1/2012	12/31/2382	1
PRA	67113	REPAIR OF COMPLEX RETINAL DETACHMENT, WITH VITRECTOMY AND MEMBRANE PEELING, MAY INCLUDE AIR,GAS, OR SILICONE	1/1/2012	12/31/2382	1
PRA	67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	1/1/2012	12/31/2382	1
PRA	67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	1/1/2012	12/31/2382	1
PRA	67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	1/1/2012	12/31/2382	1
PRA	67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESS	1/1/2012	12/31/2382	1
PRA	67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESS	1/1/2012	12/31/2382	1
PRA	67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS	1/1/2012	12/31/2382	1
PRA	67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS	1/1/2012	12/31/2382	1
PRA	67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS	1/1/2012	12/31/2382	1
PRA	67220	DESTRUCTION OF LOCALIZED LESION OF CHOROID, ONE OR MORE SESSION	1/1/2012	12/31/2382	1
PRA	67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION); PHOTODYNAMIC THERAPY	10/1/2010	12/31/2382	1
PRA	67225	DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION	10/1/2010	12/31/2382	1
PRA	67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; CRYOTHER	1/1/2012	12/31/2382	1
PRA	67228	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; PHOTOCOAG	1/1/2012	12/31/2382	1
PRA	67229	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; PRETERM	10/1/2010	12/31/2382	1
PRA	67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT	1/1/2012	12/31/2382	1
PRA	67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	1/1/2012	12/31/2382	1
PRA	67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT	4/1/2018	12/31/2382	1
PRA	67311	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE HORIZONTAL MUSC	1/1/2012	12/31/2382	1
PRA	67312	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSC	1/1/2012	12/31/2382	1
PRA	67314	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE VERTICAL MUSCLE	1/1/2012	12/31/2382	1
PRA	67316	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO OR MORE VERTICA	1/1/2012	12/31/2382	1
PRA	67318	STRABISMUS SURGERY, ANY PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON), SUPERIOR OBLIQUE MUSCLE	1/1/2012	12/31/2382	1
PRA	67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY)	10/1/2010	12/31/2382	2
PRA	67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES	10/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR OCULAR INJURY, STRABISMUS OR RET	10/1/2014	12/31/2382	1
PRA	67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT MUSCLE RECESSIO	10/1/2014	12/31/2382	1
PRA	67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S)	10/1/2014	12/31/2382	1
PRA	67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S)	10/1/2010	12/31/2382	2
PRA	67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	1/1/2012	12/31/2382	1
PRA	67346	BIOPSY OF EXTRAOCULAR MUSCLE	10/1/2010	12/31/2382	1
PRA	67399	UNLISTED PROCEDURE, OCULAR MUSCLE	4/1/2018	12/31/2382	1
PRA	67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLORATION, WITH OR WITHOUT BONE BI	1/1/2012	12/31/2382	1
PRA	67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH DRAINAGE ONLY	1/1/2012	12/31/2382	1
PRA	67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF LESION	1/1/2012	12/31/2382	1
PRA	67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF FOREIGN BODY	1/1/2012	12/31/2382	1
PRA	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF BONE FOR DECOMPRESSION	1/1/2012	12/31/2382	1
PRA	67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	1/1/2012	12/31/2382	1
PRA	67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION	1/1/2012	12/31/2382	1
PRA	67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION WITH REMOVAL OF	1/1/2012	12/31/2382	1
PRA	67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION WITH DRAINAGE	1/1/2012	12/31/2382	1
PRA	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION WITH REMOVAL OF	1/1/2012	12/31/2382	1
PRA	67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION FOR EXPLORATION,	1/1/2012	12/31/2382	1
PRA	67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY OF MEDICATION)	1/1/2012	12/31/2382	1
PRA	67505	RETROBULBAR INJECTION; ALCOHOL	1/1/2012	12/31/2382	1
PRA	67515	INJECTION OF THERAPEUTIC AGENT INTO TENON'S CAPSULE	1/1/2012	12/31/2382	1
PRA	67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION	1/1/2012	12/31/2382	1
PRA	67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION	1/1/2012	12/31/2382	1
PRA	67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)	1/1/2012	12/31/2382	1
PRA	67599	UNLISTED PROCEDURE, ORBIT	4/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	10/1/2014	12/31/2382	2
PRA	67710	SEVERING OF TARSORRHAPHY	1/1/2012	12/31/2382	1
PRA	67715	CANTHOTOMY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	67800	EXCISION OF CHALAZION; SINGLE	10/1/2010	12/31/2382	1
PRA	67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID	10/1/2010	12/31/2382	1
PRA	67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS	10/1/2010	12/31/2382	1
PRA	67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION, SINGLE OR MULTIPLE	10/1/2010	12/31/2382	1
PRA	67810	BIOPSY OF EYELID	10/1/2014	12/31/2382	2
PRA	67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	1/1/2012	12/31/2382	1
PRA	67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY ELECTROSURGERY, CRYOTHERAPY, LASER SURGERY)	1/1/2012	12/31/2382	1
PRA	67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	10/1/2014	12/31/2382	1
PRA	67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE GRAFT	1/1/2012	12/31/2382	1
PRA	67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE DIRECT CLOSURE	4/1/2019	12/31/2382	3
PRA	67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	10/1/2014	12/31/2382	3
PRA	67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	1/1/2012	12/31/2382	1
PRA	67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	1/1/2012	12/31/2382	1
PRA	67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; WITH TRANSPOSITION OF TARSAL P	1/1/2012	12/31/2382	1
PRA	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	1/1/2012	12/31/2382	1
PRA	67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL	1/1/2012	12/31/2382	1
PRA	67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	1/1/2012	12/31/2382	1
PRA	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	1/1/2012	12/31/2382	1
PRA	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	1/1/2012	12/31/2382	1
PRA	67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	1/1/2012	12/31/2382	1
PRA	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)	1/1/2012	12/31/2382	1
PRA	67909	REDUCTION OF OVERCORRECTION OF PTOSIS	1/1/2012	12/31/2382	1
PRA	67911	CORRECTION OF LID RETRACTION	10/1/2018	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LOAD	1/1/2012	12/31/2382	1
PRA	67914	REPAIR OF ECTROPION; SUTURE	7/1/2017	12/31/2382	2
PRA	67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	7/1/2017	12/31/2382	2
PRA	67916	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE	7/1/2017	12/31/2382	2
PRA	67917	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, KUHN-SZYMANOWSKI OR TARSAL STRIP OPERATIONS)	7/1/2017	12/31/2382	2
PRA	67921	REPAIR OF ENTROPION; SUTURE	7/1/2017	12/31/2382	2
PRA	67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	7/1/2017	12/31/2382	2
PRA	67923	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE	7/1/2017	12/31/2382	2
PRA	67924	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, WHEELER OPERATION)	7/1/2017	12/31/2382	2
PRA	67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA) DIRECT CLOSURE; PA	10/1/2010	12/31/2382	2
PRA	67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA) DIRECT CLOSURE; FU	10/1/2010	12/31/2382	2
PRA	67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	10/1/2010	12/31/2382	2
PRA	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	10/1/2010	12/31/2382	2
PRA	67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCL	10/1/2018	12/31/2382	2
PRA	67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCL	10/1/2018	12/31/2382	2
PRA	67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; UP TO TWO	1/1/2012	12/31/2382	1
PRA	67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYE	1/1/2012	12/31/2382	1
PRA	67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYE	1/1/2012	12/31/2382	1
PRA	67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; SECOND ST	1/1/2012	12/31/2382	1
PRA	67999	UNLISTED PROCEDURE, EYELIDS	4/1/2018	12/31/2382	1
PRA	68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	1/1/2012	12/31/2382	1
PRA	68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES, EG, FOR TRACHOMA	1/1/2012	12/31/2382	1
PRA	68100	BIOPSY OF CONJUNCTIVA	1/1/2012	12/31/2382	1
PRA	68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	1/1/2012	12/31/2382	1
PRA	68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	1/1/2012	12/31/2382	1
PRA	68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	68135	DESTRUCTION OF LESION, CONJUNCTIVA	1/1/2012	12/31/2382	1
PRA	68200	SUBCONJUNCTIVAL INJECTION	1/1/2012	12/31/2382	1
PRA	68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	1/1/2012	12/31/2382	1
PRA	68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
PRA	68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	10/1/2018	12/31/2382	1
PRA	68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	10/1/2018	12/31/2382	1
PRA	68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	1/1/2012	12/31/2382	1
PRA	68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
PRA	68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS	1/1/2012	12/31/2382	1
PRA	68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)	1/1/2012	12/31/2382	1
PRA	68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	10/1/2010	12/31/2382	1
PRA	68399	UNLISTED PROCEDURE, CONJUNCTIVA	4/1/2018	12/31/2382	1
PRA	68400	INCISION, DRAINAGE OF LACRIMAL GLAND	1/1/2012	12/31/2382	1
PRA	68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)	1/1/2012	12/31/2382	1
PRA	68440	SNIP INCISION OF LACRIMAL PUNCTUM	10/1/2010	12/31/2382	2
PRA	68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL	1/1/2012	12/31/2382	1
PRA	68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL	1/1/2012	12/31/2382	1
PRA	68510	BIOPSY OF LACRIMAL GLAND	1/1/2012	12/31/2382	1
PRA	68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)	1/1/2012	12/31/2382	1
PRA	68525	BIOPSY OF LACRIMAL SAC	1/1/2012	12/31/2382	1
PRA	68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	1/1/2012	12/31/2382	1
PRA	68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	10/1/2010	12/31/2382	1
PRA	68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	10/1/2010	12/31/2382	1
PRA	68700	PLASTIC REPAIR OF CANALICULI	1/1/2012	12/31/2382	1
PRA	68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	1/1/2012	12/31/2382	1
PRA	68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT TUBE	1/1/2012	12/31/2382	1
PRA	68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH INSERTION OF TUBE OR STENT	1/1/2012	12/31/2382	1
PRA	68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER SURGERY	10/1/2010	12/31/2382	4
PRA	68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	10/1/2010	12/31/2382	4
PRA	68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION;	10/1/2010	12/31/2382	4
PRA	68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	7/1/2013	12/31/2382	1
PRA	68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL ANESTHESIA	7/1/2013	12/31/2382	1
PRA	68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF TUBE OR STENT	7/1/2013	12/31/2382	1
PRA	68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALLOON CATHETER DILATION	7/1/2013	12/31/2382	1
PRA	68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	1/1/2012	12/31/2382	1
PRA	68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	1/1/2012	12/31/2382	1
PRA	68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM	4/1/2018	12/31/2382	1
PRA	69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	4/1/2013	12/31/2382	1
PRA	69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED	4/1/2013	12/31/2382	1
PRA	69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	4/1/2013	12/31/2382	1
PRA	69090	EAR PIERCING	10/1/2013	12/31/2382	1
PRA	69100	BIOPSY EXTERNAL EAR	10/1/2010	12/31/2382	3
PRA	69105	BIOPSY EXTERNAL AUDITORY CANAL	4/1/2013	12/31/2382	1
PRA	69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	4/1/2013	12/31/2382	1
PRA	69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION	10/1/2010	12/31/2382	1
PRA	69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	4/1/2013	12/31/2382	1
PRA	69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	4/1/2013	12/31/2382	1
PRA	69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION	10/1/2010	12/31/2382	1
PRA	69155	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITH NECK DISSECTION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	1/1/2012	12/31/2382	1
PRA	69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA	4/1/2013	12/31/2382	1
PRA	69209	REMOVAL OF IMPACTED EAR WAX BY WASHING	4/1/2017	12/31/2382	1
PRA	69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS	10/1/2010	12/31/2382	1
PRA	69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	7/1/2013	12/31/2382	1
PRA	69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN ROUTINE CLEANING)	7/1/2013	12/31/2382	1
PRA	69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	7/1/2013	12/31/2382	1
PRA	69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE TO TRAUMA, INFECTION), (SEPARATE	4/1/2013	12/31/2382	1
PRA	69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	4/1/2013	12/31/2382	1
PRA	69399	UNLISTED PROCEDURE, EXTERNAL EAR	4/1/2018	12/31/2382	1
PRA	69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION	1/1/2012	12/31/2382	1
PRA	69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA	1/1/2012	12/31/2382	1
PRA	69424	VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHER PHYSICIAN	7/1/2013	12/31/2382	1
PRA	69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL ANESTHESIA	7/1/2013	12/31/2382	1
PRA	69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	7/1/2013	12/31/2382	1
PRA	69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION	1/1/2012	12/31/2382	1
PRA	69450	TYMPANOLYSIS, TRANSCANAL	1/1/2012	12/31/2382	1
PRA	69501	TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY)	10/1/2010	12/31/2382	1
PRA	69502	MASTOIDECTOMY; COMPLETE	10/1/2010	12/31/2382	1
PRA	69505	MASTOIDECTOMY; MODIFIED RADICAL	10/1/2010	12/31/2382	1
PRA	69511	MASTOIDECTOMY; RADICAL	10/1/2010	12/31/2382	1
PRA	69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	10/1/2010	12/31/2382	1
PRA	69535	RESECTION TEMPORAL BONE, EXTERNAL APPROACH	10/1/2010	12/31/2382	1
PRA	69540	EXCISION AURAL POLYP	1/1/2012	12/31/2382	1
PRA	69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	10/1/2010	12/31/2382	1
PRA	69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	69554	EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)	10/1/2010	12/31/2382	1
PRA	69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY	10/1/2010	12/31/2382	1
PRA	69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY	10/1/2010	12/31/2382	1
PRA	69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY	10/1/2010	12/31/2382	1
PRA	69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY	10/1/2010	12/31/2382	1
PRA	69605	REVISION MASTOIDECTOMY; WITH APICECTOMY	10/1/2010	12/31/2382	1
PRA	69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OR PERFORATION FOR CLOSURE, WITH OR WITHOUT PATCH	1/1/2012	12/31/2382	1
PRA	69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	1/1/2012	12/31/2382	1
PRA	69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR	1/1/2012	12/31/2382	1
PRA	69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR	10/1/2010	12/31/2382	1
PRA	69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR	10/1/2010	12/31/2382	1
PRA	69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TY	10/1/2010	12/31/2382	1
PRA	69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TY	10/1/2010	12/31/2382	1
PRA	69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TY	10/1/2010	12/31/2382	1
PRA	69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITHOU	10/1/2010	12/31/2382	1
PRA	69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH O	10/1/2010	12/31/2382	1
PRA	69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH I	10/1/2010	12/31/2382	1
PRA	69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH I	10/1/2010	12/31/2382	1
PRA	69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICA	10/1/2010	12/31/2382	1
PRA	69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICA	10/1/2010	12/31/2382	1
PRA	69650	STAPES MOBILIZATION	10/1/2010	12/31/2382	1
PRA	69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATER	10/1/2010	12/31/2382	1
PRA	69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATER	10/1/2010	12/31/2382	1
PRA	69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	1/1/2012	12/31/2382	1
PRA	69666	REPAIR OVAL WINDOW FISTULA	1/1/2012	12/31/2382	1
PRA	69667	REPAIR ROUND WINDOW FISTULA	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	69676	TYMPANIC NEURECTOMY	7/1/2013	12/31/2382	1
PRA	69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
PRA	69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE	10/1/2013	12/31/2382	1
PRA	69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE	1/1/2012	12/31/2382	1
PRA	69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITHOUT MASTOIDECTOMY	1/1/2012	12/31/2382	1
PRA	69715	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH MASTOIDECTOMY	10/1/2010	12/31/2382	1
PRA	69717	REPLACEMENT OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITHOUT MASTOIDECTOMY	10/1/2010	12/31/2382	1
PRA	69718	REPLACEMENT OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH MASTOIDECTOMY	10/1/2010	12/31/2382	1
PRA	69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION	1/1/2012	12/31/2382	1
PRA	69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE GANGLION	1/1/2012	12/31/2382	1
PRA	69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; LATERAL TO GENICULATE GANGLION	1/1/2012	12/31/2382	1
PRA	69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; INCLUDING MEDIAL TO GENICULATE GAN	1/1/2012	12/31/2382	1
PRA	69799	UNLISTED PROCEDURE, MIDDLE EAR	4/1/2018	12/31/2382	1
PRA	69801	LABYRINTHOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION	10/1/2010	12/31/2382	1
PRA	69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	10/1/2010	12/31/2382	1
PRA	69806	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT	10/1/2010	12/31/2382	1
PRA	69905	LABYRINTHECTOMY; TRANSCANAL	10/1/2010	12/31/2382	1
PRA	69910	LABYRINTHECTOMY; WITH MASTOIDECTOMY	10/1/2010	12/31/2382	1
PRA	69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	10/1/2010	12/31/2382	1
PRA	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	1/1/2012	12/31/2382	1
PRA	69949	UNLISTED PROCEDURE, INNER EAR	4/1/2018	12/31/2382	1
PRA	69950	VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH	1/1/2012	12/31/2382	1
PRA	69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)	1/1/2012	12/31/2382	1
PRA	69960	DECOMPRESSION INTERNAL AUDITORY CANAL	1/1/2012	12/31/2382	1
PRA	69970	REMOVAL OF TUMOR, TEMPORAL BONE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	69979	UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH	4/1/2018	12/31/2382	1
PRA	69990	OPERATING MICROSCOPE	10/1/2010	12/31/2382	1
PRA	70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	10/1/2010	12/31/2382	2
PRA	70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	1/1/2016	12/31/2382	2
PRA	70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	1/1/2016	12/31/2382	2
PRA	70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	1/1/2016	12/31/2382	1
PRA	70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	1/1/2016	12/31/2382	1
PRA	70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	10/1/2010	12/31/2382	1
PRA	70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	1/1/2016	12/31/2382	2
PRA	70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	10/1/2010	12/31/2382	1
PRA	70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	10/1/2010	12/31/2382	1
PRA	70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
PRA	70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	10/1/2010	12/31/2382	1
PRA	70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	1/1/2016	12/31/2382	2
PRA	70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	10/1/2010	12/31/2382	1
PRA	70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	10/1/2010	12/31/2382	1
PRA	70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	10/1/2010	12/31/2382	1
PRA	70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	1/1/2016	12/31/2382	2
PRA	70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO	10/1/2010	12/31/2382	1
PRA	70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	10/1/2010	12/31/2382	1
PRA	70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	10/1/2010	12/31/2382	1
PRA	70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	10/1/2010	12/31/2382	1
PRA	70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL	10/1/2010	12/31/2382	1
PRA	70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
PRA	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT	10/1/2010	12/31/2382	1
PRA	70350	CEPHALOGRAM, ORTHODONTIC	10/1/2010	12/31/2382	1
PRA	70355	ORTHO-PANTOGRAM	10/1/2010	12/31/2382	1
PRA	70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	1/1/2016	12/31/2382	2
PRA	70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE	10/1/2010	12/31/2382	1
PRA	70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	10/1/2010	12/31/2382	1
PRA	70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	10/1/2010	12/31/2382	2
PRA	70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
PRA	70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	3
PRA	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
PRA	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	10/1/2010	12/31/2382	2
PRA	70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	10/1/2010	12/31/2382	1
PRA	70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST	10/1/2010	12/31/2382	1
PRA	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	10/1/2010	12/31/2382	1
PRA	70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
PRA	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
PRA	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
PRA	70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
PRA	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
PRA	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN	10/1/2010	12/31/2382	1
PRA	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	1/1/2016	12/31/2382	2
PRA	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR	1/1/2016	12/31/2382	2
PRA	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK	10/1/2010	12/31/2382	1
PRA	70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
PRA	70543	MAGNETIC RESONANCE INAMGING, ORBIT, FACE AND NECK WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	1/1/2016	12/31/2382	2
PRA	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
PRA	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH	10/1/2010	12/31/2382	1
PRA	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
PRA	70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
PRA	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH	10/1/2010	12/31/2382	1
PRA	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	1/1/2016	12/31/2382	2
PRA	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	1/1/2016	12/31/2382	2
PRA	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	1/1/2016	12/31/2382	2
PRA	70554	MAGNETIC RESONANCE IMAGING, BRAIN FUNCTIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE	10/1/2010	12/31/2382	1
PRA	70555	MAGNETIC RESONANCE IMAGING, BRAIN FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIR	10/1/2010	12/31/2382	1
PRA	70557	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
PRA	70558	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITH CONTRAST MATERIAL	10/1/2010	12/31/2382	1
PRA	70559	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL FOLLOWED	10/1/2010	12/31/2382	1
PRA	71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	1/1/2019	12/31/2382	4
PRA	71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	1/1/2019	12/31/2382	2
PRA	71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	1/1/2019	12/31/2382	1
PRA	71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	1/1/2018	12/31/2382	1
PRA	71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	1/1/2016	12/31/2382	2
PRA	71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	1/1/2016	12/31/2382	2
PRA	71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	10/1/2010	12/31/2382	1
PRA	71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	10/1/2010	12/31/2382	1
PRA	71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	10/1/2010	12/31/2382	1
PRA	71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	10/1/2010	12/31/2382	1
PRA	71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	1/1/2016	12/31/2382	2
PRA	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	1/1/2016	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	10/1/2010	12/31/2382	1
PRA	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S), FOLLO	10/1/2010	12/31/2382	1
PRA	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)	10/1/2010	12/31/2382	1
PRA	71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITH CONTRAS	10/1/2010	12/31/2382	1
PRA	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITHOUT	10/1/2010	12/31/2382	1
PRA	71555	MAGNETIC RESONANCE IMAGING, CHEST	10/1/2010	12/31/2382	1
PRA	72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	10/1/2010	12/31/2382	4
PRA	72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	10/1/2010	12/31/2382	3
PRA	72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	10/1/2010	12/31/2382	1
PRA	72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	10/1/2010	12/31/2382	1
PRA	72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL	10/1/2010	12/31/2382	1
PRA	72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT	10/1/2010	12/31/2382	1
PRA	72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS	10/1/2010	12/31/2382	1
PRA	72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL	10/1/2010	12/31/2382	1
PRA	72081	X-RAY OF SPINE, 1 VIEW	1/1/2016	12/31/2382	1
PRA	72082	X-RAY OF SPINE, 2 OR 3 VIEWS	1/1/2016	12/31/2382	1
PRA	72083	X-RAY OF SPINE, 4 OR 5 VIEWS	1/1/2016	12/31/2382	1
PRA	72084	X-RAY OF SPINE, MINIMUM OF 6 VIEWS	1/1/2016	12/31/2382	1
PRA	72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	1/1/2016	12/31/2382	2
PRA	72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS	10/1/2010	12/31/2382	1
PRA	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	10/1/2010	12/31/2382	1
PRA	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	10/1/2010	12/31/2382	1
PRA	72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
PRA	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	10/1/2010	12/31/2382	1
PRA	72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	10/1/2010	12/31/2382	1
PRA	72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	10/1/2010	12/31/2382	1
PRA	72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	10/1/2010	12/31/2382	1
PRA	72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
PRA	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	10/1/2010	12/31/2382	1
PRA	72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F	10/1/2010	12/31/2382	1
PRA	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
PRA	72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
PRA	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
PRA	72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
PRA	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
PRA	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
PRA	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	10/1/2010	12/31/2382	1
PRA	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	10/1/2010	12/31/2382	1
PRA	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	10/1/2010	12/31/2382	1
PRA	72159	MAGNETIC RESONANCE IMAGING, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST MATERIAL(S)	10/1/2013	12/31/2382	1
PRA	72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	1/1/2016	12/31/2382	2
PRA	72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	10/1/2010	12/31/2382	1
PRA	72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	10/1/2010	12/31/2382	1
PRA	72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
PRA	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
PRA	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	10/1/2010	12/31/2382	1
PRA	72195	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
PRA	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS	10/1/2010	12/31/2382	1
PRA	72197	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUTCONTRAST MATERIAL(S) AND FURTHER SEQUENCES	10/1/2010	12/31/2382	1
PRA	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
PRA	72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	1/1/2016	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	10/1/2010	12/31/2382	1
PRA	72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	10/1/2010	12/31/2382	1
PRA	72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	7/1/2019	12/31/2382	1
PRA	72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	4
PRA	72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	5
PRA	73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	10/1/2010	12/31/2382	2
PRA	73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	10/1/2010	12/31/2382	2
PRA	73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	10/1/2010	12/31/2382	2
PRA	73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	1/1/2016	12/31/2382	4
PRA	73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
PRA	73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	10/1/2010	12/31/2382	1
PRA	73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	10/1/2010	12/31/2382	2
PRA	73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	10/1/2010	12/31/2382	2
PRA	73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	10/1/2010	12/31/2382	2
PRA	73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
PRA	73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	10/1/2010	12/31/2382	2
PRA	73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	10/1/2010	12/31/2382	2
PRA	73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	10/1/2010	12/31/2382	2
PRA	73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	1/1/2016	12/31/2382	3
PRA	73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
PRA	73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	7/1/2019	12/31/2382	2
PRA	73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	1/1/2016	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	1/1/2016	12/31/2382	3
PRA	73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	2
PRA	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	2
PRA	73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	10/1/2010	12/31/2382	2
PRA	73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	10/1/2010	12/31/2382	2
PRA	73218	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	2
PRA	73219	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITYOTHER THAN JOINT; WITH CONTRAST MATERIEL(S)	10/1/2010	12/31/2382	2
PRA	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	10/1/2010	12/31/2382	2
PRA	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	10/1/2010	12/31/2382	2
PRA	73222	MAGNETIC RESONANCE (EG, PROTON)IMAGING, ANY JOINT OF UPPER EXTREMITY WITH; CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	2
PRA	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED	10/1/2010	12/31/2382	2
PRA	73225	MAGNETIC RSONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)	10/1/2013	12/31/2382	2
PRA	73501	X-RAY OF HIP WITH PELVIS, 1 VIEW	1/1/2016	12/31/2382	2
PRA	73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	1/1/2016	12/31/2382	2
PRA	73503	X-RAY OF HIP WITH PELVIS, MINIMUM OF 4 VIEWS	1/1/2016	12/31/2382	2
PRA	73521	X-RAY OF BOTH HIPS WITH PELVIS, 2 VIEWS	1/1/2016	12/31/2382	2
PRA	73522	X-RAY OF BOTH HIPS WITH PELVIS, 3-4 VIEWS	1/1/2016	12/31/2382	2
PRA	73523	X-RAY OF BOTH HIPS WITH PELVIS, MINIMUM OF 5 VIEWS	1/1/2016	12/31/2382	2
PRA	73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
PRA	73551	X-RAY OF FEMUR, 1 VIEW	1/1/2016	12/31/2382	2
PRA	73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS	1/1/2016	12/31/2382	2
PRA	73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	1/1/2016	12/31/2382	4
PRA	73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	7/1/2019	12/31/2382	3
PRA	73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	1/1/2016	12/31/2382	4
PRA	73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	10/1/2010	12/31/2382	1
PRA	73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	1/1/2016	12/31/2382	3
PRA	73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	10/1/2010	12/31/2382	2
PRA	73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	7/1/2019	12/31/2382	2
PRA	73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	1/1/2016	12/31/2382	3
PRA	73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
PRA	73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	7/1/2019	12/31/2382	2
PRA	73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	1/1/2016	12/31/2382	3
PRA	73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	10/1/2010	12/31/2382	2
PRA	73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	10/1/2010	12/31/2382	2
PRA	73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	2
PRA	73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	2
PRA	73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	10/1/2010	12/31/2382	2
PRA	73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	10/1/2010	12/31/2382	2
PRA	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	2
PRA	73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	2
PRA	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	10/1/2010	12/31/2382	2
PRA	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	1/1/2016	12/31/2382	3
PRA	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	2
PRA	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	1/1/2016	12/31/2382	2
PRA	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	2
PRA	74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	1/1/2019	12/31/2382	3
PRA	74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	1/1/2018	12/31/2382	2
PRA	74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	1/1/2018	12/31/2382	2
PRA	74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE	10/1/2010	12/31/2382	2
PRA	74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
PRA	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	10/1/2010	12/31/2382	1
PRA	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES	1/1/2012	12/31/2382	1
PRA	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	10/1/2010	12/31/2382	1
PRA	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	1/1/2016	12/31/2382	2
PRA	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	1/1/2016	12/31/2382	2
PRA	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY	4/1/2011	12/31/2382	1
PRA	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	10/1/2010	12/31/2382	1
PRA	74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
PRA	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE	10/1/2010	12/31/2382	1
PRA	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
PRA	74190	PERITONEOGRAM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	10/1/2010	12/31/2382	1
PRA	74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	10/1/2010	12/31/2382	1
PRA	74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	10/1/2010	12/31/2382	1
PRA	74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT	10/1/2010	12/31/2382	1
PRA	74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	1/1/2016	12/31/2382	2
PRA	74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	10/1/2010	12/31/2382	1
PRA	74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	10/1/2010	12/31/2382	1
PRA	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS; VIA ENTEROCLYSIS TUBE	10/1/2010	12/31/2382	1
PRA	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL	7/1/2012	12/31/2382	1
PRA	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL(S)	7/1/2012	12/31/2382	1
PRA	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSING	10/1/2013	12/31/2382	1
PRA	74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA	10/1/2010	12/31/2382	1
PRA	74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON	10/1/2010	12/31/2382	1
PRA	74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUMINAL OBSTRUCTION	10/1/2010	12/31/2382	1
PRA	74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING SURGERY	10/1/2010	12/31/2382	1
PRA	74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET DURING SURGERY	1/1/2016	12/31/2382	1
PRA	74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND	10/1/2010	12/31/2382	1
PRA	74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS	10/1/2010	12/31/2382	1
PRA	74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE	10/1/2010	12/31/2382	1
PRA	74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA	10/1/2010	12/31/2382	2
PRA	74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;	10/1/2010	12/31/2382	1
PRA	74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	10/1/2010	12/31/2382	1
PRA	74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY	10/1/2010	12/31/2382	1
PRA	74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	10/1/2010	12/31/2382	2
PRA	74425	UROGRAPHY, ANTEGRADE, (PYELOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
PRA	74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	4/1/2012	12/31/2382	1
PRA	74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN	10/1/2010	12/31/2382	2
PRA	74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
PRA	74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	10/1/2010	12/31/2382	1
PRA	74712	MAGNETIC RESONANCE IMAGING OF FETUS, SINGLE OR FIRST PREGNANCY	1/1/2016	12/31/2382	1
PRA	74713	MAGNETIC RESONANCE IMAGING OF FETUS, EACH ADDITIONAL PREGNANCY	1/1/2016	12/31/2382	2
PRA	74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	10/1/2010	12/31/2382	1
PRA	75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL;	10/1/2010	12/31/2382	1
PRA	75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH STRESS IMAGING	10/1/2010	12/31/2382	1
PRA	75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTR	10/1/2010	12/31/2382	1
PRA	75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTR	10/1/2010	12/31/2382	1
PRA	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING	7/1/2012	12/31/2382	1
PRA	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	7/1/2012	12/31/2382	1
PRA	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY	7/1/2012	12/31/2382	1
PRA	75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE	7/1/2012	12/31/2382	1
PRA	75574	COMPUTED TOMOGRAPHY, ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MAT	7/1/2012	12/31/2382	1
PRA	75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	10/1/2010	12/31/2382	1
PRA	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, RADIOLOGIC	10/1/2010	12/31/2382	1
PRA	75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2017	12/31/2382	20
PRA	75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
PRA	75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	10/1/2010	12/31/2382	3
PRA	75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
PRA	75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	10/1/2010	12/31/2382	1
PRA	75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I	1/1/2016	12/31/2382	7
PRA	75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE	10/1/2010	12/31/2382	1
PRA	75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
PRA	75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
PRA	75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	1
PRA	75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	10/1/2010	12/31/2382	1
PRA	75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	10/1/2010	12/31/2382	1
PRA	75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	1/1/2016	12/31/2382	2
PRA	75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
PRA	75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION	1/1/2016	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE VIA SEPERATE VENOUS ACCESS	10/1/2010	12/31/2382	1
PRA	75902	MECHANICAL REMOVAL OF INTRALUMINAL OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN, RADIO	10/1/2010	12/31/2382	2
PRA	75956	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; INVOLVING COVERAGE OF LEFT SUBCLAVIAN ARTERY ORIGIN, INTITIA	10/1/2010	12/31/2382	1
PRA	75957	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; NOT INVOLVING COVERAGE OF LEFT SUBCLAVIAN ARTERY	10/1/2010	12/31/2382	1
PRA	75958	PLACEMENT OF PROXIMAL EXTENTION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA, RADIOLOGICAL	10/1/2010	12/31/2382	2
PRA	75959	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED) AFTER ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA,	10/1/2010	12/31/2382	1
PRA	75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	1
PRA	75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	10/1/2010	12/31/2382	2
PRA	75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUN	10/1/2010	12/31/2382	2
PRA	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	10/1/2010	12/31/2382	3
PRA	76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD	10/1/2010	12/31/2382	2
PRA	76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	3
PRA	76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	1/1/2016	12/31/2382	3
PRA	76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	10/1/2010	12/31/2382	2
PRA	76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	10/1/2010	12/31/2382	1
PRA	76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER T	10/1/2010	12/31/2382	1
PRA	76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	10/1/2010	12/31/2382	1
PRA	76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION	10/1/2010	12/31/2382	1
PRA	76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT	1/1/2014	12/31/2382	3
PRA	76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	10/1/2010	12/31/2382	2
PRA	76377	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	10/1/2010	12/31/2382	2
PRA	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	1/1/2016	12/31/2382	2
PRA	76390	MAGNETIC RESONANCE SPECTROSCOPY	1/1/2014	12/31/2382	1
PRA	76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	1/1/2019	12/31/2382	1
PRA	76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	4/1/2018	12/31/2382	1
PRA	76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC INTERVENTIONAL)	4/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	4/1/2018	12/31/2382	1
PRA	76499	UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE	4/1/2018	12/31/2382	1
PRA	76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR	10/1/2010	12/31/2382	1
PRA	76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED DURING THE SAME PATIENT ENCOUNTER	10/1/2010	12/31/2382	2
PRA	76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	10/1/2010	12/31/2382	2
PRA	76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	10/1/2010	12/31/2382	2
PRA	76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,	10/1/2010	12/31/2382	2
PRA	76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
PRA	76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	7/1/2013	12/31/2382	1
PRA	76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	1/1/2017	12/31/2382	1
PRA	76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	10/1/2010	12/31/2382	2
PRA	76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	10/1/2010	12/31/2382	1
PRA	76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION	10/1/2010	12/31/2382	1
PRA	76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	1/1/2015	12/31/2382	2
PRA	76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	1/1/2015	12/31/2382	2
PRA	76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	10/1/2010	12/31/2382	1
PRA	76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	10/1/2010	12/31/2382	2
PRA	76706	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY FOR ABDOMINAL AORTIC ANEURYSM (AAA)	1/1/2017	12/31/2382	1
PRA	76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	10/1/2010	12/31/2382	1
PRA	76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	10/1/2010	12/31/2382	2
PRA	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMENTATION	1/1/2016	12/31/2382	2
PRA	76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	10/1/2010	12/31/2382	1
PRA	76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIR	10/1/2010	12/31/2382	1
PRA	76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH ADDITIONA	4/1/2016	12/31/2382	2
PRA	76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	10/1/2010	12/31/2382	1
PRA	76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	4/1/2016	12/31/2382	2

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PRA	76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, SINGLE OR FIRS	10/1/2010	12/31/2382	1
PRA	76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH ADDITIONA	4/1/2016	12/31/2382	2
PRA	76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	10/1/2010	12/31/2382	1
PRA	76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	4/1/2016	12/31/2382	2
PRA	76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	10/1/2010	12/31/2382	1
PRA	76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	4/1/2016	12/31/2382	3
PRA	76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	10/1/2010	12/31/2382	1
PRA	76818	FETAL BIOPHYSICAL PROFILE	4/1/2016	12/31/2382	3
PRA	76819	FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-STRESS TESTING	4/1/2016	12/31/2382	3
PRA	76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	4/1/2016	12/31/2382	3
PRA	76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	4/1/2016	12/31/2382	3
PRA	76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	4/1/2016	12/31/2382	3
PRA	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	4/1/2016	12/31/2382	3
PRA	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	4/1/2016	12/31/2382	3
PRA	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	4/1/2016	12/31/2382	3
PRA	76830	ECHOGRAPHY, TRANSVAGINAL	10/1/2010	12/31/2382	1
PRA	76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	10/1/2010	12/31/2382	1
PRA	76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	10/1/2010	12/31/2382	1
PRA	76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	10/1/2010	12/31/2382	1
PRA	76870	ECHOGRAPHY, SCROTUM AND CONTENTS	10/1/2010	12/31/2382	1
PRA	76872	ECHOGRAPHY, TRANSRECTAL	10/1/2010	12/31/2382	1
PRA	76873	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING	10/1/2010	12/31/2382	1
PRA	76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	4/1/2011	12/31/2382	2
PRA	76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	4/1/2011	12/31/2382	2
PRA	76885	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (EG, REQUIRING MANIPULATION)	10/1/2010	12/31/2382	1
PRA	76886	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (EG, NOT REQUIRING MANIPULATO	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES DIAGNOSTI	4/1/2016	12/31/2382	1
PRA	76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES,	10/1/2010	12/31/2382	2
PRA	76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF VISCERAL TISSUE ABLATION	10/1/2010	12/31/2382	1
PRA	76941	ULTRSONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRET	4/1/2016	12/31/2382	3
PRA	76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	7/1/2013	12/31/2382	1
PRA	76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	10/1/2010	12/31/2382	2
PRA	76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	1/1/2016	12/31/2382	2
PRA	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
PRA	76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION,PERIPHERAL SITE(S), ANY METHOD	10/1/2010	12/31/2382	1
PRA	76978	ULTRASOUND USING TARGETED MICROBUBBLE CONTRAST OF FIRST LESION	1/1/2019	12/31/2382	1
PRA	76979	ULTRASOUND USING TARGETED MICROBUBBLE CONTRAST OF ADDITIONAL LESION	1/1/2019	12/31/2382	3
PRA	76981	ELASTOGRAPHY ULTRASOUND OF ORGAN TISSUE	1/1/2019	12/31/2382	1
PRA	76982	ELASTOGRAPHY ULTRASOUND OF FIRST LESION	1/1/2019	12/31/2382	1
PRA	76983	ELASTOGRAPHY ULTRASOUND OF ADDITIONAL LESION	1/1/2020	12/31/2382	2
PRA	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	10/1/2010	12/31/2382	1
PRA	76999	UNLISTED ULTRASOUND PROCEDURE	4/1/2018	12/31/2382	1
PRA	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT, OR REMOVAL	1/1/2016	12/31/2382	2
PRA	77002	FLUOROSCOPIC GUIDANCE FOE NEEDLE PLACEMENT	7/1/2013	12/31/2382	1
PRA	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT	7/1/2013	12/31/2382	1
PRA	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEROTACTIC	10/1/2010	12/31/2382	1
PRA	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	7/1/2013	12/31/2382	1
PRA	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	10/1/2010	12/31/2382	2
PRA	77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT RADIOLOGICAL SUPERVISION AND INTERPRETATION	7/1/2013	12/31/2382	1
PRA	77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION	10/1/2010	12/31/2382	1
PRA	77046	MRI OF ONE BREAST	1/1/2019	12/31/2382	1
PRA	77047	MRI OF BOTH BREASTS	1/1/2019	12/31/2382	1
PRA	77048	MRI OF ONE BREAST WITH AND WITHOUT CONTRAST	1/1/2019	12/31/2382	1
PRA	77049	MRI OF BOTH BREASTS WITH AND WITHOUT CONTRAST	1/1/2019	12/31/2382	1
PRA	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
PRA	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
PRA	77061	DIGITAL BREAST TOMOSYNTHESIS; UNILATERAL	1/1/2015	12/31/2382	1
PRA	77062	DIGITAL BREAST TOMOSYNTHESIS; BILATERAL	1/1/2015	12/31/2382	1
PRA	77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED; UNILATERAL	1/1/2017	12/31/2382	1
PRA	77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED; BILATERAL	1/1/2017	12/31/2382	1
PRA	77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	1/1/2017	12/31/2382	1
PRA	77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOLOGY, INCLUDING CONTRALATERAL JOINT IF	10/1/2010	12/31/2382	1
PRA	77072	BONE AGE STUDIES	4/1/2012	12/31/2382	1
PRA	77073	BONE LENGTH STUDIES (ORTHOENCTGENOGRAM, SCANOGRAM)	4/1/2012	12/31/2382	1
PRA	77074	RADIOLOGIC EXAMINATION , OSSEOUS SURVEY; LIMITED	4/1/2012	12/31/2382	1
PRA	77075	RADIOLOGIC EXAMINATION , OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	4/1/2012	12/31/2382	1
PRA	77076	RADIOLOGIC EXAMINATION , OSSEOUS SURVEY, INFANT	4/1/2012	12/31/2382	1
PRA	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	4/1/2012	12/31/2382	1
PRA	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)	4/1/2012	12/31/2382	1
PRA	77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	4/1/2012	12/31/2382	1
PRA	77081	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; APPENDICULAR SKELETON	4/1/2012	12/31/2382	1
PRA	77084	MAGNETIC RESONANCE IMAGING, BONE MARROW BLOOD SUPPLY	4/1/2012	12/31/2382	1
PRA	77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON, INCLUDING VERTEBR	1/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	77086	VERTEBRAL FRACTURE ASSESSMENT VIA DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA)	1/1/2015	12/31/2382	1
PRA	77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	10/1/2010	12/31/2382	1
PRA	77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	10/1/2010	12/31/2382	1
PRA	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	10/1/2010	12/31/2382	1
PRA	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	10/1/2010	12/31/2382	2
PRA	77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	10/1/2010	12/31/2382	1
PRA	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	10/1/2010	12/31/2382	1
PRA	77293	RESPIRATORY MOTION MANAGMENT SIMULATION	1/1/2014	12/31/2382	1
PRA	77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; BY THREE DIMENSIONAL RECONSTRUCTION OF TUMOR VOLUME	10/1/2010	12/31/2382	1
PRA	77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	4/1/2018	12/31/2382	1
PRA	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI	10/1/2016	12/31/2382	10
PRA	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE- VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PAR	10/1/2010	12/31/2382	1
PRA	77306	TELEETHERAPY ISODOSE PLAN; SIMPLE, INCLUDES BASIC DOSIMETRY CALCULATION(S)	1/1/2015	12/31/2382	1
PRA	77307	TELEETHERAPHY ISODOSE PLAN; COMPLEX, INCLUDES BASIC DOSIMETRY CALCULATION(S)	1/1/2015	12/31/2382	1
PRA	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE. INCLUDES BASIC DOSIMETRY CALCULATION(S)	1/1/2015	12/31/2382	1
PRA	77317	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE, INCLUDES BASIC DOSIMETRY CALCULATION(S)	1/1/2015	12/31/2382	1
PRA	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX, INCLUDES BASIC DOSIMETRY CALCULATION(S)	1/1/2015	12/31/2382	1
PRA	77321	SPECIAL TELEETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	10/1/2010	12/31/2382	1
PRA	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	1/1/2015	12/31/2382	3
PRA	77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	10/1/2010	12/31/2382	4
PRA	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	1/1/2015	12/31/2382	2
PRA	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	1/1/2016	12/31/2382	10
PRA	77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	10/1/2010	12/31/2382	1
PRA	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND	7/1/2012	12/31/2382	1
PRA	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	10/1/2010	12/31/2382	1
PRA	77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TREATMENT OF CEREBRAL LESION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TREATMENT OF CEREBRAL LESION	10/1/2010	12/31/2382	1
PRA	77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING	10/1/2010	12/31/2382	1
PRA	77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY, INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	1/1/2015	12/31/2382	1
PRA	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY, INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	1/1/2015	12/31/2382	1
PRA	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT DELIVERY, INCLUDES	1/1/2015	12/31/2382	1
PRA	77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES	4/1/2018	12/31/2382	1
PRA	77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE	1/1/2015	12/31/2382	1
PRA	77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N	10/1/2010	12/31/2382	2
PRA	77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US	10/1/2010	12/31/2382	2
PRA	77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	10/1/2010	12/31/2382	2
PRA	77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	10/1/2010	12/31/2382	1
PRA	77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETR	10/1/2010	12/31/2382	1
PRA	77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION	1/1/2012	12/31/2382	1
PRA	77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION	1/1/2012	12/31/2382	1
PRA	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	10/1/2010	12/31/2382	1
PRA	77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY	10/1/2010	12/31/2382	1
PRA	77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S)	10/1/2010	12/31/2382	1
PRA	77435	STEROTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESIONS,	10/1/2010	12/31/2382	1
PRA	77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	1/1/2012	12/31/2382	1
PRA	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT	10/1/2010	12/31/2382	1
PRA	77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	4/1/2018	12/31/2382	1
PRA	77520	PROTON BEAM DELIVERY TO A SINGLE TREATMENT AREA, SINGLEPORT, CUSTOM BLOCK, W/ OR W/OUT COMPENSATIN, W/TREATMEN	10/1/2010	12/31/2382	1
PRA	77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	10/1/2010	12/31/2382	1
PRA	77523	PROTON BEAM DELIVERY TO ONE OR TWO TREATMENT AREAS, TWO OR MORE PORTS, TWO OR MORE CUSTOM BLOCKS AND TWO OR MO	10/1/2010	12/31/2382	1
PRA	77525	PROTON TREATMENT DELIVERY; COMPLEX	10/1/2010	12/31/2382	1
PRA	77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	10/1/2010	12/31/2382	1

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PRA	77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	10/1/2010	12/31/2382	1
PRA	77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS	10/1/2010	12/31/2382	1
PRA	77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	10/1/2010	12/31/2382	1
PRA	77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	10/1/2010	12/31/2382	1
PRA	77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	10/1/2010	12/31/2382	1
PRA	77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE	10/1/2010	12/31/2382	1
PRA	77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE	10/1/2010	12/31/2382	1
PRA	77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	10/1/2010	12/31/2382	1
PRA	77767	HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 1 CHANNEL OR UP TO 2.0 CM	1/1/2016	12/31/2382	2
PRA	77768	HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 2 CHANNELS OR MORE THAN 2.0 CM	1/1/2016	12/31/2382	2
PRA	77770	HIGH DOSE BRACHYTHERAPY, 1 CHANNEL	1/1/2016	12/31/2382	2
PRA	77771	HIGH DOSE BRACHYTHERAPY, 2-12 CHANNELS	1/1/2016	12/31/2382	2
PRA	77772	HIGH DOSE BRACHYTHERAPY, MORE THAN 12 CHANNELS	1/1/2016	12/31/2382	2
PRA	77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	10/1/2010	12/31/2382	1
PRA	77789	SURFACE APPLICATION OF RADIOELEMENT	10/1/2010	12/31/2382	2
PRA	77790	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT	1/1/2016	12/31/2382	1
PRA	77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	4/1/2018	12/31/2382	1
PRA	78012	THYROID UPTAKE, SINGLE OR MULTIPLE, QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR	1/1/2013	12/31/2382	1
PRA	78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED)	1/1/2013	12/31/2382	1
PRA	78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S)	1/1/2013	12/31/2382	1
PRA	78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	10/1/2010	12/31/2382	1
PRA	78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)	10/1/2010	12/31/2382	1
PRA	78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	10/1/2010	12/31/2382	1
PRA	78020	THYROID CARCINOMA METASTASES UPTAKE	10/1/2010	12/31/2382	1
PRA	78070	PARATHYROID IMAGING	10/1/2010	12/31/2382	1
PRA	78071	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT)	1/1/2013	12/31/2382	1

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PRA	78072	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	1/1/2013	12/31/2382	1
PRA	78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	10/1/2010	12/31/2382	1
PRA	78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	4/1/2018	12/31/2382	1
PRA	78102	BONE MARROW IMAGING; LIMITED AREA	10/1/2010	12/31/2382	1
PRA	78103	BONE MARROW IMAGING; MULTIPLE AREAS	10/1/2010	12/31/2382	1
PRA	78104	BONE MARROW IMAGING; WHOLE BODY	10/1/2010	12/31/2382	1
PRA	78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING	10/1/2010	12/31/2382	1
PRA	78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	10/1/2010	12/31/2382	1
PRA	78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	10/1/2010	12/31/2382	1
PRA	78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	10/1/2010	12/31/2382	1
PRA	78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONUCLIDE)	10/1/2010	12/31/2382	1
PRA	78130	RED CELL SURVIVAL STUDY;	10/1/2010	12/31/2382	1
PRA	78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)	10/1/2010	12/31/2382	1
PRA	78140	LABELLED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)	10/1/2010	12/31/2382	1
PRA	78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	10/1/2010	12/31/2382	1
PRA	78191	PLATELET SURVIVAL STUDY	10/1/2010	12/31/2382	1
PRA	78195	LYMPHATICS AND LYMPH GLANDS IMAGING	10/1/2010	12/31/2382	1
PRA	78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	4/1/2018	12/31/2382	1
PRA	78201	LIVER IMAGING; STATIC ONLY	10/1/2010	12/31/2382	1
PRA	78202	LIVER IMAGING; WITH VASCULAR FLOW	10/1/2010	12/31/2382	1
PRA	78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	10/1/2010	12/31/2382	1
PRA	78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	10/1/2010	12/31/2382	1
PRA	78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT	1/1/2012	12/31/2382	1
PRA	78227	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING	1/1/2012	12/31/2382	1
PRA	78230	SALIVARY GLAND IMAGING;	10/1/2010	12/31/2382	1
PRA	78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	10/1/2010	12/31/2382	1

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PRA	78232	SALIVARY GLAND FUNCTION STUDY	10/1/2010	12/31/2382	1
PRA	78258	ESOPHAGEAL MOTILITY	10/1/2010	12/31/2382	1
PRA	78261	GASTRIC MUCOSA IMAGING	10/1/2010	12/31/2382	1
PRA	78262	GASTROESOPHAGEAL REFLUX STUDY	10/1/2010	12/31/2382	1
PRA	78264	GASTRIC EMPTYING STUDY	10/1/2010	12/31/2382	1
PRA	78265	STOMACH EMPTYING AND SMALL BOWEL TRANSIT STUDY	1/1/2016	12/31/2382	1
PRA	78266	STOMACH EMPTYING AND SMALL BOWEL WITH COLON TRANSIT STUDY	1/1/2016	12/31/2382	1
PRA	78267	UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS	10/1/2010	12/31/2382	1
PRA	78268	UREA BREATH TEST, C-14; ANALYSIS	10/1/2010	12/31/2382	1
PRA	78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	10/1/2010	12/31/2382	2
PRA	78282	GASTROINTESTINAL PROTEIN LOSS	10/1/2010	12/31/2382	1
PRA	78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	10/1/2010	12/31/2382	1
PRA	78291	PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	10/1/2010	12/31/2382	1
PRA	78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	4/1/2018	12/31/2382	1
PRA	78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	10/1/2010	12/31/2382	1
PRA	78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	10/1/2010	12/31/2382	1
PRA	78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	10/1/2010	12/31/2382	1
PRA	78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	10/1/2010	12/31/2382	1
PRA	78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY	10/1/2013	12/31/2382	1
PRA	78351	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; DUAL PHOTON ABSORPTIOMETRY, ONE OR MORE SITES	10/1/2013	12/31/2382	1
PRA	78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	4/1/2018	12/31/2382	1
PRA	78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR W	10/1/2010	12/31/2382	1
PRA	78428	CARDIAC SHUNT DETECTION	10/1/2010	12/31/2382	1
PRA	78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	10/1/2010	12/31/2382	1
PRA	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); SINGLE STUDY, AT REST OR STRESS	7/1/2012	12/31/2382	1
PRA	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	7/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	78453	MYOCARDIAL PERFUSION IMAGING, PLANAR; SINGLE STUDY, AT REST OR STRESS	7/1/2012	12/31/2382	1
PRA	78454	MYOCARDIAL PERFUSION IMAGING, PLANAR; MULTIPLE STUDIES, AT REST AND/OR STRESS AND/OR REDISTRIBUTION AND/OR	7/1/2012	12/31/2382	1
PRA	78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	10/1/2010	12/31/2382	1
PRA	78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	10/1/2010	12/31/2382	1
PRA	78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL	10/1/2010	12/31/2382	1
PRA	78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	10/1/2010	12/31/2382	1
PRA	78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	10/1/2010	12/31/2382	1
PRA	78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	10/1/2010	12/31/2382	1
PRA	78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	10/1/2010	12/31/2382	1
PRA	78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,	10/1/2010	12/31/2382	1
PRA	78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES	10/1/2010	12/31/2382	1
PRA	78481	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS	10/1/2010	12/31/2382	1
PRA	78483	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE	10/1/2010	12/31/2382	1
PRA	78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS	10/1/2010	12/31/2382	1
PRA	78492	MYCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS	10/1/2010	12/31/2382	1
PRA	78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION, WITH	10/1/2010	12/31/2382	1
PRA	78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT VENTRICULAR EJECTION FRACTION	10/1/2010	12/31/2382	1
PRA	78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	4/1/2018	12/31/2382	1
PRA	78579	PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	1/1/2012	12/31/2382	1
PRA	78580	PULMONARY PERFUSION IMAGING; PARTICULATE	10/1/2010	12/31/2382	1
PRA	78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	1/1/2012	12/31/2382	1
PRA	78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	1/1/2012	12/31/2382	1
PRA	78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION , INCLUDING IMAGING WHEN PERFORMED	1/1/2012	12/31/2382	1
PRA	78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	4/1/2018	12/31/2382	1
PRA	78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	10/1/2010	12/31/2382	1
PRA	78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	10/1/2010	12/31/2382	1

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PRA	78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	10/1/2010	12/31/2382	1
PRA	78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	1/1/2015	12/31/2382	1
PRA	78608	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	10/1/2010	12/31/2382	1
PRA	78609	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION	10/1/2013	12/31/2382	1
PRA	78610	BRAIN IMAGING, VASCULAR FLOW ONLY	10/1/2010	12/31/2382	1
PRA	78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	1/1/2015	12/31/2382	1
PRA	78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	10/1/2010	12/31/2382	1
PRA	78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION	10/1/2010	12/31/2382	1
PRA	78650	CSF LEAKAGE DETECTION AND LOCALIZATION	10/1/2010	12/31/2382	1
PRA	78660	RADIONUCLIDE DACRYOCYSTOGRAPHY	10/1/2010	12/31/2382	1
PRA	78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	4/1/2018	12/31/2382	1
PRA	78700	KIDNEY IMAGING; STATIC ONLY	10/1/2010	12/31/2382	1
PRA	78701	KIDNEY IMAGING; WITH VASCULAR FLOW	1/1/2015	12/31/2382	1
PRA	78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	10/1/2010	12/31/2382	1
PRA	78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH PHARMACOLOGICAL INTERVENTION (EG, ANGIOTEN	10/1/2010	12/31/2382	1
PRA	78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL	10/1/2010	12/31/2382	1
PRA	78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION	10/1/2010	12/31/2382	1
PRA	78730	URINARY BLADDER RESIDUAL STUDY	10/1/2010	12/31/2382	1
PRA	78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)	10/1/2010	12/31/2382	1
PRA	78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	10/1/2010	12/31/2382	1
PRA	78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	4/1/2018	12/31/2382	1
PRA	78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA	10/1/2010	12/31/2382	1
PRA	78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS	10/1/2010	12/31/2382	1
PRA	78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY	10/1/2010	12/31/2382	1
PRA	78803	TUMOR LOCALIZATION (SPECT)	10/1/2010	12/31/2382	1
PRA	78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRUBUTION OF RADIOPHARMACEUTICAL AGENT, WHOLE BODY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	78808	INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL LOCALIZATION BY NON-IMAGING PROBE STUDY, INTRAVENOUS	10/1/2010	12/31/2382	1
PRA	78811	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIMITED AREA, (EG, CHEST, HEAD/NECK)	10/1/2010	12/31/2382	1
PRA	78812	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID THIGH	10/1/2010	12/31/2382	1
PRA	78813	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) ; WHOLE BODY	10/1/2010	12/31/2382	1
PRA	78814	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI	10/1/2010	12/31/2382	1
PRA	78815	TUMOR IMAGING, (PET) WITHCONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	10/1/2010	12/31/2382	1
PRA	78816	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO	10/1/2010	12/31/2382	1
PRA	78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	4/1/2018	12/31/2382	1
PRA	79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	10/1/2010	12/31/2382	1
PRA	79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	10/1/2010	12/31/2382	1
PRA	79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	10/1/2010	12/31/2382	1
PRA	79300	INTERSTITIAL RADIOACTIVE COLLOID THERAPY	10/1/2010	12/31/2382	1
PRA	79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION	10/1/2010	12/31/2382	1
PRA	79440	INTRA-ARTICULAR RADIONUCLIDE THERAPY	10/1/2010	12/31/2382	1
PRA	79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	10/1/2010	12/31/2382	1
PRA	79999	UNLISTED RADIONUCLIDE THERAPEUTIC PROCEDURE	4/1/2018	12/31/2382	1
PRA	80047	BASIC METABOLIC PANEL (CALCIUM, IONIZED)	10/1/2010	12/31/2382	2
PRA	80048	BASIC METABOLIC PANEL	10/1/2010	12/31/2382	2
PRA	80050	GENERAL HEALTH PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: AUTOMATED CHEMISTRIES, 12 OR MORE (80012-80019) HE	10/1/2013	12/31/2382	1
PRA	80051	ELECTROLYTE PANEL	10/1/2010	12/31/2382	2
PRA	80053	EXECUTIVE PROFILE- AS OF 2000 COMPREHENSIVE METABOLIC PANEL	7/1/2013	12/31/2382	1
PRA	80055	OBSTETRIC PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: HEMATOCRIT, HEMOGRAM, AUTOMATED, AND MANUAL DIFFERENTIAL	10/1/2013	12/31/2382	1
PRA	80061	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOLESTEROL, SERUM, TOTAL (82465) LIPOPROTEIN, DIRECT MEASU	10/1/2010	12/31/2382	1
PRA	80069	RENAL FUNCTION PANEL	10/1/2010	12/31/2382	1
PRA	80074	ACUTE HEPATITIS PANEL	10/1/2010	12/31/2382	1
PRA	80076	HEPATIC FUNCTION PANEL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	80081	BLOOD TEST PANEL FOR OBSTETRICS (CBC, DIFFERENTIAL WBC COUNT, HEPATITIS B, HIV, RUBELLA, SYPHILIS, ANTIBODY SCREENING, RBC, BLOOD TYPING)	1/1/2016	12/31/2382	1
PRA	80150	AMIKACIN	10/1/2010	12/31/2382	2
PRA	80155	CAFFEINE LEVELS	4/1/2015	12/31/2382	1
PRA	80156	CARBAMAZEPINE	10/1/2010	12/31/2382	2
PRA	80157	CARBAMAZEPINE; FREE	10/1/2010	12/31/2382	2
PRA	80158	CYCLOSPORINE	4/1/2018	12/31/2382	1
PRA	80159	CLOZAPINE LEVEL	4/1/2015	12/31/2382	2
PRA	80162	DIGOXIN	10/1/2010	12/31/2382	2
PRA	80163	DIGOXIN; FREE	10/1/2017	12/31/2382	1
PRA	80164	DIPROPYLACETIC ACID (VALPROIC ACID)	10/1/2010	12/31/2382	2
PRA	80165	VALPROIC ACID (DIPROPYLACETIC); FREE	10/1/2017	12/31/2382	1
PRA	80168	ETHOSUXIMIDE	10/1/2010	12/31/2382	2
PRA	80169	EVEROLIMUS LEVEL	4/1/2015	12/31/2382	1
PRA	80170	GENTAMICIN	10/1/2010	12/31/2382	2
PRA	80171	GABAPENTIN LEVEL	4/1/2015	12/31/2382	1
PRA	80173	HALOPERIDOL	10/1/2010	12/31/2382	2
PRA	80175	LAMOTRIGINE LEVEL	4/1/2015	12/31/2382	1
PRA	80176	LIDOCAINE	10/1/2010	12/31/2382	1
PRA	80177	LEVETIRACETAM LEVEL	4/1/2015	12/31/2382	1
PRA	80178	LITHIUM	10/1/2010	12/31/2382	2
PRA	80180	MYCOPHENOLATE (MYCOPHENOLIC ACID) LEVEL	4/1/2015	12/31/2382	1
PRA	80183	OXCARBAZEPINE LEVEL	4/1/2015	12/31/2382	1
PRA	80184	PHENOBARBITAL	10/1/2010	12/31/2382	2
PRA	80185	PHENYTOIN; TOTAL	10/1/2010	12/31/2382	2
PRA	80186	PHENYTOIN; FREE	10/1/2010	12/31/2382	2
PRA	80188	PRIMIDONE	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	80190	PROCAINAMIDE;	10/1/2010	12/31/2382	2
PRA	80192	PROCAINAMIDE; WITH METABOLITES (EG, N-ACETYL PROCAINAMIDE)	10/1/2010	12/31/2382	2
PRA	80194	QUINIDINE	10/1/2010	12/31/2382	2
PRA	80195	SIROLIMUS	10/1/2010	12/31/2382	2
PRA	80197	TACROLIMUS	10/1/2010	12/31/2382	2
PRA	80198	THEOPHYLLINE	10/1/2010	12/31/2382	2
PRA	80199	TIAGABINE LEVEL	4/1/2015	12/31/2382	1
PRA	80200	TOBRAMYCIN	10/1/2010	12/31/2382	2
PRA	80201	TOPIRAMATE	10/1/2010	12/31/2382	2
PRA	80202	VANCOMYCIN	10/1/2010	12/31/2382	2
PRA	80203	ZONISAMIDE LEVEL	4/1/2015	12/31/2382	1
PRA	80299	QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED	10/1/2010	12/31/2382	3
PRA	80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; CAPABLE OF BEING READ BY DIRECT OPTICAL OBSERVATION ONLY	1/1/2017	12/31/2382	1
PRA	80306	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; READ BY INSTRUMENT ASSISTED DIRECT OPTICAL OBSERVATION ONLY	1/1/2017	12/31/2382	1
PRA	80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; BY INSTRUMENT CHEMISTRY ANALYZERS, CHROMATOGRAPHY, AND MASS SPECTROMETRY	1/1/2017	12/31/2382	1
PRA	80320	ALCOHOLS	4/1/2015	12/31/2382	1
PRA	80321	ALCOHOLS BIOMARKERS; 1 OR 2	4/1/2015	12/31/2382	1
PRA	80322	ALCOHOLS BIOMARKERS; 3 OR MORE	4/1/2015	12/31/2382	1
PRA	80323	ALKALOIDS, NOT OTHERWISE SPECIFIED	4/1/2015	12/31/2382	1
PRA	80324	AMPHETAMINES; 1 OR 2	4/1/2015	12/31/2382	1
PRA	80325	AMPHETAMINES; 3 OR 4	4/1/2015	12/31/2382	1
PRA	80326	AMPHETAMINES; 5 OR MORE	4/1/2015	12/31/2382	1
PRA	80327	ANABOLIC STEROIDS; 1 OR 2	4/1/2015	12/31/2382	1
PRA	80328	ANABOLIC STEROIDS; 3 OR MORE	4/1/2015	12/31/2382	1
PRA	80329	ANALGESICS, NON-OPIOID; 1 OR 2	4/1/2015	12/31/2382	1
PRA	80330	ANALGESICS, NON-OPIOID; 3-5	4/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	80331	ANALGESICS, NON-OPIOID; 6 OR MORE	4/1/2015	12/31/2382	1
PRA	80332	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 1 OR 2	4/1/2015	12/31/2382	1
PRA	80333	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 3-5	4/1/2015	12/31/2382	1
PRA	80334	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 6 OR MORE	4/1/2015	12/31/2382	1
PRA	80335	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 1 OR 2	4/1/2015	12/31/2382	1
PRA	80336	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 3-5	4/1/2015	12/31/2382	1
PRA	80337	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 6 OR MORE	4/1/2015	12/31/2382	1
PRA	80338	ANTIDEPRESSANTS, NOT OTHERWISE SPECIFIED	4/1/2015	12/31/2382	1
PRA	80339	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 1-3	4/1/2015	12/31/2382	1
PRA	80340	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 4-6	4/1/2015	12/31/2382	1
PRA	80341	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE	4/1/2015	12/31/2382	1
PRA	80342	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 1-3	4/1/2015	12/31/2382	1
PRA	80343	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 4-6	4/1/2015	12/31/2382	1
PRA	80344	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE	4/1/2015	12/31/2382	1
PRA	80345	BARBITURATES LEVELS	4/1/2015	12/31/2382	1
PRA	80346	BENZODIAZEPINES LEVELS; 1-12	4/1/2015	12/31/2382	1
PRA	80347	BENZODIAZEPINES LEVELS; 13 OR MORE	4/1/2015	12/31/2382	1
PRA	80348	BUPRENORPHINE LEVEL	4/1/2015	12/31/2382	1
PRA	80349	CANNABINOIDS NATURAL	4/1/2015	12/31/2382	1
PRA	80350	CANNABINOIDS LEVELS, SYNTHETIC; 1-3	4/1/2015	12/31/2382	1
PRA	80351	CANNABINOIDS LEVELS; SYNTHETIC; 4-6	4/1/2015	12/31/2382	1
PRA	80352	CANNABINOIDS LEVELS; SYNTHETIC; 7 OR MORE	4/1/2015	12/31/2382	1
PRA	80353	COCAINE LEVEL	4/1/2015	12/31/2382	1
PRA	80354	FENTANYL LEVEL	4/1/2015	12/31/2382	1
PRA	80355	GABAPENTIN LEVEL NON-BLOOD	4/1/2015	12/31/2382	1
PRA	80356	HEROIN METABOLITE LEVEL	4/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	80357	KETAMINE AND NORKETAMINE LEVELS	4/1/2015	12/31/2382	1
PRA	80358	METHADONE LEVEL	4/1/2015	12/31/2382	1
PRA	80359	METHYLENEDIOXYAMPHETAMINES LEVELS	4/1/2015	12/31/2382	1
PRA	80360	METHYLPHENIDATE LEVEL	4/1/2015	12/31/2382	1
PRA	80361	OPIATES LEVELS, 1 OR MORE	4/1/2015	12/31/2382	1
PRA	80362	OPIOIDS LEVELS AND OPIATE ANALOGS; 1 OR 2	4/1/2015	12/31/2382	1
PRA	80363	OPIOIDS LEVELS AND OPIATE ANALOGS; 3 OR 4	4/1/2015	12/31/2382	1
PRA	80364	OPIOIDS LEVELS AND OPIATE ANALOGS; 5 OR MORE	4/1/2015	12/31/2382	1
PRA	80365	OXYCODONE LEVELS	4/1/2015	12/31/2382	1
PRA	80366	PREGABALIN LEVEL	4/1/2015	12/31/2382	1
PRA	80367	PROPXYPHENE LEVEL	4/1/2015	12/31/2382	1
PRA	80368	SEDATIVE HYPNOTICS (NON-BENZODIAZEPINES) LEVELS	4/1/2015	12/31/2382	1
PRA	80369	SKELETAL MUSCLE RELAXANTS LEVELS; 1 OR 2	4/1/2015	12/31/2382	1
PRA	80370	SKELETAL MUSCLE RELAXANTS LEVELS; 3 OR MORE	4/1/2015	12/31/2382	1
PRA	80371	SYNTHETIC STIMULANTS LEVELS	4/1/2015	12/31/2382	1
PRA	80372	TAPENTADOL LEVEL	4/1/2015	12/31/2382	1
PRA	80373	TRAMADOL LEVEL	4/1/2015	12/31/2382	1
PRA	80374	STEREISOMER (ENANTIOMER) DRUG ANALYSIS	4/1/2015	12/31/2382	1
PRA	80375	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE SPECIFIED; 1-3	4/1/2015	12/31/2382	1
PRA	80376	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE SPECIFIED; 4-6	4/1/2015	12/31/2382	1
PRA	80377	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE SPECIFIED; 7 OR MORE	4/1/2015	12/31/2382	1
PRA	80400	ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY	10/1/2010	12/31/2382	1
PRA	80402	ACTH STIMULATION PANEL; FOR 21 HYDROXYLASE DEFICIENCY	10/1/2010	12/31/2382	1
PRA	80406	ACTH STIMULATION PANEL; FOR 3 BETA-HYDROXYDEHYDROGENASE DEFICIENCY	10/1/2010	12/31/2382	1
PRA	80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG, SALINE INFUSION)	10/1/2010	12/31/2382	1
PRA	80410	CLACITONIN STIMULATION PANEL (EG, CALCIUM, PENTAGASTRIN)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	80412	CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL	10/1/2010	12/31/2382	1
PRA	80414	CHORIONIC GONADOTROPIN STIMULATION PANEL; TESTOSTERON RESPONSE	10/1/2010	12/31/2382	1
PRA	80415	CHORIONIC GONADOTROPIN STIMULATION PANEL; ESTRADIOL RESPONSE	10/1/2010	12/31/2382	1
PRA	80416	RENAL VEIN RENIN STIMULATION PANEL (EG, CAPROPRIL)	10/1/2010	12/31/2382	1
PRA	80417	PERIPHERAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL)	10/1/2010	12/31/2382	1
PRA	80418	COMBINED RAPID ANTERIOR PETUITARY EVALUATION PANEL	10/1/2010	12/31/2382	1
PRA	80420	DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR	10/1/2010	12/31/2382	1
PRA	80422	GLUCAGON TOLERANCE PANEL; FOR INSULINOMA	10/1/2010	12/31/2382	1
PRA	80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCHROMOCYTOMA	10/1/2010	12/31/2382	1
PRA	80426	GONADOTROPIN RELEASING HORMONE STIMULATION PANEL	10/1/2010	12/31/2382	1
PRA	80428	GROWTH HORMONE STIMULATION PANEL (EG, ARGININE INFUSION, I-DOPA ADMINISTRATION)	10/1/2010	12/31/2382	1
PRA	80430	GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATION)	10/1/2010	12/31/2382	1
PRA	80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL	10/1/2010	12/31/2382	1
PRA	80434	INSULIN TOLERANCE PANEL' FOR ACTH INSUFFICIENCY	10/1/2010	12/31/2382	1
PRA	80435	INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICIENCY	10/1/2010	12/31/2382	1
PRA	80436	METYRAPONE PANEL	10/1/2010	12/31/2382	1
PRA	80438	THUROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; ONE HOUR	10/1/2010	12/31/2382	1
PRA	80439	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; TWO HOUR	10/1/2010	12/31/2382	1
PRA	80500	CLINICAL PATHOLOGY CONSULTATION; LIMITED, WITHOUT REVIEW OF PATIENT'S HISTORY AND MEDICAL RECORDS	10/1/2010	12/31/2382	1
PRA	80502	CLINICAL PATHOLOGY CONSULTATION; COMPREHENSIVE, FOR A COMPLEX DIAGNOSTIC PROBLEM, WITH REVIEW OF PATIENT'S HIS	10/1/2010	12/31/2382	1
PRA	81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, P	10/1/2010	12/31/2382	2
PRA	81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES,;AUTOMATED, WITH MICROS	10/1/2010	12/31/2382	2
PRA	81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, P	10/1/2010	12/31/2382	2
PRA	81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, P	10/1/2010	12/31/2382	2
PRA	81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE, EXCEPT IMMUNOASSAYS	10/1/2010	12/31/2382	2
PRA	81007	URINALYSIS; BACTERIURIA SCREEN, BY NON-CULTURE TECHNIQUE, COMMERCIAL KIT (SPECIFY TYPE)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	81015	URINALYSIS; MICROSCOPIC ONLY	7/1/2014	12/31/2382	2
PRA	81020	URINALYSIS; TWO OR THREE GLASS TEST	10/1/2010	12/31/2382	1
PRA	81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	10/1/2010	12/31/2382	1
PRA	81050	VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH	10/1/2010	12/31/2382	2
PRA	81099	UNLISTED URINALYSIS PROCEDURE	4/1/2018	12/31/2382	1
PRA	81105	HUMAN PLATELET ANTIGEN 1 GENOTYPING (HPA-1), ITGB3 (INTEGRIN, BETA 3 [PLATELET GLYCOPROTEIN IIIA], ANTIGEN CD61 [GPIIA]) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE ANALYSIS, CO	1/1/2018	12/31/2382	1
PRA	81106	HUMAN PLATELET ANTIGEN 2 GENOTYPING (HPA-2), GP1BA (GLYCOPROTEIN IIB [PLATELET], ALPHA POLYPEPTIDE [GPIBA]) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE ANALYSIS, C	1/1/2018	12/31/2382	1
PRA	81107	HUMAN PLATELET ANTIGEN 3 GENOTYPING (HPA-3), ITGA2B (INTEGRIN, ALPHA 2B [PLATELET GLYCOPROTEIN IIB OF IIB/IIIA COMPLEX], ANTIGEN CD41 [GPIIB]) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA	1/1/2018	12/31/2382	1
PRA	81108	HUMAN PLATELET ANTIGEN 4 GENOTYPING (HPA-4), ITGB3 (INTEGRIN, BETA 3 [PLATELET GLYCOPROTEIN IIIA], ANTIGEN CD61 [GPIIA]) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE ANALYSIS,	1/1/2018	12/31/2382	1
PRA	81109	HUMAN PLATELET ANTIGEN 5 GENOTYPING (HPA-5), ITGA2 (INTEGRIN, ALPHA 2 [CD49B, ALPHA 2 SUBUNIT OF VLA-2 RECEPTOR] [GPIA]) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE	1/1/2018	12/31/2382	1
PRA	81110	HUMAN PLATELET ANTIGEN 6 GENOTYPING (HPA-6W), ITGB3 (INTEGRIN, BETA 3 [PLATELET GLYCOPROTEIN IIIA, ANTIGEN CD61] [GPIIA]) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE ANA	1/1/2018	12/31/2382	1
PRA	81111	HUMAN PLATELET ANTIGEN 9 GENOTYPING (HPA-9W), ITGA2B (INTEGRIN, ALPHA 2B [PLATELET GLYCOPROTEIN IIB OF IIB/IIIA COMPLEX, ANTIGEN CD41] [GPIIB]) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], P	1/1/2018	12/31/2382	1
PRA	81112	HUMAN PLATELET ANTIGEN 15 GENOTYPING (HPA-15), CD109 (CD109 MOLECULE) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE ANALYSIS, COMMON VARIANT, HPA-15A/B (S682Y)	1/1/2018	12/31/2382	1
PRA	81120	IDH1 (ISOCITRATE DEHYDROGENASE 1 [NADP+], SOLUBLE) (EG, GLIOMA), COMMON VARIANTS (EG, R132H, R132C)	1/1/2018	12/31/2382	1
PRA	81121	IDH2 (ISOCITRATE DEHYDROGENASE 2 [NADP+], MITOCHONDRIAL) (EG, GLIOMA), COMMON VARIANTS (EG, R140W, R172M)	1/1/2018	12/31/2382	1
PRA	81161	DMD (DYSTROPHIN) DELETION ANALYSIS, AND DUPLICATION ANALYSIS, IF PERFORMED	7/1/2013	12/31/2382	1
PRA	81162	GENE ANALYSIS (BREAST CANCER 1 AND 2) FULL SEQUENCE AND DUPLICATION OR DELETION VARIANTS	1/1/2016	12/31/2382	1
PRA	81163	GENE ANALYSIS (BREAST CANCER 1 AND 2) OF FULL SEQUENCE	1/1/2019	12/31/2382	1
PRA	81164	GENE ANALYSIS (BREAST CANCER 1 AND 2) FOR DUPLICATION OR DELETION VARIANTS	1/1/2019	12/31/2382	1
PRA	81165	GENE ANALYSIS (BREAST CANCER 1) OF FULL SEQUENCE	1/1/2019	12/31/2382	1
PRA	81166	GENE ANALYSIS (BREAST CANCER 1) FOR DUPLICATION OR DELETION VARIANTS	1/1/2019	12/31/2382	1
PRA	81167	GENE ANALYSIS (BREAST CANCER 2) FOR DUPLICATION OR DELETION VARIANTS	1/1/2019	12/31/2382	1
PRA	81170	GENE ANALYSIS (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSINE KINASE)	1/1/2016	12/31/2382	1
PRA	81171	GENE ANALYSIS (FRAGILE X MENTAL RETARDATION 2) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
PRA	81172	GENE ANALYSIS (FRAGILE X MENTAL RETARDATION 2) FOR CHARACTERIZATION OF ALLELES	1/1/2019	12/31/2382	1
PRA	81173	GENE ANALYSIS (ANDROGEN RECEPTOR) OF FULL SEQUENCE	1/1/2019	12/31/2382	1

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PRA	81174	GENE ANALYSIS (ANDROGEN RECEPTOR) FOR KNOWN FAMILIAL VARIANT	1/1/2019	12/31/2382	1
PRA	81175	ASXL1 (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) (EG, MYELODYSPLASTIC SYNDROME, MYELOPROLIFERATIVE NEOPLASMS, CHRONIC MYELOMONOCYTIC LEUKEMIA), GENE ANALYSIS; FULL GENE SEQUENCE	1/1/2018	12/31/2382	1
PRA	81176	ASXL1 (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) (EG, MYELODYSPLASTIC SYNDROME, MYELOPROLIFERATIVE NEOPLASMS, CHRONIC MYELOMONOCYTIC LEUKEMIA), GENE ANALYSIS; TARGETED SEQUENCE ANALYSIS (EG, EXON 12)	1/1/2018	12/31/2382	1
PRA	81177	GENE ANALYSIS (ATROPIN 1) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
PRA	81178	GENE ANALYSIS (ATAXIN 1) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
PRA	81179	GENE ANALYSIS (ATAXIN 2) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
PRA	81180	GENE ANALYSIS (ATAXIN 3) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
PRA	81181	GENE ANALYSIS (ATAXIN 7) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
PRA	81182	GENE ANALYSIS (ATAXIN 8 OPPOSITE STRAND [NON-PROTEIN CODING]) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
PRA	81183	GENE ANALYSIS (ATAXIN 10) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
PRA	81184	GENE ANALYSIS (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
PRA	81185	GENE ANALYSIS (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) OF FULL SEQUENCE	1/1/2019	12/31/2382	1
PRA	81186	GENE ANALYSIS (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) FOR KNOWN FAMILIAL VARIANT	1/1/2019	12/31/2382	1
PRA	81187	GENE ANALYSIS (CCH-TYPE ZINC FINGER NUCLEIC ACID BINDING PROTEIN) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
PRA	81188	GENE ANALYSIS (CYSTATIN B) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
PRA	81189	GENE ANALYSIS (CYSTATIN B) OF FULL SEQUENCE	1/1/2019	12/31/2382	1
PRA	81190	GENE ANALYSIS (CYSTATIN B) FOR KNOWN FAMILIAL VARIANTS	1/1/2019	12/31/2382	1
PRA	81200	ASPA (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, E285A, Y231X)	1/1/2013	12/31/2382	1
PRA	81201	GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), FULL GENE SEQUENCE	1/1/2013	12/31/2382	1
PRA	81202	GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), KNOWN FAMILIAL VARIANTS	1/1/2013	12/31/2382	1
PRA	81203	GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), DUPLICATION/DELETION VARIANTS	1/1/2013	12/31/2382	1
PRA	81204	GENE ANALYSIS (ANDROGEN RECEPTOR) FOR CHARACTERIZATION OF ALLELES	1/1/2019	12/31/2382	1
PRA	81205	BCKDHB (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1, BETA POLYPEPTIDE)(EG, MAPLE SYRUP URINE DISEASE) GENE ANALY	1/1/2013	12/31/2382	1
PRA	81206	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT, QUALITATIVE OR	1/1/2013	12/31/2382	1
PRA	81207	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT, QUALITATIVE OR	1/1/2013	12/31/2382	1
PRA	81208	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTHER BREAKPOINT, QUALITATIVE OR	1/1/2013	12/31/2382	1

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PRA	81209	BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE)(EG, BLOOM SYNDROME)GENE ANALYSIS, 2281 DEL6INS7 VARIANT	1/1/2013	12/31/2382	1
PRA	81210	BRAF(V-RAF MURINE SARCOMA VIRAL ONCOGENE HOMOLOG B1) (EG, COLON CANCER), GENE ANALYSIS, V600E VARIANT	1/1/2013	12/31/2382	1
PRA	81212	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) GENE ANALYSIS; 185DEL6,5385INSC,6174DELT VARIANTS	1/1/2013	12/31/2382	1
PRA	81215	BRCA1 (BREAST CANCER 1) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	4/1/2015	12/31/2382	1
PRA	81216	BRCA 2 (BREAST CANCER 2) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2013	12/31/2382	1
PRA	81217	BRCA 2 (BREAST CANCER 2) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	4/1/2015	12/31/2382	1
PRA	81218	GENE ANALYSIS (CCAAT/ENHANCER BINDING PROTEIN[C/EPP], ALPHA) FULL GENE SEQUENCE	1/1/2016	12/31/2382	1
PRA	81219	GENE ANALYSIS (CALRETICULIN), COMMON VARIANTS	1/1/2016	12/31/2382	1
PRA	81220	CFTR (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMOM VARIANTS (EG, ACMG/ACOG GUIDELINES)	1/1/2013	12/31/2382	1
PRA	81221	CFTR (EG, CYSTIC FIBROSIS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	1/1/2013	12/31/2382	1
PRA	81222	CFTR (EG, CYSTIC FIBROSIS) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1/1/2013	12/31/2382	1
PRA	81223	CFTR (EG, CYSTIC FIBROSIS) GENE ANALYSIS; FULL GENE SEQUENCE	1/1/2013	12/31/2382	1
PRA	81224	CFTR (EG, CYSTIC FIBROSIS) GENE ANALYSIS; INTRON 8 POLY-T ANALYSIS (EG, MALE INFERTILITY)	1/1/2013	12/31/2382	1
PRA	81225	CYP2C19 (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG,*2,*3,*4,*8,*17)	1/1/2013	12/31/2382	1
PRA	81226	CYP2D6 (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG,*2,*3,*4,*5,*6,*9,*10,*17,*19,*29,*35,*41,	1/1/2013	12/31/2382	1
PRA	81227	CYP2C9 (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG,*2,*3,*5,*6,)	1/1/2013	12/31/2382	1
PRA	81228	CYTOGENOMIC CONSTITUTIONAL MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER VARIANTS	1/1/2013	12/31/2382	1
PRA	81229	CYTOGENOMIC CONSTITUTIONAL MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE	1/1/2013	12/31/2382	1
PRA	81230	CYP3A4 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 4) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, *2, *22)	1/1/2018	12/31/2382	1
PRA	81231	CYP3A5 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 5) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *5, *6, *7)	1/1/2018	12/31/2382	1
PRA	81232	DPYD (DIHYDROPYRIMIDINE DEHYDROGENASE) (EG, 5-FLUOROURACIL/5-FU AND CAPECITABINE DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, *2A, *4, *5, *6)	1/1/2018	12/31/2382	1
PRA	81233	GENE ANALYSIS (BRUTON'S TYROSINE KINASE) FOR COMMON VARIANTS	1/1/2019	12/31/2382	1
PRA	81234	GENE ANALYSIS (DM1 PROTEIN KINASE) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
PRA	81235	GENE ANALYSIS (EPIDERMAL GROWTH FACTOR RECEPTOR), COMMON VARIANTS	1/1/2013	12/31/2382	1
PRA	81236	GENE ANALYSIS (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) OF FULL SEQUENCE	1/1/2019	12/31/2382	1
PRA	81237	GENE ANALYSIS (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) FOR COMMON VARIANTS	1/1/2019	12/31/2382	1

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PRA	81238	F9 (COAGULATION FACTOR IX) (EG, HEMOPHILIA B), FULL GENE SEQUENCE	1/1/2018	12/31/2382	1
PRA	81239	GENE ANALYSIS (DM1 PROTEIN KINASE) FOR CHARACTERIZATION OF ALLELES	1/1/2019	12/31/2382	1
PRA	81240	F2 (EG, HEREDITARY HYPERCOAGULATIBILITY) GENE ANALYSIS, 20210G>A VARIANT	1/1/2013	12/31/2382	1
PRA	81241	F5 (COAGULATION FACTOR V) GENE ANALYSIS, LEIDEN VARIANT	1/1/2013	12/31/2382	1
PRA	81242	FANCC (EG, FANCONI ANEMIA, TYPE C) GENE ANALYSIS, COMMON VARIANT (EG, IVS4+4A>T)	1/1/2013	12/31/2382	1
PRA	81243	FMR1 (EG, FRAGILE X MENTAL RETARDATION) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL ALLELES	1/1/2013	12/31/2382	1
PRA	81244	FMR1 (EG, FRAGILE X MENTAL RETARDATION) GENE ANALYSIS; CHARACTERIZATION OF ALLELES	1/1/2013	12/31/2382	1
PRA	81245	FLT3 (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS, INTERNAL TANDEM DUPLICATION VARIANTS (IE, EXONS 14,15)	1/1/2013	12/31/2382	1
PRA	81246	FLT3 (FMS-RELATED TYROSINE KINASE 3), GENE ANALYSIS; TYROSINE KINASE DOMAIN (TKD) VARIANTS	4/1/2015	12/31/2382	1
PRA	81247	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; COMMON VARIANT(S) (EG, A, A-)	1/1/2018	12/31/2382	1
PRA	81248	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S)	1/1/2018	12/31/2382	1
PRA	81249	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; FULL GENE SEQUENCE	1/1/2018	12/31/2382	1
PRA	81250	G6PC(GLUCODE-6-PHOSPHATASE, CATALYTIC SUBUNIT) GENE ANALYSIS, COMMON VARIANTS	1/1/2013	12/31/2382	1
PRA	81251	GBA (EG, GAUCHER DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, N370S, 84GG, L444P, IVS2+1G>A)	1/1/2013	12/31/2382	1
PRA	81252	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26), FULL GENE	1/1/2013	12/31/2382	1
PRA	81253	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26), KNOWN FAMILIAL VARIANTS	1/1/2013	12/31/2382	1
PRA	81254	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 6, 30KDA, CONNEXIN 30), COMMON VARIANTS	1/1/2013	12/31/2382	1
PRA	81255	HEXA (EG, TAY-SACHS DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG,1278INSTATC, 1421+1G>C, G269S)	1/1/2013	12/31/2382	1
PRA	81256	HFE (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VARIANTS (EG, C282Y, H63D)	1/1/2013	12/31/2382	1
PRA	81257	HBA1/HBA2, GENE ANALYSIS, FOR COMMON DELETIONS OR VARIANTS (EG, SOUTHEAST ASIAN, THAI, FILIPINO, MEDITERRANEAN)	1/1/2013	12/31/2382	1
PRA	81258	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; KNOWN FAMILIAL VARIANT	1/1/2018	12/31/2382	1
PRA	81259	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; FULL GENE SEQUENCE	1/1/2018	12/31/2382	1
PRA	81260	IKBKAP (EG, FAMILIAL DSYAUTONOMIA)GENE ANALYSIS, COMMON VARIANTS (EG, 2507+6T>C, R696P)	1/1/2013	12/31/2382	1
PRA	81261	IGH@(EG, LEUKEMIAS AND LYMPHOMAS), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S)	1/1/2013	12/31/2382	1
PRA	81262	IGH@(EG, LEUKEMIAS AND LYMPHOMAS), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S);DIRECT	1/1/2013	12/31/2382	1
PRA	81263	IGH@(EG, LEUKEMIAS AND LYMPHOMAS), VARIABLE REGION SOMATIC MUTATION ANALYSIS	1/1/2013	12/31/2382	1

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PRA	81264	IGK@ (EG, LEUKEMIAS AND LYMPHOMAS), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNORMAL CLONAL	1/1/2013	12/31/2382	1
PRA	81265	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT MARKERS; PATIENT AND COMPARATIVE SPECIMEN	1/1/2013	12/31/2382	1
PRA	81266	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT MARKERS; EACH ADDITIONAL SPECIMEN	10/1/2015	12/31/2382	2
PRA	81267	CHIMERISM ANALYSIS, POST TRANSPLANTATION SPECIMEN, INCLUDES COMPARISON TO PREVIOUSLY PERFORMED BASELINE ANALYS	1/1/2013	12/31/2382	1
PRA	81268	CHIMERISM ANALYSIS, POST TRANSPLANTATION SPECIMEN, INCLUDES COMPARISON TO PREVIOUSLY PERFORMED BASELINE ANALYS	10/1/2015	12/31/2382	4
PRA	81269	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1/1/2018	12/31/2382	1
PRA	81270	JAK2 (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, PVAL617PHE (V617F) VARIANT	1/1/2013	12/31/2382	1
PRA	81271	GENE ANALYSIS (HUNTINGTIN) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
PRA	81272	GENE ANALYSIS (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG), TARGETED SEQUENCE	1/1/2016	12/31/2382	1
PRA	81273	GENE ANALYSIS (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG), D816 VARIANTS	1/1/2016	12/31/2382	1
PRA	81274	GENE ANALYSIS (HUNTINGTIN) FOR CHARACTERIZATION OF ALLELES	1/1/2019	12/31/2382	1
PRA	81275	KRAS (EG, CARCINOMA) GENE ANALYSIS, VARIANTS IN CODONS 12 AND 13	1/1/2013	12/31/2382	1
PRA	81276	GENE ANALYSIS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG), ADDITIONAL VARIANTS	1/1/2016	12/31/2382	1
PRA	81283	IFNL3 (INTERFERON, LAMBDA 3) (EG, DRUG RESPONSE), GENE ANALYSIS, RS12979860 VARIANT	1/1/2018	12/31/2382	1
PRA	81284	GENE ANALYSIS (FRATAXIN) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
PRA	81285	GENE ANALYSIS (FRATAXIN) FOR CHARACTERIZATION OF ALLELES	1/1/2019	12/31/2382	1
PRA	81286	GENE ANALYSIS (FRATAXIN) OF FULL SEQUENCE	1/1/2019	12/31/2382	1
PRA	81287	MGMT (O-6 METHYLGUANINE-DNA METHYLTRANSFERASE), METHYLATION ANALYSIS	1/1/2014	12/31/2382	1
PRA	81288	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) GENE ANALYSIS; PROMOTER METHYLATION ANALYSIS	1/1/2015	12/31/2382	1
PRA	81289	GENE ANALYSIS (FRATAXIN) FOR KNOWN FAMILIAL VARIANTS	1/1/2019	12/31/2382	1
PRA	81290	MCOLN1 (EG, MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMON VARIANTS	1/1/2013	12/31/2382	1
PRA	81291	MTHFR (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMOM VARIANTS	1/1/2013	12/31/2382	1
PRA	81292	MLH1 (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2013	12/31/2382	1
PRA	81293	MLH1 (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	1/1/2013	12/31/2382	1
PRA	81294	MLH1 (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARI	1/1/2013	12/31/2382	1
PRA	81295	MSH2 (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2013	12/31/2382	1

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PRA	81296	MSH2 (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	1/1/2013	12/31/2382	1
PRA	81297	MSH2 (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARI	1/1/2013	12/31/2382	1
PRA	81298	MSH6 (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2013	12/31/2382	1
PRA	81299	MSH6 (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	1/1/2013	12/31/2382	1
PRA	81300	MSH6 (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARI	1/1/2013	12/31/2382	1
PRA	81301	MICROSATELLITE INSTABILITY ANALYSIS OF MARKERS FOR MISMATCH REPAIR DEFICIENCY, INCLUDES COMPARISON OF NEOPLAST	1/1/2013	12/31/2382	1
PRA	81302	MECP2 (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2013	12/31/2382	1
PRA	81303	MECP2 (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	1/1/2013	12/31/2382	1
PRA	81304	MECP2 (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1/1/2013	12/31/2382	1
PRA	81305	GENE ANALYSIS (MYELOID DIFFERENTIATION PRIMARY RESPONSE 88) FOR P.LEU265PRO VARIANT	1/1/2019	12/31/2382	1
PRA	81306	GENE ANALYSIS (NUDIX HYDROLASE 15) FOR COMMON VARIANTS	1/1/2019	12/31/2382	1
PRA	81310	NPM1 (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, EXON 12 VARIANTS	1/1/2013	12/31/2382	1
PRA	81311	GENE ANALYSIS FOR CANCER (NEUROBLASTOMA)	1/1/2016	12/31/2382	1
PRA	81312	GENE ANALYSIS (POLY[A] BINDING PROTEIN NUCLEAR 1) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
PRA	81313	PCA3KLK3 (PROSTATE CANCER ANTIGEN 3, NON-PROTEIN CODING,/KALIKREIN-RELATED PEPTIDASE 3 RATIO	1/1/2015	12/31/2382	1
PRA	81314	GENE ANALYSIS (PLATELET-DERIVED GROWTH FACTOR RECEPTO, ALPH POLYPEPTIDE) TARGETED SEQUENCE	1/1/2016	12/31/2382	1
PRA	81315	PML/RARALPHA, (EG, PROMYELOCYTIC LEUKEMIA) TRANSLOCATION ANALYSIS; COMMON BREAKPOINTS, QUALITATIVE OR QUANT	1/1/2013	12/31/2382	1
PRA	81316	PML/RARALPHA, (EG, PROMYELOCYTIC LEUKEMIA) TRANSLOCATION ANALYSIS; SINGLE BREAKPOINT, QUALITATIVE OR QUANTITAT	1/1/2013	12/31/2382	1
PRA	81317	PMS2, (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2013	12/31/2382	1
PRA	81318	PMS2, (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;KNOWN FAMILIAL VARIANTS	1/1/2013	12/31/2382	1
PRA	81319	PMS2, (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;DUPLICATION/DELETION VARI	1/1/2013	12/31/2382	1
PRA	81320	GENE ANALYSIS (PHOSPHOLIPASE C GAMMA 2) FOR COMMON VARIANTS	1/1/2019	12/31/2382	1
PRA	81321	GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), FULL SEQUENCE ANALYSIS	1/1/2013	12/31/2382	1
PRA	81322	GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), KNOWN FAMILIAL VARIANT	1/1/2013	12/31/2382	1
PRA	81323	GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), DUPLICATION VARIANT	1/1/2013	12/31/2382	1
PRA	81324	GENE ANALYSIS (PERIPREAL MYELIN PROTEIN 22), DUPLICATION/DELETION ANALYSIS	1/1/2013	12/31/2382	1

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PRA	81325	GENE ANALYSIS (PERIPREAL MYELIN PROTEIN 22), FULL SEQUENCE ANALYSIS	1/1/2013	12/31/2382	1
PRA	81326	GENE ANALYSIS (PERIPREAL MYELIN PROTEIN 22), KNOWN FAMILIAL VARIANT	1/1/2013	12/31/2382	1
PRA	81327	METHYLATION ANALYSIS (SEPTIN9)	1/1/2017	12/31/2382	1
PRA	81328	SLCO1B1 (SOLUTE CARRIER ORGANIC ANION TRANSPORTER FAMILY, MEMBER 1B1) (EG, ADVERSE DRUG REACTION), GENE ANALYSIS, COMMON VARIANT(S) (EG, *5)	1/1/2018	12/31/2382	1
PRA	81329	GENE ANALYSIS (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) FOR DOSAGE/DELETION	1/1/2019	12/31/2382	1
PRA	81330	SMPD1 (EG, NIEMANN-PICK DISEASE, TYPE A) GENE ANALYSIS, COMMON VARIANTS	1/1/2013	12/31/2382	1
PRA	81331	SNRPN/UBE3A (EG, PRADER WILLI SYNDROME AND/OR ANGELMAN SYNDROME), METHYLATION ANALYSIS	1/1/2013	12/31/2382	1
PRA	81332	SERPINA1 (EG, ALPHA-1-ANTITRYPSIN DEFICIENCY), GENE ANALYSIS, COMMON VARIANTS	1/1/2013	12/31/2382	1
PRA	81333	GENE ANALYSIS (TRANSFORMING GROWTH FACTOR BETA-INDUCED) FOR COMMON VARIANTS	1/1/2019	12/31/2382	1
PRA	81334	RUNX1 (RUNT RELATED TRANSCRIPTION FACTOR 1) (EG, ACUTE MYELOID LEUKEMIA, FAMILIAL PLATELET DISORDER WITH ASSOCIATED MYELOID MALIGNANCY), GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (EG, EXONS 3-8)	1/1/2018	12/31/2382	1
PRA	81335	TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3)	1/1/2018	12/31/2382	1
PRA	81336	GENE ANALYSIS (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) OF FULL SEQUENCE	1/1/2019	12/31/2382	1
PRA	81337	GENE ANALYSIS (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) FOR KNOWN FAMILIAL SEQUENCE VARIANTS	1/1/2019	12/31/2382	1
PRA	81340	TRB@ (EG, LEUKEMIA AND LYMPHONA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION (S); USING	1/1/2013	12/31/2382	1
PRA	81341	TRB@ (EG, LEUKEMIA AND LYMPHONA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION (S); USING	1/1/2013	12/31/2382	1
PRA	81342	TRG@ (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNORMAL CLONAL POPULATION	1/1/2013	12/31/2382	1
PRA	81343	GENE ANALYSIS (PROTEIN PHOSPHATASE 2 REGULATORY SUBUNIT BBETA) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
PRA	81344	GENE ANALYSIS (TATA BOX BINDING PROTEIN) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
PRA	81345	GENE ANALYSIS (TELOMERASE REVERSE TRANSCRIPTASE) TARGETED SEQUENCE ANALYSIS	1/1/2019	12/31/2382	1
PRA	81346	TYMS (THYMIDYLATE SYNTHETASE) (EG, 5-FLUOROURACIL/5-FU DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, TANDEM REPEAT VARIANT)	1/1/2018	12/31/2382	1
PRA	81350	UGT1A1 (EG, IRINOTECAN METABOLISM), GENE ANALYSIS, COMMON VARIANTS	1/1/2013	12/31/2382	1
PRA	81355	VKORC1 (WARFIN METABOLISM), GENE ANALYSIS, COMMON VARIANTS	1/1/2013	12/31/2382	1
PRA	81361	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); COMMON VARIANT(S) (EG, HBS, HBC, HBE)	1/1/2018	12/31/2382	1
PRA	81362	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); KNOWN FAMILIAL VARIANT(S)	1/1/2018	12/31/2382	1
PRA	81363	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); DUPLICATION/DELETION VARIANT(S)	1/1/2018	12/31/2382	1
PRA	81364	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); FULL GENE SEQUENCE	1/1/2018	12/31/2382	1

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PRA	81370	HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B,-C,-DRB1/3/4/5 AND -DQB1	10/1/2018	12/31/2382	1
PRA	81371	HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A,-B,AND -DRB1/3/4/5/ (EG, VERIFICATIO	10/1/2018	12/31/2382	1
PRA	81372	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS) ; COMPLETE	10/1/2018	12/31/2382	1
PRA	81373	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS) ; ONE LOCUS, EACH	1/1/2013	12/31/2382	2
PRA	81374	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS) ; ONE ANTIGEN EQUIVALENT, EACH	7/1/2015	12/31/2382	1
PRA	81375	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS)	1/1/2013	12/31/2382	2
PRA	81376	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS), ONE LOCUS, EACH	7/1/2015	12/31/2382	5
PRA	81377	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS), ONE ANTIGEN EQUIVALENT, EACH	7/1/2015	12/31/2382	2
PRA	81378	HLA CLASS I AND II TYPING, HIGH RESOLUTION (EG, ALLELES OR ALLELE GROUPS)	10/1/2018	12/31/2382	1
PRA	81379	HLA CLASS I AND II TYPING, HIGH RESOLUTION (EG, ALLELES OR ALLELE GROUPS); COMPLETE	10/1/2018	12/31/2382	1
PRA	81380	HLA CLASS I AND II TYPING, HIGH RESOLUTION (EG, ALLELES OR ALLELE GROUPS); ONE LOCUS, EACH	10/1/2018	12/31/2382	2
PRA	81381	HLA CLASS I AND II TYPING, HIGH RESOLUTION (EG, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP, EACH	7/1/2015	12/31/2382	3
PRA	81382	HLA CLASS II TYPING, HIGH RESOLUTION (EG, ALLELES OR ALLELE GROUPS); ONE LOCUS, EACH	7/1/2015	12/31/2382	6
PRA	81383	HLA CLASS II TYPING, HIGH RESOLUTION (EG, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP, EACH	7/1/2015	12/31/2382	2
PRA	81400	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 1	7/1/2014	12/31/2382	2
PRA	81401	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 2	7/1/2014	12/31/2382	2
PRA	81402	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 3	7/1/2014	12/31/2382	1
PRA	81403	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 4	4/1/2015	12/31/2382	4
PRA	81404	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5	4/1/2015	12/31/2382	5
PRA	81405	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 6	7/1/2014	12/31/2382	2
PRA	81406	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 7	7/1/2014	12/31/2382	2
PRA	81407	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 8	7/1/2014	12/31/2382	1
PRA	81408	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9	7/1/2014	12/31/2382	2
PRA	81410	AORTIC DYSFUNCTION OR DILATION; GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES	1/1/2015	12/31/2382	1
PRA	81411	AORTIC DYSFUNCTION OR DILATION; DUPLICATION/DELETION ANALYSIS PANEL MUST INCLUDE ANALYSES FOR	1/1/2015	12/31/2382	1
PRA	81412	TESTE FOR DETECTING GENES FOR DISORDERS RELATED TO ASHKENAZI JEWS	1/1/2016	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	81413	TEST FOR DETECTING GENES ASSOCIATED WITH HEART DISEASE	1/1/2017	12/31/2382	1
PRA	81414	TEST FOR DETECTING GENES ASSOCIATED WITH HEART DISEASE	1/1/2017	12/31/2382	1
PRA	81415	EXOME; SEQUENCE ANALYSIS	1/1/2015	12/31/2382	1
PRA	81416	EXOME; SEQUENCE ANALYSIS, EACH COMPARATOR EXOME	1/1/2015	12/31/2382	2
PRA	81417	EXOME; RE-EVALUATION OF PREVIOUSLY OBTAINED EXOME SEQUENCE	1/1/2015	12/31/2382	1
PRA	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQUENCE ANALYSIS PANEL, CIRULATING CELL-FREE FETAL DNA	1/1/2015	12/31/2382	1
PRA	81422	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE	1/1/2017	12/31/2382	1
PRA	81425	GENOME; SEQUENCE ANALYSIS	1/1/2015	12/31/2382	1
PRA	81426	GENOME; SEQUENCE ANALYSIS, EACH COMPARATOR GENOME	1/1/2015	12/31/2382	2
PRA	81427	GENOME; RE-EVALUATION OF PREVIOUSLY OBTAINED GENOME SEQUENCE	1/1/2015	12/31/2382	1
PRA	81430	HEARING LOSS; GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 60 GENES	1/1/2015	12/31/2382	1
PRA	81431	HEARING LOSS; DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE COPY NUMBER ANALYSES FOR STRC AND	1/1/2015	12/31/2382	1
PRA	81432	GENE ANALYSIS (BREAST AND RELATED CANCERS), GENOMIC SEQUENCE	1/1/2016	12/31/2382	1
PRA	81433	GENE ANALYSIS (BREAST AND RELATED CANCERS), DUPLICATION OR DELETION VARIANTS	1/1/2016	12/31/2382	1
PRA	81434	GENE ANALYSIS (RETINAL DISORDERS), GENOMIC SEQUENCE	1/1/2016	12/31/2382	1
PRA	81435	HEREDITARY COLON CANCER SYNDROMES; GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSIS OF AT LEAST	1/1/2015	12/31/2382	1
PRA	81436	HEREDITARY COLON CANCER SYNDROMES; DUPLICATION/DELETION GENE ANALYSIS PANEL, MUST INCLUDE	1/1/2015	12/31/2382	1
PRA	81437	GENE ANALYSIS (NEUROENDOCRINE TUMORS), GENOMIC SEQUENCE	1/1/2016	12/31/2382	1
PRA	81438	GENE ANALYSIS (NEUROENDOCRINE TUMORS), DUPLICATION AND DELETION VARIANTS	1/1/2016	12/31/2382	1
PRA	81439	TEST FOR DETECTING GENES ASSOCIATED WITH INHERITED DISEASE OF HEART MUSCLE	1/1/2017	12/31/2382	1
PRA	81440	NUCLEAR ENCODED MITOCHONDRIAL GENES, GENOMIC SEQUENCE PANEL, MUST INCLUDE ANALYSIS OF AT LEAST	1/1/2015	12/31/2382	1
PRA	81442	GENE ANALYSIS (NOONAN SYNDROME), GENOMIC SEQUENCE ANALYSIS	1/1/2016	12/31/2382	1
PRA	81443	GENOMIC SEQUENCE ANALYSIS PANEL FOR SEVERE INHERITED CONDITIONS WITH SEQUENCING OF 15 OR MORE GENES	1/1/2019	12/31/2382	1
PRA	81445	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA ANALYSIS, 5-50 GENES	4/1/2015	12/31/2382	1
PRA	81448	HEREDITARY PERIPHERAL NEUROPATHIES (EG, CHARCOT-MARIE-TOOTH, SPASTIC PARAPLEGIA), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 5 PERIPHERAL NEUROPATHY-RELATED GENES (EG, BSCL2, GJB1,	1/1/2018	12/31/2382	1
PRA	81450	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOLYMPHOID NEOPLASM OR DISORDER, DNA AND RNA	4/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	81455	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM, DNA AND RNA	4/1/2015	12/31/2382	1
PRA	81460	WHOLE MITOCHONDRIAL GENOME, GENOME SEQUENCE, MUST INCLUDE SEQUENCE ANALYSIS OF ENTIRE	1/1/2015	12/31/2382	1
PRA	81465	WHOLE MITOCHONDRIAL GENOME LARGE DELETION ANALYSIS PANEL, INCLUDING HETEROPLASMY DETECTION	1/1/2015	12/31/2382	1
PRA	81470	X-LINKED INTELLECTUAL DISABILITY; GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING	1/1/2015	12/31/2382	1
PRA	81471	X-LINKED INTELLECTUAL DISABILITY; DUPLICATION/DELETION GENE ANALYSIS, MUST INCLUDE ANALYSIS OF AT LEAST	1/1/2015	12/31/2382	1
PRA	81479	UNLISTEDE MOLECULAR PATHOLOGY PROCEDURE	4/1/2018	12/31/2382	1
PRA	81490	TEST FOR DETECTING GENES ASSOCIATED WITH RHEUMATOID ARTHRITIS USING IMMUNOASSAY TECHNIQUE	1/1/2016	12/31/2382	1
PRA	81493	TEST FOR DETECTING GENES ASSOCIATED WITH HEART VESSELS DISEASES	1/1/2016	12/31/2382	1
PRA	81500	ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF TWO PROTEINS (CA-125 AND HE4), UTILIZING SERUM, WITH MENOPAUSAL	1/1/2013	12/31/2382	1
PRA	81503	ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF FIVE PROTEINS (CA-125, APOLIPOPROTEIN A1, BETA-2 MICROGLOBULIN,	1/1/2013	12/31/2382	1
PRA	81504	ONCOLOGY, MICROARRAY GENE EXPRESSION PROFILLING OF >2000 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED	1/1/2014	12/31/2382	1
PRA	81506	ENDOCRINOLOGY (TYPE 2 DIABETES), BIOCHEMICAL ASSAYS OF SEVEN ANALYTES, UTILIZING SERUM OR PLASMA	1/1/2013	12/31/2382	1
PRA	81507	FETAL ANEUPLOIDY (TRISOMY 21, 18 AND 13) DNA SEQUENCE ANALYSIS OF SELTED REGIONS USING MATERNAL PLASMA	1/1/2014	12/31/2382	1
PRA	81508	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSASYS OF TWO PROTEINS, UTILIZING MATERNAL SERUM	1/1/2013	12/31/2382	1
PRA	81509	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSASYS OF THREE PROTEINS, UTILIZING MATERNAL SERUM	1/1/2013	12/31/2382	1
PRA	81510	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSASYS OF THREE ANALYTES, UTILIZING MATERNAL SERUM	1/1/2013	12/31/2382	1
PRA	81511	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSASYS OF FOUR ANALYTES, UTILIZING MATERNAL SERUM	1/1/2013	12/31/2382	1
PRA	81512	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSASYS OF FIVE ANALYTES, UTILIZING MATERNAL SERUM	1/1/2013	12/31/2382	1
PRA	81518	MRNA GENE ANALYSIS OF 11 GENES IN BREAST TUMOR TISSUE	1/1/2019	12/31/2382	1
PRA	81519	ONCOLOGY, MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 21 GENES, UTILIZING FORMALIN	1/1/2015	12/31/2382	1
PRA	81520	ONCOLOGY (BREAST), MRNA GENE EXPRESSION PROFILING BY HYBRID CAPTURE OF 58 GENES (50 CONTENT AND 8 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RECURRENCE RISK SCORE	1/1/2019	12/31/2382	1
PRA	81521	ONCOLOGY (BREAST), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 465 HOUSEKEEPING GENES, UTILIZING FRESH FROZEN OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS INDEX RELATED	1/1/2019	12/31/2382	1
PRA	81525	GENE ANALYSIS (COLON RELATED CANCER)	1/1/2016	12/31/2382	1
PRA	81528	GENE ANALYSIS (COLORECTAL CANCER)	1/1/2016	12/31/2382	1
PRA	81535	CULTURE OF LIVE TUMOR CELLS AND CHEMOTHERAPY DRUG RESPONSE BY STAINING	1/1/2016	12/31/2382	1
PRA	81536	CULTURE OF LIVE TUMOR CELLS AND CHEMOTHERAPY DRUG RESPONSE BY STAINING	7/1/2017	12/31/2382	11

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PRA	81538	TESTING OF LUNG TUMOR CELLS FOR PREDICTION OF SURVIVAL	1/1/2016	12/31/2382	1
PRA	81539	MEASUREMENT OF PROTEINS ASSOCIATED WITH PROSTATE CANCER	1/1/2017	12/31/2382	1
PRA	81540	GENE ANALYSIS (CANCER)	1/1/2016	12/31/2382	1
PRA	81541	ONCOLOGY (PROSTATE), MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 46 GENES (31 CONTENT AND 15 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A DISEASE-SPECIFIC MORTALITY RISK SCORE	1/1/2018	12/31/2382	1
PRA	81545	GENE ANALYSIS (THYROID CANCER)	1/1/2016	12/31/2382	1
PRA	81551	ONCOLOGY (PROSTATE), PROMOTER METHYLATION PROFILING BY REAL-TIME PCR OF 3 GENES (GSTP1, APC, RASSF1), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A LIKELIHOOD OF PROSTATE	1/1/2018	12/31/2382	1
PRA	81595	TEST FOR DETECTING GENES ASSOCIATED WITH HEART DISEASES	1/1/2016	12/31/2382	1
PRA	81596	BIOCHEMICAL ASSAYS FOR EVALUATION OF CHRONIC HEPATITIS C VIRUS INFECTION	1/1/2019	12/31/2382	1
PRA	81599	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS	4/1/2018	12/31/2382	1
PRA	82009	ACETONE OR OTHER KETONE BODIES, SERUM; QUALITATIVE	10/1/2010	12/31/2382	1
PRA	82010	ACETONE OR OTHER KETONE BODIES, SERUM; QUANTITATIVE	10/1/2015	12/31/2382	1
PRA	82013	ACETYLCHOLINESTERASE	10/1/2010	12/31/2382	1
PRA	82016	ACYLCARNITINES; QUALITATIVE, EACH SPECIMEN	10/1/2010	12/31/2382	1
PRA	82017	ACYLCARNITINES; QUANTITATIVE, EACH SPECIMEN	10/1/2010	12/31/2382	1
PRA	82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	10/1/2015	12/31/2382	4
PRA	82030	ADENOSINE; 5'-MONOPHOSPHATE, CYCLIC (CYCLIC AMP)	10/1/2010	12/31/2382	1
PRA	82040	ALBUMIN; SERUM	10/1/2010	12/31/2382	1
PRA	82042	ALBUMIN; URINE, QUANTITATIVE	10/1/2010	12/31/2382	2
PRA	82043	ALBUMIN; URINE, MICROALBUMIN, QUANTITATIVE	10/1/2010	12/31/2382	1
PRA	82044	ALBUMIN; URINE, MICROALBUMIN, SEMIQUANTITATIVE (EG, REAGENT STRIP ASSAY)	10/1/2010	12/31/2382	1
PRA	82045	ALBUMIN; ISCHEMIA MODIFIED	10/1/2010	12/31/2382	1
PRA	82075	ALCOHOL (ETHANOL); BREATH	10/1/2010	12/31/2382	2
PRA	82085	ALDOLASE	10/1/2010	12/31/2382	1
PRA	82088	ALDOSTERONE;	7/1/2014	12/31/2382	2
PRA	82103	ALPHA-1-ANTITRYPSIN; TOTAL	10/1/2010	12/31/2382	1
PRA	82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	82105	ALPHA-FETOPROTEIN; SERUM	10/1/2010	12/31/2382	1
PRA	82106	ALPHA-FETOPROTEIN; AMNIOTIC FLUID	10/1/2015	12/31/2382	2
PRA	82107	AFP-L3 FRACTION ISOFORM AND TOTAL AFP (INCLUDING RATIO)	10/1/2010	12/31/2382	1
PRA	82108	ALUMINUM	10/1/2010	12/31/2382	1
PRA	82120	AMINES,VAGINAL FLUID,QUALITATIVE	10/1/2010	12/31/2382	1
PRA	82127	AMINO ACIDS;SINGLE,QUALITIVE,EACH SPECIMEN	10/1/2015	12/31/2382	1
PRA	82128	AMINO ACIDS, QUALITATIVE	10/1/2010	12/31/2382	2
PRA	82131	AMINO ACIDS, FRACTIONATION AND QUANTITATION, EACH	10/1/2015	12/31/2382	2
PRA	82135	AMINOLEVULINIC ACID, DELTA (ALA)	10/1/2010	12/31/2382	1
PRA	82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUANMTITATIVE, EACH SPECIMEN	10/1/2015	12/31/2382	2
PRA	82139	AMINO ACIDS 6 OR MORE AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	10/1/2015	12/31/2382	2
PRA	82140	AMMONIA	10/1/2010	12/31/2382	2
PRA	82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)	10/1/2010	12/31/2382	2
PRA	82150	AMYLASE	10/1/2015	12/31/2382	2
PRA	82154	ANDROSTANEDIOL GLUCURONIDE	10/1/2010	12/31/2382	1
PRA	82157	ANDROSTENEDIONE	10/1/2010	12/31/2382	1
PRA	82160	ANDROSTERONE	10/1/2010	12/31/2382	1
PRA	82163	ANGIOTENSIN II	10/1/2010	12/31/2382	1
PRA	82164	ANGIOTENSIN I - CONVERTING ENZYME (ACE)	10/1/2010	12/31/2382	1
PRA	82172	APOLIPOPROTEIN, EACH	7/1/2019	12/31/2382	2
PRA	82175	ARSENIC	10/1/2010	12/31/2382	2
PRA	82180	ASCORBIC ACID (VITAMIN C), BLOOD	10/1/2010	12/31/2382	1
PRA	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	10/1/2015	12/31/2382	2
PRA	82232	BETA-2 MICROGLOBULIN	10/1/2010	12/31/2382	2
PRA	82239	BILE ACIDS; TOTAL	10/1/2010	12/31/2382	1
PRA	82240	BILE ACIDS; CHOLYLYGLYCINE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	82247	BILIRUBIN; TOTAL	10/1/2010	12/31/2382	2
PRA	82248	BILIRUBIN; DIRECT	10/1/2010	12/31/2382	2
PRA	82252	BILIRUBIN; FECES, QUALITATIVE	10/1/2010	12/31/2382	1
PRA	82261	BIOTINIDASE, EACH SPECIMEN	10/1/2010	12/31/2382	1
PRA	82270	BLOOD, OCCULT; FECES, 1-3 SIMULTANEOUS DETERMINATIONS	10/1/2010	12/31/2382	1
PRA	82271	BLOOD, OCCULT BY PEROXIDASE ACTIVITY, QUALITATIVE; OTHER SOURCES	10/1/2010	12/31/2382	1
PRA	82272	BLOOD, OCCULT BY PEROXIDASE ACTIVITY, QUALITATIVE, FECES, SINGLE SPECIMEN	10/1/2010	12/31/2382	1
PRA	82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIVE, FECES, 1-3 SIMULTANEOUS	10/1/2010	12/31/2382	1
PRA	82286	BRADYKININ	10/1/2010	12/31/2382	1
PRA	82300	CADMIIUM	10/1/2010	12/31/2382	1
PRA	82306	CALCIFEDIOL (25-OH VITAMIN D-3)	10/1/2010	12/31/2382	1
PRA	82308	CALCITONIN	10/1/2015	12/31/2382	1
PRA	82310	CALCIUM; TOTAL	10/1/2010	12/31/2382	2
PRA	82330	CALCIUM; IONIZED	10/1/2010	12/31/2382	2
PRA	82331	CALCIUM; AFTER CALCIUM INFUSION TEST	10/1/2010	12/31/2382	1
PRA	82340	CALCIUM; URINE QUANTITATIVE, TIMED SPECIMEN	10/1/2010	12/31/2382	1
PRA	82355	CALCULUS (STONE); QUALITATIVE ANALYSIS, CHEMICAL	10/1/2015	12/31/2382	2
PRA	82360	CALCULUS (STONE); QUANTITATIVE ANALYSIS, CHEMICAL	10/1/2015	12/31/2382	2
PRA	82365	CALCULUS (STONE); INFRARED SPECTROSCOPY	10/1/2015	12/31/2382	2
PRA	82370	CALCULUS (STONE); X-RAY DIFFRACTION	10/1/2015	12/31/2382	2
PRA	82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	10/1/2010	12/31/2382	1
PRA	82374	CARBON DIOXIDE (BICARBONATE)	4/1/2018	12/31/2382	1
PRA	82375	CARBON MONOXIDE, (CARBOXYHEMOGLOBIN); QUANTITATIVE	10/1/2010	12/31/2382	1
PRA	82376	CARBON MONOXIDE, (CARBOXYHEMOGLOBIN); QUALITATIVE	7/1/2012	12/31/2382	1
PRA	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	7/1/2014	12/31/2382	1
PRA	82379	CARNITINE (TOTAL AND FREE), QUANTITATIVE, EACH SPECIMEN	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	82380	CAROTENE	10/1/2010	12/31/2382	1
PRA	82382	CATECHOLAMINES; TOTAL URINE	10/1/2010	12/31/2382	1
PRA	82383	CATECHOLAMINES; BLOOD	10/1/2010	12/31/2382	1
PRA	82384	CATECHOLAMINES; FRACTIONATED	10/1/2010	12/31/2382	2
PRA	82387	CATHEPSIN-D	10/1/2010	12/31/2382	1
PRA	82390	CERULOPLASMIN	10/1/2010	12/31/2382	1
PRA	82397	CHEMILUMINESCENT ASSAY	10/1/2015	12/31/2382	3
PRA	82415	CHLORAMPHENICOL	10/1/2010	12/31/2382	1
PRA	82435	CHLORIDE; BLOOD	4/1/2018	12/31/2382	1
PRA	82436	CHLORIDE; URINE	10/1/2010	12/31/2382	1
PRA	82438	CHLORIDE; SPINAL FLUID	10/1/2010	12/31/2382	1
PRA	82441	CHLORINATED HYDROCARBONS, SCREEN	10/1/2010	12/31/2382	1
PRA	82465	CHOLESTEROL, SERUM; TOTAL	10/1/2010	12/31/2382	1
PRA	82480	CHOLINESTERASE; SERUM	10/1/2010	12/31/2382	2
PRA	82482	CHOLINESTERASE; RBC	10/1/2010	12/31/2382	1
PRA	82485	CHONDROITIN B SULFATE, QUANTITATIVE	10/1/2010	12/31/2382	1
PRA	82495	CHROMIUM	10/1/2010	12/31/2382	1
PRA	82507	CITRATE	10/1/2010	12/31/2382	1
PRA	82523	COLLAGEN CROSS LINKS, ANY METHOD	10/1/2010	12/31/2382	1
PRA	82525	COPPER	10/1/2010	12/31/2382	2
PRA	82528	CORTICOSTERONE	10/1/2010	12/31/2382	1
PRA	82530	CORTISOL; FREE	10/1/2010	12/31/2382	2
PRA	82533	CORTISOL; TOTAL	10/1/2015	12/31/2382	5
PRA	82540	CREATINE	10/1/2010	12/31/2382	1
PRA	82542	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY; QUANTITATIVE, SINGLE STATIONARY AND MOBILE	7/1/2014	12/31/2382	6
PRA	82550	CREATINE KINASE (CK), (CPK); TOTAL	10/1/2010	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	82552	CREATINE KINASE (CK), (CPK); ISOENZYMES	10/1/2010	12/31/2382	3
PRA	82553	CREATINE KINASE (CK), (CPK); MB FRACTION ONLY	10/1/2010	12/31/2382	3
PRA	82554	CREATINE KINASE (CK), (CPK); ISOFORMS	10/1/2010	12/31/2382	1
PRA	82565	CREATININE	10/1/2010	12/31/2382	2
PRA	82570	CREATININE URINE	10/1/2010	12/31/2382	3
PRA	82575	CREATININE CLEARANCE	10/1/2010	12/31/2382	1
PRA	82585	CRYOFIBRINOGEN	10/1/2010	12/31/2382	1
PRA	82595	CRYOGLOBULIN	10/1/2010	12/31/2382	1
PRA	82600	CYANIDE	10/1/2010	12/31/2382	1
PRA	82607	CYANOCOBALAMIN (VITAMIN B-12);	10/1/2010	12/31/2382	1
PRA	82608	CYANOCOBALAMIN (VITAMIN B-12); UNSATURATED BINDING CAPACITY	10/1/2010	12/31/2382	1
PRA	82610	CYSTATIN C	10/1/2010	12/31/2382	1
PRA	82615	CYSTINE AND HOMOCYSTINE, URINE; QUALITATIVE	10/1/2010	12/31/2382	1
PRA	82626	DEHYDROEPIANDROSTERONE (DHEA)	10/1/2010	12/31/2382	1
PRA	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	10/1/2010	12/31/2382	1
PRA	82633	DESOXYCORTICOSTERONE, 11-	10/1/2010	12/31/2382	1
PRA	82634	DEOXYCORTISOL, 11-	7/1/2014	12/31/2382	1
PRA	82638	DIBUCAINE NUMBER	10/1/2010	12/31/2382	1
PRA	82642	MEASUREMENT OF DIHYDROTESTOSTERONE	1/1/2019	12/31/2382	1
PRA	82652	DIHYDROXYVITAMIN D, 1,25-	10/1/2010	12/31/2382	1
PRA	82656	ELASTASE, PANCREATIC (EL-1), FECAL, QUALITATIVE OR SEMI-QUANTITATIVE	10/1/2010	12/31/2382	1
PRA	82657	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHERE SPECIFIED; NONRADIOACTIVE SUBSTRATE	7/1/2019	12/31/2382	2
PRA	82658	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE;RADIOACTIVE SUBSTRATE, EACH SPECIMEN	10/1/2010	12/31/2382	2
PRA	82664	ELECTROPHORETIC TECHNIQUE, NOT ELSEWHERE SPECIFIED	10/1/2015	12/31/2382	2
PRA	82668	ERYTHROPOIETIN	10/1/2010	12/31/2382	1
PRA	82670	ESTRADIOL	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	82671	ESTROGENS; FRACTIONATED	10/1/2010	12/31/2382	1
PRA	82672	ESTROGENS; TOTAL	10/1/2010	12/31/2382	1
PRA	82677	ESTRIOL	10/1/2010	12/31/2382	1
PRA	82679	ESTRONE	10/1/2010	12/31/2382	1
PRA	82693	ETHYLENE GLYCOL	10/1/2010	12/31/2382	2
PRA	82696	ETIOCHOLANOLONE	10/1/2010	12/31/2382	1
PRA	82705	FAT OR LIPIDS, FECES; QUALITATIVE	10/1/2010	12/31/2382	1
PRA	82710	FAT OR LIPIDS, FECES; QUANTITATIVE	10/1/2010	12/31/2382	1
PRA	82715	FAT DIFFERENTIAL, FECES, QUANTITATIVE	7/1/2014	12/31/2382	3
PRA	82725	FATTY ACIDS, NONESTERIFIED	10/1/2010	12/31/2382	1
PRA	82726	VERY LONG CHAIN FATTY ACIDS	10/1/2010	12/31/2382	1
PRA	82728	FERRITIN	10/1/2010	12/31/2382	1
PRA	82731	FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE	10/1/2010	12/31/2382	1
PRA	82735	FLUORIDE	10/1/2010	12/31/2382	1
PRA	82746	FOLIC ACID; SERUM	10/1/2010	12/31/2382	1
PRA	82747	FOLIC ACID; RBC	10/1/2010	12/31/2382	1
PRA	82757	FRUCTOSE, SEMEN	10/1/2010	12/31/2382	1
PRA	82759	GALACTOKINASE, RBC	10/1/2010	12/31/2382	1
PRA	82760	GALACTOSE	10/1/2010	12/31/2382	1
PRA	82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; QUANTITATIVE	10/1/2010	12/31/2382	1
PRA	82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; SCREEN	10/1/2010	12/31/2382	1
PRA	82777	GALECTIN-3	1/1/2013	12/31/2382	1
PRA	82784	GAMMAGLOBULIN; IGA, IGD, IGG, IGM, EACH	10/1/2010	12/31/2382	6
PRA	82785	GAMMAGLOBULIN; IGE	10/1/2010	12/31/2382	1
PRA	82787	GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES, (IGG1, 2, 3, AND 4)	10/1/2010	12/31/2382	4
PRA	82800	GASES, BLOOD; PH ONLY	7/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	82803	GASES, BLOOD; PH, PCO2, PO2 SIMULTANEOUS	4/1/2018	12/31/2382	2
PRA	82805	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO2 (INCLUDING CALCULATED O2 SATURATION); WITH O2 SATURU	7/1/2012	12/31/2382	2
PRA	82810	GASES, BLOOD, O2 SATURATION ONLY, BY DIRECT MEASUREMENT, EXCEPT PULSE OXIMETRY	10/1/2015	12/31/2382	2
PRA	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATION WITH OXYGEN)	10/1/2010	12/31/2382	1
PRA	82930	GASTRIC ACID ANALYSIS, INCLUDES PH IF PERFORMED, EACH SPECIMEN	7/1/2012	12/31/2382	1
PRA	82938	GASTRIN AFTER SECRETIN STIMULATION	10/1/2015	12/31/2382	1
PRA	82941	GASTRIN	10/1/2010	12/31/2382	1
PRA	82943	GLUCAGON	10/1/2010	12/31/2382	1
PRA	82945	GLOCOSE, BODY FLUID, OTHER THAN BLOOD	10/1/2015	12/31/2382	4
PRA	82946	GLUCAGON TOLERANCE TEST	10/1/2010	12/31/2382	1
PRA	82947	GLUCOSE; QUANTITATIVE	10/1/2015	12/31/2382	5
PRA	82948	GLUCOSE; BLOOD, REAGENT STRIP	4/1/2018	12/31/2382	2
PRA	82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	10/1/2010	12/31/2382	3
PRA	82951	GLUCOSE; TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE)	10/1/2010	12/31/2382	1
PRA	82952	GLUCOSE; TOLERANCE TEST, EACH ADDITIONAL BEYOND THREE SPECIMENS	10/1/2010	12/31/2382	3
PRA	82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); QUANTITATIVE	10/1/2010	12/31/2382	1
PRA	82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); SCREEN	10/1/2010	12/31/2382	1
PRA	82962	GLUCOSE, BLOOD, BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICALLY FOR HOME USE	4/1/2018	12/31/2382	2
PRA	82963	GLUCOSIDASE, BETA	10/1/2010	12/31/2382	1
PRA	82965	GLUTAMATE DEHYDROGENASE	10/1/2010	12/31/2382	1
PRA	82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	10/1/2010	12/31/2382	1
PRA	82978	GLUTATHIONE	10/1/2010	12/31/2382	1
PRA	82979	GLUTATHIONE REDUCTASE, RBC	10/1/2010	12/31/2382	1
PRA	82985	GLYCATED PROTEIN	10/1/2010	12/31/2382	1
PRA	83001	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)	10/1/2015	12/31/2382	1
PRA	83002	GONADOTROPIN; LUTEINIZING HORMONE (LH)	10/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOTROPIN)	7/1/2014	12/31/2382	5
PRA	83006	GROWTH STIMULATION EXPRESSED GENE 2	1/1/2015	12/31/2382	1
PRA	83009	HELICOBACTER PYLORI, BLOOD TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE	10/1/2010	12/31/2382	1
PRA	83010	HAPTOGLOBIN; QUANTITATIVE	10/1/2010	12/31/2382	1
PRA	83012	HAPTOGLOBIN; PHENOTYPES	10/1/2010	12/31/2382	1
PRA	83013	HELICOBACTER PYLORI, BREATH TEST ANALYSIS	10/1/2010	12/31/2382	1
PRA	83014	HELICOBACTER PYLORI, BREATH TEST ANALYSIS; DRUG ADMINISTRATION AND SAMPLE COLLECTION	10/1/2010	12/31/2382	1
PRA	83015	HEAVY METAL (ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY); SCREEN	10/1/2010	12/31/2382	1
PRA	83018	HEAVY METAL (ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY); QUANTITATIVE, EACH	10/1/2015	12/31/2382	4
PRA	83020	HEMOGLOBIN; ELECTROPHORESIS (EG, A2, S, C)	10/1/2010	12/31/2382	2
PRA	83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMATOGRAPHY (EG, A2, S, C, AND/OR F)	10/1/2010	12/31/2382	2
PRA	83026	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED	10/1/2010	12/31/2382	1
PRA	83030	HEMOGLOBIN; F(FETAL), CHEMICAL	10/1/2010	12/31/2382	1
PRA	83033	HEMOGLOBIN; F(FETAL), QUALITATIVE (APT) TEST, FECAL	10/1/2010	12/31/2382	1
PRA	83036	HEMOGLOBIN; GLYCATED	10/1/2010	12/31/2382	1
PRA	83037	HEMOGLOBIN; GLYCOSYLATED (A1C) BY DEVICE CLEARED BY FDA FOR HOME USE	10/1/2010	12/31/2382	1
PRA	83045	HEMOGLOBIN; METHEMOGLOBIN, QUALITATIVE	10/1/2010	12/31/2382	1
PRA	83050	HEMOGLOBIN; METHEMOGLOBIN, QUANTITATIVE	10/1/2010	12/31/2382	1
PRA	83051	HEMOGLOBIN; PLASMA	10/1/2010	12/31/2382	1
PRA	83060	HEMOGLOBIN; SULFHEMOGLOBIN, QUANTITATIVE	10/1/2010	12/31/2382	1
PRA	83065	HEMOGLOBIN; THERMOLABILE	10/1/2010	12/31/2382	1
PRA	83068	HEMOGLOBIN; UNSTABLE, SCREEN	10/1/2010	12/31/2382	1
PRA	83069	HEMOGLOBIN; URINE	10/1/2010	12/31/2382	1
PRA	83070	HEMOSIDERIN; QUALITATIVE	10/1/2010	12/31/2382	1
PRA	83080	ASSAY OF HEXOSAMINIDASE	10/1/2010	12/31/2382	2
PRA	83088	HISTAMINE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	83090	HOMOCYSTINE	10/1/2010	12/31/2382	2
PRA	83150	HOMOVANILIC ACID (HVA)	10/1/2010	12/31/2382	1
PRA	83491	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS)	10/1/2010	12/31/2382	1
PRA	83497	HYDROXYINDOLACETIC ACID, 5-(HIAA)	10/1/2010	12/31/2382	1
PRA	83498	HYDROXYPROGESTERONE, 17-D	10/1/2010	12/31/2382	2
PRA	83500	HYDROXYPROLINE; FREE	10/1/2010	12/31/2382	1
PRA	83505	HYDROXYPROLINE; TOTAL	10/1/2010	12/31/2382	1
PRA	83516	IMMUNOASSAY FOR ANALYTE OTHER THAN ANTIBODY OR INFECTIOUS AGENT ANTIGEN, QUALITATIVE OR SEMIQUANTITATIVE;	10/1/2015	12/31/2382	4
PRA	83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE	10/1/2015	12/31/2382	1
PRA	83519	IMMUNOASSAY, ANALYTE; BY RADIONUCLIDE TECHNIQUE (EG, RIA)	10/1/2015	12/31/2382	5
PRA	83520	IMMUNOASSAY, ANALYTE; NOT OTHERWISE SPECIFIED	10/1/2015	12/31/2382	8
PRA	83525	INSULIN	7/1/2014	12/31/2382	4
PRA	83527	INSULIN; FREE	10/1/2010	12/31/2382	1
PRA	83528	INTRINSIC FACTOR	10/1/2010	12/31/2382	1
PRA	83540	IRON	10/1/2010	12/31/2382	2
PRA	83550	IRON BINDING CAPACITY	10/1/2010	12/31/2382	1
PRA	83570	ISOCITRIC DEHYDROGENASE (IDH)	10/1/2010	12/31/2382	1
PRA	83582	KETOGENIC STEROIDS; FRACTIONATION	10/1/2010	12/31/2382	1
PRA	83586	KETOSTEROIDS, 17- (17-KS); TOTAL	10/1/2010	12/31/2382	1
PRA	83593	KETOSTEROIDS, 17- (17-KS); FRACTIONATION	10/1/2010	12/31/2382	1
PRA	83605	LACTATE (LACTIC ACID)	4/1/2018	12/31/2382	1
PRA	83615	LACTATE DEHYDROGENASE (LD), (LDH)	10/1/2010	12/31/2382	2
PRA	83625	LACTATE DEHYDROGENASE (LD), (LDH) ISOENZYMES, SEPARATION AND QUANTITATION	10/1/2010	12/31/2382	1
PRA	83630	LACTOFERRIN, FECAL, QUALITATIVE	10/1/2010	12/31/2382	1
PRA	83631	LACTOFERRIN, FECAL; QUANTITATIVE	10/1/2010	12/31/2382	1
PRA	83632	LACTOGEN, HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMAMMOTROPIN	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	83633	LACTOSE, URINE; QUALITATIVE	10/1/2010	12/31/2382	1
PRA	83655	LEAD	10/1/2010	12/31/2382	2
PRA	83661	LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO); QUANTITATIVE	10/1/2015	12/31/2382	3
PRA	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO); FOAM STABILITY TEST	10/1/2010	12/31/2382	4
PRA	83663	FETAL LUNG MATURITY ASSESSMENT; FLUORESCENCE POLARIZATION	10/1/2015	12/31/2382	3
PRA	83664	FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY	10/1/2015	12/31/2382	3
PRA	83670	LEUCINE AMINOPEPTIDASE (LAP)	10/1/2010	12/31/2382	1
PRA	83690	LIPASE	10/1/2010	12/31/2382	2
PRA	83695	LIPOPROTEIN (A)	10/1/2010	12/31/2382	1
PRA	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2, (LP-PLA2)	10/1/2010	12/31/2382	1
PRA	83700	LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPERATION AND QUANTITATION	10/1/2010	12/31/2382	1
PRA	83701	LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEINS INCLUDING LIPOPROTEINS	10/1/2010	12/31/2382	1
PRA	83704	LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS AND LIPOPROTEIN PARTICLE SUBCLASSES	10/1/2010	12/31/2382	1
PRA	83718	LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL)	10/1/2010	12/31/2382	1
PRA	83719	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT VLDL CHOLESTEROL	10/1/2010	12/31/2382	1
PRA	83721	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT LDL CHOLESTEROL	10/1/2010	12/31/2382	1
PRA	83722	MEASUREMENT OF SMALL DENSE LOW DENSITY LIPOPROTEIN CHOLESTEROL	1/1/2019	12/31/2382	1
PRA	83727	LUTEINIZING RELEASING FACTOR (LRH)	10/1/2010	12/31/2382	1
PRA	83735	MAGNESIUM	10/1/2010	12/31/2382	4
PRA	83775	MALATE DEHYDROGENASE	10/1/2010	12/31/2382	1
PRA	83785	MANGANESE	10/1/2010	12/31/2382	1
PRA	83789	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY,ANALYTE;QUANTITATIVE, EACH SPECIMEN	10/1/2010	12/31/2382	2
PRA	83825	MERCURY, QUANTITATIVE	10/1/2010	12/31/2382	2
PRA	83835	METANEPHRINES	10/1/2010	12/31/2382	2
PRA	83857	METHEMALBUMIN	10/1/2010	12/31/2382	1
PRA	83861	MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANALYSIS DEVICE, TEAR OSMOLARITY	4/1/2011	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	83864	MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE	10/1/2010	12/31/2382	1
PRA	83872	MUCIN, SYNOVIAL FLUID (ROPES TEST)	10/1/2010	12/31/2382	2
PRA	83873	MYELIN BASIC PROTEIN, CSF	10/1/2010	12/31/2382	1
PRA	83874	MYOGLOBIN	10/1/2010	12/31/2382	2
PRA	83876	MYELOPEROXIDASE (MPO)	7/1/2014	12/31/2382	1
PRA	83880	NATRIURETIC PEPTIDE	10/1/2010	12/31/2382	1
PRA	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEWHERE SPECIFIED	7/1/2019	12/31/2382	4
PRA	83885	NICKEL	10/1/2010	12/31/2382	2
PRA	83915	NUCLEOTIDASE 5'-	10/1/2010	12/31/2382	1
PRA	83916	OLIGOCLONAL IMMUNOGLOBULIN (OLIGOCLONAL BANDS)	10/1/2010	12/31/2382	2
PRA	83918	OLIGOCLONAL IMMUNOGLOBULIN (OLIGOCLONAL BANDS) QUANTITATIVE	10/1/2010	12/31/2382	2
PRA	83919	ORGANIC ACIDS;QUALITATIVE,EACH SPECIMEN	10/1/2010	12/31/2382	1
PRA	83921	ORGANIC ACID, SINGLE, QUANTITATIVE	10/1/2010	12/31/2382	2
PRA	83930	OSMOLALITY; BLOOD	10/1/2010	12/31/2382	2
PRA	83935	OSMOLALITY; URINE	10/1/2010	12/31/2382	2
PRA	83937	OSTEOCALCIN (BONE G1A PROTIEIN)	10/1/2010	12/31/2382	1
PRA	83945	OXALATE	10/1/2010	12/31/2382	2
PRA	83950	ONCOPROTEIN, HER-2/NEU	10/1/2010	12/31/2382	1
PRA	83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMBIN (DCP)	10/1/2010	12/31/2382	1
PRA	83970	PARATHORMONE (PARATHYROID HORMONE)	10/1/2010	12/31/2382	2
PRA	83986	PH, BODY FLUID, EXCEPT BLOOD	10/1/2010	12/31/2382	2
PRA	83987	PH; EXHALED BREATH CONDENSATE	7/1/2014	12/31/2382	1
PRA	83992	PHENCYCLIDINE (PCP)	10/1/2010	12/31/2382	2
PRA	83993	CALPROTECTIN, FECAL	10/1/2010	12/31/2382	1
PRA	84030	PHENYLALANINE (PKU), BLOOD	10/1/2010	12/31/2382	1
PRA	84035	PHENYLKETONES, QUALITATIVE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	84060	PHOSPHATASE, ACID; TOTAL	10/1/2010	12/31/2382	1
PRA	84066	PHOSPHATASE, ACID; PROSTATIC	10/1/2010	12/31/2382	1
PRA	84075	PHOSPHATASE, ALKALINE;	10/1/2010	12/31/2382	2
PRA	84078	PHOSPHATASE, ALKALINE; HEAT STABLE (TOTAL NOT INCLUDED)	10/1/2010	12/31/2382	1
PRA	84080	PHOSPHATASE, ALKALINE; ISOENZYMES	10/1/2010	12/31/2382	1
PRA	84081	PHOSPHATIDYLGLYCEROL	10/1/2010	12/31/2382	1
PRA	84085	PHOSPHOGLUCONATE, 6-, DEHYDROGENASE, RBC	10/1/2010	12/31/2382	1
PRA	84087	PHOSPHOHEXOSE ISOMERASE	10/1/2010	12/31/2382	1
PRA	84100	PHOSPHORUS INORGANIC (PHOSPHATE)	10/1/2015	12/31/2382	2
PRA	84105	PHOSPHORUS INORGANIC (PHOSPHATE) URINE	10/1/2010	12/31/2382	1
PRA	84106	PORPHOBILINOGEN, URINE; QUALITATIVE	10/1/2010	12/31/2382	1
PRA	84110	PORPHOBILINOGEN, URINE; QUANTITATIVE	10/1/2010	12/31/2382	1
PRA	84112	PLACENTAL ALPHA MICROGLOBULIN-1 (PAMG-1), CERVICOVAGINAL SECRETION, QUALITATIVE	4/1/2011	12/31/2382	1
PRA	84119	PORPHYRINS, URINE; QUALITATIVE	10/1/2010	12/31/2382	1
PRA	84120	PORPHYRINS, URINE; QUANTITATION AND FRACTIONATION	10/1/2010	12/31/2382	1
PRA	84126	PORPHYRINS, FECES; QUANTITATIVE	10/1/2010	12/31/2382	1
PRA	84132	POTASSIUM; SERUM	10/1/2015	12/31/2382	2
PRA	84133	POTASSIUM; URINE	10/1/2010	12/31/2382	2
PRA	84134	PREALBUMIN	10/1/2010	12/31/2382	1
PRA	84135	PREGNANEDIOL	10/1/2010	12/31/2382	1
PRA	84138	PREGNANETRIOL	10/1/2010	12/31/2382	1
PRA	84140	PREGNENOLONE	10/1/2010	12/31/2382	1
PRA	84143	17-HYDROXY PREGNENOLONE	10/1/2010	12/31/2382	2
PRA	84144	PROGESTERONE	10/1/2010	12/31/2382	1
PRA	84145	PROCALCITONIN (PCT)	7/1/2014	12/31/2382	1
PRA	84146	PROLACTIN	10/1/2010	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	84150	PROSTAGLANDIN, EACH	10/1/2010	12/31/2382	2
PRA	84152	PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEASUREMENT)	10/1/2010	12/31/2382	1
PRA	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	10/1/2010	12/31/2382	1
PRA	84154	PROSTATE SPECIFIC ANTIGEN (PSA); FREE	10/1/2010	12/31/2382	1
PRA	84155	PROTEIN; TOTAL, EXCEPT REFRACTOMETRY	10/1/2010	12/31/2382	1
PRA	84156	PROTEIN; TOTAL, EXCEPT REFRACTOMETRY; URINE	10/1/2010	12/31/2382	1
PRA	84157	PROTEIN; TOTAL, EXCEPT REFRACTOMETRY; OTHER SOURCE	10/1/2015	12/31/2382	2
PRA	84160	PROTEIN; REFRACTOMETRIC	10/1/2010	12/31/2382	2
PRA	84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (PAPP-A)	10/1/2010	12/31/2382	1
PRA	84165	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION	10/1/2010	12/31/2382	1
PRA	84166	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, OTHER FLUIDS WITH CONCENTRATION	10/1/2010	12/31/2382	2
PRA	84181	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID	10/1/2015	12/31/2382	3
PRA	84182	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID, IMMUNOLOGICAL PROBE FOR BAND	10/1/2015	12/31/2382	6
PRA	84202	PROTOPORPHYRIN, RBC; QUANTITATIVE	10/1/2010	12/31/2382	1
PRA	84203	PROTOPORPHYRIN, RBC; SCREEN	10/1/2010	12/31/2382	1
PRA	84206	PROINSULIN	10/1/2010	12/31/2382	1
PRA	84207	PYRIDOXAL PHOSPHATE (VITAMIN B-6)	10/1/2010	12/31/2382	1
PRA	84210	PYRUVATE	7/1/2014	12/31/2382	1
PRA	84220	PYRUVATE KINASE	10/1/2010	12/31/2382	1
PRA	84228	QUININE	10/1/2010	12/31/2382	1
PRA	84233	RECEPTOR ASSAY; ESTROGEN	10/1/2015	12/31/2382	1
PRA	84234	RECEPTOR ASSAY; PROGESTERONE	10/1/2015	12/31/2382	1
PRA	84235	RECEPTOR ASSAY; ENDOCRINE, OTHER THAN ESTROGEN OR PROGESTERONE (SPECIFY HORMONE)	10/1/2010	12/31/2382	1
PRA	84238	RECEPTOR ASSAY; NON-ENDOCRINE (EG, ACETYLCHOLINE) (SPECIFY RECEPTOR)	10/1/2010	12/31/2382	3
PRA	84244	RENIN	10/1/2015	12/31/2382	2
PRA	84252	RIBOFLAVIN (VITAMIN B-2)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	84255	SELENIUM	10/1/2010	12/31/2382	2
PRA	84260	SEROTONIN	10/1/2010	12/31/2382	1
PRA	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	10/1/2010	12/31/2382	1
PRA	84275	SIALIC ACID	10/1/2010	12/31/2382	1
PRA	84285	SILICA	10/1/2010	12/31/2382	1
PRA	84295	SODIUM; SERUM	4/1/2018	12/31/2382	1
PRA	84300	SODIUM; URINE	10/1/2010	12/31/2382	2
PRA	84302	SODIUM; OTHER SOURCE	10/1/2010	12/31/2382	1
PRA	84305	SOMATOMEDIN	10/1/2010	12/31/2382	1
PRA	84307	SOMATOSTATIN	10/1/2010	12/31/2382	1
PRA	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED	10/1/2010	12/31/2382	2
PRA	84315	SPECIFIC GRAVITY (EXCEPT URINE)	10/1/2015	12/31/2382	1
PRA	84375	SUGARS, CHROMATOGRAPHIC, TLC OR PAPER CHROMATOGRAPHY	10/1/2010	12/31/2382	1
PRA	84376	SUGARS, AND OLIGOSACCHARIDES' SINGLE QUALITATIVE, EACH SPECIMEN	10/1/2010	12/31/2382	1
PRA	84377	SUGARS; MULTIPLE QUALITATIVE, EACH SPECIMEN	10/1/2010	12/31/2382	1
PRA	84378	SUGARS; SINGLE QUANTITATIVE, EACH SPECIMEN	10/1/2010	12/31/2382	2
PRA	84379	SUGARS; MULTIPLE QUANTITATIVE, EACH SPECIMEN	10/1/2010	12/31/2382	1
PRA	84392	SULFATE, URINE	10/1/2010	12/31/2382	1
PRA	84402	TESTOSTERONE; FREE	10/1/2010	12/31/2382	1
PRA	84403	TESTOSTERONE; TOTAL	10/1/2010	12/31/2382	2
PRA	84410	TESTOSTERONE; BIOAVAILABLE, DIRECT MEASUREMENT (EG, DIFFERENTIAL PRECIPITATION)	1/1/2017	12/31/2382	1
PRA	84425	THIAMINE (VITAMIN B-1)	10/1/2010	12/31/2382	1
PRA	84430	THIOCYANATE	10/1/2010	12/31/2382	1
PRA	84431	THROMBOXANE METABOLITE(S), INCLUDING THROMBOXANE IF PERFORMED, URINE	4/1/2012	12/31/2382	1
PRA	84432	THYROGLOBULIN	10/1/2010	12/31/2382	1
PRA	84436	THYROXINE; TOTAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	84437	THYROXINE; REQUIRING ELUTION (EG, NEONATAL)	10/1/2010	12/31/2382	1
PRA	84439	THYROXINE; FREE	10/1/2010	12/31/2382	1
PRA	84442	THYROXINE BINDING GLOBULIN (TBG)	10/1/2010	12/31/2382	1
PRA	84443	THYROID STIMULATING HORMONE (TSH)	7/1/2014	12/31/2382	4
PRA	84445	THYROID STIMULATING IMMUNOGLOBULINS (TSI)	10/1/2010	12/31/2382	1
PRA	84446	TOCOPHEROL ALPHA (VITAMIN E)	10/1/2010	12/31/2382	1
PRA	84449	TRANCORTIN (CORTISOL BINDING GLOBULIN)	10/1/2010	12/31/2382	1
PRA	84450	TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	10/1/2010	12/31/2382	1
PRA	84460	TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	10/1/2010	12/31/2382	1
PRA	84466	TRANSFERRIN	10/1/2010	12/31/2382	1
PRA	84478	TRIGLYCERIDES	10/1/2010	12/31/2382	1
PRA	84479	THYROID HORMONE (T3 OR T4) UPTAKE OR THYROID HORMONE BINDING RATIO (THBR)	10/1/2010	12/31/2382	1
PRA	84480	TRIDOTHYRONINE (T-3); TOTAL (TT-3)	10/1/2010	12/31/2382	1
PRA	84481	TRIDOTHYRONINE (T-3); FREE	10/1/2010	12/31/2382	1
PRA	84482	TRIDOTHYRONINE (T-3); REVERSE	10/1/2010	12/31/2382	1
PRA	84484	TROPONIN, QUANTITATIVE	10/1/2010	12/31/2382	2
PRA	84485	TRYPSIN; DUODENAL FLUID	10/1/2010	12/31/2382	1
PRA	84488	TRYPSIN; FECES, QUALITATIVE	10/1/2010	12/31/2382	1
PRA	84490	TRYPSIN; FECES, QUANTITATIVE, 24-HOUR COLLECTION	10/1/2010	12/31/2382	1
PRA	84510	TYROSINE	10/1/2010	12/31/2382	1
PRA	84512	TROPONIN, QUALITATIVE	10/1/2010	12/31/2382	1
PRA	84520	UREA NITROGEN; QUANTITATIVE	4/1/2018	12/31/2382	1
PRA	84525	UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)	10/1/2010	12/31/2382	1
PRA	84540	UREA NITROGEN, URINE	10/1/2010	12/31/2382	2
PRA	84545	UREA NITROGEN, CLEARANCE	10/1/2010	12/31/2382	1
PRA	84550	URIC ACID; BLOOD, CHEMICAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	84560	URIC ACID, URINE	10/1/2010	12/31/2382	2
PRA	84577	UROBILINOGEN, FECES, QUANTITATIVE	10/1/2010	12/31/2382	1
PRA	84578	UROBILINOGEN, URINE; QUALITATIVE	10/1/2010	12/31/2382	1
PRA	84580	UROBILINOGEN, URINE; QUANTITATIVE, TIMED SPECIMEN	10/1/2010	12/31/2382	1
PRA	84583	UROBILINOGEN, URINE; SEMIQUANTITATIVE	10/1/2010	12/31/2382	1
PRA	84585	VANILLYLMANDELIC ACID (VMA), URINE	10/1/2010	12/31/2382	1
PRA	84586	BASOACTIVE INTESTINAL PEPTIDE (VIP)	10/1/2010	12/31/2382	1
PRA	84588	VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	7/1/2014	12/31/2382	1
PRA	84590	VITAMIN A	10/1/2010	12/31/2382	1
PRA	84591	VITAMIN, NOT OTHERWISE SPECIFIED	10/1/2010	12/31/2382	1
PRA	84597	VITAMIN K	10/1/2010	12/31/2382	1
PRA	84600	VOLATILES (EG, ACETIC ANHYDRIDE, CARBON TETRACHLORIDE, DICHLOROETHANE, DICHLOROMETHANE, DIETHYLEETHER, ISOPROPY	10/1/2010	12/31/2382	2
PRA	84620	XYLOSE ABSORPTION TEST, BLOOD AND/OR URINE	10/1/2010	12/31/2382	1
PRA	84630	ZINC	10/1/2010	12/31/2382	2
PRA	84681	C-PEPTIDE	7/1/2014	12/31/2382	1
PRA	84702	GONADOTROPIN, CHORIONIC (HCG);	10/1/2010	12/31/2382	2
PRA	84703	GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE	10/1/2010	12/31/2382	1
PRA	84704	GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	10/1/2010	12/31/2382	1
PRA	84830	OVULATION TESTS, BY VISUAL COLOR COMPARISON METHODS FOR HUMAN LUTEINIZING HORMONE	10/1/2010	12/31/2382	1
PRA	84999	UNLISTED CHEMISTRY PROCEDURE	4/1/2018	12/31/2382	1
PRA	85002	BLEEDING TIME	10/1/2010	12/31/2382	1
PRA	85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	10/1/2015	12/31/2382	1
PRA	85007	BLOOD COUNT; MANUAL DIFFERENTIAL WBC COUNT (INCLUDES RBC MORPHOLOGY AND PLATELET ESTIMATION)	10/1/2010	12/31/2382	1
PRA	85008	BLOOD COUNT; MANUAL BLOOD SMEAR EXAMINATION WITHOUT DIFFERENTIAL PARAMETERS	10/1/2010	12/31/2382	1
PRA	85009	BLOOD COUNT; DIFFERENTIAL WBC COUNT, BUFFY COAT	10/1/2010	12/31/2382	1
PRA	85013	BLOOD COUNT; SPUN MICROHEMATOCRIT	10/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	85014	BLOOD COUNT; OTHER THAN SPUN HEMATOCRIT	10/1/2010	12/31/2382	2
PRA	85018	BLOOD COUNT; HEMOGLOBIN	10/1/2010	12/31/2382	2
PRA	85025	BLOOD COUNT; HEMOGRAM AND PLATELET COUNT, AUTOMATED, AND AUTOMATED COMPLETE DIFFERENTIAL WBC COUNT (CBC)	10/1/2015	12/31/2382	2
PRA	85027	BLOOD COUNT; HEMOGRAM AND PLATELET COUNT, AUTOMATED	10/1/2015	12/31/2382	2
PRA	85032	BLOOD COUNT; MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE, OR PLATELET) EACH	10/1/2015	12/31/2382	1
PRA	85041	BLOOD COUNT; RED BLOOD CELL (RBC) ONLY	10/1/2015	12/31/2382	1
PRA	85044	BLOOD COUNT; RETICULOCYTE COUNT, MANUAL	10/1/2010	12/31/2382	1
PRA	85045	BLOOD COUNT; RETICULOCYTE COUNT, FLOW CYTOMETRY	10/1/2010	12/31/2382	1
PRA	85046	BLOOD COUNT; RETICULOCYTES, HEMOGLOBIN CONCENTRATION	10/1/2010	12/31/2382	1
PRA	85048	BLOOD COUNT; WHITE BLOOD CELL (WBC)	10/1/2010	12/31/2382	2
PRA	85049	BLOOD COUNT; PLATELET, AUTOMATED	10/1/2010	12/31/2382	2
PRA	85055	RETICULATED PLATELET ASSAY	10/1/2010	12/31/2382	1
PRA	85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	10/1/2010	12/31/2382	1
PRA	85097	BONE MARROW; SMEAR INTERPRETATION ONLY, WITH OR WITHOUT DIFFERENTIAL CELL COUNT	10/1/2010	12/31/2382	2
PRA	85130	CHROMOGENIC SUBSTRATE ASSAY	7/1/2014	12/31/2382	1
PRA	85170	CLOT RETRACTION	10/1/2010	12/31/2382	1
PRA	85175	CLOT LYSIS TIME, WHOLE BLOOD DILUTION	10/1/2010	12/31/2382	1
PRA	85210	CLOTTING; FACTOR II, PROTHROMBIN, SPECIFIC	10/1/2010	12/31/2382	2
PRA	85220	CLOTTING; FACTOR V (ACG OR PROACCELERIN), LABILE FACTOR	10/1/2010	12/31/2382	2
PRA	85230	CLOTTING; FACTOR VII (PROCONVERTIN, STABLE FACTOR)	10/1/2010	12/31/2382	2
PRA	85240	CLOTTING; FACTOR VIII (AHG), ONE STAGE	10/1/2010	12/31/2382	2
PRA	85244	CLOTTING; FACTOR VIII RELATED ANTIGEN	7/1/2014	12/31/2382	1
PRA	85245	CLOTTING; FACTOR VIII, VW FACTOR, RISTOCETIN COFACTOR	10/1/2010	12/31/2382	2
PRA	85246	CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN	10/1/2010	12/31/2382	2
PRA	85247	CLOTTING; FACTOR VIII, VON WILLEBRAND'S FACTOR, MULTIMETRIC ANALYSIS	10/1/2010	12/31/2382	2
PRA	85250	CLOTTING; FACTOR IX (PTC OR CHRISTMAS)	10/1/2010	12/31/2382	2

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PRA	85260	CLOTTING; FACTOR X (STUART-PROWER)	10/1/2010	12/31/2382	2
PRA	85270	CLOTTING; FACTOR XI (PTA)	10/1/2010	12/31/2382	2
PRA	85280	CLOTTING; FACTOR XII (HAGEMAN)	10/1/2010	12/31/2382	2
PRA	85290	CLOTTING; FACTOR XIII (FIBRIN STABILIZING)	10/1/2010	12/31/2382	2
PRA	85291	CLOTTING; FACTOR XIII (FIBRIN STABILIZING), SCREEN SOLUBILITY	7/1/2014	12/31/2382	1
PRA	85292	CLOTTING; PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY)	7/1/2014	12/31/2382	1
PRA	85293	CLOTTING; HIGH MOLECULAR WEIGHT KININOGEN ASSAY (FITZGERALD FACTOR ASSAY)	7/1/2014	12/31/2382	1
PRA	85300	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ACTIVITY	10/1/2010	12/31/2382	2
PRA	85301	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ANTIGEN ASSAY	7/1/2014	12/31/2382	1
PRA	85302	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ANTIGEN	7/1/2014	12/31/2382	1
PRA	85303	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY	10/1/2010	12/31/2382	2
PRA	85305	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL	10/1/2010	12/31/2382	2
PRA	85306	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE	10/1/2010	12/31/2382	2
PRA	85307	ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY	10/1/2010	12/31/2382	2
PRA	85335	FACTOR INHIBITOR TEST	10/1/2010	12/31/2382	2
PRA	85337	THROMBOMODULIN	10/1/2010	12/31/2382	1
PRA	85345	COAGULATION TIME; LEE AND WHITE	7/1/2014	12/31/2382	1
PRA	85347	COAGULATION TIME; ACTIVATED	7/1/2019	12/31/2382	3
PRA	85348	COAGULATION TIME; OTHER METHODS	10/1/2010	12/31/2382	1
PRA	85360	EUGLOBULIN LYSIS	10/1/2010	12/31/2382	1
PRA	85362	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); AGGLUTINATION SLIDE, SEMIQUANTITATIVE	10/1/2010	12/31/2382	2
PRA	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); PARACOAGULATION	7/1/2014	12/31/2382	1
PRA	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); QUANTITATIVE	7/1/2014	12/31/2382	1
PRA	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER; SEMIQUANTITATIVE	7/1/2014	12/31/2382	1
PRA	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUANTITATIVE	10/1/2010	12/31/2382	2
PRA	85380	FIBRIN DEGRADATION PRODUCTS, D-DIMER; ULTRASENSITIVE, QUALITATIVE OR SEMIQUANTITATIVE	7/1/2014	12/31/2382	1

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PRA	85384	FIBRINOGEN; ACTIVITY	10/1/2010	12/31/2382	2
PRA	85385	FIBRINOGEN; ANTIGEN	10/1/2010	12/31/2382	1
PRA	85390	FIBRINOLYSINS OR COAGULOPATHY SCREEN, INTERPRETATION AND REPORT	10/1/2010	12/31/2382	3
PRA	85396	COAGULATION/FIBRINOLYSIS ASSAY, WHOLE BLOOD, INCLUDING USE OF ANY PHARMACOLOGIC ADDITIVE(S), AS INDICATED	10/1/2010	12/31/2382	1
PRA	85397	COAGULATION AND FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOT OTHERWISE SPECIFIED, EACH ANALYTE	7/1/2019	12/31/2382	2
PRA	85400	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN	7/1/2014	12/31/2382	1
PRA	85410	FIBRINOLYTIC FACTORS AND INHIBITORS; ALPHA-2 ANTIPLASMIN	7/1/2014	12/31/2382	1
PRA	85415	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVATOR	10/1/2010	12/31/2382	2
PRA	85420	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, EXCEPT ANTIGENIC ASSAY	10/1/2010	12/31/2382	2
PRA	85421	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, ANTIGENIC ASSAY	7/1/2014	12/31/2382	1
PRA	85441	HEINZ BODIES; DIRECT	10/1/2010	12/31/2382	1
PRA	85445	HEINZ BODIES; INDUCED, ACETYL PHENYLHYDRAZINE	10/1/2010	12/31/2382	1
PRA	85460	HEMOGLOBIN, FETAL, DIFFERENTIAL LYSIS (KLEIHAUER)	10/1/2010	12/31/2382	1
PRA	85461	HEMOGLOBIN OR RBC'S, FETAL, FOR FETOMATERNAL HEMORRHAGE; ROSETTE	10/1/2010	12/31/2382	1
PRA	85475	HEMOLYSIN, ACID	10/1/2010	12/31/2382	1
PRA	85520	HEPARIN ASSAY	10/1/2015	12/31/2382	1
PRA	85525	HEPARIN NEUTRALIZATION	10/1/2010	12/31/2382	2
PRA	85530	HEPARIN-PROTAMINE TOLERANCE TEST	10/1/2010	12/31/2382	1
PRA	85536	IRON STAIN, PERIPHERAL BLOOD	10/1/2010	12/31/2382	1
PRA	85540	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT	10/1/2010	12/31/2382	1
PRA	85547	MECHANICAL FRAGILITY, RBC	10/1/2010	12/31/2382	1
PRA	85549	MURAMIDASE	10/1/2010	12/31/2382	1
PRA	85555	OSMOTIC FRAGILITY, RBC; UNINCUBATED	10/1/2010	12/31/2382	1
PRA	85557	OSMOTIC FRAGILITY, RBC; INCUBATED	10/1/2010	12/31/2382	1
PRA	85576	PLATELET; EACH AGENT	10/1/2015	12/31/2382	7
PRA	85597	PLATELET NEUTRALIZATION	7/1/2011	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	4/1/2011	12/31/2382	1
PRA	85610	PROTHROMBIN TIME;	10/1/2015	12/31/2382	4
PRA	85611	PROTHROMBIN TIME; SUBSTITUTION, PLASMA FRACTIONS, EACH	10/1/2010	12/31/2382	2
PRA	85612	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED	10/1/2010	12/31/2382	1
PRA	85613	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED	10/1/2017	12/31/2382	3
PRA	85635	REPTILASE TEST	10/1/2010	12/31/2382	1
PRA	85651	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	10/1/2010	12/31/2382	1
PRA	85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	10/1/2010	12/31/2382	1
PRA	85660	SICKLING OF RBC, REDUCTION, SLIDE METHOD	1/1/2018	12/31/2382	2
PRA	85670	THROMBIN TIME; PLASMA	10/1/2010	12/31/2382	2
PRA	85675	THROMBIN TIME; TITER	10/1/2010	12/31/2382	1
PRA	85705	THROMBOPLASTIN INHIBITION; TISSUE	10/1/2010	12/31/2382	1
PRA	85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	10/1/2015	12/31/2382	4
PRA	85732	THROMBOPLASTIN TIME, PARTIAL (PTT); SUBSTITUTION, PLASMA	10/1/2010	12/31/2382	4
PRA	85810	VISCOSITY; BLOOD	10/1/2010	12/31/2382	2
PRA	85999	UNLISTED HEMATOLOGY PROCEDURE	4/1/2018	12/31/2382	1
PRA	86000	AGGLUTININS, FEBRILE (EG, BRUCELLA, FRANCISELLA, MURINE TYPHUS, Q FEVER, ROCKY MOUNTAIN SPOTTED FEVER, SCRUB T	10/1/2015	12/31/2382	6
PRA	86001	ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITAVE, EACH ALLERGEN	10/1/2016	12/31/2382	20
PRA	86005	ALLERGEN SPECIFICIGE; QUALITATIVE, MULTIALLERGEN SCREEN (DIPSTICK, PADDLE OR DISK)	10/1/2015	12/31/2382	2
PRA	86008	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, RECOMBINANT OR PURIFIED COMPONENT, EACH	1/1/2018	12/31/2382	20
PRA	86021	ANTIBODY IDENTIFICATION; LEUKOCYTE ANTIBODIES	7/1/2013	12/31/2382	1
PRA	86022	ANTIBODY IDENTIFICATION; PLATELET ANTIBODIES	7/1/2013	12/31/2382	1
PRA	86023	ANTIBODY IDENTIFICATION; PLATELET ASSOCIATED IMMUNOGLOBULIN ASSAY	7/1/2014	12/31/2382	3
PRA	86038	ANTINUCLEAR ANTIBODIES (ANA);	10/1/2010	12/31/2382	1
PRA	86039	ANTINUCLEAR ANTIBODIES (ANA); TITER	10/1/2010	12/31/2382	1
PRA	86060	ANTISTREPTOLYSIN 0; TITER	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	86063	ANTISTREPTOLYSIN 0; SCREEN	10/1/2010	12/31/2382	1
PRA	86077	BLOOD BANK PHYSICIAN SERVICES; DIFFICULT CROSS MATCH AND/OR EVALUATION OF IRREGULAR ANTIBODY(S), INTERPRETATIO	10/1/2010	12/31/2382	1
PRA	86078	BLOOD BANK PHYSICIAN SERVICES; INVESTIGATION OF TRANSFUSION REACTION INCLUDING SUSPICION OF TRANSMISSIBLE DISE	10/1/2010	12/31/2382	1
PRA	86079	BLOOD BANK PHYSICIAN SERVICES; AUTHORIZATION FOR DEVIATION FROM STANDARD BLOOD BANKING PROCEDURES (EG, USE OF	10/1/2010	12/31/2382	1
PRA	86140	C-REACTIVE PROTEIN	10/1/2010	12/31/2382	1
PRA	86141	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRCP)	10/1/2010	12/31/2382	1
PRA	86146	BETA 2 GLYCOPROTEIN I ANTIBODY, EACH	10/1/2010	12/31/2382	3
PRA	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	10/1/2010	12/31/2382	4
PRA	86148	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) ANTIBODY	10/1/2010	12/31/2382	1
PRA	86152	CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIMEN (EG,CIRCULATING TUMOR CELLS	1/1/2013	12/31/2382	1
PRA	86153	CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIMEN; PHYSICIAN INTERPRETATION	7/1/2013	12/31/2382	1
PRA	86155	CHEMOTAXIS ASSAY, SPECIFY METHOD	10/1/2010	12/31/2382	1
PRA	86156	COLD AGGLUTININ; SCREEN	10/1/2010	12/31/2382	1
PRA	86157	COLD AGGLUTININ; TITER	10/1/2010	12/31/2382	1
PRA	86160	COMPLEMENT; ANTIGEN, EACH COMPONENT	10/1/2010	12/31/2382	4
PRA	86161	COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT	10/1/2015	12/31/2382	2
PRA	86162	COMPLEMENT; TOTAL HEMOLYTIC (CH50)	10/1/2010	12/31/2382	1
PRA	86171	COMPLEMENT FIXATION TESTS, EACH ANTIGEN	10/1/2010	12/31/2382	2
PRA	86200	CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY	10/1/2010	12/31/2382	1
PRA	86215	DEOXYRIBONUCLEASE, ANTIBODY	10/1/2010	12/31/2382	1
PRA	86225	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRANDED	10/1/2010	12/31/2382	1
PRA	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; SINGLE STRANDED	10/1/2010	12/31/2382	1
PRA	86235	EXTRACTABLE NUCLEAR ANTIGEN, ANTIBODY TO, ANY METHOD (EG, NRNP, SS-A, SS-B, SM, RNP, SC170, J01), EACH ANTIBOD	10/1/2015	12/31/2382	10
PRA	86255	FLUORESCENT ANTIBODY; SCREEN, EACH ANTIBODY	10/1/2015	12/31/2382	5
PRA	86256	FLUORESCENT ANTIBODY; TITER, EACH ANTIBODY	10/1/2015	12/31/2382	9
PRA	86277	GROWTH HORMONE, HUMAN (HGH), ANTIBODY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	86280	HEMAGGLUTINATION INHIBITION TEST (HAI)	10/1/2010	12/31/2382	1
PRA	86294	IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUALITATIVE (EG, BLADDER TUMOR ANTIGEN)	10/1/2010	12/31/2382	1
PRA	86300	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 15-3 (27.29)	10/1/2010	12/31/2382	2
PRA	86301	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	10/1/2010	12/31/2382	1
PRA	86304	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125	10/1/2010	12/31/2382	1
PRA	86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	4/1/2012	12/31/2382	1
PRA	86308	HETEROPHILE ANTIBODIES; SCREENING	10/1/2010	12/31/2382	1
PRA	86309	HETEROPHILE ANTIBODIES; TITER	10/1/2010	12/31/2382	1
PRA	86310	HETEROPHILE ANTIBODIES; TITERS AFTER ABSORPTION WITH BEEF CELLS AND GUINEA PIG KIDNEY	10/1/2010	12/31/2382	1
PRA	86316	IMMUNOASSAY FOR TUMOR ANTIGEN (EG, CANCER ANTIGEN 125); EACH	10/1/2015	12/31/2382	2
PRA	86317	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUANTITATIVE, NOT ELSEWHERE SPECIFIED	1/1/2017	12/31/2382	6
PRA	86318	IMMUNOASSAY TO INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE (EG, REAGENT STRIP)	10/1/2015	12/31/2382	2
PRA	86320	IMMUNOELECTROPHORESIS; SERUM	10/1/2010	12/31/2382	1
PRA	86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CSF) WITH CONCENTRATION	10/1/2010	12/31/2382	2
PRA	86327	IMMUNOELECTROPHORESIS; CROSSED (2-DIMENSIONAL ASSAY)	10/1/2010	12/31/2382	1
PRA	86329	IMMUNODIFFUSION, NOT ELSEWHERE SPECIFIED	10/1/2015	12/31/2382	3
PRA	86331	IMMUNODIFFUSION, NOT ELSEWHERE SPECIFIED GEL DIFFUSION, QUALITATIVE (OUCHTERLONY), EACH ANTIGEN OR ANTIBODY	10/1/2015	12/31/2382	12
PRA	86332	IMMUNE COMPLEX ASSAY	10/1/2010	12/31/2382	1
PRA	86334	IMMUNOFIXATION ELECTROPHORESIS	7/1/2017	12/31/2382	2
PRA	86335	IMMUNOFIXATION ELECTROPHORESIS; OTHER FLUIDS WITH CONCENTRATION (EG, URINE, CSF)	10/1/2010	12/31/2382	2
PRA	86336	INHIBIN A	10/1/2010	12/31/2382	1
PRA	86337	INSULIN ANTIBODIES	10/1/2010	12/31/2382	1
PRA	86340	INTRINSIC FACTOR ANTIBODIES	10/1/2010	12/31/2382	1
PRA	86341	ISLET CELL ANTIBODY	10/1/2010	12/31/2382	1
PRA	86343	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)	10/1/2010	12/31/2382	1
PRA	86344	LEUKOCYTE PHAGOCYTOSIS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	86352	CELLULAR FUNCTION ASSAY INVOLVING STIMULATION (EG, MITOGEN OR ANTIGEN) AND DETECTION OF BIOMARKERS (EG, ATP)	4/1/2012	12/31/2382	1
PRA	86353	LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYTOMITOGEN) OR ANTIGEN INDUCED BLASTOGENESIS	10/1/2015	12/31/2382	7
PRA	86355	B CELLS, TOTAL COUNT	10/1/2010	12/31/2382	1
PRA	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATIVE, NOT OTHERWISE SPECIFIED, EACH ANTIGEN	10/1/2015	12/31/2382	7
PRA	86357	NATURAL KILLER (NK) CELLS, TOTAL COUNT	10/1/2010	12/31/2382	1
PRA	86359	T CELLS; TOTAL COUNT	10/1/2010	12/31/2382	1
PRA	86360	T CELLS; ABSOLUTE CD4 AND CD8 COUNT, INCLUDING RATIO	10/1/2010	12/31/2382	1
PRA	86361	T CELLS; ABSOLUTE CD4 COUNT	10/1/2010	12/31/2382	1
PRA	86367	STEM CELLS (IE, CD34), TOTAL COUNT	10/1/2010	12/31/2382	1
PRA	86376	MICROSOMAL ANTIBODIES (EG, THYROID OR LIVER-KIDNEY), EACH	10/1/2010	12/31/2382	2
PRA	86382	NEUTRALIZATION TEST, VIRAL	10/1/2010	12/31/2382	3
PRA	86384	NITROBLUE TETRAZOLIUM DYE TEST (NTD)	10/1/2010	12/31/2382	1
PRA	86386	PATERNITY TESTING, ABO+RH FACTORS+MN (PER INDIVIDUAL); EACH ADDITIONAL ANTIGEN SYSTEM	1/1/2012	12/31/2382	1
PRA	86403	PARTICLE AGGLUTINATION, ANTIBODY OR ANTIGEN, EACH	7/1/2019	12/31/2382	2
PRA	86406	PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY	10/1/2010	12/31/2382	2
PRA	86430	RHEUMATOID FACTOR; QUALITATIVE	10/1/2010	12/31/2382	2
PRA	86431	RHEUMATOID FACTOR; QUANTITATIVE	10/1/2010	12/31/2382	2
PRA	86480	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY MEASUREMENT OF GAMMA INTERFERON ANTIGEN RESPONSE	10/1/2010	12/31/2382	1
PRA	86481	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEASUREMENT; ENUMERATION OF GAMMA INTERFERON	4/1/2011	12/31/2382	1
PRA	86485	SKIN TEST; CANDIDA	10/1/2010	12/31/2382	1
PRA	86486	SKIN TEST; UNLISTED ANTIGEN, EACH	1/1/2012	12/31/2382	2
PRA	86490	SKIN TEST; COCCIDIOIDOMYCOSIS	10/1/2010	12/31/2382	1
PRA	86510	SKIN TEST; HISTOPLASMOSIS	10/1/2010	12/31/2382	1
PRA	86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	10/1/2010	12/31/2382	1
PRA	86590	STREPTOKINASE, ANTIBODY	10/1/2010	12/31/2382	1
PRA	86592	SYPHILIS TEST; QUALITATIVE (EG, VDRL, RPR, ART)	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	86593	SYPHILIS TEST; QUANTITATIVE	10/1/2010	12/31/2382	2
PRA	86602	ANTIBODY; ACTINOMYCES	10/1/2010	12/31/2382	3
PRA	86603	ANTIBODY; ADENOVIRUS	10/1/2010	12/31/2382	2
PRA	86609	ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	10/1/2015	12/31/2382	14
PRA	86611	ANTIBODY; BARTONELLA	10/1/2015	12/31/2382	4
PRA	86612	ANTIBODY; BLASTOMYCES	10/1/2010	12/31/2382	2
PRA	86615	ANTIBODY; BORDETELLA	10/1/2015	12/31/2382	6
PRA	86617	BORRELIA BURGDORFERI (LYME DISEASE)	10/1/2010	12/31/2382	2
PRA	86618	ANTIBODY; BORELLIA BUFGDORFERI (LYME DISEASE)	10/1/2010	12/31/2382	2
PRA	86619	ANTIBODY; BORRELIA (RELAPSING FEVER)	10/1/2010	12/31/2382	2
PRA	86622	ANTIBODY; BRUCELLA	10/1/2015	12/31/2382	2
PRA	86625	ANTIBODY; CAMPYLOBACTER	10/1/2015	12/31/2382	1
PRA	86628	ANTIBODY; CANDIDA	10/1/2010	12/31/2382	3
PRA	86631	ANTIBODY; CHLAMYDIA	10/1/2015	12/31/2382	6
PRA	86632	ANTIBODY; CHLAMYDIA, IGM	10/1/2010	12/31/2382	3
PRA	86635	ANTIBODY; COCCIDIOIDES	10/1/2015	12/31/2382	4
PRA	86638	ANTIBODY; COXIELLA BRUNETII (Q FEVER)	10/1/2015	12/31/2382	6
PRA	86641	ANTIBODY; CRYPTOCOCCUS	10/1/2010	12/31/2382	2
PRA	86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	7/1/2015	12/31/2382	2
PRA	86645	ANTIBODY; CYTOMEGALOVIRUS (CMV), IGM	10/1/2010	12/31/2382	1
PRA	86648	ANTIBODY; DIPHTHERIA	10/1/2010	12/31/2382	2
PRA	86651	ANTIBODY; ENCEPHALITIS, CALIFORNIA (LA CROSSE)	10/1/2010	12/31/2382	2
PRA	86652	ANTIBODY; ENCEPHALITIS, EASTERN EQUINE	10/1/2010	12/31/2382	2
PRA	86653	ANTIBODY; ENCEPHALITIS, ST. LOUIS	10/1/2010	12/31/2382	2
PRA	86654	ANTIBODY; ENCEPHALITIS, WESTERN EQUINE	10/1/2010	12/31/2382	2
PRA	86658	ANTIBODY; ENTEROVIRUS (EG, COXSACKIE, ECHO, POLIO)	10/1/2015	12/31/2382	12

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	86663	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA)	10/1/2010	12/31/2382	2
PRA	86664	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, NUCLEAR ANTIGEN (EBNA)	10/1/2010	12/31/2382	2
PRA	86665	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, VIRAL CAPSID (VCA)	10/1/2010	12/31/2382	2
PRA	86666	ANTIBODY; EHRlichia	10/1/2015	12/31/2382	4
PRA	86668	ANTIBODY; FRANCISELLA TULARENSIS	10/1/2010	12/31/2382	2
PRA	86671	ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIED	10/1/2015	12/31/2382	3
PRA	86674	ANTIBODY; GIARDIA LAMBLIA	10/1/2010	12/31/2382	3
PRA	86677	ANTIBODY; HELICOBACTER PYLORI	10/1/2010	12/31/2382	3
PRA	86682	ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED	10/1/2015	12/31/2382	2
PRA	86684	ANTIBODY; HEMOPHILUS INFLUENZA	10/1/2010	12/31/2382	2
PRA	86687	ANTIBODY; HTLV I	10/1/2015	12/31/2382	1
PRA	86688	ANTIBODY; HTLV-II	10/1/2015	12/31/2382	1
PRA	86689	ANTIBODY; HTLV OR HIV ANTIBODY, CONFIRMATORY TEST (EG, WESTERN BLOT)	10/1/2010	12/31/2382	2
PRA	86692	ANTIBODY; HEPATITIS, DELTA AGENT	10/1/2010	12/31/2382	2
PRA	86694	ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	10/1/2010	12/31/2382	2
PRA	86695	ANTIBODY; HERPES SIMPLEX, TYPE I	10/1/2010	12/31/2382	2
PRA	86696	ANTIBODY; HERPES SIMPLEX, TYPE 2	10/1/2010	12/31/2382	2
PRA	86698	ANTIBODY; HISTOPLASMA	10/1/2010	12/31/2382	3
PRA	86701	ANTIBODY; HIV-1	10/1/2015	12/31/2382	1
PRA	86702	ANTIBODY; HIV-2	10/1/2010	12/31/2382	2
PRA	86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE ASSAY	1/1/2012	12/31/2382	1
PRA	86704	HEPATITIS B CORE ANTIBODY (HBCAB); IGG AND IGM	10/1/2010	12/31/2382	1
PRA	86705	HEPATITIS B CORE IGM ANTIBODY	10/1/2010	12/31/2382	1
PRA	86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	10/1/2010	12/31/2382	2
PRA	86707	HEPATITIS BE ANTIBODY (HBEAB)	7/1/2014	12/31/2382	1
PRA	86708	HEPATITIS A ANTIBODY (HAAB); IGG AND IGM	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	86709	HEPATITIS A IGM ANTIBODY	10/1/2010	12/31/2382	1
PRA	86710	ANTIBODY; INFLUENZA VIRUS	10/1/2015	12/31/2382	4
PRA	86711	JC (JOHN CUNNINGHAM) VIRUS	1/1/2013	12/31/2382	2
PRA	86713	ANTIBODY; LEGIONELLA	10/1/2010	12/31/2382	3
PRA	86717	ANTIBODY; LEISHMANIA	10/1/2015	12/31/2382	8
PRA	86720	ANTIBODY; LEPTOSPIRA	10/1/2010	12/31/2382	2
PRA	86723	ANTIBODY; LISTERIA MONOCYTOGENES	10/1/2010	12/31/2382	2
PRA	86727	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	10/1/2010	12/31/2382	2
PRA	86732	ANTIBODY; MUCORMYCOSIS	10/1/2010	12/31/2382	2
PRA	86735	ANTIBODY; MUMPS	10/1/2015	12/31/2382	2
PRA	86738	ANTIBODY; MYCOPLASMA	10/1/2010	12/31/2382	2
PRA	86741	ANTIBODY; NEISSERIA MENINGITIDIS	10/1/2010	12/31/2382	2
PRA	86744	ANTIBODY; NOCARDIA	10/1/2010	12/31/2382	2
PRA	86747	ANTIBODY; PARVOVIRUS	10/1/2010	12/31/2382	2
PRA	86750	ANTIBODY; PLASMODIUM (MALARIA)	10/1/2010	12/31/2382	4
PRA	86753	ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED	1/1/2012	12/31/2382	3
PRA	86756	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	10/1/2010	12/31/2382	2
PRA	86757	ANTIBODY; RICKETTSIA	10/1/2015	12/31/2382	2
PRA	86759	ANTIBODY; ROTAVIRUS	10/1/2010	12/31/2382	2
PRA	86762	ANTIBODY; RUBELLA	10/1/2010	12/31/2382	2
PRA	86765	ANTIBODY; RUBEOLA	10/1/2015	12/31/2382	2
PRA	86768	ANTIBODY; SALMONELLA	10/1/2010	12/31/2382	5
PRA	86771	ANTIBODY; SHIGELLA	10/1/2010	12/31/2382	2
PRA	86774	ANTIBODY; TETANUS	10/1/2010	12/31/2382	2
PRA	86777	ANTIBODY; TOXOPLASMA	10/1/2010	12/31/2382	2
PRA	86778	ANTIBODY; TOXOPLASMA, IGM	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	86780	TREPONEMA PALLIDUM	4/1/2012	12/31/2382	2
PRA	86784	ANTIBODY; TRICHINELLA	10/1/2015	12/31/2382	1
PRA	86787	ANTIBODY; VARICELLA-ZOSTER	10/1/2010	12/31/2382	2
PRA	86788	ANTIBODY; WEST NILE VIRUS, IGM	10/1/2010	12/31/2382	2
PRA	86789	ANTIBODY; WEST NILE VIRUS	10/1/2010	12/31/2382	2
PRA	86790	ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	10/1/2015	12/31/2382	4
PRA	86793	ANTIBODY; YERSINIA	10/1/2010	12/31/2382	2
PRA	86794	ANTIBODY; ZIKA VIRUS, IGM	1/1/2018	12/31/2382	1
PRA	86800	THYROGLOBULIN ANTIBODY	10/1/2010	12/31/2382	1
PRA	86803	HEPATITIS C ANTIBODY	10/1/2014	12/31/2382	1
PRA	86804	HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG, IMUNOBLOT)	10/1/2010	12/31/2382	1
PRA	86805	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITH TITRATION	10/1/2015	12/31/2382	2
PRA	86806	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITHOUT TITRATION	4/1/2018	12/31/2382	2
PRA	86807	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); STANDARD METHOD	10/1/2010	12/31/2382	2
PRA	86808	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); QUICK METHOD	10/1/2010	12/31/2382	1
PRA	86812	HLA TYPING; A, B, OR C (EG, A10, B7, B27), SINGLE ANTIGEN	10/1/2010	12/31/2382	1
PRA	86813	HLA TYPING; A, B, OR C, MULTIPLE ANTIGENS	10/1/2010	12/31/2382	1
PRA	86816	HLA TYPING; DR/DQ, SINGLE ANTIGEN	10/1/2010	12/31/2382	1
PRA	86817	HLA TYPING; DR/DQ, MULTIPLE ANTIGENS	7/1/2017	12/31/2382	1
PRA	86821	HLA TYPING; LYMPHOCYTE CULTURE, MIXED (MLC)	7/1/2014	12/31/2382	1
PRA	86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOXIC (EG, USING FLOW CYTOMETRY); FIRST SERUM SAMPLE OR	4/1/2012	12/31/2382	1
PRA	86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOXIC (EG, USING FLOW CYTOMETRY); EACH ADDITIONAL SERUM	10/1/2015	12/31/2382	2
PRA	86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; QUALITATIVE ASSESSMENT OF THE PRESENCE	1/1/2016	12/31/2382	1
PRA	86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; QUALITATIVE ASSESSMENT OF THE PRESENCE	1/1/2016	12/31/2382	1
PRA	86830	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; ANTIBODY IDENTIFICATION BY QUALIATIVE PANEL USING	1/1/2013	12/31/2382	2
PRA	86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; ANTIBODY IDENTIFICATION BY QUALIATIVE PANEL USING	1/1/2013	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; HIGH DEFINITION QUALIATIVE PANEL FOR IDENTIFICATION	1/1/2013	12/31/2382	2
PRA	86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; HIGH DEFINITION QUALIATIVE PANEL FOR IDENTIFICATION	4/1/2013	12/31/2382	1
PRA	86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; SEMI QUANTITATIVE PANEL, HLA CLASS I	1/1/2013	12/31/2382	1
PRA	86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; SEMI QUANTITATIVE PANEL, HLA CLASS II	1/1/2013	12/31/2382	1
PRA	86849	UNLISTED IMMUNOLOGY PROCEDURE	4/1/2018	12/31/2382	1
PRA	86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	10/1/2010	12/31/2382	3
PRA	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	10/1/2010	12/31/2382	2
PRA	86870	ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PANEL FOR EACH SERUM TECHNIQUE	10/1/2015	12/31/2382	2
PRA	86880	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERUM	7/1/2014	12/31/2382	4
PRA	86885	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, QUALITATIVE, EACH ANTISERUM	10/1/2015	12/31/2382	2
PRA	86886	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, TITER, EACH ANTISERUM	7/1/2012	12/31/2382	3
PRA	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; PREDEPOSITED	7/1/2012	12/31/2382	1
PRA	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; INTRA OR POSTOPERATIVE SALVAGE	7/1/2012	12/31/2382	1
PRA	86900	BLOOD TYPING; ABO	7/1/2012	12/31/2382	1
PRA	86901	BLOOD TYPING; RH (D)	7/1/2012	12/31/2382	1
PRA	86902	BLOOD TYPING; ANTIGEN TESTING OF DONOR BLOOD USING REAGENT SERUM, EACH ANTIGEN	10/1/2015	12/31/2382	6
PRA	86904	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIENT SERUM, PER UNIT SCREENED	7/1/2012	12/31/2382	2
PRA	86905	BLOOD TYPING; RBC ANTIGENS, OTHER THAN ABO OR RH (D), EACH	10/1/2015	12/31/2382	8
PRA	86906	BLOOD TYPING; RH PHENOTYPING, COMPLETE	10/1/2010	12/31/2382	1
PRA	86910	BLOOD TYPING; TYPING FOR PATERNITY TESTING, ABO, RH AND MN, PER INDIVIDUAL TYPING FOR PATERNITY TESTING, EACH	10/1/2013	12/31/2382	1
PRA	86920	COMPATIBILITY TEST EACH UNIT; IMMEDIATE SPIN TECHNIQUE	10/1/2015	12/31/2382	9
PRA	86921	COMPATIBILITY TEST EACH UNIT; INCUBATION TECHNIQUE	7/1/2012	12/31/2382	2
PRA	86922	COMPATIBILITY TEST EACH UNIT; ANTIGLOBULIN TECHNIQUE	10/1/2015	12/31/2382	5
PRA	86923	COMPATIBILITY TEST EACH UNIT; ELECTRONIC	10/1/2015	12/31/2382	10
PRA	86927	FRESH FROZEN PLASMA, THAWING, EACH UNIT	7/1/2012	12/31/2382	2
PRA	86930	FROZEN BLOOD, PREPARATION FOR FREEZING, EACH UNIT;	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	86931	FROZEN BLOOD, PREPARATION FOR FREEZING, EACH UNIT; WITH THAWING	10/1/2015	12/31/2382	1
PRA	86932	FROZEN BLOOD, PREPARATION FOR FREEZING, EACH UNIT; WITH FREEZING AND THAWING	7/1/2012	12/31/2382	2
PRA	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH;	10/1/2010	12/31/2382	1
PRA	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH; INCUBATED	10/1/2010	12/31/2382	1
PRA	86945	IRRADIATION OF BLOOD PRODUCT, EACH UNIT	10/1/2015	12/31/2382	2
PRA	86950	LEUKOCYTE TRANSFUSION	10/1/2010	12/31/2382	1
PRA	86960	VOLUME REDUCTION OF BLOOD OR BLOOD PRODUCT, EACH UNIT	7/1/2014	12/31/2382	1
PRA	86965	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	7/1/2012	12/31/2382	1
PRA	86970	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR COMPATIBILITY TESTING; INCUBAT	7/1/2012	12/31/2382	1
PRA	86971	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR COMPATIBILITY TESTING; INCUBAT	10/1/2015	12/31/2382	1
PRA	86972	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR COMPATIBILITY TESTING; BY DENS	10/1/2015	12/31/2382	1
PRA	86975	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH DRUGS, EACH	10/1/2015	12/31/2382	1
PRA	86976	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DILUTION	10/1/2015	12/31/2382	1
PRA	86977	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH INHIBITORS, EACH	10/1/2015	12/31/2382	1
PRA	86978	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DIFFERENTIAL RED CELL ABSORPTION USING PATIEN	7/1/2012	12/31/2382	1
PRA	86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS, EACH UNIT	7/1/2012	12/31/2382	1
PRA	86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	4/1/2018	12/31/2382	1
PRA	87003	ANIMAL INOCULATION, SMALL ANIMAL; WITH OBSERVATION AND DISSECTION	10/1/2010	12/31/2382	1
PRA	87015	CONCENTRATION (ANY TYPE), FOR PARASITES, OVA, OR TUBERCLE BACILLUS (TB, AFB)	7/1/2019	12/31/2382	3
PRA	87040	CULTURE, BACTERIAL, DEFINITIVE; BLOOD (INCLUDES ANAEROBIC SCREEN)	1/1/2014	12/31/2382	3
PRA	87045	CULTURE, BACTERIAL, DEFINITIVE; STOOL	10/1/2010	12/31/2382	3
PRA	87046	CULTURE, BACTERIAL; STOOL, ADDITIONAL PATHOGENS, ISOLATION AND PRELIMINARY EXAMINATION, EACH PLATE	10/1/2015	12/31/2382	6
PRA	87070	CULTURE, BACTERIAL, DEFINITIVE; ANY OTHER SOURCE	7/1/2012	12/31/2382	3
PRA	87071	CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND PRELIMINARY EXAMINATION (EG, CAMPYLOBACTER, YERSI	7/1/2019	12/31/2382	2
PRA	87073	CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES, ANY SOU	7/1/2019	12/31/2382	2
PRA	87075	CULTURE, BACTERIAL, ANY SOURCE; ANAEROBIC (ISOLATION)	10/1/2015	12/31/2382	6

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	87076	CULTURE, BACTERIAL, ANY SOURCE; DEFINITIVE IDENTIFICATION, EACH ANAEROBIC ORGANISM, INCLUDING GAS CHROMATOGRAP	7/1/2019	12/31/2382	2
PRA	87077	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION, EACH ISOLATE	7/1/2019	12/31/2382	4
PRA	87081	CULTURE, BACTERIAL, SCREENING ONLY, FOR SINGLE ORGANISMS	7/1/2019	12/31/2382	2
PRA	87084	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY, BY COMMERCIAL KIT (SPECIFY TYPE); WITH COLONY ESTI	10/1/2015	12/31/2382	1
PRA	87086	CULTURE, BACTERIAL, URINE; QUANTITATIVE, COLONY COUNT	10/1/2010	12/31/2382	3
PRA	87088	CULTURE, BACTERIAL, URINE; IDENTIFICATION, IN ADDITION TO QUANTITATIVE OR COMMERCIAL KIT	7/1/2019	12/31/2382	3
PRA	87101	CULTURE, FUNGI, ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENTIFICATION); SKIN	7/1/2019	12/31/2382	2
PRA	87102	CULTURE, FUNGI, ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENTIFICATION); OTHER SOURCE (EXCEPT BLOOD)	10/1/2015	12/31/2382	4
PRA	87103	CULTURE, FUNGI, ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENTIFICATION); BLOOD	10/1/2015	12/31/2382	2
PRA	87106	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION OF EACH FUNGUS (USE IN ADDITION TO CODES 87101, 87102, OR 87103 WHEN	7/1/2019	12/31/2382	3
PRA	87107	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MOLD	10/1/2015	12/31/2382	4
PRA	87109	CULTURE, MYCOPLASMA, ANY SOURCE	10/1/2015	12/31/2382	2
PRA	87110	CULTURE, CHLAMYDIA	10/1/2010	12/31/2382	2
PRA	87116	CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOBACTERIA); ANY SOURCE, ISOLATION ONLY	7/1/2012	12/31/2382	2
PRA	87118	CULTURE, MYCOBACTERIA, DEFINITIVE IDENTIFICATION OF EACH ORGANISM	10/1/2010	12/31/2382	3
PRA	87140	CULTURE, TYPING; FLUORESCENT METHOD, EACH ANTISERUM	10/1/2015	12/31/2382	3
PRA	87143	CULTURE, TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) METHOD	10/1/2010	12/31/2382	2
PRA	87149	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID PROBE	10/1/2015	12/31/2382	4
PRA	87150	CULTURE, TYPING; IDENTIFICATION BY NULEIC ACID (DNA OR RNA) PROBE, AMPLIFIED PROBE TECHNIQUE, PER CULTURE OR	10/1/2015	12/31/2382	12
PRA	87152	CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING	10/1/2015	12/31/2382	1
PRA	87153	CULTURE, TYPING; IDENTIFICATION BY NULEIC ACID SQUENCING METHOD, EACH ISOLATE(EG, SEQUENCING OF THE 16S RRNA	10/1/2015	12/31/2382	3
PRA	87158	CULTURE, TYPING; OTHER METHODS	7/1/2012	12/31/2382	1
PRA	87164	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN); INCLUDES SPECIMEN COLLECTION	10/1/2010	12/31/2382	2
PRA	87166	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN); WITHOUT COLLECTION	10/1/2010	12/31/2382	2
PRA	87168	MACROSCOPIC EXAMINATION; ARTHROPOD	10/1/2010	12/31/2382	2
PRA	87169	MACROSCOPIC EXAMINATION; PARASITE	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	87172	PINWORM EXAM (EG, CELLOPHANE TAPE PREP)	7/1/2014	12/31/2382	1
PRA	87176	ENDOTOXIN, BACTERIAL (PYROGENS); HOMOGENIZATION, TISSUE, FOR CULTURE	7/1/2012	12/31/2382	2
PRA	87177	OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION	10/1/2010	12/31/2382	3
PRA	87181	SENSITIVITY STUDIES, ANTIBIOTIC; AGAR DIFFUSION METHOD, PER ANTIBIOTIC	10/1/2015	12/31/2382	12
PRA	87184	SENSITIVITY STUDIES, ANTIBIOTIC; DISK METHOD, PER PLATE (12 OR LESS DISKS)	10/1/2015	12/31/2382	8
PRA	87185	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; ENZYME DETECTION (EG, BETA LACTAMASE), PER ENZYME	10/1/2015	12/31/2382	4
PRA	87186	SENSITIVITY STUDIES, ANTIBIOTIC; MICROTITER, MINIMUM INHIBITORY CONCENTRATION (MIC), ANY NUMBER OF ANTIBIOTICS	1/1/2016	12/31/2382	12
PRA	87187	SENSITIVITY STUDIES, ANTIBIOTIC; MINIMUM BACTERICIDAL CONCENTRATION (MBC) (USE IN ADDITION TO 87186 OR 87188)	10/1/2012	12/31/2382	3
PRA	87188	SENSITIVITY STUDIES, ANTIBIOTIC; MACROTUBE DILUTION METHOD, EACH ANTIBIOTIC	10/1/2015	12/31/2382	6
PRA	87190	SENSITIVITY STUDIES, ANTIBIOTIC; TUBERCLE BACILLUS (TB, AFB), EACH DRUG	10/1/2015	12/31/2382	9
PRA	87197	SERUM BACTERICIDAL TITER (SCHLICHTER TEST)	10/1/2010	12/31/2382	1
PRA	87205	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; ROUTINE STAIN FOR BACTERIA, FUNGI, OR CELL TYPES	10/1/2012	12/31/2382	3
PRA	87206	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; FLUORESCENT AND/OR ACID FAST STAIN FOR BACTERIA, FUNGI, OR CELL TY	10/1/2015	12/31/2382	6
PRA	87207	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; SPECIAL STAIN FOR INCLUSION BODIES OR INTRACELLULAR PARASITES (EG,	10/1/2010	12/31/2382	3
PRA	87209	SMEAR, PRIMARY SOURCE WITH INTERPERTATION; COMPLEX SPECIAL STAIN FOR OVA AND PARASITE	10/1/2015	12/31/2382	4
PRA	87210	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; WET MOUNT WITH SIMPLE STAIN, FOR BACTERIA, FUNGI, OVA, AND/OR PARA	10/1/2015	12/31/2382	4
PRA	87220	TISSUE EXAMINATION FOR FUNGI (EG, KOH SLIDE)	10/1/2010	12/31/2382	3
PRA	87230	TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE (EG, CLOSTRIDIUM DIFFICILE TOXIN)	7/1/2019	12/31/2382	2
PRA	87250	VIRUS IDENTIFICATION; INOCULATION OF EMBRYONATED EGGS, OR SMALL ANIMAL, INCLUDES OBSERVATION AND DISSECTION	10/1/2015	12/31/2382	1
PRA	87252	VIRUS IDENTIFICATION; TISSUE CULTURE INOCULATION AND OBSERVATION	10/1/2015	12/31/2382	2
PRA	87253	VIRUS IDENTIFICATION; TISSUE CULTURE, ADDITIONAL STUDIES (EG, HEMABSORPTION, NEUTRALIZATION) EACH ISOLATE	10/1/2012	12/31/2382	2
PRA	87254	VIRUS ISOLATION; SHELL VIAL, INCLUDES IDENTIFICATION WITH IMMUNOFLOURESCENCE STAIN, EACH VIRUS	10/1/2015	12/31/2382	7
PRA	87255	VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC METHOD, OTHER THAN BY CYTOPATHIC EFFECT	10/1/2010	12/31/2382	2
PRA	87260	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; ADENOVIRUS	1/1/2013	12/31/2382	1
PRA	87265	INFECTIOUS AGENT ANTIGEN DETERCTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; BORDETELLA PERTUSSIS/PARAPERTUSS	1/1/2013	12/31/2382	1
PRA	87267	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE; ENTEROVIRUS, DIRECT FLOURESCENT ANTIBODY	1/1/2013	12/31/2382	1

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PRA	87269	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; GIARDIA	1/1/2013	12/31/2382	1
PRA	87270	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUES; CHLAMYDIA TRACHOMATIS	1/1/2013	12/31/2382	1
PRA	87271	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE; CYTOMEGALOVIRUS, DIRECT FLOURESCENT ANTIBOD	1/1/2013	12/31/2382	1
PRA	87272	INFECTIOUS AGENT ANTIGEWN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; CRYPTOSPORIDUN/GIARDIA	1/1/2013	12/31/2382	1
PRA	87273	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE; HERPES	1/1/2013	12/31/2382	1
PRA	87274	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; HERPES SIMPLEX VIRUS	1/1/2013	12/31/2382	1
PRA	87275	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE; INFLUENZA B	1/1/2013	12/31/2382	1
PRA	87276	INFECTIOUS AGENT ANTIGEN DETECTION BY DFIRECT FLORESCENT ANTIBODY TECHNIQUE; INFLUENZA A VIRUS	1/1/2013	12/31/2382	1
PRA	87278	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; LEGIONELLA PNEUMOPHILA	1/1/2013	12/31/2382	1
PRA	87279	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE; PARAINFLUENZA VIRUS, EACH TYPE	1/1/2013	12/31/2382	1
PRA	87280	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; RESPIRATORY SYNCYTIAL	1/1/2013	12/31/2382	1
PRA	87281	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE; PNEUMOCYSTIS CARINII	1/1/2013	12/31/2382	1
PRA	87283	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE; RUBEOLA	1/1/2013	12/31/2382	1
PRA	87285	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; TREPONEMA PALLIDUM	1/1/2013	12/31/2382	1
PRA	87290	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; VARICELLA ZOSTER VIRUS	1/1/2013	12/31/2382	1
PRA	87299	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE, NOT OTHERWISE SPECIFIED	1/1/2013	12/31/2382	1
PRA	87300	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE, POLYVALENT FOR MULTIPLE ORGANISMS, EACH POL	10/1/2015	12/31/2382	2
PRA	87301	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAYTECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE	1/1/2013	12/31/2382	1
PRA	87305	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE-	1/1/2013	12/31/2382	1
PRA	87320	INFECTIOUS AGENT DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; CHLAMYDIA TRACHOMATIS	1/1/2013	12/31/2382	1
PRA	87324	INFECTIOUS AGENT ANTIGEN BY ENZYME IMMUNOASSAY TECHNIQUE; CLOSTRIDIUM DIFFICILE TOXIN A	7/1/2015	12/31/2382	2
PRA	87327	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, CRYPTOCOCCUS NEOFORMANS	1/1/2013	12/31/2382	1
PRA	87328	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; CRYPTOSPORIDUM/GIARDIA	7/1/2015	12/31/2382	2
PRA	87329	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAYTECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, GIARDIA	7/1/2015	12/31/2382	2
PRA	87332	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; CYTOMEGALOVIRUS	1/1/2013	12/31/2382	1
PRA	87335	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; ESCHERICHIA COLI 0157	1/1/2013	12/31/2382	1

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PRA	87336	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; ENTAMOEBIA HISTOLYTICA DISPAR GROUP	1/1/2013	12/31/2382	1
PRA	87337	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; ENTAMOEBIA HISTOLYTICA GROUP	1/1/2013	12/31/2382	1
PRA	87338	HELICOBACTER PYLORI, STOOL	1/1/2013	12/31/2382	1
PRA	87339	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HELICOBACTER PYLORI	1/1/2013	12/31/2382	1
PRA	87340	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HEPATITIS B SURFACE ANTIGEN (HBSAG)	1/1/2013	12/31/2382	1
PRA	87341	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HEPATITIS B SURFACE ANTIGEN NEUTRALIZATION	1/1/2013	12/31/2382	1
PRA	87350	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HEPATITIS BE ANTIGEN (HBEAG)	1/1/2013	12/31/2382	1
PRA	87380	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HAPATITIS, DELTA AGENT	1/1/2013	12/31/2382	1
PRA	87385	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HISTOPLASMA CAPSULATUN	7/1/2015	12/31/2382	2
PRA	87389	HIV-1 ANTIGEN(S), WITH HIV-1 AND HIV-2 ANTIBODIES, SINGLE RESULT	1/1/2013	12/31/2382	1
PRA	87390	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HIV-1	1/1/2013	12/31/2382	1
PRA	87391	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HIV-2	1/1/2013	12/31/2382	1
PRA	87400	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; INFLUENZA, A OR B, EACH	1/1/2013	12/31/2382	1
PRA	87420	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; RESPIRATORY SYNCYTIAL VIRUS	1/1/2013	12/31/2382	1
PRA	87425	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; ROTAVIRUS	1/1/2013	12/31/2382	1
PRA	87427	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; SHIGA-LIKE TOXIN	1/1/2019	12/31/2382	2
PRA	87430	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; STREPTOCOCCUS, GROUP A	1/1/2013	12/31/2382	1
PRA	87449	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; MULTIPLE STEP METHOD, NOT OTHERWISE	10/1/2010	12/31/2382	3
PRA	87450	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; SINGLE STEP METHOD, NOT OTHERWISE	10/1/2010	12/31/2382	2
PRA	87451	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; MULTIPLE STEP METHOD, POLYVALENT FOR MULTI	10/1/2010	12/31/2382	2
PRA	87471	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA QUINTANA, QUANTIF	1/1/2013	12/31/2382	1
PRA	87472	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA QUINTANA, QUANTIF	1/1/2013	12/31/2382	1
PRA	87475	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGENDORFERI, DIRECT PROBE TECHNIQUE	1/1/2013	12/31/2382	1
PRA	87476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGENDORFERI, AMPLIFIED PROBE TECHNIQUE	1/1/2013	12/31/2382	1
PRA	87480	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, DIRECT PROBE TECHNIQUE	1/1/2013	12/31/2382	1
PRA	87481	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, AMPLIFIED PROBE TECHNIQUE	7/1/2019	12/31/2382	5

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PRA	87482	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, QUANTIFICATION	1/1/2013	12/31/2382	1
PRA	87483	TEST FOR DETECTION NUCLEIC ACID OF ORGANISM CAUSING INFECTION OF CENTRAL NERVOUS SYSTEM	1/1/2017	12/31/2382	1
PRA	87485	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE, DIRECT PROBE TECHNIQUE	1/1/2013	12/31/2382	1
PRA	87486	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE, AMPLIFIED PROBE TECHNIQUE	1/1/2013	12/31/2382	1
PRA	87487	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE, QUANTIFICATION	1/1/2013	12/31/2382	1
PRA	87490	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, DIRECT PROBE TECHNIQUE	1/1/2013	12/31/2382	1
PRA	87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE	10/1/2017	12/31/2382	3
PRA	87492	CHLAMYDIA TRACHOMATIS DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
PRA	87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S), AMPLIFIED PROBE TECHNIQUE	7/1/2015	12/31/2382	2
PRA	87495	CYTOMEGALOVIRUS DETECTION BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
PRA	87496	CYTOMEGALOVIRUS DETECTION BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
PRA	87497	CYTOMEGALOVIRUS DETECTION BY DNA, QUANTIFICATION	7/1/2015	12/31/2382	2
PRA	87498	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; ENTEROVIRUS, AMPLIFIED PROBE TECHNIQUE	1/1/2013	12/31/2382	1
PRA	87500	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); VANCOMYCIN RESISTANCE, AMPLIFIED PROBE TECHNIQUE	1/1/2013	12/31/2382	1
PRA	87501	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, REVERSE TRANSCRIPTION	1/1/2013	12/31/2382	1
PRA	87502	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FOR MULTIPLE TYPES OR SUB-TYPES,	1/1/2013	12/31/2382	1
PRA	87503	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FOR MULTIPLE TYPES OR SUB-TYPES,	1/1/2013	12/31/2382	1
PRA	87505	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; GASTROINTESTINAL PATHOGEN, INCLUDING MULTIPLEX REVERSE	4/1/2015	12/31/2382	1
PRA	87506	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; GASTROINTESTINAL PATHOGEN, INCLUDING MULTIPLEX REVERSE	1/1/2015	12/31/2382	1
PRA	87507	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; GASTROINTESTINAL PATHOGEN, INCLUDING MULTIPLEX REVERSE	1/1/2015	12/31/2382	1
PRA	87510	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS, DIRECT PROBE TECHNIQUE	1/1/2013	12/31/2382	1
PRA	87511	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS, AMPLIFIED PROBE TECHNIQUE	1/1/2013	12/31/2382	1
PRA	87512	GARDNERELLA VAGINALIS DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
PRA	87516	HEPATITIS B DETECTION BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
PRA	87517	HEPATITIS B DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
PRA	87520	HEPATITIS C DETECTION BY RNA, DIRECT PROBE	1/1/2013	12/31/2382	1

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PRA	87521	HEPATITIS C DETECTION BY RNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
PRA	87522	HEPATITIS C DETECTION BY RNA, QUANTIFICATION	1/1/2013	12/31/2382	1
PRA	87525	HEPATITIS G DETECTION BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
PRA	87526	HEPATITIS G DETECTION BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
PRA	87527	HEPATITIS G DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
PRA	87528	HERPES SIMPLEX DETECTION BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
PRA	87529	HERPES SIMPLEX DETECTION BY DNA, AMPLIFIED PROBE	7/1/2015	12/31/2382	2
PRA	87530	HERPES SIMPLEX DETECTION BY DNA, QUANTIFICATION	7/1/2015	12/31/2382	2
PRA	87531	HERPES VIRUS-6 DETECTION BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
PRA	87532	HERPES VIRUS-6 DETECTION BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
PRA	87533	HERPES VIRUS-6 DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
PRA	87534	HIV-1 DETECTION BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
PRA	87535	HIV-1 DETECTION BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
PRA	87536	HIV-1 DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
PRA	87537	HIV-2 DETECTION BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
PRA	87538	HIV-2 DETECTION BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
PRA	87539	HIV-2 DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
PRA	87540	LEGIONELLA PNEUMOPHILA DETECTION BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
PRA	87541	LEGIONELLA PNEUMOPHILA DETECTION BY DNA, AMPLIFIED PROB	1/1/2013	12/31/2382	1
PRA	87542	LEGIONELLA PNEUMOPHILA DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
PRA	87550	MYCOBACTERIA DETECTION BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
PRA	87551	MYCOBACTERIA DETECTION BY DNA, AMPLIFIED PROBE	7/1/2015	12/31/2382	2
PRA	87552	MYCOBACTERIA DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
PRA	87555	M. TUBERCULOSIS DETECTION BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
PRA	87556	M. TUBERCULOSIS DETECTION BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
PRA	87557	M. TUBERCULOSIS DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1

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PRA	87560	M. AVIUM-INTRACELLULARE BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
PRA	87561	M. AVIUM-INTRACELLULARE BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
PRA	87562	M. AVIUM-INTRACELLULARE BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
PRA	87580	M. PNEUMONIAE BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
PRA	87581	M. PNEUMONIAE BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
PRA	87582	M. PNEUMONIAE BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
PRA	87590	N. GONORRHOEAE BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
PRA	87591	N. GONORRHOEAE BY DNA, AMPLIFIED PROBE	10/1/2017	12/31/2382	3
PRA	87592	N. GONORRHOEAE BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
PRA	87623	INFECTIOUS AGENT DETECTION BY NULEIC ACID; HUMAN PAPILLOMAVIRUS, LOW-RISK TYPES	1/1/2015	12/31/2382	1
PRA	87624	INFECTIOUS AGENT DETECTION BY NULEIC ACID; HUMAN PAPILLOMAVIRUS, HIGH-RISK TYPES	1/1/2015	12/31/2382	1
PRA	87625	INFECTIOUS AGENT DETECTION BY NULEIC ACID; HUMAN PAPILLOMAVIRUS, TYPES 16 AND 18 ONLY, INCLUDES	1/1/2015	12/31/2382	1
PRA	87631	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; RESPIRATORY VIRUS,MULTIPLEX REVERSE TRANSCRIPTION AND AMPLIFIED	1/1/2013	12/31/2382	1
PRA	87632	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; RESPIRATORY VIRUS,MULTIPLEX REVERSE TRANSCRIPTION AND AMPLIFIED	1/1/2013	12/31/2382	1
PRA	87633	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; RESPIRATORY VIRUS,MULTIPLEX REVERSE TRANSCRIPTION AND AMPLIFIED	1/1/2013	12/31/2382	1
PRA	87634	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY SYNCYTIAL VIRUS, AMPLIFIED PROBE TECHNIQUE	1/1/2018	12/31/2382	1
PRA	87640	INFECTIOUS AGENT DETECTION BY NULEIC ACID; STAPHYLOCOCCUS AUREUS, AMPLIFIED PROBE TECHNIQUE	1/1/2013	12/31/2382	1
PRA	87641	INFECTIOUS AGENT DETECTION BY NULEIC ACID; STAPHYLOCOCCUS AUREUS, METHICILLIN RESISTANT, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
PRA	87650	STREP A BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
PRA	87651	STREP A BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
PRA	87652	STREP A BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
PRA	87653	INFECTIOUS AGENT DETECTION BY NULEIC ACID; STREPTOCOCCUS, GROUP B, AMPLIFIED PROBE TECHNIQUE	1/1/2013	12/31/2382	1
PRA	87660	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS, DIRECT PROBE TECHNIQUE	1/1/2013	12/31/2382	1
PRA	87661	TRICHOMONAS VAGINALIS, AMPLIFIED PROBE TECHNIQUE	1/1/2014	12/31/2382	1
PRA	87662	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ZIKA VIRUS, AMPLIFIED PROBE TECHNIQUE	1/1/2018	12/31/2382	2
PRA	87797	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID, NOS, DIRECT PROBE	10/1/2010	12/31/2382	3

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PRA	87798	INFECTIOUS AGENT DETECTIONBY NUCLEIC ACID, NOS, AMPLIFIED PROBE	10/1/2015	12/31/2382	13
PRA	87799	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID, NOS, QUANTIFICATION	10/1/2010	12/31/2382	3
PRA	87800	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MULTIPLE ORGANISMS; DIRECT PROBE(S) TECHNIQUE	10/1/2010	12/31/2382	2
PRA	87801	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MULTIPLE ORGANISMS; AMPLIFIED PROBE(S) TECHNIQUE	10/1/2015	12/31/2382	3
PRA	87802	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; STREPTOCOCCUS, GROUP B	10/1/2010	12/31/2382	2
PRA	87803	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; CLOSTRIDIUM DIFFICILE TOXIN	10/1/2010	12/31/2382	3
PRA	87804	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; INFLUENZA	10/1/2015	12/31/2382	3
PRA	87806	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; HIV-1 ANTIGEN (S), WITH HIV-1 AND	1/1/2015	12/31/2382	1
PRA	87807	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	10/1/2010	12/31/2382	2
PRA	87808	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; TRICHOMONAS VAGINALIS	10/1/2010	12/31/2382	1
PRA	87809	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; ADENOVIRUS	10/1/2015	12/31/2382	2
PRA	87810	CHLAMYDIA TRACHOMATIS DETECTION BY IMMUNOASSAY WITH OPTICAL OBSERVATION	10/1/2010	12/31/2382	2
PRA	87850	N. GONORRHOEAE DETECTION BY IMMUNOASSAY WITH OPTICAL OBSERVATION	10/1/2010	12/31/2382	1
PRA	87880	STREP A DETECTION BY IMMUNOASSAY WITH OPTICAL OBSERVATION	10/1/2010	12/31/2382	2
PRA	87899	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY, NOS, WITH OPTICAL OBSERVATION	10/1/2015	12/31/2382	4
PRA	87900	INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION USING REGULARLY UPDATED GENOTYPIC BIOINFORMATICS	10/1/2010	12/31/2382	1
PRA	87901	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA), HIV 1, REVERSE TRANSCRIPTASE AND PROTEASE	10/1/2010	12/31/2382	1
PRA	87902	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C VIRUS	10/1/2010	12/31/2382	1
PRA	87903	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG RESISTANCE TISSUE CULTURE ANALYSIS	10/1/2010	12/31/2382	1
PRA	87904	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) EACH ADDITIONAL DRUG, UP TO 5 DRUGS	10/1/2015	12/31/2382	14
PRA	87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY IOTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN VAGINAL FLUID)	1/1/2012	12/31/2382	2
PRA	87906	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HIV-1, OTHER REGION (EG, INTEGRASE, FUSION)	7/1/2011	12/31/2382	2
PRA	87910	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID; CYTOMEGALOVIRUS	1/1/2013	12/31/2382	1
PRA	87912	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID; HEPATITIS B VIRUS	1/1/2013	12/31/2382	1
PRA	87999	UNLISTED MICROBIOLOGY PROCEDURE	4/1/2018	12/31/2382	1
PRA	88000	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITHOUT CNS	10/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	88005	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITH BRAIN	10/1/2013	12/31/2382	1
PRA	88007	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITH BRAIN AND SPINAL CORD	10/1/2013	12/31/2382	1
PRA	88012	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; INFANT WITH BRAIN	10/1/2013	12/31/2382	1
PRA	88014	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; STILLBORN OR NEWBORN WITH BRAIN	10/1/2013	12/31/2382	4
PRA	88016	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; MACERATED STILLBORN	10/1/2013	12/31/2382	4
PRA	88020	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITHOUT CNS	10/1/2013	12/31/2382	1
PRA	88025	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITH BRAIN	10/1/2013	12/31/2382	1
PRA	88027	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITH BRAIN AND SPINAL CORD	10/1/2013	12/31/2382	1
PRA	88028	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; INFANT WITH BRAIN	10/1/2013	12/31/2382	1
PRA	88029	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; STILLBORN OR NEWBORN WITH BRAIN	10/1/2013	12/31/2382	4
PRA	88036	NECROPSY (AUTOPSY), LIMITED, GROSS AND/OR MICROSCOPIC; REGIONAL	10/1/2013	12/31/2382	1
PRA	88037	NECROPSY (AUTOPSY), LIMITED, GROSS AND/OR MICROSCOPIC; SINGLE ORGAN	10/1/2013	12/31/2382	1
PRA	88040	NECROPSY (AUTOPSY); FORENSIC EXAMINATION	10/1/2013	12/31/2382	1
PRA	88045	NECROPSY (AUTOPSY); CORONER'S CALL	10/1/2013	12/31/2382	1
PRA	88099	UNLISTED NECROPSY (AUTOPSY) PROCEDURE	4/1/2018	12/31/2382	1
PRA	88104	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS WITH INTERPRETATION	10/1/2015	12/31/2382	5
PRA	88106	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; FILTER METHOD ONLY WITH INTERPRETATI	10/1/2015	12/31/2382	5
PRA	88108	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AN INTERPRETATION (EG, SACCOMANNO TECHNIQUE)	10/1/2015	12/31/2382	6
PRA	88112	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE WITH INTERPRETATION, EXCEPT CERVICAL OR VAGINAL	10/1/2015	12/31/2382	6
PRA	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS	7/1/2011	12/31/2382	2
PRA	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS	7/1/2011	12/31/2382	2
PRA	88125	CYTOPATHOLOGY, FORENSIC (EG, SPERM)	10/1/2010	12/31/2382	1
PRA	88130	SEX CHROMATIN IDENTIFICATION; BARR BODIES	10/1/2010	12/31/2382	1
PRA	88140	SEX CHROMATIN IDENTIFICATION; PERIPHERAL BLOOD SMEAR, POLYMORPHONUCLEAR "DRUMSTICKS"	10/1/2010	12/31/2382	1
PRA	88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM); REQUIRING INTERPRETATION BY PHYSICIAN (LIST SEPARAT	10/1/2010	12/31/2382	1
PRA	88142	CYTOPATH, CERV/VAG THIN LAYER PREPARATION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	88143	CYTOPATHOLOGY, CERVICAL OR VAGINAL, COLLECTED IN PRESERVATIVE FLUID; WITH MANUAL SCREENING AND RESCREENING	10/1/2010	12/31/2382	1
PRA	88147	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM	10/1/2010	12/31/2382	1
PRA	88148	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM WITH MANUAL RESCREENING	10/1/2010	12/31/2382	1
PRA	88150	CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL, UP TO THREE SMEARS; SCREENING BY TECHNICIAN UNDER PHYSICIAN SUPERV	10/1/2010	12/31/2382	1
PRA	88152	CYTOPATHOLOGY, CERV/VAG AUTOMATED	10/1/2010	12/31/2382	1
PRA	88153	CYTOPATHOLOGY, SLIDES, CERVICAL VAGINAL; WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION	10/1/2010	12/31/2382	1
PRA	88155	CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL, UP TO THREE SMEARS; WITH DEFINITIVE HORMONAL EVALUATION (EG, MATUR	10/1/2010	12/31/2382	1
PRA	88160	CYTOPATHOLOGY, ANY OTHER SOURCE; SCREENING AND INTERPRETATION	10/1/2010	12/31/2382	4
PRA	88161	CYTOPATHOLOGY, ANY OTHER SOURCE; PREPARATION, SCREENING AND INTERPRETATION	10/1/2010	12/31/2382	4
PRA	88162	CYTOPATHOLOGY, ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/OR MULTIPLE STAINS	10/1/2010	12/31/2382	3
PRA	88164	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); MANUAL SCREENING UNDER PHYSICIAN SUPERVISION	10/1/2010	12/31/2382	1
PRA	88165	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION	10/1/2010	12/31/2382	1
PRA	88166	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING UNDER	10/1/2010	12/31/2382	1
PRA	88167	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND COMPUTER RESCREEN	10/1/2010	12/31/2382	1
PRA	88172	EVALUATION OF FINE NEEDLE ASPIRATE WITH OR WITHOUT PREPARATION OF SMEARS; IMMEDIATE CYTOHISTOLOGIC STUDY TO DE	10/1/2015	12/31/2382	5
PRA	88173	EVALUATION OF FINE NEEDLE ASPIRATE WITH OR WITHOUT PREPARATION OF SMEARS; INTERPRETATION AND REPORT	10/1/2015	12/31/2382	5
PRA	88174	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAY	10/1/2010	12/31/2382	1
PRA	88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) COLLECTED IN PRESERVATIVE FLUID, WITH SCREENING BY AUT	10/1/2010	12/31/2382	1
PRA	88177	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE	10/1/2015	12/31/2382	6
PRA	88182	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS	10/1/2010	12/31/2382	2
PRA	88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; FIRST MARKER	7/1/2015	12/31/2382	2
PRA	88185	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; EACH ADDITIONAL MARKER	7/1/2019	12/31/2382	35
PRA	88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	7/1/2015	12/31/2382	2
PRA	88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS	7/1/2015	12/31/2382	2
PRA	88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	7/1/2015	12/31/2382	2
PRA	88199	UNLISTED CYTOPATHOLOGY PROCEDURE	4/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	88230	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; LYMPHOCYTE	10/1/2010	12/31/2382	2
PRA	88233	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; SKIN OR OTHER SOLID TISSUE BIOPSY	10/1/2010	12/31/2382	3
PRA	88235	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; AMNIOTIC FLUID OR CHORIONIC VILLUS CELLS	1/1/2016	12/31/2382	2
PRA	88237	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; BONE MARROW (MYELOID) CELLS	1/1/2016	12/31/2382	4
PRA	88239	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; OTHER TISSUE	10/1/2010	12/31/2382	3
PRA	88240	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS, EACH CELL LINE	1/1/2016	12/31/2382	1
PRA	88241	THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT	10/1/2010	12/31/2382	3
PRA	88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 25 CELLS (SCE STUDY), COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDI	10/1/2010	12/31/2382	1
PRA	88248	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, COUNT 20 CELLS, 2 KARYOTYPES, WITH BANDING (EG, A	10/1/2010	12/31/2382	1
PRA	88249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN STRESS	10/1/2010	12/31/2382	1
PRA	88261	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	10/1/2010	12/31/2382	2
PRA	88262	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING	10/1/2010	12/31/2382	2
PRA	88263	CHROMOSOME ANALYSIS; COUNT 45 CELLS FOR MOSAICISM, 2 KARYOTYPES, WITH BANDING	10/1/2010	12/31/2382	1
PRA	88264	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	10/1/2017	12/31/2382	1
PRA	88267	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIONIC VILLUS, COUNT 15 CELLS, 1 KARYOTYPE, WITH BANDING	10/1/2010	12/31/2382	2
PRA	88269	CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FROM 6-12 COLONIES, 1 KARYOTYPE, WITH BANDI	10/1/2010	12/31/2382	2
PRA	88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	1/1/2016	12/31/2382	16
PRA	88272	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3-5 CELLS (EG, FOR DERIVATIVES AND MARKERS)	1/1/2016	12/31/2382	12
PRA	88273	MOLECULAR CYTOGENETICS;CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-30 CELLS	10/1/2010	12/31/2382	3
PRA	88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS	1/1/2016	12/31/2382	5
PRA	88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS	1/1/2016	12/31/2382	12
PRA	88280	CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY	10/1/2017	12/31/2382	1
PRA	88283	CHROMOSOME ANALYSIS; ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG, NOR, C-BANDING)	1/1/2016	12/31/2382	5
PRA	88285	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED, EACH STUDY	1/1/2016	12/31/2382	10
PRA	88289	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY	10/1/2010	12/31/2382	1
PRA	88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	88299	UNLISTED CYTOGENETIC STUDY	4/1/2018	12/31/2382	1
PRA	88300	LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	1/1/2016	12/31/2382	2
PRA	88302	LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION APPENDIX, INCIDENTAL FALLOPIAN TUBE, STERILIZ	1/1/2016	12/31/2382	2
PRA	88304	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION, INDUCED ABSCESS ANEURYSM - ARTERIA	1/1/2016	12/31/2382	5
PRA	88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY	1/1/2016	12/31/2382	16
PRA	88307	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ADRENAL, RESECTION BONE - BIOPSY/CURETTINGS BO	1/1/2016	12/31/2382	8
PRA	88309	LEVEL VI - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION BONE RESECTION BREAST, MASTECTOMY - WITH REGI	10/1/2010	12/31/2382	3
PRA	88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION)	10/1/2010	12/31/2382	4
PRA	88312	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); GROUP I FOR MICROORGA	1/1/2016	12/31/2382	9
PRA	88313	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); GROUP II, ALL OTHER,	1/1/2016	12/31/2382	8
PRA	88314	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); HISTOCHEMICAL STAININ	1/1/2016	12/31/2382	6
PRA	88319	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO IDENTIFY ENZYME CONSTITUENTS, EACH	1/1/2016	12/31/2382	11
PRA	88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	7/1/2013	12/31/2382	1
PRA	88323	CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPARATION OF SLIDES	7/1/2013	12/31/2382	1
PRA	88325	CONSULTATION, COMPREHENSIVE, WITH REVIEW OF RECORDS AND SPECIMENS, WITH REPORT ON REFERRED MATERIAL	7/1/2013	12/31/2382	1
PRA	88329	PATHOLOGY CONSULTATION DURING SURGERY;	1/1/2016	12/31/2382	2
PRA	88331	PATHOLOGY CONSULTATION DURING SURGERY; WITH FROZEN SECTION(S), SINGLE SPECIMEN	10/1/2010	12/31/2382	11
PRA	88332	PATHOLOGY CONSULTATION DURING SURGERY; EACH ADDITIONAL TISSUE BLOCK WITH FROZEN SECTION(S)	1/1/2016	12/31/2382	13
PRA	88333	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP, SQUASH PREP), INITIAL SITE	10/1/2010	12/31/2382	4
PRA	88334	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION, EACH ADDITIONAL SITE	1/1/2016	12/31/2382	5
PRA	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN	7/1/2018	12/31/2382	13
PRA	88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY	1/1/2015	12/31/2382	3
PRA	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH MULTIPLEX ANTIBODY STAIN PROCEDURE	7/1/2018	12/31/2382	6
PRA	88346	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD	1/1/2017	12/31/2382	2
PRA	88348	ELECTRON MICROSCOPY; DIAGNOSTIC	10/1/2010	12/31/2382	1
PRA	88350	IMMONOFLUORENCE,PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STATIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2017	12/31/2382	8

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	88355	MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE	10/1/2010	12/31/2382	1
PRA	88356	MORPHOMETRIC ANALYSIS; NERVE	7/1/2018	12/31/2382	3
PRA	88358	MORPHOMETRIC ANALYSIS; TUMOR	10/1/2010	12/31/2382	2
PRA	88360	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY, QUANTITATIVE OR SEMIQUANTITATIVE. EACH ANTIBODY; MANUAL	10/1/2016	12/31/2382	6
PRA	88361	MORPHOMETRIC ANALYSIS; TUMOR IMMUNOHISTOCHEMISTRY, QUANTITATIVE OR SEMIQUANTITATIVE	10/1/2016	12/31/2382	6
PRA	88362	NERVE TEASING PREPARATIONS	10/1/2010	12/31/2382	1
PRA	88363	EXAMINATION AND SELECTION OF RETRIEVED ARCHIVAL (IE, PREVIOUSLY DIAGNOSED) TISSUE(S) FOR MOLECULAR	7/1/2015	12/31/2382	2
PRA	88364	IN SITU HYBRIDIZATION, PER SPECIMEN; EACH ADDITIONAL SINGLE PROBE STAIN PROCEDURE	1/1/2015	12/31/2382	3
PRA	88365	TISSUE IN SITU HYBRIDIZATION, INTERPRETATION AND REPORT	1/1/2016	12/31/2382	4
PRA	88366	IN SITU HYBRIDIZATION, PER SPECIMEN; EACH MULTIPLEX PROBE STAIN PROCEDURE	1/1/2016	12/31/2382	2
PRA	88367	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE) EACH PROBE; USING COMPUTER	1/1/2017	12/31/2382	3
PRA	88368	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (QUANTITATIVE OR SEMI-QUANTITATIVE), EACH PROBE; MANUAL	1/1/2017	12/31/2382	3
PRA	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, MANUAL, PER SPECIMEN, EACH ADDITIONAL SINGLE PROBE	1/1/2017	12/31/2382	3
PRA	88371	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT;	10/1/2010	12/31/2382	1
PRA	88372	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT; IMMUNOLOGICAL PROBE FOR BAND IDENT	10/1/2010	12/31/2382	1
PRA	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, USING COMPUTER-ASSISTED TECHNOLOGY, PER SPECIMEN, EACH ADDITIONA	1/1/2015	12/31/2382	1
PRA	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, USING COMPUTER-ASSISTED TECHNOLOGY, PER SPECIMEN, EACH MULTIPLEX	1/1/2016	12/31/2382	5
PRA	88375	OPTICAL ENDOMICROSCOPIC IMAGE(S), INTERPRETATION AND REPORT, REAL TIME OR REFERRED, EACH ENDOSCOPIC	1/1/2013	12/31/2382	1
PRA	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, MANUAL, PER SPECIMEN, EACH MULTIPLEX PROBE STAIN PROCEDURE	1/1/2016	12/31/2382	5
PRA	88380	MICRODISSECTION; LASER CAPTURE	10/1/2010	12/31/2382	1
PRA	88381	MICRODISSECTION (IE, SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET); MANUAL	10/1/2010	12/31/2382	1
PRA	88387	MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR NON-MICROSCOPIC ANALYTICAL STUDIES; EACH	1/1/2016	12/31/2382	2
PRA	88388	MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR NON-MICROSCOPIC ANALYTICAL STUDIES; IN CON	1/1/2016	12/31/2382	1
PRA	88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	4/1/2018	12/31/2382	1
PRA	88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	10/1/2010	12/31/2382	1
PRA	88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUTANEOUS	1/1/2016	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; CARBOXYHEMOGLOBIN	10/1/2010	12/31/2382	1
PRA	88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; METHEMOGLOBIN	10/1/2010	12/31/2382	1
PRA	88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE	4/1/2018	12/31/2382	1
PRA	89049	CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA SUSCEPTIBILITY, INCLUDING INTERPRETATION	10/1/2010	12/31/2382	1
PRA	89050	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CSF, JOINT FLUID), EXCEPT BLOOD;	10/1/2010	12/31/2382	2
PRA	89051	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CSF, JOINT FLUID), EXCEPT BLOOD; WITH DIFFERENTIAL COUNT	10/1/2010	12/31/2382	2
PRA	89055	LEUKOCYTE COUNT, FECAL	10/1/2010	12/31/2382	2
PRA	89060	CRYSTAL IDENTIFICATION BY LIGHT MICROSCOPY WITH OR WITHOUT POLARIZING LENS ANALYSIS, ANY BODY FLUID (EXCEPT UR	10/1/2010	12/31/2382	2
PRA	89125	FAT STAIN, FECES, URINE, OR SPUTUM	10/1/2010	12/31/2382	2
PRA	89160	MEAT FIBERS, FECES	10/1/2010	12/31/2382	1
PRA	89190	NASAL SMEAR FOR EOSINOPHILS	10/1/2010	12/31/2382	1
PRA	89220	SPUTUM, OBTAINING SPECIMAN, AEROSOL INDUCED TECHNIQUE	10/1/2010	12/31/2382	1
PRA	89230	SWEAT COLLECTION BY IONTOPHORESIS	10/1/2010	12/31/2382	1
PRA	89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST	4/1/2018	12/31/2382	1
PRA	89250	CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS;	10/1/2010	12/31/2382	1
PRA	89251	CULTURE AND FERTILIZATION OF OOCYTE(S); WITH CO-CULTURE OF EMBRYOS	10/1/2010	12/31/2382	1
PRA	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	10/1/2010	12/31/2382	1
PRA	89254	OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID	10/1/2010	12/31/2382	1
PRA	89255	PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)	10/1/2010	12/31/2382	1
PRA	89257	SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLUID)	10/1/2010	12/31/2382	1
PRA	89258	CRYOPRESERVATION; EMBRYO	10/1/2010	12/31/2382	1
PRA	89259	CRYOPRESERVATION; SPERM	10/1/2010	12/31/2382	1
PRA	89260	SPERM ISOLATION; SIMPLE PREP (EG, SPERM WASH AND SWIM-UP) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS	10/1/2010	12/31/2382	1
PRA	89261	SPERM ISOLATION; COMPLEX PREP (EG, PER COL GRADIENT, ALBUMIN GRADIENT) FOR INSEMINATION OR DIAGNOSIS WITH	10/1/2010	12/31/2382	1
PRA	89264	SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED	10/1/2010	12/31/2382	1
PRA	89268	INSEMINATION OF OOCYTES	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	89272	EXTENDED CULTURE OF OOCYTE EMBRYO, 4-7 DAYS	10/1/2010	12/31/2382	1
PRA	89280	ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; LESS THAN OR EQUAL TO 10 OOCYTES	10/1/2010	12/31/2382	1
PRA	89281	ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; GREATER THAN TO 10 OOCYTES	10/1/2010	12/31/2382	1
PRA	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE; LESS THAN OR EQUAL TO 5 EMBRYOS	10/1/2010	12/31/2382	1
PRA	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE; GREATER THAN 5 EMBRYOS	10/1/2010	12/31/2382	1
PRA	89300	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM INCLUDING HUHNER TEST (POST COITAL)	10/1/2010	12/31/2382	1
PRA	89310	SEMEN ANALYSIS; MOTILITY AND COUNT	10/1/2010	12/31/2382	1
PRA	89320	SEMEN ANALYSIS; COMPLETE (VOLUME, COUNT, MOTILITY AND DIFFERENTIAL)	10/1/2010	12/31/2382	1
PRA	89321	SEMEN ANALYSIS, PRESENCE AND/OR MOTILITY OF SPERM	10/1/2010	12/31/2382	1
PRA	89322	SEMEN ANALYSIS; VOLUME COUNT, MOTILITY AND DIFFERENT USING STRICT MORPHOLOGIC CRITERIA (EG, KRUGER)	10/1/2010	12/31/2382	1
PRA	89325	SPERM ANTIBODIES	10/1/2010	12/31/2382	1
PRA	89329	SPERM EVALUATION; HAMSTER PENETRATION TEST	10/1/2010	12/31/2382	1
PRA	89330	SPERM EVALUATION; CERVICAL MUCUS PENETRATION TEST, WITH OR WITHOUT SPINBARKEIT TEST	10/1/2010	12/31/2382	1
PRA	89331	SPERM EVALUATION, FOR RETROGRADE EJACULATION, URINE (SPERM CONCENTRATION, MOTILITY AND MORPHOLOGY, AS IND	10/1/2010	12/31/2382	1
PRA	89335	CRYOPRESERVATION, REPRODUCTIVE TISSUE, TESTICULAR	10/1/2010	12/31/2382	1
PRA	89337	CYROPRESERVATION, MATURE OOCYTE(S)	1/1/2015	12/31/2382	1
PRA	89342	STORAGE, PER YEAR; EMBRYOS	10/1/2010	12/31/2382	1
PRA	89343	STORAGE, PER YEAR; SPERM, SEMEN	10/1/2010	12/31/2382	1
PRA	89344	STORAGE, PER YEAR; REPRODUCTIVE TISSUE, TESTICULAR, OVARIAN	10/1/2010	12/31/2382	1
PRA	89346	STORAGE, PER YEAR; OOCYTE	10/1/2010	12/31/2382	1
PRA	89352	THAWING OF CRYOPRESERVED; EMBRYOS	10/1/2010	12/31/2382	1
PRA	89353	THAWING OF CRYOPRESERVED; SPERM, SEMEN, EACH ALIQUOT	10/1/2010	12/31/2382	1
PRA	89354	THAWING OF CRYOPRESERVED; REPRODUCTIVE TISSUE, TESTICULAR/ OVARIAN	10/1/2010	12/31/2382	1
PRA	89356	THAWING OF CRYOPRESERVED; OOCYTES EACH ALIQUOT	10/1/2010	12/31/2382	2
PRA	89398	UNLISTED REPRODUCTIVE MEDICINE LABORATORY PROCEDURE	4/1/2018	12/31/2382	1
PRA	90281	IMMUNE GLOBULIN (IG), HUMAN, FOR INTRAMUSCULAR USE	1/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	90296	DIPHTHERIA ANTITOXIN, EQUINE, ANY ROUTE	10/1/2010	12/31/2382	1
PRA	90371	HEPATITIS B IMMUNE GLOBULIN (HBLG), HUMAN, FOR INTRAMUSCULAR USE	7/1/2016	12/31/2382	10
PRA	90375	RABIES IMMUNE GLOBULIN (RIG),HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE	10/1/2010	12/31/2382	20
PRA	90376	RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND OR SUBCUTANEOUS USE	10/1/2010	12/31/2382	20
PRA	90378	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIM),FOR INTRAMUSCULAR USE	7/1/2017	12/31/2382	4
PRA	90384	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN FULL DOSE FOR INTRAMUSCULAR USE	1/1/2014	12/31/2382	2
PRA	90385	RHO(D) IMMUNE GLOBULIN (RHLG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
PRA	90389	TETANUS IMMUNE GLOBULIN (TLG), HUMAN, FIR INTRAMUSCULAR USE	1/1/2014	12/31/2382	1
PRA	90393	VACCINIA IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	10/1/2012	12/31/2382	1
PRA	90396	VARICELLA - ZOSTER IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
PRA	90399	UNLISTED IMMUNE GLOBULIN	4/1/2018	12/31/2382	1
PRA	90460	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY PHYS	4/1/2017	12/31/2382	9
PRA	90461	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY PHYS	1/1/2017	12/31/2382	8
PRA	90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	10/1/2010	12/31/2382	1
PRA	90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	4/1/2018	12/31/2382	8
PRA	90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	10/1/2010	12/31/2382	1
PRA	90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE ; EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION	10/1/2010	12/31/2382	1
PRA	90476	ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE	10/1/2010	12/31/2382	1
PRA	90477	ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE	10/1/2010	12/31/2382	1
PRA	90581	ANTHRAX VACCINE, FOR SUBCUTANEOUS USE	10/1/2010	12/31/2382	1
PRA	90585	BACILLUS CALMETTE-GUERIN VACCINE FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS USE	10/1/2010	12/31/2382	1
PRA	90586	BACILLUS CALMETTE-GUERIN VACCINE FOR BLADDER CANCER, LIVE, FOR INTRAVESICAL USE	10/1/2010	12/31/2382	1
PRA	90620	INITIAL CONSULTATION; COMPREHENSIVE	1/1/2016	12/31/2382	1
PRA	90625	VACCINE FOR CHOLERA FOR ORAL ADMINISTRATION	1/1/2016	12/31/2382	1
PRA	90630	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIE VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE	1/1/2015	12/31/2382	1
PRA	90632	HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	90633	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
PRA	90634	HAPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE - 3 DOSE SCHEDULE	10/1/2010	12/31/2382	1
PRA	90636	HEPATITIS A AND HEPATITIS B VACCINE (HEP A-HEP B), ADULT DOSAGE, FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
PRA	90644	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS C&Y AND HEMOPHILUS INFLUENZA B VACCINE,TETANUS TOXOID CONJUGATE	4/1/2011	12/31/2382	1
PRA	90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
PRA	90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
PRA	90649	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR US	10/1/2010	12/31/2382	1
PRA	90650	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 16, 18, BIVALENT, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
PRA	90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6,11,16,18,31,33,45,52,58, NONVALENT (HPV), 3 DOSE SCHEDULE, FOR	1/1/2015	12/31/2382	1
PRA	90653	VACCINE FOR INFLUENZA VIRUS FOR INJECTION INTO MUSCLE	1/1/2013	12/31/2382	1
PRA	90654	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE	7/1/2011	12/31/2382	1
PRA	90655	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR CHILDREN 6-35 MONTHS OF AGE FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
PRA	90656	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR USE IN INDIVIDUALS 3 YEARS AND ABOVE, FOR INTRAM	10/1/2010	12/31/2382	1
PRA	90657	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, 6-35 MONTHS DOSAGE, FOR INTRAMUSCULAR OR JET INJECTION USE	10/1/2010	12/31/2382	1
PRA	90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, 3 YEARS AND ABOVE DOSAGE, FOR INTRAMUSCULAR OR JET INJECTION USE	10/1/2010	12/31/2382	1
PRA	90660	INFLUENZA VIRUS VACCINE,LIVE, FOR INTRANASAL USE	10/1/2010	12/31/2382	1
PRA	90661	INFLUENZA VIRUS VACCINE, DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSC	10/1/2010	12/31/2382	1
PRA	90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASED	10/1/2010	12/31/2382	1
PRA	90664	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, LIVE, FOR INTRANASAL USE	4/1/2011	12/31/2382	1
PRA	90666	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATIOM, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRAMUSCULAR USE	4/1/2011	12/31/2382	1
PRA	90667	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATIOM, SPLIT VIRUS,ADJUVANTED, FOR INTRAMUSCULAR USE	4/1/2011	12/31/2382	1
PRA	90668	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATIOM, SPLIT VIRUS, FOR INTRAMUSCULAR USE	4/1/2011	12/31/2382	1
PRA	90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE	7/1/2012	12/31/2382	1
PRA	90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	1/1/2013	12/31/2382	1
PRA	90673	FLU VACCINE RIV3 NO PRESERVATIVE 0.5 ML	1/1/2014	12/31/2382	1
PRA	90675	RABIES VACCINE, FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	90676	RABIES VACCINE, FOR INTRADERMAL USE	10/1/2010	12/31/2382	1
PRA	90680	ROTAVIRUS VACCINE, TETRAVALENT, LIVE, FOR ORAL USE	10/1/2010	12/31/2382	1
PRA	90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE, LIVE, FOR ORAL USE	10/1/2010	12/31/2382	1
PRA	90682	INFLUENZA VIRUS VACCINE, QUADRIVALENT (RIV4), DERIVED FROM RECOMBINANT DNA, HEMAGGLUTININ (HA) PROTEIN ONLY, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE	1/1/2017	12/31/2382	1
PRA	90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO CHILDREN 6-35 MO	7/1/2013	12/31/2382	1
PRA	90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 3 YEAR	7/1/2013	12/31/2382	1
PRA	90687	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE,	7/1/2013	12/31/2382	1
PRA	90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER	7/1/2013	12/31/2382	1
PRA	90689	INACTIVATED QUADRIVALENT INFLUENZA VACCINE FOR INJECTION INTO MUSCLE, 0.25 ML DOSAGE	1/1/2019	12/31/2382	1
PRA	90690	TYPHOID VACCINE, LIVE, ORAL	10/1/2010	12/31/2382	1
PRA	90691	TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICP'S), FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
PRA	90696	DIPHTHERIA, TETANUS TOXIDS, ACELLULAR PERTUSSIS VACCINE AND POLIOVIRUS VACCINE, INACTIVATED, WHEN ADMINISTERED	10/1/2010	12/31/2382	1
PRA	90698	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS INFLUENZA TYPE B, AND POLIOVIRUS	10/1/2010	12/31/2382	1
PRA	90700	IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE	10/1/2010	12/31/2382	1
PRA	90702	IMMUNIZATION, ACTIVE; DIPHTHERIA AND TETANUS TOXOIDS (DT)	10/1/2010	12/31/2382	1
PRA	90707	IMMUNIZATION, ACTIVE; MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE	10/1/2010	12/31/2382	1
PRA	90710	IMMUNEZATION, ACTIVE; MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE	10/1/2010	12/31/2382	1
PRA	90713	IMMUNIZATION, ACTIVE; POLIOMYELITIS VACCINE	10/1/2010	12/31/2382	1
PRA	90714	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, FOR USE IN INDIVIDUALS 7 YEARS OR OLDER	10/1/2010	12/31/2382	1
PRA	90715	TETANUS DIPHTHERIA TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE, FOR USE IN INDIVIDUALS SEVEN YEARS OR OLDER, FOR	10/1/2010	12/31/2382	1
PRA	90716	IMMUNIZATION, ACTIVE; VARICELLA VACCINE	10/1/2010	12/31/2382	1
PRA	90717	IMMUNIZATION, ACTIVE; YELLOW FEVER VACCINE	10/1/2010	12/31/2382	1
PRA	90723	DIPHTHERIA, TETANUS TOXIDS, ACELLULAR PERTUSSIS VACCINE ,HEPATITIS B, AND POLIOVIRUS VACCINE, INACTIVATED, FOR	10/1/2013	12/31/2382	1
PRA	90732	IMMUNIZATION, ACTIVE; PNEUMOCOCCAL VACCINE, POLYVALENT	10/1/2010	12/31/2382	1
PRA	90733	IMMUNIZATION, ACTIVE; MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S))	10/1/2010	12/31/2382	1
PRA	90734	MENINGOCOCCAL POLYSACCHARIDE VACCINE, SEROGROUPS A, C, Y AND W 135, FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	10/1/2010	12/31/2382	1
PRA	90738	JAPANESE ENCEPHALITIS VIRUS VACCINE, INACTIVATED, FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
PRA	90739	HEPATITIS B VACCINE, ADULT DOSAGE (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	4/1/2013	12/31/2382	1
PRA	90740	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	10/1/2014	12/31/2382	1
PRA	90743	HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
PRA	90744	IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; NEWBORN TO 11 YEARS	10/1/2010	12/31/2382	1
PRA	90746	HEPATITIS B VACCINE; ADULT DOSAGE, FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
PRA	90747	IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; DIALYSIS OR IMMUNOSUPPRESSED PATIENT, ANY AGE	10/1/2014	12/31/2382	1
PRA	90748	IMMUNIZATION, ACTIVE, HEPATITIS B AND HAMOPHILUS INFLUENZA B (HIB) VACCINE	10/1/2013	12/31/2382	1
PRA	90749	UNLISTED IMMUNIZATION PROCEDURE	4/1/2018	12/31/2382	1
PRA	90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUB-UNIT, ADJUVANTED, FOR INTRAMUSCULAR INJECTION	1/1/2017	12/31/2382	1
PRA	90756	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4), DERIVED FROM CELL CULTURES, SUBUNIT, ANTIBIOTIC FREE, 0.5ML DOSAGE, FOR INTRAMUSCULAR USE	1/1/2018	12/31/2382	1
PRA	90785	INTERACTIVE COMPLEXITY	4/1/2013	12/31/2382	1
PRA	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION WITHOUT MEDICAL SERVICES	1/1/2013	12/31/2382	1
PRA	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	7/1/2013	12/31/2382	1
PRA	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	1/1/2013	12/31/2382	1
PRA	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT	1/1/2013	12/31/2382	1
PRA	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	1/1/2013	12/31/2382	1
PRA	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT	1/1/2013	12/31/2382	1
PRA	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBERS	1/1/2013	12/31/2382	1
PRA	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT	1/1/2013	12/31/2382	1
PRA	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	7/1/2013	12/31/2382	1
PRA	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES	7/1/2016	12/31/2382	3
PRA	90845	PSYCHOANALYSIS	7/1/2013	12/31/2382	1
PRA	90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	10/1/2014	12/31/2382	1
PRA	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)	10/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	7/1/2013	12/31/2382	1
PRA	90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	4/1/2015	12/31/2382	2
PRA	90863	PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION AND REVIEW OF MEDICATION	1/1/2013	12/31/2382	1
PRA	90865	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG, SODIUM AMO BARBITAL (AMYTAL))	7/1/2013	12/31/2382	1
PRA	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	7/1/2013	12/31/2382	1
PRA	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT; DELIVERY AND MANAGEMENT, PER SESSION	7/1/2013	12/31/2382	1
PRA	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION	1/1/2012	12/31/2382	1
PRA	90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING); SINGLE SEIZURE	10/1/2014	12/31/2382	2
PRA	90875	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY (FACE TO FACE WITH)	1/1/2014	12/31/2382	2
PRA	90876	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY; APPROX. 45-50 MIN	1/1/2014	12/31/2382	1
PRA	90880	HYPNOTHERAPY	7/1/2013	12/31/2382	1
PRA	90882	ENVIRONMENTAL INTERVENTION FOR MEDICAL MANAGEMENT PURPOSES ON A PSYCHIATRIC PATIENT'S BEHALF WITH AGENCIES, EM	10/1/2013	12/31/2382	1
PRA	90885	PSYCHIATRIC EVALUATION OF HOSPITAL RECORDS, OTHER PSYCHIATRIC REPORTS, PSYCHOMETRIC AND/OR PROJECTIVE	10/1/2012	12/31/2382	1
PRA	90887	INTERPRETATION OR EXPLANATION OF RESULTS OF PSYCHIATRIC, OTHER MEDICAL EXAMINATIONS AND PROCEDURES, OR OTHER A	10/1/2018	12/31/2382	1
PRA	90889	PREPARATION OF REPORT OF PATIENT'S PSYCHIATRIC STATUS, HISTORY, TREATMENT, OR PROGRESS (OTHER THAN FOR LEGAL O	10/1/2012	12/31/2382	1
PRA	90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	4/1/2018	12/31/2382	1
PRA	90901	BIOFEEDBACK TRAINING BY ANY MODALITY	10/1/2010	12/31/2382	1
PRA	90935	HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION	10/1/2010	12/31/2382	1
PRA	90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESC	10/1/2010	12/31/2382	1
PRA	90940	HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GRAFTS AND ARTERIOVENOUS FISTULAE BY AN INDICATOR	10/1/2016	12/31/2382	1
PRA	90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL, HEMOFILTRATION), WITH SINGLE PHYSICIAN EVALUATION	10/1/2010	12/31/2382	1
PRA	90947	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL, HEMOFILTRATION) REQUIRING REPEATED EVALUATIONS, WI	10/1/2010	12/31/2382	1
PRA	90951	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE	10/1/2010	12/31/2382	1
PRA	90952	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE	10/1/2010	12/31/2382	1
PRA	90953	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE	10/1/2010	12/31/2382	1
PRA	90954	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 2- 11 YEARS OF AGE TO INCLUDE MONITORING FOR	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	90955	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 2- 11 YEARS OF AGE TO INCLUDE MONITORING FOR	10/1/2010	12/31/2382	1
PRA	90956	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 2- 11 YEARS OF AGE TO INCLUDE MONITORING FOR	10/1/2010	12/31/2382	1
PRA	90957	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 12- 19 YEARS OF AGE TO INCLUDE MONITORING FOR	10/1/2010	12/31/2382	1
PRA	90958	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 12- 19 YEARS OF AGE TO INCLUDE MONITORING FOR	10/1/2010	12/31/2382	1
PRA	90959	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 12- 19 YEARS OF AGE TO INCLUDE MONITORING FOR	10/1/2010	12/31/2382	1
PRA	90960	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 4 OR MORE	10/1/2010	12/31/2382	1
PRA	90961	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 2-3 FACE-TO-FAC	10/1/2010	12/31/2382	1
PRA	90962	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 1 FACE-TO-FACE	10/1/2010	12/31/2382	1
PRA	90963	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS YOUNGER THAN 2 YEARS	10/1/2010	12/31/2382	1
PRA	90964	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 2-11 YEARS OF AGE	10/1/2010	12/31/2382	1
PRA	90965	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 12-19 YEARS OF AGE TO	10/1/2010	12/31/2382	1
PRA	90966	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 20 YEARS OF AGE AND OL	10/1/2010	12/31/2382	1
PRA	90967	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY, FOR PAT	10/1/2010	12/31/2382	1
PRA	90968	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY, FOR PAT	10/1/2010	12/31/2382	1
PRA	90969	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY, FOR PAT	10/1/2010	12/31/2382	1
PRA	90970	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY, FOR PAT	10/1/2010	12/31/2382	1
PRA	90989	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COMPLETED COURSE	10/1/2010	12/31/2382	1
PRA	90993	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COURSE NOT COMPLETED, PER TRAINING SE	10/1/2010	12/31/2382	1
PRA	90997	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)	10/1/2010	12/31/2382	1
PRA	90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	4/1/2018	12/31/2382	1
PRA	90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	4/1/2018	12/31/2382	31
PRA	91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY;	10/1/2010	12/31/2382	1
PRA	91013	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY;	1/1/2011	12/31/2382	1
PRA	91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES	10/1/2010	12/31/2382	1
PRA	91022	DUODENAL MOTILITY (MANOMETRIC) STUDY	10/1/2010	12/31/2382	1
PRA	91030	ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	91034	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER PH ELECTRODE(S) PLACEMENT, RECORDING, ANALYSIS	10/1/2010	12/31/2382	1
PRA	91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH ELECTRODE PLACEMENT, RECORDING,	10/1/2010	12/31/2382	1
PRA	91037	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER INTRALUMINAL IMPEDANCE	10/1/2010	12/31/2382	1
PRA	91038	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER INTRALUMINAL IMPEDANCE	10/1/2010	12/31/2382	1
PRA	91040	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	10/1/2010	12/31/2382	1
PRA	91065	BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY)	1/1/2014	12/31/2382	2
PRA	91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL, ESOPHAGUS THROUGH ILEUM, WITH PHYSICIAN INTERPRETATION	10/1/2010	12/31/2382	1
PRA	91111	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL, ESOPHAGUS WITH PHYSICIAN INTERPRETATION AND REPORT	10/1/2010	12/31/2382	1
PRA	91112	GASTROINTESTINAL TRANSIT AND PRESSURE MEASUREMENT, STOMACH THROUGH COLON, WIRELESS CAPSULE, WITH INTERPRE	1/1/2013	12/31/2382	1
PRA	91117	COLON MOTILITY (MANOMETRIC) STUDY, MINIMUM 6 HOURS CONTINUOUS RECORDING (INCLUDING PROVOCATION TESTS, EG, MEAL	4/1/2011	12/31/2382	1
PRA	91120	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GRADED BALLOON DISTENTION)	10/1/2010	12/31/2382	1
PRA	91122	ANORECTAL MANOMETRY	10/1/2010	12/31/2382	1
PRA	91132	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS	10/1/2010	12/31/2382	1
PRA	91133	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; WITH PROVOCATIVE TESTING	10/1/2010	12/31/2382	1
PRA	91200	LIVER ELASTOGRAPHY, MECHANICALLY INDUCED SHEAR WAVE (EG, VIBRATION), WITHOUT IMAGING, WITH INTERPRETATION AND	1/1/2015	12/31/2382	1
PRA	91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	4/1/2018	12/31/2382	1
PRA	92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROG	10/1/2010	12/31/2382	1
PRA	92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROG	10/1/2010	12/31/2382	1
PRA	92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC A	10/1/2010	12/31/2382	1
PRA	92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC A	10/1/2010	12/31/2382	1
PRA	92015	DETERMINATION OF REFRACTIVE STATE	10/1/2012	12/31/2382	1
PRA	92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE F	7/1/2013	12/31/2382	1
PRA	92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE F	7/1/2013	12/31/2382	1
PRA	92020	GONIOSCOPY (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT	10/1/2010	12/31/2382	1
PRA	92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION WITH INTERPRETATION AND REPORT	7/1/2013	12/31/2382	1

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PRA	92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND EVALUATION	7/1/2013	12/31/2382	1
PRA	92071	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	4/1/2012	12/31/2382	2
PRA	92072	FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING	1/1/2012	12/31/2382	1
PRA	92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; LIMITED EXAMINATION	10/1/2010	12/31/2382	1
PRA	92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH MEDICAL DIAGNOSTIC EVALUATION; INTERMEDIATE EXAMINATION	10/1/2010	12/31/2382	1
PRA	92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH MEDICAL DIAGNOSTIC EVALUATION; EXTENDED EXAMINATION (E)	10/1/2010	12/31/2382	1
PRA	92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTRAOCULAR PRESSURE OVER AN EXTENDED TIME	7/1/2013	12/31/2382	1
PRA	92132	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTERPRETATION AND REPORT,	4/1/2011	12/31/2382	1
PRA	92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT,	4/1/2011	12/31/2382	1
PRA	92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT,	4/1/2011	12/31/2382	1
PRA	92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS POWER CALCULATION	1/1/2017	12/31/2382	1
PRA	92145	CORNEAL HYSTERESIS DETERMINATION, BY AIR PULSUS STIMULATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION	1/1/2015	12/31/2382	1
PRA	92227	REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE (EG, RETINOPATHY IN A PATIENT WITH DIABETES) WITH ANALYSIS	4/1/2011	12/31/2382	1
PRA	92228	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG, DIABETIC RETINOPATHY)	4/1/2011	12/31/2382	1
PRA	92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT	7/1/2013	12/31/2382	2
PRA	92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT	1/1/2017	12/31/2382	1
PRA	92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT	1/1/2017	12/31/2382	1
PRA	92242	IMAGING OF BLOOD VESSELS IN BACK OF EYE USING FLUORESCEIN AND INDOCYANINE-GREEN DYE	1/1/2017	12/31/2382	1
PRA	92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	7/1/2013	12/31/2382	1
PRA	92260	OPHTHALMOSCOPY, WITH MEDICAL DIAGNOSTIC EVALUATION; WITH OPHTHALMODYNAMOMETRY	7/1/2013	12/31/2382	1
PRA	92265	NEEDLE OCULO-ELECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH EYES, WITH INTERPRETATION AND REPORT	10/1/2010	12/31/2382	1
PRA	92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	7/1/2013	12/31/2382	1
PRA	92273	ELECTRORETINOGRAPHY (ERG), WITH INTERPRETATION AND REPORT; FULL FIELD (IE, FFERG, FLASH ERG, GANZFELD ERG)	1/1/2019	12/31/2382	1
PRA	92274	ELECTRORETINOGRAPHY (ERG), WITH INTERPRETATION AND REPORT; MULTIFOCAL (MFERG)	1/1/2019	12/31/2382	1
PRA	92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT	7/1/2013	12/31/2382	1
PRA	92284	DARK ADAPTATION EXAMINATION, WITH INTERPRETATION AND REPORT	7/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF MEDICAL PROGRESS (EG, CLOSE	7/1/2013	12/31/2382	1
PRA	92286	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH SPECULAR ENDOTHELIAL MICROSCOPY	7/1/2013	12/31/2382	1
PRA	92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH MEDICAL DIAGNOSTIC EVALUATION; WITH FLUORESCEIN ANGIOGRAPHY	7/1/2013	12/31/2382	1
PRA	92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION	10/1/2012	12/31/2382	1
PRA	92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION	10/1/2010	12/31/2382	1
PRA	92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION	10/1/2010	12/31/2382	1
PRA	92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION	1/1/2014	12/31/2382	1
PRA	92314	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A	10/1/2012	12/31/2382	1
PRA	92315	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A	10/1/2010	12/31/2382	1
PRA	92316	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A	10/1/2010	12/31/2382	1
PRA	92317	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A	1/1/2014	12/31/2382	1
PRA	92325	MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH MEDICAL SUPERVISION OF ADAPTATION	1/1/2014	12/31/2382	1
PRA	92326	REPLACEMENT OF CONTACT LENS	7/1/2013	12/31/2382	2
PRA	92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL	10/1/2012	12/31/2382	1
PRA	92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	10/1/2012	12/31/2382	1
PRA	92342	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL	10/1/2012	12/31/2382	1
PRA	92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	10/1/2012	12/31/2382	1
PRA	92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL	10/1/2012	12/31/2382	1
PRA	92354	FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM	10/1/2012	12/31/2382	1
PRA	92355	FITTING OF SPECTACLE MOUNTED LOW VISION AID; TELESCOPIC OR OTHER COMPOUND LENS SYSTEM	10/1/2012	12/31/2382	1
PRA	92358	PROSTHESIS SERVICE FOR APHAKIA, TEMPORARY (DISPOSABLE OR LOAN, INCLUDING MATERIALS)	10/1/2012	12/31/2382	1
PRA	92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA	10/1/2013	12/31/2382	1
PRA	92371	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA	10/1/2012	12/31/2382	1
PRA	92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	4/1/2018	12/31/2382	1
PRA	92502	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA	10/1/2010	12/31/2382	1
PRA	92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	10/1/2010	12/31/2382	1

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PRA	92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	10/1/2010	12/31/2382	1
PRA	92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; GROUP, TWO OR MORE	10/1/2010	12/31/2382	1
PRA	92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	92512	NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)	10/1/2010	12/31/2382	1
PRA	92516	FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEUROGRAPHY)	10/1/2010	12/31/2382	1
PRA	92520	LARYNGEAL FUNCTION STUDIES	10/1/2010	12/31/2382	1
PRA	92521	EVALUATION OF SPEECH FLUENCY	1/1/2014	12/31/2382	1
PRA	92522	EVALUATION OF SPEECH AND SOUND PRODUCTION	1/1/2014	12/31/2382	1
PRA	92523	EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION	1/1/2014	12/31/2382	1
PRA	92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	1/1/2014	12/31/2382	1
PRA	92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	10/1/2010	12/31/2382	1
PRA	92531	SPONTANEOUS NYSTAGMUS, INCLUDING GAZE	10/1/2012	12/31/2382	1
PRA	92532	POSITIONAL NYSTAGMUS	10/1/2012	12/31/2382	1
PRA	92533	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION CONSTITUTES FOUR TESTS)	10/1/2018	12/31/2382	4
PRA	92534	OPTOKINETIC NYSTAGMUS	10/1/2012	12/31/2382	1
PRA	92537	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; BITHERMAL (IE, ONE WARM AND ONE COOL IRRIGATION IN EACH EAR FOR A TOTAL OF FOUR IRRIGATIONS)	1/1/2016	12/31/2382	1
PRA	92538	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; MONOTHERMAL (IE, ONE IRRIGATION IN EACH EAR FOR A TOTAL OF TWO IRRIGATIONS)	1/1/2016	12/31/2382	1
PRA	92540	BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTAGMUS TEST WITH ECCENTRIC GAZE FIXATION MYSTAGMUS	7/1/2012	12/31/2382	1
PRA	92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING	10/1/2010	12/31/2382	1
PRA	92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING	10/1/2010	12/31/2382	1
PRA	92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION, WITH RECORDING	10/1/2010	12/31/2382	1
PRA	92545	OSCILLATING TRACKING TEST, WITH RECORDING	10/1/2010	12/31/2382	1
PRA	92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	10/1/2010	12/31/2382	1
PRA	92547	USE OF VERTICAL ELECTRODES IN ANY OR ALL OF ABOVE TESTS COUNTS AS ONE ADDITIONAL TEST	10/1/2014	12/31/2382	1
PRA	92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY	10/1/2010	12/31/2382	1
PRA	92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	7/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	92551	SCREENING TEST, PURE TONE, AIR ONLY	10/1/2013	12/31/2382	1
PRA	92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	10/1/2010	12/31/2382	1
PRA	92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	10/1/2010	12/31/2382	1
PRA	92555	SPEECH AUDIOMETRY THRESHOLD;	10/1/2010	12/31/2382	1
PRA	92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	10/1/2010	12/31/2382	1
PRA	92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)	10/1/2010	12/31/2382	1
PRA	92558	EVOKED OTOACOUSTIC EMISSIONS, SCREENING, AUTOMATED ANALYSIS	1/1/2012	12/31/2382	1
PRA	92559	AUDIOMETRIC TESTING OF GROUPS	10/1/2013	12/31/2382	1
PRA	92560	BEKESY AUDIOMETRY; SCREENING	10/1/2013	12/31/2382	1
PRA	92561	BEKESY AUDIOMETRY; DIAGNOSTIC	10/1/2010	12/31/2382	1
PRA	92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	10/1/2010	12/31/2382	1
PRA	92563	TONE DECAY TEST	10/1/2010	12/31/2382	1
PRA	92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)	10/1/2010	12/31/2382	1
PRA	92565	STENGER TEST, PURE TONE	10/1/2010	12/31/2382	1
PRA	92567	TYMPANOMETRY (IMPEDANCE TESTING)	10/1/2010	12/31/2382	1
PRA	92568	ACOUSTIC REFLEX TESTING	10/1/2010	12/31/2382	1
PRA	92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING), ACOUSTIC REFLEX THRESHOLD TESTING,	7/1/2014	12/31/2382	1
PRA	92571	FILTERED SPEECH TEST	10/1/2010	12/31/2382	1
PRA	92572	STAGGERED SPONDAIC WORD TEST	10/1/2010	12/31/2382	1
PRA	92575	SENSORINEURAL ACUITY LEVEL TEST	10/1/2010	12/31/2382	1
PRA	92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	10/1/2010	12/31/2382	1
PRA	92577	STENGER TEST, SPEECH	10/1/2010	12/31/2382	1
PRA	92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	10/1/2010	12/31/2382	1
PRA	92582	CONDITIONING PLAY AUDIOMETRY	10/1/2010	12/31/2382	1
PRA	92583	SELECT PICTURE AUDIOMETRY	10/1/2010	12/31/2382	1
PRA	92584	ELECTROCOCHLEOGRAPHY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM	10/1/2010	12/31/2382	1
PRA	92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS, LIMITED	10/1/2010	12/31/2382	1
PRA	92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS)	10/1/2010	12/31/2382	1
PRA	92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION(COMPARISON OF TRANSIENT AND DISTORTION	10/1/2010	12/31/2382	1
PRA	92590	HEARING AID EXAMINATION AND SELECTION; MONAURAL	10/1/2013	12/31/2382	1
PRA	92591	HEARING AID EXAMINATION AND SELECTION; BINAURAL	10/1/2013	12/31/2382	1
PRA	92592	HEARING AID CHECK; MONAURAL	10/1/2013	12/31/2382	1
PRA	92593	HEARING AID CHECK; BINAURAL	10/1/2013	12/31/2382	1
PRA	92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL	10/1/2013	12/31/2382	1
PRA	92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL	10/1/2013	12/31/2382	1
PRA	92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	7/1/2013	12/31/2382	1
PRA	92597	EVALUATION FOR USE AND/OR FITTING VOICE PROSTHETIC OR AUGMENTATIVE/ALTERNATIVE COMMUNICATION DEVICE TO SUPPLEM	10/1/2012	12/31/2382	1
PRA	92601	DIAGNOSTIC ANYALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; WITH PROGRAMMING	10/1/2010	12/31/2382	1
PRA	92602	DIAGNOSTIC ANYALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; SUBSEQUENT PROGRAMMING	10/1/2010	12/31/2382	1
PRA	92603	DIAGNOSTIC ANYALYSIS OF COCHLEAR IMPLANT, 7 YEARS OR OLDER, WITH PROGRAMMING	10/1/2010	12/31/2382	1
PRA	92604	DIAGNOSTIC ANYALYSIS OF COCHLEAR IMPLANT, 7 YEARS OR OLDER; SUBSEQUENT PROGRAMMING	10/1/2010	12/31/2382	1
PRA	92605	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE	7/1/2013	12/31/2382	1
PRA	92606	THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH- GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION	10/1/2012	12/31/2382	1
PRA	92607	EVALUATION FOR PRESCRIPTION OF SPEECH-GENERATING- AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FIRST HOU	10/1/2012	12/31/2382	1
PRA	92608	EVALUATION FOR PRESCRIPTION OF SPEECH-GENERATING- AUGMENTATIVE AND ALTERNATIVE COMMUNICATION, EACH ADDITIONAL	7/1/2016	12/31/2382	4
PRA	92609	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION	10/1/2010	12/31/2382	1
PRA	92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	10/1/2010	12/31/2382	1
PRA	92611	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING	10/1/2012	12/31/2382	1
PRA	92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING	10/1/2012	12/31/2382	1
PRA	92613	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING; PHYSICIAN INTERPERTATION	10/1/2010	12/31/2382	1
PRA	92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	92615	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING; PHYSICIAN AND	10/1/2010	12/31/2382	1
PRA	92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY BY CINE OR VIDEO RECORDING	10/1/2012	12/31/2382	1
PRA	92617	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY BY CINE OR VIDEO RECORDING; PHYS	10/1/2010	12/31/2382	1
PRA	92618	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE	7/1/2016	12/31/2382	1
PRA	92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	10/1/2010	12/31/2382	1
PRA	92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	7/1/2016	12/31/2382	4
PRA	92625	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MASKING)	10/1/2010	12/31/2382	1
PRA	92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	10/1/2010	12/31/2382	1
PRA	92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES	7/1/2016	12/31/2382	6
PRA	92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	10/1/2012	12/31/2382	1
PRA	92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	10/1/2012	12/31/2382	1
PRA	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, PER HOUR	7/1/2016	12/31/2382	1
PRA	92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	4/1/2018	12/31/2382	1
PRA	92920	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; SINGLE MAJOR CORONARY ARTERY OR BRANCH	7/1/2016	12/31/2382	3
PRA	92921	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; EACH ADDITIONAL BRANCH OF A MAJOR CORONARY ARTERY	10/1/2016	12/31/2382	6
PRA	92924	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH CORONARY ANGIOPLASTY WHEN PERFORMED; SINGLE MAJOR	7/1/2016	12/31/2382	2
PRA	92925	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH CORONARY ANGIOPLASTY WHEN PERFORMED; EACH ADDITIONAL	10/1/2016	12/31/2382	6
PRA	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY STENT(S), WITH CORONARY ANGIOPLASTY WHEN PERFORMED	7/1/2016	12/31/2382	3
PRA	92929	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY STENT(S), WITH CORONARY ANGIOPLASTY WHEN PERFORMED	10/1/2016	12/31/2382	6
PRA	92933	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH INTRACORONARY STENT, WITH ANGIOPLASTY WHEN PERFORMED;	7/1/2016	12/31/2382	2
PRA	92934	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH INTRACORONARY STENT, WITH ANGIOPLASTY WHEN PERFORMED;	10/1/2016	12/31/2382	6
PRA	92937	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT, ANY COMBINATION OF	7/1/2016	12/31/2382	2
PRA	92938	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT, ANY COMBINATION OF	7/1/2016	12/31/2382	6
PRA	92941	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF ACUTE TOTAL/SUBTOTAL OCCLUSION DURING ACUTE MYOCARDIAL INFARCT	1/1/2013	12/31/2382	1
PRA	92943	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY, CORONARY ARTERY	7/1/2016	12/31/2382	2
PRA	92944	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY, CORONARY ARTERY	7/1/2016	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	7/1/2016	12/31/2382	2
PRA	92953	TEMPORARY TRANSCUTANEOUS PACING	10/1/2010	12/31/2382	2
PRA	92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA, EXTERNAL	10/1/2010	12/31/2382	2
PRA	92961	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; INTERNAL	10/1/2010	12/31/2382	1
PRA	92970	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL	10/1/2010	12/31/2382	1
PRA	92971	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL	10/1/2010	12/31/2382	1
PRA	92973	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	10/1/2010	12/31/2382	2
PRA	92974	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT CORONARY INTRAVASCULAR BRACHYTHERAPY	10/1/2010	12/31/2382	1
PRA	92975	THROMBOLYSIS, CORONARY; BY INTRACORONARY INFUSION, INCLUDING SELECTIVE CORONARY ANGIOGRAPHY	10/1/2010	12/31/2382	1
PRA	92977	THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION	10/1/2010	12/31/2382	1
PRA	92978	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC	10/1/2010	12/31/2382	1
PRA	92979	INTRAVASCULAR ULTRASOUND DURING THERAPEUTIC INTERVENTION INCLUDING IMAGING SUPERVISION; EACH ADDITIONAL VESSE	10/1/2010	12/31/2382	2
PRA	92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	10/1/2010	12/31/2382	1
PRA	92987	PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE	10/1/2010	12/31/2382	1
PRA	92990	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE	10/1/2010	12/31/2382	1
PRA	92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASHKING TYPE) (INCLUDES CARDIAC CATHETER	10/1/2010	12/31/2382	1
PRA	92993	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD	10/1/2010	12/31/2382	1
PRA	92997	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE VESSEL	10/1/2010	12/31/2382	1
PRA	92998	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADDITIONAL VESSEL	10/1/2010	12/31/2382	2
PRA	93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND REPORT	10/1/2010	12/31/2382	3
PRA	93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	10/1/2010	12/31/2382	3
PRA	93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND REPORT ONLY	7/1/2016	12/31/2382	5
PRA	93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE; CONTINUOUS ELECTROCARDIO	10/1/2014	12/31/2382	1
PRA	93016	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE;PHYSICIAN SUPERVISION ONL	10/1/2014	12/31/2382	1
PRA	93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE; TRACING ONLY, WITHOUT IN	10/1/2014	12/31/2382	1
PRA	93018	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE; INTERPRETATION AND REPOR	10/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	93024	ERGONOVINE PROVOCATION TEST	10/1/2010	12/31/2382	1
PRA	93025	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS	10/1/2010	12/31/2382	1
PRA	93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT	10/1/2010	12/31/2382	3
PRA	93041	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT	10/1/2010	12/31/2382	2
PRA	93042	RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND REPORT ONLY	10/1/2010	12/31/2382	3
PRA	93050	ANALYSIS OF PRESSURE UPPER LIMB ARTERY WITH INTERPRETATION AND REPORT	1/1/2016	12/31/2382	1
PRA	93224	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH V	10/1/2010	12/31/2382	1
PRA	93225	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH V	10/1/2010	12/31/2382	1
PRA	93226	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH V	10/1/2010	12/31/2382	1
PRA	93227	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH V	10/1/2010	12/31/2382	1
PRA	93228	WEARABLE MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED	10/1/2010	12/31/2382	1
PRA	93229	WEARABLE MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED	10/1/2010	12/31/2382	1
PRA	93260	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE	1/1/2015	12/31/2382	1
PRA	93261	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY A PHYSICIAN OR	1/1/2015	12/31/2382	1
PRA	93264	REMOTE MONITORING OF WIRELESS PRESSURE SENSOR IN LUNG ARTERY WITH QUALIFIED HEALTH CARE PROFESSIONAL ANALYSIS, REVIEW, AND REPORT	1/1/2019	12/31/2382	1
PRA	93268	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM OR POSTSYMPTOM MEMORY LOOP, TRANSMISSION, PH	10/1/2010	12/31/2382	1
PRA	93270	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD; RECORDING	10/1/2010	12/31/2382	1
PRA	93271	PATIENT DEMAND SINGLE/MULTIPLE EVENT RECORDING W/PRE- SYMPTOM MEMORY LOOP, PER 30 DAY PERIOD; MONITORING	10/1/2010	12/31/2382	1
PRA	93272	PATIENT DEMAND SINGLE/MULTIPLE EVENT RECORDING, W/PRE- SYMPTOM MEMORY LOOP; PHYSICIAN REVIEW & INTERPRETATION	10/1/2010	12/31/2382	1
PRA	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG	10/1/2010	12/31/2382	1
PRA	93279	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	10/1/2010	12/31/2382	1
PRA	93280	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	10/1/2010	12/31/2382	1
PRA	93281	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	10/1/2010	12/31/2382	1
PRA	93282	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	10/1/2010	12/31/2382	1
PRA	93283	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	10/1/2010	12/31/2382	1
PRA	93284	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	93285	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	10/1/2010	12/31/2382	1
PRA	93286	PERI-PROCEDURAL DEVICE EVALUATION AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A	10/1/2010	12/31/2382	2
PRA	93287	PERI-PROCEDURAL DEVICE EVALUATION AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A	10/1/2010	12/31/2382	2
PRA	93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	10/1/2010	12/31/2382	1
PRA	93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	10/1/2010	12/31/2382	1
PRA	93290	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	10/1/2010	12/31/2382	1
PRA	93291	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	10/1/2010	12/31/2382	1
PRA	93292	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	10/1/2010	12/31/2382	1
PRA	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVALUATION(S) SINGLE, DUAL OR MULTIPLE LEAD PACEMAKER SYSTEM, INCLUDES	10/1/2010	12/31/2382	1
PRA	93294	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL , OR MULTIPLE LEAD PACEMAKER SYSTEM	10/1/2010	12/31/2382	1
PRA	93295	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL , OR MULTIPLE LEAD PACEMAKER SYSTEM	10/1/2010	12/31/2382	1
PRA	93296	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL , OR MULTIPLE LEAD PACEMAKER SYSTEM	10/1/2010	12/31/2382	1
PRA	93297	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 30 DAYS; IMPLANTABLE CARDIOVASCULAR MONITOR SYSYTEM, INCLUD	10/1/2010	12/31/2382	1
PRA	93298	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 30 DAYS; IMPLANTABLE CARDIOVASCULAR MONITOR SYSYTEM, INCLUD	10/1/2010	12/31/2382	1
PRA	93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE	10/1/2010	12/31/2382	1
PRA	93304	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR LIMITED STUDY	10/1/2010	12/31/2382	1
PRA	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN	10/1/2010	12/31/2382	1
PRA	93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING;	10/1/2010	12/31/2382	1
PRA	93308	ECHOCARDIOGRAPHY, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING; FOLLOW-UP OR LIMIT	4/1/2012	12/31/2382	1
PRA	93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING	4/1/2012	12/31/2382	1
PRA	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING), TRANSESOPHAGEAL;	4/1/2012	12/31/2382	1
PRA	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING), TRANSESOPHAGEAL;	4/1/2012	12/31/2382	1
PRA	93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING PROBE PLACEMENT, IMAGE	4/1/2012	12/31/2382	1
PRA	93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL ANOMALIES; PLACEMENT OF TRANSESOPHAGEAL PROBE ONLY	4/1/2012	12/31/2382	1
PRA	93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; IMAGE ACQUISITION, INTERPRETATION AN	4/1/2012	12/31/2382	1
PRA	93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLUDING PROBE PLACEMENT, REAL TIME 2-DIMENS	4/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY)	10/1/2010	12/31/2382	1
PRA	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY, WITH OR WITHOUT COLOR FLOW	10/1/2010	12/31/2382	1
PRA	93325	DOPPLER COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR ECHOCARDIOGRAPHY 76825, 76826, 76)	10/1/2010	12/31/2382	1
PRA	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D, WITH OR WITHOUT M-MODE RECORDING).	10/1/2010	12/31/2382	1
PRA	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN	10/1/2010	12/31/2382	1
PRA	93352	USE OF ECHOCARDIOGRAPHIC CONTRAST AGENT DURING STRESS ECHOCARDIOGRAPHY	10/1/2010	12/31/2382	1
PRA	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR GUIDANCE OF A TRANSCATHETER INTRACARDIAC OR GREAT VESSEL	1/1/2015	12/31/2382	1
PRA	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT	4/1/2011	12/31/2382	1
PRA	93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVIS	4/1/2011	12/31/2382	1
PRA	93453	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY	4/1/2011	12/31/2382	1
PRA	93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	4/1/2011	12/31/2382	1
PRA	93455	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	4/1/2011	12/31/2382	1
PRA	93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	4/1/2011	12/31/2382	1
PRA	93457	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	4/1/2011	12/31/2382	1
PRA	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	4/1/2011	12/31/2382	1
PRA	93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	4/1/2011	12/31/2382	1
PRA	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	4/1/2011	12/31/2382	1
PRA	93461	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	4/1/2011	12/31/2382	1
PRA	93462	LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY TRANSAPICAL PUNCTURE	4/1/2011	12/31/2382	1
PRA	93463	PHARMACOLOGIC AGENT ADMINISTRATION (EG, INHALED NITRIC OXIDE, INTRAVENOUS INFUSION OF NITROPRUSSIDE)	4/1/2011	12/31/2382	1
PRA	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICYCLE OR ARM ERGOMETRY) INCLUDING ASSESSING HEMODYNAMIC	4/1/2011	12/31/2382	1
PRA	93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR MONITORING PURPOSES	10/1/2010	12/31/2382	2
PRA	93505	ENDOMYOCARDIAL BIOPSY	10/1/2010	12/31/2382	1
PRA	93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	10/1/2010	12/31/2382	1
PRA	93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMAL	10/1/2010	12/31/2382	1
PRA	93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM WITH	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	93533	RIGHT AND LEFT HEART CATHETERIZATION, CONGENITAL, WITH OR WITHOUT RETROGRADE LEFT HEART CATHETERIZATION	10/1/2010	12/31/2382	1
PRA	93561	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING ARTERIAL AND/OR VENOUS CATHETERIZATION;	10/1/2010	12/31/2382	1
PRA	93562	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING ARTERIAL AND/OR VENOUS CATHETERIZATION;	10/1/2014	12/31/2382	1
PRA	93563	INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT	4/1/2011	12/31/2382	1
PRA	93564	INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT	4/1/2011	12/31/2382	1
PRA	93565	INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT	4/1/2011	12/31/2382	1
PRA	93566	INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT	4/1/2011	12/31/2382	1
PRA	93567	INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT	4/1/2011	12/31/2382	1
PRA	93568	INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT	4/1/2011	12/31/2382	1
PRA	93571	INTRAVASCULAR DOOPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE MEASUREMENT DURING CORONARY ANGIO	10/1/2010	12/31/2382	1
PRA	93572	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE MEASUREMENT DURING CORONARY ANGIO	10/1/2010	12/31/2382	2
PRA	93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERIAL COMMUNICATION WITH IMPLANT	10/1/2010	12/31/2382	1
PRA	93581	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL VENTRICULAR SEPTAL DEFECT WITH IMPLANT	10/1/2010	12/31/2382	1
PRA	93582	PERCUTANEOUS TRANSCATHETER CLOSURE OF PATENT DUCTUS ARTERIOSUS	1/1/2014	12/31/2382	1
PRA	93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THERAPY INCLUDING TEMPORARY PACEMAKER INSERTION WHEN PERFORMED	1/1/2014	12/31/2382	1
PRA	93590	TRANSCATHETER CLOSURE OF LEAK ADJACENT TO MITRAL VALVE USING FIRST CLOSURE DEVICE	1/1/2017	12/31/2382	1
PRA	93591	TRANSCATHETER CLOSURE OF LEAK ADJACENT TO AORTIC VALVE USING FIRST CLOSURE DEVICE	1/1/2017	12/31/2382	1
PRA	93592	TRANSCATHETER CLOSURE OF LEAK ADJACENT TO HEART VALVE USING ADDITIONAL CLOSURE DEVICE	1/1/2017	12/31/2382	2
PRA	93600	BUNDLE OF HIS RECORDING	10/1/2010	12/31/2382	1
PRA	93602	INTRA-ATRIAL RECORDING	10/1/2010	12/31/2382	1
PRA	93603	RIGHT VENTRICULAR RECORDING	10/1/2010	12/31/2382	1
PRA	93609	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SITE(S) WITH CATHETER MANIPULATION TO RECORD FROM	10/1/2010	12/31/2382	1
PRA	93610	INTRA-ATRIAL PACING	10/1/2010	12/31/2382	1
PRA	93612	INTRAVENTRICULAR PACING	10/1/2010	12/31/2382	1
PRA	93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING	10/1/2010	12/31/2382	1
PRA	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGRAM(S);	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	93616	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGRAM(S); WITH PACING	10/1/2010	12/31/2382	1
PRA	93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	10/1/2010	12/31/2382	1
PRA	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING	10/1/2010	12/31/2382	1
PRA	93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING A	10/1/2010	12/31/2382	1
PRA	93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING A	10/1/2010	12/31/2382	1
PRA	93622	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING A	10/1/2010	12/31/2382	1
PRA	93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (USE THIS CODE WITH 93620, 93621, 93622)	10/1/2010	12/31/2382	1
PRA	93624	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST EFFECTIVENESS OF THERAPY	10/1/2010	12/31/2382	1
PRA	93631	INTRA-OPERATIVE CARDIAC PACING AND MAPPING	10/1/2010	12/31/2382	1
PRA	93640	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING	10/1/2010	12/31/2382	1
PRA	93641	ELECTROPHYSIOLOGIC EVALUATION OF CARADIOVERTER-DEFIBRI- LATOR LEADS...W/TESTING OF CARADIOVERTER-DEFIBRILLATOR	10/1/2010	12/31/2382	1
PRA	93642	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING	10/1/2010	12/31/2382	1
PRA	93644	ELECTROPHYSIOLOGIC EVALUATION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR	1/1/2015	12/31/2382	1
PRA	93650	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS OR TRACT(S), INCLUDING INTRACARDIAC MAPPING, WITH OR WI	10/1/2010	12/31/2382	1
PRA	93653	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE	1/1/2013	12/31/2382	1
PRA	93654	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE	1/1/2013	12/31/2382	1
PRA	93655	INTRACARDIAC CATHETER ABLATION OF A DISCRETE MECHANISM OF ARRHYTHMIA WHICH IS DISTINCT FROM THE PRIMARY	1/1/2015	12/31/2382	2
PRA	93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING TRANSSEPTAL CATHETERIZATION, INSERTION AND REPOSITIONING	1/1/2013	12/31/2382	1
PRA	93657	ADDITIONAL LINEAR OR FOCAL INTRACARDIAC CATHETER ABLATION OF THE LEFT OR RIGHT ATRIUM FOR TREATMENT	1/1/2020	12/31/2382	2
PRA	93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOUS ECG MONITORING AND INTERMIT	10/1/2010	12/31/2382	1
PRA	93662	INTRACARDIAC ECHOCARDIOGRAPHY DURNING THERAPEUTIC/ DIAGNOSTIC INTERVENTION, INCLUDONG IMAGING SUPERVISION AND	10/1/2010	12/31/2382	1
PRA	93668	PERIPHERAL ARTERIAL DISEASE (PAD) REHABILITATION, PER SESSION	1/1/2014	12/31/2382	1
PRA	93701	BIOIMPEDANCE, THORACIC, ELECTRICAL	7/1/2013	12/31/2382	1
PRA	93702	BIOIMPEDANCE SPECTOSCOPY (BIS) EXTRACELLULAR FLUID ANALYSIS FOR LYMPHEDEMA ASSESSMENT(S)	1/1/2015	12/31/2382	1
PRA	93724	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM	10/1/2014	12/31/2382	1
PRA	93740	TEMPERATURE GRADIENT STUDIES	10/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	93745	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE CARDIOVERTER-DEFIBRILLATOR INCLUDES INITIAL PROGRAM	10/1/2010	12/31/2382	1
PRA	93750	INTERROGATION OF VENTRICULAR ASSIST DEVICE(VAD), IN PERSON, WITH PHYSICIAN ANALYSIS OF DEVICE PARAMETERS	10/1/2014	12/31/2382	4
PRA	93770	DETERMINATION OF VENOUS PRESSURE	10/1/2012	12/31/2382	1
PRA	93784	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HO	10/1/2010	12/31/2382	1
PRA	93786	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HO	10/1/2010	12/31/2382	1
PRA	93788	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HO	10/1/2010	12/31/2382	1
PRA	93790	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HO	10/1/2010	12/31/2382	1
PRA	93792	PATIENT/CAREGIVER TRAINING FOR INITIATION OF HOME INTERNATIONAL NORMALIZED RATIO INR MONITORING UNDER THE DIRECTION OF A PHYSICIAN OR	1/1/2018	12/31/2382	1
PRA	93793	ANTICOAGULANT MANAGEMENT FOR A PATIENT TAKING WARFARIN, MUST INCLUDE REVIEW AND INTERPRETATION OF A NEW HOME	1/1/2018	12/31/2382	1
PRA	93797	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT CONTINUOUS ECG MONITORING (PER SESSION)	7/1/2013	12/31/2382	2
PRA	93798	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)	7/1/2013	12/31/2382	2
PRA	93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE	4/1/2018	12/31/2382	1
PRA	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	10/1/2010	12/31/2382	1
PRA	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; FOLLOW-UP OR LIMITED STUDY	10/1/2010	12/31/2382	1
PRA	93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY	10/1/2010	12/31/2382	1
PRA	93888	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; FOLLOW-UP OR LIMITED STUDY	10/1/2010	12/31/2382	1
PRA	93890	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOREACTIVITY STUDY	10/1/2010	12/31/2382	1
PRA	93892	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITHOUT INTRAVENOUS MICROBUBBLE	10/1/2010	12/31/2382	1
PRA	93893	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITH INTRAVENOUS MICRO	10/1/2010	12/31/2382	1
PRA	93895	QUANTITATIVE CAROTID INTIMA MEDIA THICKNESS AND CAROTID ATHEROMA EVALUATION, BILATERAL	1/1/2015	12/31/2382	1
PRA	93922	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER LOWER EXTREMITY ARTERIES, SINGLE LEVEL, BILATERAL	7/1/2018	12/31/2382	2
PRA	93923	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTRIMITY ARTERIES, SINGLE LEVEL, BILATERAL	7/1/2018	12/31/2382	2
PRA	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND FOLLOWING TREADMILL STRESS TEST	10/1/2010	12/31/2382	1
PRA	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY	10/1/2010	12/31/2382	1
PRA	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; FOLLOW-UP OR LIMITED STUDY	10/1/2010	12/31/2382	1
PRA	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; FOLLOW-UP OR LIMITED STUDY	10/1/2010	12/31/2382	1
PRA	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUD	10/1/2010	12/31/2382	1
PRA	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; FOLLOW-UP OR LIMITED ST	10/1/2010	12/31/2382	1
PRA	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL CONTENTS AND/OR RETROPERITON	10/1/2010	12/31/2382	1
PRA	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, AND/OR RETROPERITONEAL ORGANS; FOLLOW-	10/1/2010	12/31/2382	1
PRA	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; COMPLETE STUDY	10/1/2010	12/31/2382	1
PRA	93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; FOLLOW-UP OR LIMITED STUDY	10/1/2010	12/31/2382	1
PRA	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; COMPLETE STUDY	10/1/2010	12/31/2382	1
PRA	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; FOLLOW-UP OR LIMITED STUDY	10/1/2010	12/31/2382	1
PRA	93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACCESS AND VENOUS OUTFLOW)	10/1/2010	12/31/2382	2
PRA	93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	4/1/2018	12/31/2382	1
PRA	94002	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROL	10/1/2010	12/31/2382	1
PRA	94003	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROL	10/1/2010	12/31/2382	1
PRA	94004	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROL	10/1/2010	12/31/2382	1
PRA	94005	HOME VENTILATOR MANAGEMENT CARE PLAN OVERSIGHT OF A PATIENT IN HOME, DOMICILIARY OR REST HOME REQUIRING REVIEW	10/1/2013	12/31/2382	1
PRA	94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S), AND	10/1/2010	12/31/2382	1
PRA	94011	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD THROUGH 2 YEARS OF AGE	7/1/2012	12/31/2382	1
PRA	94012	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER BRONCHODILATOR, IN AN INFANT OR CHILD	7/1/2012	12/31/2382	1
PRA	94013	MEASUREMENT OF LUNG VOLUMES(IE, FUNCTIONAL RESIDUAL CAPACITY, FORCED VITAL CAPACITY, AND EXPIRATORY RESERVE	7/1/2012	12/31/2382	1
PRA	94014	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; INCLUDES REINFORCED EDUCATION, TRANSMISSION	10/1/2010	12/31/2382	1
PRA	94015	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; RECORDING (INCLUDES HOOK-UP, REINFORCED	10/1/2010	12/31/2382	1
PRA	94016	PATIENT INITIATED SPIROMETRIC RECORDING PER 30 DAY PERIOD OF TIME; PHYSICIAN REVIEW AND INTERPRETATION ONLY	10/1/2010	12/31/2382	1
PRA	94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND AFTER BRONCHODILATOR (AEROSOL OR PARENTERAL) OR EX	10/1/2010	12/31/2382	1
PRA	94070	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MULTIPLE SPIROMETRIC DETERMINATIONS AFTER ANTIGEN, COLD	10/1/2010	12/31/2382	1
PRA	94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	1/1/2019	12/31/2382	1
PRA	94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	94375	RESPIRATORY FLOW VOLUME LOOP	10/1/2010	12/31/2382	1
PRA	94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)	10/1/2010	12/31/2382	1
PRA	94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	10/1/2010	12/31/2382	1
PRA	94452	HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AND REPORT;	10/1/2010	12/31/2382	1
PRA	94453	HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AND REPORT; WITH SUPPLEMENTAL OXYGEN	10/1/2010	12/31/2382	1
PRA	94610	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN THROUGH ENDOTRACHEAL TUBE	10/1/2010	12/31/2382	2
PRA	94617	EXERCISE TEST FOR BRONCHOSPASM, INCLUDING PRE- AND POST-SPIROMETRY, ELECTROCARDIOGRAPHIC RECORDING S, AND PULSE OXIMETRY	1/1/2018	12/31/2382	1
PRA	94618	PULMONARY STRESS TESTING (EG, 6-MINUTE WALK TEST), INCLUDING MEASUREMENT OF HEART RATE, OXIMETRY, AND OXYGEN TITRATION, WHEN PERFORMED	1/1/2018	12/31/2382	1
PRA	94621	PULMONARY STRESS TESTING; COMPLEX INCLUDING MEASUREMENTS OF CO2 PRODUCTION, O2 UPTAKE AND ELECTROCARDIOGRAPHIC	10/1/2010	12/31/2382	1
PRA	94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION FOR THERAPEUTIC PURPOSES AND/OR DIAGNOSTIC	7/1/2014	12/31/2382	4
PRA	94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT OR PROPHYLAXIS	10/1/2010	12/31/2382	1
PRA	94644	COTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUCTION; FIRST HOUR	10/1/2010	12/31/2382	1
PRA	94645	COTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUCTION; EACH ADDITIONAL HOUR	10/1/2010	12/31/2382	2
PRA	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND MANAGEMENT	10/1/2010	12/31/2382	1
PRA	94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEMENT	10/1/2010	12/31/2382	1
PRA	94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR, NEBULIZER METERED DOSE INHALER OR IPPB DEVICE	10/1/2010	12/31/2382	1
PRA	94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACILITATE LUNG FUNCTION; INITIAL DEMON	10/1/2010	12/31/2382	1
PRA	94668	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACILITATE LUNG FUNCTION; SUBSEQUENT	7/1/2016	12/31/2382	2
PRA	94669	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCTION , PER SESSION	1/1/2018	12/31/2382	2
PRA	94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE	10/1/2010	12/31/2382	1
PRA	94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGEN EXTRACTED	10/1/2010	12/31/2382	1
PRA	94690	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND WHEN PERFORMED, AIRWAY RESISTANCE	1/1/2012	12/31/2382	1
PRA	94727	GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, DISTRIBUTION OF VENTILATION	1/1/2012	12/31/2382	1
PRA	94728	AIRWAY RESISTANCE BY IMPLUSE OSCILLOMETRY	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	94729	DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE)	1/1/2012	12/31/2382	1
PRA	94750	PULMONARY COMPLIANCE STUDY, ANY METHOD	10/1/2010	12/31/2382	1
PRA	94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION	10/1/2010	12/31/2382	1
PRA	94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE DETERMINATIONS (EG, DURING EXERCISE)	10/1/2010	12/31/2382	1
PRA	94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS OVERNIGHT MONITORING (SEPARATE PROCEDUR	10/1/2010	12/31/2382	1
PRA	94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER	10/1/2010	12/31/2382	1
PRA	94772	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOUR CONTINUOUS RECORDING, INFANT	10/1/2010	12/31/2382	1
PRA	94774	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30 DAY	4/1/2012	12/31/2382	1
PRA	94775	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30 DAY	10/1/2010	12/31/2382	1
PRA	94776	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30 DAY	10/1/2010	12/31/2382	1
PRA	94777	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30 DAY	10/1/2010	12/31/2382	1
PRA	94780	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSERVATION AND CONTINUOUS RECORD	1/1/2012	12/31/2382	1
PRA	94781	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSERVATION AND CONTINUOUS RECORD	4/1/2016	12/31/2382	2
PRA	94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	4/1/2018	12/31/2382	1
PRA	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, SPECIFY NUMBE	7/1/2016	12/31/2382	80
PRA	95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	10/1/2010	12/31/2382	2
PRA	95017	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS AND INTRACUTANEOUS, SEQUENTIAL AND INCREMENTAL, WITH VENOMS	7/1/2016	12/31/2382	27
PRA	95018	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS AND INTRACUTANEOUS, SEQUENTIAL AND INCREMENTAL, WITH DRUGS	7/1/2014	12/31/2382	19
PRA	95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, SPECIFY NUMBER OF TESTS	7/1/2016	12/31/2382	40
PRA	95027	SKIN END POINT TITRATION	7/1/2016	12/31/2382	90
PRA	95028	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE REACTION, INCLUDING READING, SPECIFY	7/1/2016	12/31/2382	30
PRA	95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)	7/1/2016	12/31/2382	80
PRA	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)	7/1/2016	12/31/2382	20
PRA	95056	PHOTO TESTS	10/1/2010	12/31/2382	1
PRA	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	10/1/2010	12/31/2382	1
PRA	95065	DIRECT NASAL MUCOUS MEMBRANE TEST	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	95070	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH HISTAMINE, MET	10/1/2010	12/31/2382	1
PRA	95071	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH ANTIGENS OR GA	10/1/2010	12/31/2382	1
PRA	95076	INGESTION CHALLENGE TEST; INITAL 120 MINUTES OF TESTING	7/1/2013	12/31/2382	1
PRA	95079	INGESTION CHALLENGE TEST; EACH ADDITIONAL 60 MINUTES OF TESTING	4/1/2013	12/31/2382	2
PRA	95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; SINGLE INJECT	10/1/2010	12/31/2382	1
PRA	95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; TWO OR MORE	10/1/2010	12/31/2382	1
PRA	95120	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION, INCLUDING P	10/1/2012	12/31/2382	1
PRA	95125	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION...TWO OR	10/1/2012	12/31/2382	1
PRA	95130	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION, INCLUDING P	10/1/2012	12/31/2382	1
PRA	95131	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION, INCLUDING P	10/1/2012	12/31/2382	1
PRA	95132	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION, INCLUDING P	10/1/2012	12/31/2382	1
PRA	95133	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION, INCLUDING P	10/1/2012	12/31/2382	1
PRA	95134	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION, INCLUDING P	10/1/2012	12/31/2382	1
PRA	95144	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY, SINGLE OR MULT	7/1/2016	12/31/2382	30
PRA	95145	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY;SINGLE	7/1/2016	12/31/2382	10
PRA	95146	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY;TWO	7/1/2016	12/31/2382	10
PRA	95147	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY;THREE	7/1/2016	12/31/2382	10
PRA	95148	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY;FOUR	7/1/2016	12/31/2382	10
PRA	95149	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY;FIVE	7/1/2016	12/31/2382	10
PRA	95165	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY; SINGLE OR MULT	7/1/2016	12/31/2382	30
PRA	95170	PROFESSIONAL SERVICE FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER	7/1/2016	12/31/2382	10
PRA	95180	RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILLIN, HORSE SERUM)	7/1/2016	12/31/2382	6
PRA	95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE	4/1/2018	12/31/2382	1
PRA	95249	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR FOR A MINIMUM OF 72 HOURS; PATIENT-PROVIDED EQUIPMENT, SENSOR PLACEMENT	1/1/2018	12/31/2382	1
PRA	95250	GLUCOSE MONITORING FOR UP TO 72 HOURS BY CONTINUOUS RECORDING AND STORAGE OF GLUCOSE VALUES FROM INTERSTITIAL	10/1/2010	12/31/2382	1
PRA	95251	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP	7/1/2014	12/31/2382	1
PRA	95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP	7/1/2014	12/31/2382	1
PRA	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART RATE OXYGEN SATURATION, RESPIRATORY ANALYSIS, AND SLEEP	7/1/2012	12/31/2382	1
PRA	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; MINIMUM OF HEART RATE OXYGEN SATURATION, RESPIRATORY ANALYSIS	7/1/2012	12/31/2382	1
PRA	95803	ACTIGRAPHY TESTING, RECORDING, ANALYSIS, INTERPRETATION, AND REPORT (MINIMUM OF 72 HOURS TO 14 CONSECUTIVE	7/1/2012	12/31/2382	1
PRA	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYS	10/1/2010	12/31/2382	1
PRA	95806	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ACG OR HEART RATE, AND OXYGEN SATURAT	10/1/2010	12/31/2382	1
PRA	95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND OXYGEN SATURATO	10/1/2010	12/31/2382	1
PRA	95808	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	10/1/2010	12/31/2382	1
PRA	95810	POLYSOMNOGRAPHY;SLEEP STAGING WITH4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	10/1/2010	12/31/2382	1
PRA	95811	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP WITH INITIATION OF CONT	10/1/2010	12/31/2382	1
PRA	95812	ELECTROENCEPHALOGRAM EXTENDED MONITORING; UP TO ONE HOUR	10/1/2010	12/31/2382	1
PRA	95813	ELECTROENCEPHALOGRAM EXTENDED MONITORING; GREATER THAN ONE HOUR	10/1/2010	12/31/2382	1
PRA	95816	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND DROWSY (INCLUDING	10/1/2010	12/31/2382	1
PRA	95819	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND ASLEEP (INCLUDING	10/1/2010	12/31/2382	1
PRA	95822	ELECTROENCEPHALOGRAM (EEG); SLEEP ONLY	10/1/2010	12/31/2382	1
PRA	95824	ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUATION ONLY	10/1/2010	12/31/2382	1
PRA	95829	ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
PRA	95830	INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR ELECTROENCEPHALOGRAPHIC (EEG) RECORDING	10/1/2010	12/31/2382	1
PRA	95836	RECORDING OF BRAIN CORTEX ELECTRICAL RESPONSES TO IMPLANTED STIMULATION DEVICE WITH INTERPRETATION AND REPORT	1/1/2019	12/31/2382	1
PRA	95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY (EXCLUDING HAND) OR EACH TRUNK SE	1/1/2013	12/31/2382	3
PRA	95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SID	10/1/2010	12/31/2382	1
PRA	95857	TENSILON TEST FOR MYASTHENIA GRAVIS;	10/1/2010	12/31/2382	1
PRA	95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	10/1/2010	12/31/2382	1
PRA	95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	10/1/2010	12/31/2382	1
PRA	95863	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	95864	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	10/1/2010	12/31/2382	1
PRA	95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	10/1/2010	12/31/2382	1
PRA	95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM	10/1/2010	12/31/2382	2
PRA	95867	ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES; UNILATERAL	10/1/2010	12/31/2382	1
PRA	95868	ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES; BILATERAL	10/1/2010	12/31/2382	1
PRA	95869	ELECTROMYOGRAPHY, LIMITED STUDY OF SPECIFIC MUSCLES (EG, THORACIC SPINAL MUSCLES)	10/1/2010	12/31/2382	1
PRA	95870	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXTREMITY OR NON-LIMB	7/1/2016	12/31/2382	4
PRA	95872	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIVE MEASUREMENT OF JITTER, BLOCKING AND/	7/1/2016	12/31/2382	4
PRA	95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION	10/1/2010	12/31/2382	1
PRA	95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION	10/1/2010	12/31/2382	1
PRA	95875	ISCHEMIC LIMB EXERCISE WITH EMG, WITH LACTIC ACID DETERMINATION	10/1/2010	12/31/2382	2
PRA	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION	10/1/2016	12/31/2382	4
PRA	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION	10/1/2016	12/31/2382	4
PRA	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY, MUSCLE(S) DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY	4/1/2012	12/31/2382	1
PRA	95905	MOTOR AND/OR SENSORY NERVE CONDUCTION, USING PRECONFIGURED ELECTRODE ARRAY(S), AMPLITUDE AND LATENCY	4/1/2012	12/31/2382	2
PRA	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIES	1/1/2013	12/31/2382	1
PRA	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIES	1/1/2013	12/31/2382	1
PRA	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIES	1/1/2013	12/31/2382	1
PRA	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIES	1/1/2013	12/31/2382	1
PRA	95911	NERVE CONDUCTION STUDIES; 9-10 STUDIES	1/1/2013	12/31/2382	1
PRA	95912	NERVE CONDUCTION STUDIES; 11-12 STUDIES	1/1/2013	12/31/2382	1
PRA	95913	NERVE CONDUCTION STUDIES; 13 OR MORE STUDIES	1/1/2013	12/31/2382	1
PRA	95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL INNERVATION (PARASYMPATHETIC FUNCTION); INCLUDING TW	10/1/2010	12/31/2382	1
PRA	95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VASOMOTOR ADRENERGIC INNERVATION, INCLUDING BEAT-TO-BEAT BLOOD	10/1/2010	12/31/2382	1
PRA	95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR INCLUDING ONE OR MORE OF THE FOLLOWING:	10/1/2010	12/31/2382	1
PRA	95924	TESTING OF AUTONOMIC (SYMPATHETIC) NERVOUS SYSTEM FUNCTION, COMBINED PARASYMPATHETIC, ADRENERGIC FUNCTION	7/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES.	10/1/2010	12/31/2382	1
PRA	95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES; IN LOWER LIMB	10/1/2010	12/31/2382	1
PRA	95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES; IN THE TRUNK OR	10/1/2010	12/31/2382	1
PRA	95928	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); UPPER LIMBS	10/1/2010	12/31/2382	1
PRA	95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); LOWER LIMBS	10/1/2010	12/31/2382	1
PRA	95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECHERBOARD OR FLASH	10/1/2010	12/31/2382	1
PRA	95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING	10/1/2010	12/31/2382	1
PRA	95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY ONE METHOD	7/1/2016	12/31/2382	4
PRA	95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES.	1/1/2012	12/31/2382	1
PRA	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS	1/1/2012	12/31/2382	1
PRA	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONCE N ONE MONITORING PERSONAL	7/1/2016	12/31/2382	32
PRA	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM OR FOR MONITORING OF	7/1/2017	12/31/2382	10
PRA	95943	SIMULTANEOUS, INDEPENDENT, QUANTITATIVE MEASURES OF BOTH PARASYMPATHETIC FUNCTION AND SYMPATHETIC	1/1/2013	12/31/2382	1
PRA	95954	PHARMACOLOGICAL ACTIVATION DURING PROLONGED MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS	10/1/2010	12/31/2382	1
PRA	95955	ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY)	10/1/2010	12/31/2382	1
PRA	95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EF, FOR EPILEPTIC SPIKE ANALYSIS)	10/1/2010	12/31/2382	1
PRA	95958	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING	10/1/2010	12/31/2382	1
PRA	95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF	10/1/2010	12/31/2382	1
PRA	95962	FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES, TO PROVOKE	7/1/2016	12/31/2382	5
PRA	95965	MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY	10/1/2010	12/31/2382	1
PRA	95966	MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC FIELDS, SINGLE MODALITY	10/1/2010	12/31/2382	1
PRA	95967	MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC FIELDS, EACH ADDITIONAL MODALITY	10/1/2010	12/31/2382	3
PRA	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM	10/1/2010	12/31/2382	1
PRA	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR, SIMPLE PULSE GENERATOR	10/1/2010	12/31/2382	1
PRA	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI	10/1/2010	12/31/2382	1
PRA	95976	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD OR PERIPHERAL STIMULATION DEVICE WITH SIMPLE CRANIAL NERVE STIMULATOR PROGRAMMING	1/1/2019	12/31/2382	1

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PRA	95977	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD OR PERIPHERAL STIMULATION DEVICE WITH COMPLEX CRANIAL NERVE STIMULATOR PROGRAMMING	1/1/2019	12/31/2382	1
PRA	95980	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM GASTRIC NEUROSTIMULATOR PULSE	10/1/2010	12/31/2382	1
PRA	95981	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM GASTRIC NEUROSTIMULATOR PULSE	10/1/2010	12/31/2382	1
PRA	95982	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM GASTRIC NEUROSTIMULATOR PULSE	10/1/2010	12/31/2382	1
PRA	95983	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD OR PERIPHERAL STIMULATION DEVICE WITH BRAIN STIMULATOR PROGRAMMING, FIRST 15 MINUTES FACE-TO-FACE TIME WITH QUALIFIED HEALTH CARE PROFESSIONAL	1/1/2019	12/31/2382	1
PRA	95984	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD OR PERIPHERAL STIMULATION DEVICE WITH BRAIN STIMULATOR PROGRAMMING, ADDITIONAL 15 MINUTES FACE-TO-FACE TIME WITH QUALIFIED HEALTH CARE PROFESSIONAL	1/1/2019	12/31/2382	11
PRA	95990	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SPINAL OR BRAIN	7/1/2016	12/31/2382	1
PRA	95991	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SPINAL OR BRAIN; ADMINISTERED BY	7/1/2016	12/31/2382	1
PRA	95992	CANALITH REPOSITIONING PROCEDURE(S), (EG, EPLEY MANEUVER, SEMONT MANEUVER), PER DAY	10/1/2010	12/31/2382	1
PRA	95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE	4/1/2018	12/31/2382	1
PRA	96000	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO TAPING AND 3-D KINEMATICS	10/1/2010	12/31/2382	1
PRA	96001	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO TAPING AND 3-D KINEMATICS; WITH DYNAMIC PLANTAR PRESSURE	10/1/2010	12/31/2382	1
PRA	96002	DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL ACTIVITIES, 1-12 MUSCLES	10/1/2010	12/31/2382	1
PRA	96003	DYNAMIC FINE WIRE ELETROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL, ACTIVITES, 1 MUSCLE	10/1/2010	12/31/2382	1
PRA	96004	PHYSICIAN REVIEW AND INTERPRETATION OF COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS, DYNAMIC PLANTAR	10/1/2010	12/31/2382	1
PRA	96020	NEUROFUNCTIONAL TESTING SELECTION AND ADMINISTRATION DURING NONINVASIVE IMAGING FUNCTIONAL BRAIN	10/1/2010	12/31/2382	1
PRA	96040	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES FACE-TO-FACE WITH PATIENT/FAMILY	10/1/2016	12/31/2382	4
PRA	96105	ASSESSMENT OF APHASIA WITH INTERPRETATION AND REPORT, PER HOUR	1/1/2012	12/31/2382	3
PRA	96110	DEVELOPMENTAL TESTING; LIMITED, WITH INTERPRETATION AND REPORT	10/1/2017	12/31/2382	3
PRA	96112	DEVELOPMENTAL TEST ADMINISTRATION BY QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPORT, FIRST 60 MINUTES	1/1/2019	12/31/2382	1
PRA	96113	DEVELOPMENTAL TEST ADMINISTRATION BY QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPORT, ADDITONAL 30 MINUTES	1/1/2019	12/31/2382	6
PRA	96116	NEUROBEHAVIORAL STATUS EXAM, PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S, BOTH FACE-TO-FACE TIME WITH THE	1/1/2019	12/31/2382	1
PRA	96121	NEUROBEHAVIORAL STATUS EXAMINATION BY QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPORT, ADDITIONAL 60 MINUTES	1/1/2019	12/31/2382	3
PRA	96125	STANDARD COGNITIVE PERFORMANCE TESTING PER HOUR OF QUALIFIED HEALTH CARE PROFESSIONAL'S TIME, BOTH FACE	1/1/2014	12/31/2382	3
PRA	96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT, WITH SCORING AND DOCUMENTATION, PER STANDARDIZED	4/1/2015	12/31/2382	2
PRA	96130	PSYCHOLOGICAL TESTING EVALUATION BY QUALIFIED HEALTH CARE PROFESSIONAL, FIRST 60 MINUTES	1/1/2019	12/31/2382	1

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PRA	96131	PSYCHOLOGICAL TESTING EVALUATION BY QUALIFIED HEALTH CARE PROFESSIONAL, ADDITIONAL 60 MINUTES	1/1/2019	12/31/2382	7
PRA	96132	NEUROPSYCHOLOGICAL TESTING EVALUATION BY QUALIFIED HEALTH CARE PROFESSIONAL, FIRST 60 MINUTES	1/1/2019	12/31/2382	1
PRA	96133	NEUROPSYCHOLOGICAL TESTING EVALUATION BY QUALIFIED HEALTH CARE PROFESSIONAL, ADDITIONAL 60 MINUTES	1/1/2019	12/31/2382	7
PRA	96136	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY QUALIFIED HEALTH CARE PROFESSIONAL, FIRST 30 MINUTES	1/1/2019	12/31/2382	1
PRA	96137	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY QUALIFIED HEALTH CARE PROFESSIONAL, ADDITIONAL 30 MINUTES	1/1/2019	12/31/2382	11
PRA	96138	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN, FIRST 30 MINUTES	1/1/2019	12/31/2382	1
PRA	96139	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN, ADDITIONAL 30 MINUTES	1/1/2019	12/31/2382	11
PRA	96146	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY SINGLE STANDARDIZED INSTRUMENT VIA ELECTRONIC PLATFORM WITH AUTOMATED RESULT	1/1/2019	12/31/2382	1
PRA	96160	ADMINISTRATION AND INTERPRETATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMENT	4/1/2018	12/31/2382	3
PRA	96161	ADMINISTRATION OF CAREGIVER-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT FOR THE BENEFIT OF THE PATIENT, WITH SCORING AND DOCUMENTATION, PER STANDARD INSTRUMENT	1/1/2017	12/31/2382	1
PRA	96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	1/1/2012	12/31/2382	1
PRA	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCED	7/1/2016	12/31/2382	8
PRA	96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1	1/1/2012	12/31/2382	1
PRA	96366	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR	7/1/2016	12/31/2382	8
PRA	96367	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIA	7/1/2016	12/31/2382	4
PRA	96368	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION	1/1/2012	12/31/2382	1
PRA	96369	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1	10/1/2010	12/31/2382	1
PRA	96370	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR	10/1/2012	12/31/2382	3
PRA	96371	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL PUMP SETUP	10/1/2010	12/31/2382	1
PRA	96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	7/1/2016	12/31/2382	4
PRA	96373	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRA-ARTERIAL	10/1/2010	12/31/2382	2
PRA	96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR IN	1/1/2012	12/31/2382	1
PRA	96375	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL	7/1/2016	12/31/2382	6
PRA	96376	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUEN	7/1/2014	12/31/2382	10
PRA	96377	APPLICATION OF ON-BODY INJECTOR FOR INJECTION UNDER SKIN	1/1/2017	12/31/2382	1
PRA	96379	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION	4/1/2018	12/31/2382	1

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PRA	96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC	7/1/2016	12/31/2382	3
PRA	96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLASTIC	10/1/2010	12/31/2382	2
PRA	96405	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS	10/1/2010	12/31/2382	1
PRA	96406	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; MORE THAN 7 LESIONS	10/1/2010	12/31/2382	1
PRA	96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG	1/1/2012	12/31/2382	1
PRA	96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTANCE/ DRUG	7/1/2016	12/31/2382	3
PRA	96413	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	1/1/2012	12/31/2382	1
PRA	96415	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS	7/1/2016	12/31/2382	8
PRA	96416	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION, RE	10/1/2010	12/31/2382	1
PRA	96417	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION, UP TO 1 HOUR	7/1/2016	12/31/2382	3
PRA	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE	7/1/2016	12/31/2382	1
PRA	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR	10/1/2010	12/31/2382	2
PRA	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, ONE TO 8 HOURS, EACH ADDITIONAL HOUR	7/1/2016	12/31/2382	1
PRA	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8	10/1/2010	12/31/2382	1
PRA	96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACENTESIS	10/1/2010	12/31/2382	1
PRA	96446	CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWELLING PORT OR CATHETER	1/1/2011	12/31/2382	1
PRA	96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING LUMBAR PUNCTURE	10/1/2010	12/31/2382	1
PRA	96521	REFILLING AND MAINTENANCE OF PORTABLE PUMP	10/1/2010	12/31/2382	2
PRA	96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SYSTEMIC	10/1/2010	12/31/2382	1
PRA	96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	10/1/2010	12/31/2382	1
PRA	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS RESERVOIR, SINGLE OR MULTIPLE AGENTS	10/1/2010	12/31/2382	1
PRA	96549	UNLISTED CHEMOTHERAPY PROCEDURE	4/1/2018	12/31/2382	1
PRA	96567	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT AND/OR MALIGNANT LESIONS OF THE	10/1/2010	12/31/2382	1
PRA	96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT; FIRST 30 MINUTES	10/1/2010	12/31/2382	1
PRA	96571	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSUE; EACH ADDITIONAL 15 MINUTES	7/1/2016	12/31/2382	2
PRA	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT LESIONS OF THE SKIN AND ADJACENT MUCOSA WITH APPLICATION AND ILLUMINATION/ACTIVATION OF PHOTOSENSITIZING DRUG	1/1/2018	12/31/2382	1

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PRA	96574	DEBRIDEMENT OF PREMALIGNANT HYPERKERATOTIC LESION(S) (IE, TARGETED CURETTAGE, ABRASION) FOLLOWED WITH PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT LESIONS OF THE SKIN	1/1/2018	12/31/2382	1
PRA	96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	10/1/2010	12/31/2382	1
PRA	96902	MICROSCOPIC EXAMINATION OF HAIRS PLUCKED OR CLIPPED BY THE EXAMINER (EXCLUDING HAIR COLLECTED BY THE PATIENT)	10/1/2012	12/31/2382	1
PRA	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY, FOR MONITORING OF HIGH RISK PATIENTS WITH DYSPLASTIC NEVUS SYNDROME OR	10/1/2010	12/31/2382	1
PRA	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AND ULTRAVIOLET B	10/1/2010	12/31/2382	1
PRA	96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	10/1/2010	12/31/2382	1
PRA	96913	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE DERMATOSES REQUIRING AT LEAST FOUR TO EIGHT	10/1/2010	12/31/2382	1
PRA	96920	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN 250 SQ CM	10/1/2010	12/31/2382	1
PRA	96921	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ CM	10/1/2010	12/31/2382	1
PRA	96922	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM	10/1/2010	12/31/2382	1
PRA	96931	MICROSCOPY OF LESION OF SKIN WITH INTERPRETATION AND REPORT- FIRST LESION	1/1/2016	12/31/2382	1
PRA	96932	MICROSCOPY OF LESION OF SKIN - FIRST LESION	1/1/2016	12/31/2382	1
PRA	96933	INTERPRETATION AND REPORT OF MICROSCOPY OF LESION OF SKIN- FIRST LESION	1/1/2016	12/31/2382	1
PRA	96934	MICROSCOPY OF LESION OF SKIN WITH INTERPRETATION AND REPORT	7/1/2017	12/31/2382	2
PRA	96935	MICROSCOPY OF LESION OF SKIN	7/1/2017	12/31/2382	2
PRA	96936	INTERPRETATION AND REPORT MICROSCOPY OF LESION OF SKIN	7/1/2017	12/31/2382	2
PRA	96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	4/1/2018	12/31/2382	1
PRA	97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	10/1/2018	12/31/2382	1
PRA	97012	PHYSICAL MEDICINE TREATMENT TO ONE AREA; TRACTION, MECHANICAL	10/1/2010	12/31/2382	1
PRA	97014	PHYSICAL MEDICINE TREATMENT TO ONE AREA; ELECTRICAL STIMULATION (UNATTENDED)	10/1/2012	12/31/2382	1
PRA	97016	PHYSICAL MEDICINE TREATMENT TO ONE AREA; VASOPNEUMATIC DEVICES	10/1/2010	12/31/2382	1
PRA	97018	PHYSICAL MEDICINE TREATMENT TO ONE AREA; PARAFFIN BATH	10/1/2010	12/31/2382	1
PRA	97022	PHYSICAL MEDICINE TREATMENT TO ONE AREA; WHIRLPOOL	10/1/2010	12/31/2382	1
PRA	97024	PHYSICAL MEDICINE TREATMENT TO ONE AREA; DIATHERMY	10/1/2010	12/31/2382	1
PRA	97026	PHYSICAL MEDICINE TREATMENT TO ONE AREA; INFRARED	10/1/2010	12/31/2382	1
PRA	97028	PHYSICAL MEDICINE TREATMENT TO ONE AREA; ULTRAVIOLET	10/1/2010	12/31/2382	1

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PRA	97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	7/1/2016	12/31/2382	4
PRA	97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	7/1/2016	12/31/2382	4
PRA	97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	7/1/2016	12/31/2382	2
PRA	97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	7/1/2016	12/31/2382	2
PRA	97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	7/1/2016	12/31/2382	3
PRA	97039	PHYSICAL MEDICINE TREATMENT TO ONE AREA; UNLISTED MODALITY (SPECIFY)	4/1/2018	12/31/2382	1
PRA	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND	7/1/2016	12/31/2382	6
PRA	97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE,	7/1/2016	12/31/2382	4
PRA	97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES	7/1/2016	12/31/2382	6
PRA	97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	7/1/2016	12/31/2382	4
PRA	97124	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; MASSAGE	7/1/2016	12/31/2382	4
PRA	97139	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; UNLISTED PROCEDURE (SPECIFY)	4/1/2018	12/31/2382	1
PRA	97140	MANUAL THERAPY TECHNIQUES, MANIPULATION, MANUAL LYMPHATIC DRAINAGE, ONE OR MORE REGIONS	7/1/2016	12/31/2382	6
PRA	97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	10/1/2010	12/31/2382	1
PRA	97151	BEHAVIOR IDENTIFICATION ASSESSMENT BY QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES	1/1/2019	12/31/2382	32
PRA	97152	BEHAVIOR IDENTIFICATION ASSESSMENT BY TECHNICIAN UNDER DIRECTION OF QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES	1/1/2019	12/31/2382	8
PRA	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER DIRECTION OF QUALIFIED HEALTH CARE PROFESSIONAL TO ONE PATIENT, EACH 15 MINUTES	1/1/2019	12/31/2382	32
PRA	97154	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER DIRECTION OF QUALIFIED HEALTH CARE PROFESSIONAL TO MULTIPLE PATIENTS, EACH 15 MINUTES	1/1/2019	12/31/2382	12
PRA	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADMINISTERED BY QUALIFIED HEALTH CARE PROFESSIONAL TO ONE PATIENT, EACH 15 MINUTES	1/1/2019	12/31/2382	24
PRA	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE BY QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT PATIENT PRESENT), EACH 15 MINUTES	1/1/2019	12/31/2382	16
PRA	97157	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE BY QUALIFIED HEALTH CARE PROFESSIONAL WITHOUT PATIENT PRESENT, EACH 15 MINUTES	1/1/2019	12/31/2382	16
PRA	97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADMINISTERED BY QUALIFIED HEALTH CARE PROFESSIONAL TO MULTIPLE PATIENTS, EACH 15 MINUTES	1/1/2019	12/31/2382	16
PRA	97161	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	1/1/2017	12/31/2382	1
PRA	97162	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	1/1/2017	12/31/2382	1
PRA	97163	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 45 MINUTES	1/1/2017	12/31/2382	1
PRA	97164	RE-EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	1/1/2017	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	97165	EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	1/1/2017	12/31/2382	1
PRA	97166	EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	1/1/2017	12/31/2382	1
PRA	97167	EVALUATION OF OCCUPATIONAL THERAPY, ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTES	1/1/2017	12/31/2382	1
PRA	97168	RE-EVALUATION OF OCCUPATIONAL THERAPY, ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINUTES	1/1/2017	12/31/2382	1
PRA	97169	EVALUATION OF ATHLETIC TRAINING, TYPICALLY 15 MINUTES	7/1/2018	12/31/2382	1
PRA	97170	EVALUATION OF ATHLETIC TRAINING, TYPICALLY 30 MINUTES	7/1/2018	12/31/2382	1
PRA	97171	EVALUATION OF ATHLETIC TRAINING, TYPICALLY 45 MINUTES	7/1/2018	12/31/2382	1
PRA	97172	RE-EVALUATION OF ATHLETIC TRAINING, TYPICALLY 20 MINUTES	7/1/2018	12/31/2382	1
PRA	97530	THERAPEUTIC ACTIVITIES, DIRECT PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	7/1/2016	12/31/2382	6
PRA	97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL	7/1/2016	12/31/2382	4
PRA	97535	SELF CARE/HOME MANAGEMENT TRAINING DIRECT ONE ON ONE CONTACT BY PROVIDER, EACH 15 MINUTES	7/1/2016	12/31/2382	8
PRA	97537	COMMUNITY/WORK REINTEGRATION TRAINING, DIRECT ONE ON ONE CONTACT BY PROVIDER, EACH 15 MINUTES	7/1/2019	12/31/2382	6
PRA	97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	7/1/2016	12/31/2382	8
PRA	97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	10/1/2010	12/31/2382	1
PRA	97546	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR	10/1/2010	12/31/2382	2
PRA	97597	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, HIGH PRESSUR	10/1/2010	12/31/2382	1
PRA	97598	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, HIGH PRESSUR	7/1/2016	12/31/2382	8
PRA	97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDMENT, WITHOUT ANESTHESIA INCLUDING TOPICAL APPLI	10/1/2018	12/31/2382	1
PRA	97605	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S).	10/1/2010	12/31/2382	1
PRA	97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S).	10/1/2010	12/31/2382	1
PRA	97607	NEGATIVE PRESSURE WOUND THERAPY UTILIZING DISPOSABLE, NON DURABLE MEDICAL EQUIPMENT	1/1/2015	12/31/2382	1
PRA	97608	NEGATIVE PRESSURE WOUND THERAPY UTILIZING DISPOSABLE, NON DURABLE MEDICAL EQUIPMENT INCLUDING	1/1/2015	12/31/2382	1
PRA	97610	LOW FREQUENCY, NON-CONTACT, NON-THERMAL ULTRASOUND WOUND ASSESSMENT, AND INSTRUCTIONS FOR ONGOING CARE	1/1/2014	12/31/2382	1
PRA	97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH WRITTEN REPORT,	7/1/2016	12/31/2382	8
PRA	97755	ASSISTIVE TECHNOLOGY ASSESSMENT, DIRECT ONE ON ONE CONTACT BY PROVIDER, WITH WRITTEN REPORT, EACH 15 MINUTES	7/1/2016	12/31/2382	8
PRA	97760	ORTHOTIC(S) MANAGEMENT AND TRAINING, UPPER EXTREMITY(S), LOWER EXTREMITY(S) AND/OR TRUNK, EACH 15 MIN	7/1/2016	12/31/2382	6

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PRA	97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	7/1/2016	12/31/2382	6
PRA	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT AND/OR TRAINING, UPPER EXTREMITY(IES), LOWER EXTREMITY(IES), AND/OR TRUNK, SUBSEQUENT ORTHOTIC(S)/PROSTHETIC(S) ENCOUNTER, EACH 15 MINUTES	1/1/2018	12/31/2382	6
PRA	97799	UNLISTED PHYSICAL MEDICINE SERVICE OR PROCEDURE	4/1/2018	12/31/2382	1
PRA	97802	MEDICAL NUTRITION THERAPY; INTIAL ASSESMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE, EACH 15 MINUTES	7/1/2016	12/31/2382	8
PRA	97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE, EACH 15 MINUTES	7/1/2016	12/31/2382	8
PRA	97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUALS) EACH 30 MINUTES	7/1/2016	12/31/2382	6
PRA	97810	ACUPUNCTURE, ONE OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE ON-ONE	10/1/2012	12/31/2382	1
PRA	97811	ACUPUNCTURE, ONE OR MORE NEEDLES; EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT	1/1/2014	12/31/2382	3
PRA	97813	ACUPUNCTURE, ONE OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONT	10/1/2012	12/31/2382	1
PRA	97814	ACUPUNCTURE, ONE OR MORE NEEDLES; EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE	1/1/2014	12/31/2382	2
PRA	98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED	10/1/2010	12/31/2382	1
PRA	98926	OSTEOPATHIC MANIPULATIVE TREATMEN(OMT); THREE TO FOUR BODY REGIONS INVOLVED	10/1/2010	12/31/2382	1
PRA	98927	OSTEOPATHIC MANIPULATIVE TREATMENT; FIVE TO SIX BODY REGIONS INVOLVED	10/1/2010	12/31/2382	1
PRA	98928	OSTEOPATHIC MANIPULATIVE TREATMENT; SEVEN TO EIGHT BODY REGIONS INVOLVED	10/1/2010	12/31/2382	1
PRA	98929	OSTEOPATHIC MANIPULATIVE TREATMENT; MINE TO TEN BODY REGIONS INVOLVED	10/1/2010	12/31/2382	1
PRA	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS	10/1/2010	12/31/2382	1
PRA	98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	10/1/2010	12/31/2382	1
PRA	98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	10/1/2010	12/31/2382	1
PRA	98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE REGIONS	10/1/2012	12/31/2382	1
PRA	98966	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL	10/1/2012	12/31/2382	1
PRA	98967	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL	10/1/2012	12/31/2382	1
PRA	98968	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL	10/1/2012	12/31/2382	1
PRA	99000	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE TO A LABORATORY	1/1/2014	12/31/2382	2
PRA	99001	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER THAN A PHYSICIAN'S OFFICE TO A L	1/1/2014	12/31/2382	1
PRA	99002	HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTATION OF AN ORDER INVOLVING DEV	10/1/2012	12/31/2382	1
PRA	99024	POSTOPERATIVE FOLLOW-UP VISIT, INCLUDED IN GLOBAL SERVICE	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	99050	SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO BASIC SERVICE	10/1/2012	12/31/2382	1
PRA	99051	SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND, OR HOLIDAY OFFICE HOURS.	10/1/2012	12/31/2382	1
PRA	99053	SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24 HOUR FACILITY, IN ADDITION TO BASIC SERVICE	10/1/2012	12/31/2382	1
PRA	99056	SERVICES PROVIDED AT REQUEST OF PATIENT IN A LOCATION OTHER THAN PHYSICIAN'S OFFICE WHICH ARE NORMALLY PROVIDE	10/1/2012	12/31/2382	1
PRA	99058	OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS	10/1/2012	12/31/2382	1
PRA	99060	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS OTHER SCHEDULED OFFICE SERVICES	10/1/2012	12/31/2382	1
PRA	99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WI	10/1/2012	12/31/2382	1
PRA	99071	EDUCATIONAL SUPPLIES, SUCH AS BOOKS, TAPES, AND PAMPHLETS, PROVIDED BY THE PHYSICIAN FOR THE PATIENT'S EDUCATI	10/1/2012	12/31/2382	1
PRA	99075	MEDICAL TESTIMONY	10/1/2013	12/31/2382	1
PRA	99078	PHYSICIAN EDUCATIONAL SERVICES RENDERED TO PATIENTS IN A GROUP SETTING (EG, PRENATAL, OBESITY, OR DIABETIC INS	10/1/2012	12/31/2382	3
PRA	99080	SPECIAL REPORTS SUCH AS INSURANCE FORMS, OR THE REVIEW OF MEDICAL DATA TO CLARIFY A PATIENT'S STATUS]MORE THAN	10/1/2012	12/31/2382	1
PRA	99082	UNUSUAL TRAVEL (EG, TRANSPORTATION AND ESCORT OF PATIENT)	10/1/2010	12/31/2382	1
PRA	99091	COLLECTION AND INTERPRETATION OF PHYSIOLOGIC DATA DIGITALLY STORED AND/OR TRANSMITTED BY THE PATIENT	10/1/2012	12/31/2382	1
PRA	99100	ANESTHESIA FOR PATIENT OF EXTREME AGE, UNDER ONE YEAR AND OVER SEVENTY	1/1/2018	12/31/2382	1
PRA	99116	ANESTHESIA COMPLICATED BY UTILIZATION OF TOTAL BODY HYPOTHERMIA	7/1/2018	12/31/2382	1
PRA	99135	ANESTHESIA COMPLICATED BY UTILIZATION OF CONTROLLED HYPOTENSION	7/1/2018	12/31/2382	1
PRA	99140	ANESTHESIA COMPLICATED BY EMERGENCY CONDITIONS (SPECIFY)	7/1/2018	12/31/2382	2
PRA	99151	MODERATE SEDATION SERVICES BY PHYSICIAN ALSO PERFORMING A PROCEDURE, PATIENT YOUNGER THAN 5 YEARS OF AGE, FIRST 15 MINUTES	4/1/2018	12/31/2382	1
PRA	99152	MODERATE SEDATION SERVICES BY PHYSICIAN ALSO PERFORMING A PROCEDURE, PATIENT 5 YEARS OF AGE OR OLDER, FIRST 15 MINUTES	1/1/2017	12/31/2382	2
PRA	99153	MODERATE SEDATION SERVICES BY PHYSICIAN ALSO PERFORMING A PROCEDURE, ADDITIONAL 15 MINUTES	1/1/2017	12/31/2382	9
PRA	99155	MODERATE SEDATION SERVICES BY PHYSICIAN NOT PERFORMING A PROCEDURE, PATIENT YOUNGER THAN 5 YEARS OF AGE, FIRST 15 MINUTES	4/1/2018	12/31/2382	1
PRA	99156	MODERATE SEDATION SERVICES BY PHYSICIAN NOT PERFORMING A PROCEDURE, PATIENT 5 YEARS OF AGE OR OLDER, FIRST 15 MINUTES	4/1/2018	12/31/2382	1
PRA	99157	MODERATE SEDATION SERVICES BY PHYSICIAN NOT PERFORMING A PROCEDURE, EACH ADDITIONAL 15 MINUTES	1/1/2017	12/31/2382	6
PRA	99170	GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT--AS OF 2000 ANOGENITAL EXAM FOR SUSPECT TRAUM	10/1/2010	12/31/2382	1
PRA	99172	VISUAL FUNCTION SCREENING, AUTOMATED OR SEMI-AUTOMATED BILATERAL QUANTITATIVE DETERMINATION OF VISUAL ACUIITY	10/1/2012	12/31/2382	1
PRA	99173	SCREENING TEST OF VISUAL ACUIITY, QUANTITATIVE, BILATERL	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	99174	OCULAR PHOTOSCREENING WITH INTERPRETATION AND REPORT, BILATERAL	10/1/2012	12/31/2382	1
PRA	99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED OBSERVATION UNTIL STOMACH ADEQUATELY EMPTY	10/1/2010	12/31/2382	1
PRA	99177	INSTRUMENT BASED EYE SCREENING OF BOTH EYES WITH ANALYSIS	1/1/2016	12/31/2382	1
PRA	99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	10/1/2010	12/31/2382	1
PRA	99184	INITIATION OF SELECTIVE HEAD OR TOTAL BODY HYPOTHERMIA IN THE CRITICALLY ILL NEONATE, INCLUDES APPROPRIATE	1/1/2015	12/31/2382	1
PRA	99188	APPLICATION OF TOPICAL FLUORIDE VARNISH BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	1/1/2015	12/31/2382	1
PRA	99190	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR WITHOUT ECG AND/OR PRESSURE MONITOR)	4/1/2018	12/31/2382	1
PRA	99191	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR WITHOUT ECG AND/OR PRESSURE MONITOR)	10/1/2010	12/31/2382	1
PRA	99192	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR WITHOUT ECG AND/OR PRESSURE MONITOR)	10/1/2010	12/31/2382	1
PRA	99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	2
PRA	99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	4/1/2018	12/31/2382	1
PRA	99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	4/1/2018	12/31/2382	3
PRA	99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE	7/1/2012	12/31/2382	1
PRA	99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE	7/1/2012	12/31/2382	1
PRA	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE	7/1/2012	12/31/2382	1
PRA	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE	7/1/2012	12/31/2382	1
PRA	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE	7/1/2012	12/31/2382	1
PRA	99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQ	7/1/2012	12/31/2382	1
PRA	99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A	10/1/2014	12/31/2382	2
PRA	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A	10/1/2014	12/31/2382	2
PRA	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A	10/1/2014	12/31/2382	2
PRA	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A	7/1/2012	12/31/2382	1
PRA	99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT	10/1/2010	12/31/2382	1
PRA	99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE THREE K	10/1/2010	12/31/2382	1
PRA	99219	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE	10/1/2010	12/31/2382	1
PRA	99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE	10/1/2010	12/31/2382	1

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PRA	99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE THREE KEY	10/1/2010	12/31/2382	1
PRA	99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY	10/1/2010	12/31/2382	1
PRA	99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY	10/1/2010	12/31/2382	1
PRA	99224	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT	4/1/2011	12/31/2382	1
PRA	99225	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT	4/1/2011	12/31/2382	1
PRA	99226	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT	4/1/2011	12/31/2382	1
PRA	99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO	10/1/2010	12/31/2382	1
PRA	99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO	10/1/2010	12/31/2382	1
PRA	99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST TWO	10/1/2010	12/31/2382	1
PRA	99234	OBSERVATION/HOSPITAL CARE	10/1/2010	12/31/2382	1
PRA	99235	OBSERVATION/HOSPITAL CARE	10/1/2010	12/31/2382	1
PRA	99236	OBSERVATION/HOSPITAL CARE	10/1/2010	12/31/2382	1
PRA	99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	10/1/2010	12/31/2382	1
PRA	99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	10/1/2010	12/31/2382	1
PRA	99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A PROBLEM FOC	1/1/2012	12/31/2382	1
PRA	99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN EXPANDED P	1/1/2012	12/31/2382	1
PRA	99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A DETAILED HI	1/1/2012	12/31/2382	1
PRA	99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENS	1/1/2012	12/31/2382	1
PRA	99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENS	1/1/2012	12/31/2382	1
PRA	99251	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A	1/1/2012	12/31/2382	1
PRA	99252	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN	1/1/2012	12/31/2382	1
PRA	99253	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A	1/1/2012	12/31/2382	1
PRA	99254	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THREE KEY COMPONENTS: A COMPRE	1/1/2012	12/31/2382	1
PRA	99255	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A	1/1/2012	12/31/2382	1
PRA	99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMP	10/1/2010	12/31/2382	1
PRA	99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMP	10/1/2010	12/31/2382	1

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PRA	99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMP	10/1/2010	12/31/2382	1
PRA	99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMP	10/1/2010	12/31/2382	1
PRA	99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	10/1/2010	12/31/2382	1
PRA	99288	PHYSICIAN DIRECTION OF EMERGENCY MEDICAL SYSTEMS (EMS) EMERGENCY CARE, ADVANCED LIFE SUPPORT	10/1/2012	12/31/2382	1
PRA	99291	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY	7/1/2013	12/31/2382	1
PRA	99292	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT, REQUIRING THE CO	7/1/2016	12/31/2382	8
PRA	99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE	10/1/2010	12/31/2382	1
PRA	99305	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE	10/1/2010	12/31/2382	1
PRA	99306	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE	10/1/2010	12/31/2382	1
PRA	99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES	10/1/2010	12/31/2382	1
PRA	99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES	10/1/2010	12/31/2382	1
PRA	99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES	10/1/2010	12/31/2382	1
PRA	99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES	10/1/2010	12/31/2382	1
PRA	99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT	10/1/2010	12/31/2382	1
PRA	99316	NURSING FACILITY DESCHARGE DAY MANAGEMENT	10/1/2010	12/31/2382	1
PRA	99318	EVALUATION AND MANANGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY ASSESSMENT, WHICH REQUIRES	10/1/2010	12/31/2382	1
PRA	99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT,WHICH REQUIRES THESE	10/1/2010	12/31/2382	1
PRA	99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE	10/1/2010	12/31/2382	1
PRA	99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE	10/1/2010	12/31/2382	1
PRA	99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE	10/1/2010	12/31/2382	1
PRA	99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE	10/1/2010	12/31/2382	1
PRA	99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES THE	10/1/2010	12/31/2382	1
PRA	99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES THE	10/1/2010	12/31/2382	1
PRA	99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES THE	10/1/2010	12/31/2382	1
PRA	99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES THE	10/1/2010	12/31/2382	1
PRA	99339	INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT IN HOME, DOMICILLIARY OR REST HOME REQUIRING COMPLEX AND MULTI	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	99340	INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT IN HOME, DOMICILIARY OR REST HOME REQUIRING COMPLEX AND MULTI	10/1/2018	12/31/2382	1
PRA	99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A PR	10/1/2010	12/31/2382	1
PRA	99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN E	10/1/2010	12/31/2382	1
PRA	99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A DE	10/1/2010	12/31/2382	1
PRA	99344	HOME VISIT	10/1/2010	12/31/2382	1
PRA	99345	HOME VISIT	10/1/2010	12/31/2382	1
PRA	99347	HOME VISIT	10/1/2010	12/31/2382	1
PRA	99348	HOME VISIT	10/1/2010	12/31/2382	1
PRA	99349	HOME VISIT	10/1/2010	12/31/2382	1
PRA	99350	HOME VISIT	10/1/2010	12/31/2382	1
PRA	99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT	10/1/2010	12/31/2382	1
PRA	99355	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING...EACH ADDITIONAL 30 MINUTES	7/1/2016	12/31/2382	4
PRA	99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECTPATIENT CONTACT BEYOND THE USUAL SERVIC	10/1/2010	12/31/2382	1
PRA	99357	PROLONGED PHYSICIAN SERVICE INPATIENT EACH ADDITIONAL 30 MINUTES	7/1/2016	12/31/2382	4
PRA	99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE	10/1/2012	12/31/2382	1
PRA	99359	PROLONGED EVALUATION AND MANAGEMENT SERVICE; EACH ADDITIONAL 30 MINUTES	4/1/2017	12/31/2382	2
PRA	99366	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEAKTH CARE PROFESSIONALS, FACE TO FACE WITH PATIENT	1/1/2019	12/31/2382	1
PRA	99367	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS, PATIENT AND/OR FAMILY NOT	10/1/2018	12/31/2382	1
PRA	99368	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS, PATIENT AND/OR FAMILY NOT	1/1/2019	12/31/2382	1
PRA	99374	HOME HEALTH AGENCY CARE SUPERVISION	10/1/2012	12/31/2382	1
PRA	99375	PHYSICIAN SUPERVISION OF PATIENTS UNDER CARE OF HOME HEALTH AGENCIES, HOSPICE OR NURSING FACILITY;30-60MIN	10/1/2013	12/31/2382	1
PRA	99377	HOSPICE PATIENT CARE SUPERVISION	10/1/2012	12/31/2382	1
PRA	99378	HOSPICE PATIENT CARE SUPERVISION	10/1/2013	12/31/2382	1
PRA	99379	NURSING FACILITY CARE SUPEVISION	10/1/2012	12/31/2382	1
PRA	99380	NURSING FACILITY CARE SUPERVISION	10/1/2012	12/31/2382	1
PRA	99381	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	10/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	99382	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	10/1/2013	12/31/2382	1
PRA	99383	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	10/1/2013	12/31/2382	1
PRA	99384	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	10/1/2013	12/31/2382	1
PRA	99385	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	10/1/2013	12/31/2382	1
PRA	99386	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	10/1/2013	12/31/2382	1
PRA	99387	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	10/1/2013	12/31/2382	1
PRA	99391	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	10/1/2013	12/31/2382	1
PRA	99392	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	10/1/2013	12/31/2382	1
PRA	99393	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	10/1/2013	12/31/2382	1
PRA	99394	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	10/1/2013	12/31/2382	1
PRA	99395	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	10/1/2013	12/31/2382	1
PRA	99396	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	10/1/2013	12/31/2382	1
PRA	99397	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	10/1/2013	12/31/2382	1
PRA	99401	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL; APPROXIMATELY 15 MIN	10/1/2013	12/31/2382	1
PRA	99402	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL; APPROXIMATELY 30 MIN	10/1/2013	12/31/2382	1
PRA	99403	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL; APPROXIMATELY 45 MIN	10/1/2013	12/31/2382	1
PRA	99404	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL; APPROXIMATELY 60 MIN	10/1/2013	12/31/2382	1
PRA	99406	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES UP TO 10 MINUTES	10/1/2010	12/31/2382	1
PRA	99407	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10 MINUTES	10/1/2010	12/31/2382	1
PRA	99408	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING, AND BRIEF INTERVENTION SERVICES; 15	10/1/2013	12/31/2382	1
PRA	99409	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING, AND BRIEF INTERVENTION SERVICES; GRE	10/1/2013	12/31/2382	1
PRA	99411	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO HEALTHY INDIVIDUALS IN A GROUP SETTING; AP	10/1/2013	12/31/2382	1
PRA	99412	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO HEALTHY INDIVIDUALS IN A GROUP SETTING; AP	10/1/2013	12/31/2382	1
PRA	99415	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF-FIRST HOUR	1/1/2016	12/31/2382	1
PRA	99416	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF-EACH ADDITIONAL 30 MINUTES	10/1/2018	12/31/2382	3
PRA	99429	UNLISTED PREVENTIVE MEDICINE SERVICE	4/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT OR	10/1/2013	12/31/2382	1
PRA	99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT OR	10/1/2013	12/31/2382	1
PRA	99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT OR	10/1/2013	12/31/2382	1
PRA	99446	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN, 5-10 MIN	1/1/2014	12/31/2382	1
PRA	99447	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN, 11-20 MIN	1/1/2014	12/31/2382	1
PRA	99448	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN, 21-30 MIN	1/1/2014	12/31/2382	1
PRA	99449	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN, 31 MINUTES	1/1/2014	12/31/2382	1
PRA	99450	BASIC LIFE AND/OR DISABILITY EXAM THAT INCLUDES: MEASUREMENT OF HEIGHT, WEIGHT AND BLOOD PRESSURE; COMPLETION	10/1/2013	12/31/2382	1
PRA	99451	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY CONSULTATIVE PHYSICIAN WITH WRITTEN REPORT, 5 MINUTES OR MORE OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW	1/1/2019	12/31/2382	1
PRA	99452	TELEPHONE OR INTERNET REFERRAL SERVICE, 30 MINUTES	1/1/2019	12/31/2382	1
PRA	99453	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT	1/1/2019	12/31/2382	1
PRA	99454	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SUPPLY OF DEVICES WITH DAILY RECORDINGS OR PROGRAMMED ALERTS TRANSMISSION, EACH 30 DAYS	1/1/2019	12/31/2382	1
PRA	99455	WORK RELATED OR MEDICAL DISABILITY EXAMINATION BY THE TREATING PHYSICIAN THAT INCLUDES: COMPLETION OF A MEDIC	10/1/2010	12/31/2382	1
PRA	99456	WORK RELATED OR MEDICAL DISABILITY EXAMINATION BY OTHER THAN THE TREATING PHYSICIAN THAT INCLUDES: COMPLETION	10/1/2010	12/31/2382	1
PRA	99457	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS MANAGEMENT SERVICES, 20 MINUTES OR MORE OF QUALIFIED HEALTH CARE PROFESSIONAL TIME PER CALENDAR MONTH	1/1/2019	12/31/2382	1
PRA	99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	10/1/2010	12/31/2382	1
PRA	99461	INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT SEEN IN OTHER THAN HOSPITAL OR B	10/1/2010	12/31/2382	1
PRA	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN	10/1/2010	12/31/2382	1
PRA	99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	10/1/2010	12/31/2382	1
PRA	99464	ATTENDANCE AT DELIVERY(WHEN REQUESTED BY THE DELIVERING PHYSICIAN) AND INITIAL STABILIZATION OF NEWBORN	10/1/2010	12/31/2382	1
PRA	99465	DELIVERY/BIRTHING ROOM RESUSITATION, PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CHEST COMPRESSIONS	10/1/2010	12/31/2382	1
PRA	99466	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFACILITY TRANSPORT OF CRITICALLY	10/1/2010	12/31/2382	1
PRA	99467	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFACILITY TRANSPORT OF CRITICALLY	7/1/2016	12/31/2382	4
PRA	99468	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL	10/1/2010	12/31/2382	1
PRA	99469	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL	10/1/2010	12/31/2382	1
PRA	99471	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL	10/1/2010	12/31/2382	1

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PRA	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL	10/1/2010	12/31/2382	1
PRA	99475	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL	7/1/2012	12/31/2382	1
PRA	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL	7/1/2012	12/31/2382	1
PRA	99477	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE NEONATE, 28 DAYS OF AGE OR LESS, WHO	10/1/2010	12/31/2382	1
PRA	99478	SUBSEQUENT INTENSIVE CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING VERY LOW BIRTH WEIGHT	10/1/2010	12/31/2382	1
PRA	99479	SUBSEQUENT INTENSIVE CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING LOW BIRTH WEIGHT INFA	10/1/2010	12/31/2382	1
PRA	99480	SUBSEQUENT INTENSIVE CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING INFANT	10/1/2010	12/31/2382	1
PRA	99483	ASSESSMENT OF AND CARE PLANNING FOR A PATIENT WITH COGNITIVE IMPAIRMENT, REQUIRING AN INDEPENDENT HISTORIAN, IN THE OFFICE OR OTHER OUTPATIENT, HOME OR DOMICILIARY OR REST HOME	1/1/2018	12/31/2382	1
PRA	99484	CARE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH CONDITIONS, AT LEAST 20 MINUTES OF CLINICAL STAFF TIME, DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH, WITH THE FOLLOWING REQUIRED ELEMENTS	1/1/2018	12/31/2382	1
PRA	99485	SUPERVISION BY A CONTROL PHYSICIAN OF INTERFACILITY TRANSPORT CARE OF THE CRITICALLY ILL OR CRITICALLY INJURED	1/1/2013	12/31/2382	1
PRA	99486	SUPERVISION BY A CONTROL PHYSICIAN OF INTERFACILITY TRANSPORT CARE OF THE CRITICALLY ILL OR CRITICALLY INJURED	7/1/2016	12/31/2382	4
PRA	99487	COMPLEX CHRONIC CARE COORDINATION SERVICES; FIRST HOUR OF CLINICAL STAFF TIME DIRECTED BY A PHYSICIAN OR OTHER	1/1/2013	12/31/2382	1
PRA	99489	COMPLEX CHRONIC CARE COORDINATION SERVICES; ADDITIONAL 30 MINUTES OF CLINICAL STAFF TIME DIRECTED BY A PHYS	4/1/2018	12/31/2382	10
PRA	99490	CHRONIC CARE MANAGEMENT SERVICES, AT LEAST 20 MINUTES OF CLINICAL STAFF TIME DIRECTED BY A PHYSICIAN	1/1/2015	12/31/2382	1
PRA	99491	CHRONIC CARE MANAGEMENT SERVICES BY QUALIFIED HEALTH CARE PROFESSIONAL, 30 MINUTES OR MORE PER CALENDAR MONTH	1/1/2019	12/31/2382	1
PRA	99492	INITIAL PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT FIRST 70 MINUTES IN THE FIRST CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT AND DIRECTED BY THE TREATING PHYSI	1/1/2018	12/31/2382	1
PRA	99494	INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, EACH ADDITIONAL 30 MINUTES IN A CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULTATION WITH A PSYCHIATRIC CONSULTAN	1/1/2018	12/31/2382	2
PRA	99495	TRANSITIONAL CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEMENTS:COMMUNICATION WITH THE PATIENT	1/1/2013	12/31/2382	1
PRA	99496	TRANSITIONAL CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEMENTS:COMMUNICATION WITH THE PATIENT	1/1/2013	12/31/2382	1
PRA	99497	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION OF ADVANCE DIRECTIVES SUCH AS	1/1/2015	12/31/2382	1
PRA	99498	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION OF ADVANCE DIRECTIVES SUCH AS FORMS	1/1/2015	12/31/2382	3
PRA	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	4/1/2018	12/31/2382	1
PRA	99500	HOME VISIT FOR PRENATAL MONITORING AND ASSESSMENT TO INCLUDE FETAL HEART RATE, NON-STRESS TEST, UTERINE	10/1/2013	12/31/2382	1
PRA	99501	HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE	10/1/2012	12/31/2382	1
PRA	99502	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT	10/1/2012	12/31/2382	1
PRA	99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	10/1/2012	12/31/2382	1

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PRA	99504	HOME VISIT FOR MECHANICAL VENTILATION CARE	1/1/2019	12/31/2382	1
PRA	99505	HOME VISIT FOR STOMA CARE AND MAINTENANCE INCLUDING COLOSTOMY AND CYSTOSTOMY	10/1/2013	12/31/2382	1
PRA	99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS	10/1/2012	12/31/2382	1
PRA	99507	HOME VISIT FOR CARE AND MAINTENANCE OF CATHETER(S) (EG, URINARY, DRAINAGE, AND ENTERAL)	10/1/2012	12/31/2382	1
PRA	99509	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL CARE	1/1/2019	12/31/2382	1
PRA	99510	HOME VISIT FOR INDIVIDUAL, FAMILY OR MARRIAGE COUNSELING	10/1/2012	12/31/2382	1
PRA	99511	HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA ADMINISTRATION	10/1/2012	12/31/2382	1
PRA	99512	HOME VISIT FOR HEMODIALYSIS	10/1/2012	12/31/2382	1
PRA	99600	UNLISTED HOME VISIT SERVICE OR PROCEDURE	4/1/2018	12/31/2382	1
PRA	99601	HOME INFUSION SPECIALTY DRUG ADMINISTRATION, PER VISIT UP TO 2 HOURS	10/1/2012	12/31/2382	4
PRA	99602	HOME INFUSION SPECIALTY DRUG ADMINISTRATION, PER VISIT , EACH ADDITIONAL HOUR	10/1/2012	12/31/2382	2
PRA	99605	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE TO FACE WITH PATIENT,	10/1/2010	12/31/2382	1
PRA	99606	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE TO FACE WITH PATIENT,	10/1/2010	12/31/2382	1
PRA	99607	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE TO FACE WITH PATIENT,	10/1/2010	12/31/2382	1
PRA	A0100	NON-EMERGENCY TRANSPORTATION: TAXI - INTRA CITY	1/1/2014	12/31/2382	2
PRA	A0110	NON-EMERGENCY TRANSPORTATION AND BUS, INTRA OR INTER STATE CARRIER	1/1/2014	12/31/2382	2
PRA	A0130	NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR VAN	1/1/2014	12/31/2382	2
PRA	A0225	AMBULANCE SERVICE, NEONATAL TRANSPORT, BASE RATE, EMERGENCY TRANSPORT, ONE WAY	1/1/2014	12/31/2382	1
PRA	A0384	BLS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; DEFIBRILLATION (USED BY ALS AMBULANCES AND BLS AMBULANCES IN	10/1/2017	12/31/2382	1
PRA	A0392	ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; DEFIBRILLATION	10/1/2017	12/31/2382	1
PRA	A0396	ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; OSOPHAGEAL INTUBATION	10/1/2017	12/31/2382	1
PRA	A0422	AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUSTAINING SITUATION	10/1/2017	12/31/2382	1
PRA	A0425	GROUND MILEAGE, PER STATUTE MILE	10/1/2016	12/31/2382	250
PRA	A0426	AMBULANCE SERVICES, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	1/1/2014	12/31/2382	2
PRA	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY)	1/1/2014	12/31/2382	2
PRA	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	1/1/2014	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS EMERGENCY)	1/1/2014	12/31/2382	2
PRA	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	1/1/2014	12/31/2382	1
PRA	A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	1/1/2014	12/31/2382	2
PRA	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	1/1/2014	12/31/2382	1
PRA	A0434	SPECIALTY CARE TRANSPORT (SCT)	1/1/2014	12/31/2382	2
PRA	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	1/1/2019	12/31/2382	999
PRA	A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE	1/1/2019	12/31/2382	300
PRA	A0998	AMBULANCE RESPONSE AND TREATMENT, NO TRANSPORT	1/1/2014	12/31/2382	1
PRA	A0999	UNLISTED AMBULANCE SERVICE	4/1/2018	12/31/2382	1
PRA	A4210	NEEDLE-FREE INJECTION DEVICE, EACH	10/1/2013	12/31/2382	1
PRA	A4212	HUBER-TYPE NEEDLE, EACH	1/1/2019	12/31/2382	2
PRA	A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	1/1/2019	12/31/2382	1
PRA	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	10/1/2015	12/31/2382	4
PRA	A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	7/1/2017	12/31/2382	5
PRA	A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR	7/1/2015	12/31/2382	2
PRA	A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME GLUCOSE MONITOR OWNED BY PATIENT	1/1/2018	12/31/2382	2
PRA	A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME GLUCOSE MONITOR OWNED BY PATIENT	10/1/2014	12/31/2382	2
PRA	A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME GLUCOSE MONITOR OWNED BY	7/1/2013	12/31/2382	2
PRA	A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	10/1/2013	12/31/2382	2
PRA	A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	1/1/2019	12/31/2382	4
PRA	A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS - PER PINT	10/1/2015	12/31/2382	1
PRA	A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	1/1/2011	12/31/2382	1
PRA	A4259	LANCETS, PER BOX OF 100	1/1/2019	12/31/2382	2
PRA	A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	10/1/2013	12/31/2382	1
PRA	A4262	TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH	10/1/2017	12/31/2382	4
PRA	A4263	LACRIMAL DUCT IMPLANT	10/1/2017	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	A4264	PERMANENT IMPLANTABLE CONTRACEPTIVE INTRATUBAL OCCLUSION DEVICE(S) AND DELIVERY SYSTEM	1/1/2014	12/31/2382	1
PRA	A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	10/1/2013	12/31/2382	1
PRA	A4270	DISPOSABLE ENDOSCOPE SHEATH, EACH	10/1/2018	12/31/2382	3
PRA	A4281	TUBING FOR BREAST PUMP, REPLACEMENT	10/1/2013	12/31/2382	1
PRA	A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	1/1/2014	12/31/2382	1
PRA	A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	10/1/2013	12/31/2382	1
PRA	A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	1/1/2014	12/31/2382	1
PRA	A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH	10/1/2014	12/31/2382	2
PRA	A4300	IMPLANTABLE VASCULAR ACCESS PORTAL/CATHETER (VENOUS, ARTERIAL, EPIDURAL OR PERITONEAL)	10/1/2018	12/31/2382	4
PRA	A4301	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL, EPIDURAL, SUBARACHNOID, PERITONEAL,	7/1/2014	12/31/2382	1
PRA	A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	10/1/2015	12/31/2382	2
PRA	A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON,	10/1/2015	12/31/2382	2
PRA	A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	10/1/2015	12/31/2382	2
PRA	A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	10/1/2015	12/31/2382	2
PRA	A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SIL	10/1/2015	12/31/2382	2
PRA	A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	10/1/2015	12/31/2382	2
PRA	A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	10/1/2015	12/31/2382	2
PRA	A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR OSTOM	10/1/2015	12/31/2382	2
PRA	A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, FOR INSERTION OF URINARY CATHETER, EACH	7/1/2018	12/31/2382	200
PRA	A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	1/1/2018	12/31/2382	1
PRA	A4337	INCONTINENCE SUPPLY, RECTAL INSERT, ANY TYPE, EACH	1/1/2017	12/31/2382	2
PRA	A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHI	10/1/2015	12/31/2382	2
PRA	A4340	INDWELLING CATHETER; SPECIALTY TYPE (EG: COUDE, MUSHROOM, WING, ETC.), EACH	10/1/2015	12/31/2382	2
PRA	A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	10/1/2015	12/31/2382	2
PRA	A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	10/1/2015	12/31/2382	2
PRA	A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	10/1/2015	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY	1/1/2018	12/31/2382	2
PRA	A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH	1/1/2012	12/31/2382	1
PRA	A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH	10/1/2015	12/31/2382	2
PRA	A4358	URINARY LEG BAG; VINYL, WITH OR WITHOUT TUBE, EACH	10/1/2015	12/31/2382	2
PRA	A4361	OSTOMY FACEPLATE, EACH	10/1/2015	12/31/2382	1
PRA	A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	10/1/2015	12/31/2382	2
PRA	A4367	OSTOMY BELT, EACH	10/1/2015	12/31/2382	2
PRA	A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	10/1/2015	12/31/2382	2
PRA	A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	7/1/2013	12/31/2382	3
PRA	A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	7/1/2015	12/31/2382	1
PRA	A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH	7/1/2013	12/31/2382	2
PRA	A4458	ENEMA BAG WITH TUBING, REUSABLE	1/1/2014	12/31/2382	1
PRA	A4459	MANUAL PUMP-OPERATED ENEMA SYSTEM, INCLUDES BALLOON, CATHETER AND ALL ACCESSORIES, REUSABLE	7/1/2015	12/31/2382	1
PRA	A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	7/1/2013	12/31/2382	3
PRA	A4465	NON-ELASTIC BINDER FOR EXTREMITY	1/1/2019	12/31/2382	2
PRA	A4470	GRAVLEE JET WASHER	10/1/2010	12/31/2382	1
PRA	A4480	VABRA ASPIRATOR	10/1/2010	12/31/2382	1
PRA	A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	10/1/2013	12/31/2382	4
PRA	A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	10/1/2013	12/31/2382	4
PRA	A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH	10/1/2013	12/31/2382	4
PRA	A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	10/1/2013	12/31/2382	4
PRA	A4550	SURGICAL TRAYS	1/1/2019	12/31/2382	2
PRA	A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	1/1/2011	12/31/2382	2
PRA	A4561	PESSARY, RUBBER, ANY TYPE	10/1/2010	12/31/2382	1
PRA	A4562	PESSARY, NON-RUBBER, ANY TYPE	10/1/2010	12/31/2382	1
PRA	A4563	RECTAL CONTROL SYSTEM FOR VAGINAL INSERTION, FOR LONG TERM USE, INCLUDES PUMP AND ALL SUPPLIES AND ACCESSORIES, ANY TYPE EACH	7/1/2019	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	A4565	SLINGS	7/1/2014	12/31/2382	2
PRA	A4566	SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER; WITH OR WITHOUT SWATHE CONTROL,PREFAB	10/1/2014	12/31/2382	2
PRA	A4570	SPLINT	10/1/2013	12/31/2382	2
PRA	A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE	10/1/2013	12/31/2382	1
PRA	A4580	CAST SUPPLIES	10/1/2013	12/31/2382	2
PRA	A4590	SPECIAL CASTING MATERIALS, HEXCELITE AND LIGHT CAST	10/1/2013	12/31/2382	2
PRA	A4595	TENS SUPPLIES, 2 LEAD, PER MONTH	10/1/2015	12/31/2382	2
PRA	A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	1/1/2014	12/31/2382	2
PRA	A4601	LITHIUM ION BATTERY FOR NONPROSTHETIC USE, REPLACEMENT	1/1/2018	12/31/2382	1
PRA	A4602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 1.5 VOLT, EACH	1/1/2019	12/31/2382	2
PRA	A4604	TUBING WITH INTERGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	7/1/2013	12/31/2382	1
PRA	A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	7/1/2014	12/31/2382	1
PRA	A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR	7/1/2015	12/31/2382	2
PRA	A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	7/1/2013	12/31/2382	2
PRA	A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	7/1/2013	12/31/2382	1
PRA	A4614	PEEK EXPIRATORY FLOW RATE METER, HAND HELD	1/1/2011	12/31/2382	1
PRA	A4615	CANNULA, NASAL	1/1/2014	12/31/2382	1
PRA	A4617	MOUTH PIECE	1/1/2014	12/31/2382	1
PRA	A4619	FACE TENT	1/1/2014	12/31/2382	1
PRA	A4620	VARIABLE CONCENTRATION MASK	1/1/2014	12/31/2382	1
PRA	A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	10/1/2016	12/31/2382	31
PRA	A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	1/1/2018	12/31/2382	2
PRA	A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	10/1/2013	12/31/2382	2
PRA	A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	7/1/2015	12/31/2382	6
PRA	A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	7/1/2013	12/31/2382	2
PRA	A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	7/1/2013	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	4/1/2015	12/31/2382	4
PRA	A4638	REPLACEMENT BATTERY FOR PATIENT OWNED EAR PULSE GENERATOR, EACH	7/1/2015	12/31/2382	2
PRA	A4639	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH	1/1/2014	12/31/2382	1
PRA	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	1/1/2011	12/31/2382	1
PRA	A4642	INDIUM IN-111 SATUMOMAB PENDETIDE,DIAGNOSTIC ,PER STUDY DOSE, UP TO 6 MILLICURIES	10/1/2010	12/31/2382	1
PRA	A4648	TISSUE MARKER IMPLANTABLE, ANY TYPE, EACH	4/1/2015	12/31/2382	5
PRA	A4650	IMPLANTABLE RADIATION DOSIMETER, EACH	1/1/2011	12/31/2382	3
PRA	A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	10/1/2010	12/31/2382	1
PRA	A4663	BLOOD PRESSURE CUFF ONLY	10/1/2010	12/31/2382	1
PRA	A4670	AUTOMATIC BLOOD PRESSURE MONITOR	10/1/2013	12/31/2382	1
PRA	A4931	ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH	1/1/2014	12/31/2382	1
PRA	A4932	RECTAL THERMOMETER, REUSABLE, ANY TYPE, EACH	1/1/2014	12/31/2382	1
PRA	A5056	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE) EACH	10/1/2016	12/31/2382	40
PRA	A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, EACH	10/1/2016	12/31/2382	40
PRA	A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	10/1/2015	12/31/2382	2
PRA	A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	7/1/2013	12/31/2382	1
PRA	A5105	URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE	10/1/2015	12/31/2382	2
PRA	A5112	URINARY LEG BAG; LATEX	10/1/2015	12/31/2382	1
PRA	A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	10/1/2015	12/31/2382	1
PRA	A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	10/1/2015	12/31/2382	1
PRA	A5120	SKIN BARRIER, WIPES OR SWABS, EACH	10/1/2016	12/31/2382	50
PRA	A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	10/1/2015	12/31/2382	1
PRA	A5500	FOR DIABETICS ONLY, FITTING(INCLUDING FOLLOW UP)CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY	10/1/2010	12/31/2382	2
PRA	A5501	FOR DIABETICS ONLY, FITTING(INCLUDING FOLLOW UP)CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF	10/1/2010	12/31/2382	2
PRA	A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE	10/1/2010	12/31/2382	2
PRA	A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE	10/1/2010	12/31/2382	2
PRA	A5506	FOR DIABETICS ONLY, MODIFICATION(INCLUDING FITTING)_OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE	10/1/2010	12/31/2382	2
PRA	A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE, PER SHOE	10/1/2010	12/31/2382	2
PRA	A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT W/O EXTERNAL HEAT SOURCE, MULTIPLE DEN	10/1/2010	12/31/2382	2
PRA	A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE	10/1/2016	12/31/2382	6
PRA	A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH	10/1/2016	12/31/2382	6
PRA	A5514	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, MADE BY DIRECT CARVING WITH CAM TECHNOLOGY FROM A RECTIFIED CAD MODEL CREATED FROM A DIGITIZED SCAN OF THE PATIENT, TOTAL CONTACT WITH PATIENT'S FOOT,	1/1/2019	12/31/2382	6
PRA	A6000	NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-CONTACT WOUND WARMING DEVICE AND WARMING CARD	1/1/2014	12/31/2382	1
PRA	A6460	SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	7/1/2019	12/31/2382	1
PRA	A6461	SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	7/1/2019	12/31/2382	1
PRA	A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	10/1/2012	12/31/2382	2
PRA	A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	10/1/2012	12/31/2382	2
PRA	A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	10/1/2012	12/31/2382	2
PRA	A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	10/1/2012	12/31/2382	4
PRA	A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	10/1/2012	12/31/2382	4
PRA	A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	10/1/2012	12/31/2382	4
PRA	A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	10/1/2012	12/31/2382	4
PRA	A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	10/1/2012	12/31/2382	4
PRA	A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS(VEST), CUSTOM FABRICATED	10/1/2012	12/31/2382	2
PRA	A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS(LEOTARD), CUSTOM FABRICATED	10/1/2012	12/31/2382	2
PRA	A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED	10/1/2012	12/31/2382	2
PRA	A6513	COMPRESSION BURN MASK, FACE AND/OR NECK , PLASTIC OR EQUAL, CUSTOM FABRICATED	10/1/2010	12/31/2382	2
PRA	A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MM HG, EACH	10/1/2013	12/31/2382	4
PRA	A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE 30-40 MM HG, EACH	7/1/2015	12/31/2382	4
PRA	A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE 40-50 MM HG, EACH	7/1/2015	12/31/2382	4
PRA	A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MM HG, EACH	10/1/2013	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MM HG, EACH	10/1/2013	12/31/2382	4
PRA	A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MM HG, EACH	10/1/2013	12/31/2382	4
PRA	A6536	GRADIENT COMPRESSION STOCKING FULL LENGTH/CHAP STYLE, 18-30 MM HG, EACH	10/1/2013	12/31/2382	4
PRA	A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MM HG, EACH	10/1/2013	12/31/2382	4
PRA	A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MM HG, EACH	10/1/2013	12/31/2382	4
PRA	A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MM HG EACH	10/1/2013	12/31/2382	4
PRA	A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH 30-40 MM HG, EACH	10/1/2013	12/31/2382	4
PRA	A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MM HG, EACH	10/1/2013	12/31/2382	4
PRA	A6544	GRADIENT COMPRESSION STOCKING, GARTER BELT	10/1/2013	12/31/2382	1
PRA	A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG,EACH	10/1/2010	12/31/2382	2
PRA	A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	10/1/2015	12/31/2382	1
PRA	A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	10/1/2015	12/31/2382	2
PRA	A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	10/1/2015	12/31/2382	2
PRA	A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NONDISPOSABLE	1/1/2012	12/31/2382	1
PRA	A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	10/1/2015	12/31/2382	1
PRA	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	10/1/2015	12/31/2382	2
PRA	A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	1/1/2014	12/31/2382	1
PRA	A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	7/1/2013	12/31/2382	2
PRA	A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	10/1/2015	12/31/2382	2
PRA	A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	10/1/2015	12/31/2382	2
PRA	A7014	FILTER, NON-DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	1/1/2012	12/31/2382	1
PRA	A7015	AEROSOL MASK, USED WITH DME NEBULIZER	10/1/2015	12/31/2382	1
PRA	A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	7/1/2015	12/31/2382	1
PRA	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	1/1/2011	12/31/2382	1
PRA	A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY	7/1/2011	12/31/2382	1
PRA	A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT EACH	1/1/2011	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	1/1/2011	12/31/2382	1
PRA	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	10/1/2010	12/31/2382	1
PRA	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT, ONLY EACH	10/1/2015	12/31/2382	2
PRA	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	10/1/2015	12/31/2382	2
PRA	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	7/1/2013	12/31/2382	1
PRA	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	1/1/2018	12/31/2382	1
PRA	A7032	REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE, EACH	10/1/2015	12/31/2382	2
PRA	A7033	REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE, PAIR	10/1/2015	12/31/2382	2
PRA	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	7/1/2013	12/31/2382	1
PRA	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1/1/2011	12/31/2382	1
PRA	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1/1/2011	12/31/2382	1
PRA	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	7/1/2015	12/31/2382	1
PRA	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	10/1/2015	12/31/2382	2
PRA	A7039	FILTER, NON-DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	10/1/2010	12/31/2382	1
PRA	A7040	ONE WAY CHEST DRAIN VALVE	10/1/2010	12/31/2382	2
PRA	A7041	WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE	10/1/2010	12/31/2382	2
PRA	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	7/1/2013	12/31/2382	1
PRA	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE	7/1/2013	12/31/2382	1
PRA	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	7/1/2013	12/31/2382	1
PRA	A7047	ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH	7/1/2014	12/31/2382	1
PRA	A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION	10/1/2015	12/31/2382	4
PRA	A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	1/1/2017	12/31/2382	2
PRA	A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE EACH	7/1/2013	12/31/2382	1
PRA	A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM EACH	7/1/2013	12/31/2382	3
PRA	A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	10/1/2016	12/31/2382	62
PRA	A7505	HOUSING, REUSABLE W/O ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALV	10/1/2016	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYS	10/1/2016	12/31/2382	62
PRA	A7520	TRACHEOSTOMY, LARYNGECTOMY TUBE, NON CUFFED, POLYVINYLCHLORIDE, SILICONE OR EQUAL, EACH	10/1/2016	12/31/2382	2
PRA	A7521	TRACHEOSTOMY, LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE, SILICONE OR EQUAL, EACH	1/1/2018	12/31/2382	1
PRA	A7522	TRACHEOSTOMY, LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL, STERILIZABLE OR REUSEABLE, EACH	7/1/2013	12/31/2382	1
PRA	A7524	TRACHEOSTOMA STENT, STUD, BUTTON, EACH	4/1/2018	12/31/2382	1
PRA	A7525	TRACHEOSTOMY MASK, EACH	10/1/2015	12/31/2382	1
PRA	A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	1/1/2017	12/31/2382	2
PRA	A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2014	12/31/2382	1
PRA	A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2014	12/31/2382	1
PRA	A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2014	12/31/2382	1
PRA	A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2014	12/31/2382	1
PRA	A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	1/1/2014	12/31/2382	1
PRA	A9275	HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS	10/1/2013	12/31/2382	1
PRA	A9276	SENSOR; INVASIVE, DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT=1 DAY	1/1/2019	12/31/2382	31
PRA	A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	10/1/2013	12/31/2382	1
PRA	A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	10/1/2013	12/31/2382	1
PRA	A9281	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH	10/1/2013	12/31/2382	1
PRA	A9282	WIG, ANY TYPE, EACH	10/1/2013	12/31/2382	1
PRA	A9283	FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH	10/1/2013	12/31/2382	2
PRA	A9284	SPIROMETER, NON-ELECTRONIC,INCLUDES ALL ACCESSORIES	10/1/2010	12/31/2382	1
PRA	A9500	TECHNETIUM TC 99M SESTAMIBI,DIAGNOSTIC, PER STUDY DOSE	10/1/2010	12/31/2382	3
PRA	A9501	TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE	1/1/2016	12/31/2382	1
PRA	A9502	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,TECHNETIUM TC 99M TETROFOSMIN, PER DOSE	10/1/2010	12/31/2382	3
PRA	A9503	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M, MEDRONATE, UP TO 30 MCI	10/1/2010	12/31/2382	1
PRA	A9504	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M APCITIDE	10/1/2010	12/31/2382	1
PRA	A9505	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, THALLOUS CHLORIDE TL 201, PER MCI	1/1/2015	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	A9507	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, INDIUM IN 111 CAPROMAB PENDETIDE, PER DOSE	10/1/2010	12/31/2382	1
PRA	A9508	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, IOBENGUANE SULFATE I-131, PER .5 MCI	10/1/2016	12/31/2382	2
PRA	A9509	IODINE 1-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE	1/1/2016	12/31/2382	5
PRA	A9510	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC99M DIOSFENIN, PER VIAL	10/1/2010	12/31/2382	1
PRA	A9512	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,TECHNETIUM TC-99M PERTECHNETATE, PER MCI	10/1/2016	12/31/2382	30
PRA	A9513	LUTETIUM LU 177, DOTATATE, THERAPEUTIC, 1 MILLICURIE	1/1/2019	12/31/2382	200
PRA	A9515	CHOLINE C-11, DIAGNOSTIC, PER STUDY DOSE UP TO 20 MILLICURIES	1/1/2017	12/31/2382	1
PRA	A9516	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,I-123 SODIUM IODIDE CAPSULE, PER 100 UCI	1/1/2015	12/31/2382	4
PRA	A9517	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,I-131 SODIUM IODIDE CAPSULE, PER MCI	1/1/2016	12/31/2382	200
PRA	A9520	TECHNETIUM TC-99M, TILMANOCEPT, DIAGNOSTIC, UP TO .5 MILLICURIES	7/1/2014	12/31/2382	1
PRA	A9521	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,TECHNETIUM TC 99M EXAMETAZINE, PER DOSE	10/1/2010	12/31/2382	2
PRA	A9524	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,IODINATED I-131 SERUM ALBUMIN, FIVE MICROCURIES	1/1/2015	12/31/2382	10
PRA	A9526	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, AMMONIA N 13, PER DOSE	10/1/2010	12/31/2382	2
PRA	A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	1/1/2016	12/31/2382	195
PRA	A9528	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I 131 SODIUM IODIDE CAPSULE, PER MILLICURIE	1/1/2016	12/31/2382	10
PRA	A9529	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I 131 SODIUM IODIDE SOLUTION, PER MILLICURIE	1/1/2016	12/31/2382	10
PRA	A9530	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC AGENT, I 131 SODIUM IODIDE SOLUTION, PER MILLICURIE	1/1/2016	12/31/2382	200
PRA	A9531	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I 131 SODIUM IODIDE, PER MICROCURIE, UP TO 100	1/1/2016	12/31/2382	100
PRA	A9532	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC AGENT, IODINATED I 125, SESRUM ALBUMIN, 5 MICROCURIES	1/1/2016	12/31/2382	10
PRA	A9536	TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES	10/1/2010	12/31/2382	1
PRA	A9537	TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	10/1/2010	12/31/2382	1
PRA	A9538	TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	10/1/2010	12/31/2382	1
PRA	A9539	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	10/1/2010	12/31/2382	2
PRA	A9540	TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	10/1/2010	12/31/2382	2
PRA	A9541	TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	10/1/2010	12/31/2382	1
PRA	A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC PER TREATMENT DOSE, UP TO 40 MILLICURIES	10/1/2010	12/31/2382	1
PRA	A9546	COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	10/1/2010	12/31/2382	1
PRA	A9547	INDIUM IN -111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE	10/1/2016	12/31/2382	2
PRA	A9548	INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE	1/1/2015	12/31/2382	2
PRA	A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIE	10/1/2010	12/31/2382	1
PRA	A9551	TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIE	10/1/2010	12/31/2382	1
PRA	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIANGOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	10/1/2010	12/31/2382	1
PRA	A9553	CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIES	10/1/2010	12/31/2382	1
PRA	A9554	IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIES	10/1/2010	12/31/2382	1
PRA	A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	1/1/2016	12/31/2382	2
PRA	A9556	GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE	10/1/2016	12/31/2382	10
PRA	A9557	TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	10/1/2010	12/31/2382	2
PRA	A9558	XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES	1/1/2015	12/31/2382	7
PRA	A9559	COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	10/1/2010	12/31/2382	1
PRA	A9560	TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	10/1/2010	12/31/2382	2
PRA	A9561	TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	10/1/2010	12/31/2382	1
PRA	A9562	TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	10/1/2010	12/31/2382	2
PRA	A9563	SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIES	1/1/2016	12/31/2382	10
PRA	A9564	CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE	1/1/2015	12/31/2382	20
PRA	A9566	TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	10/1/2010	12/31/2382	1
PRA	A9567	TECHNETIUM TC-99M PENETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLICURIES	10/1/2010	12/31/2382	2
PRA	A9569	TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE	10/1/2010	12/31/2382	1
PRA	A9570	INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE	10/1/2010	12/31/2382	1
PRA	A9571	INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE	10/1/2010	12/31/2382	1
PRA	A9572	INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES	10/1/2015	12/31/2382	1
PRA	A9575	INJECTION, GADOTERATE MEGLUMINE, .1 ML	1/1/2018	12/31/2382	300

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PRA	A9576	INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML	4/1/2016	12/31/2382	40
PRA	A9577	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML	4/1/2016	12/31/2382	50
PRA	A9578	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER NL	4/1/2016	12/31/2382	50
PRA	A9579	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHER WISE SPECIFIED (NOS), PER ML	7/1/2014	12/31/2382	100
PRA	A9580	SODIUM FLUORIDE F-18,DIAGNOSTIC, PER STUDY DOSE , UP TO 30 MILLICURIES	10/1/2010	12/31/2382	1
PRA	A9581	INJECTION, GADOXETATE DISODIUM, 1 ML	4/1/2016	12/31/2382	20
PRA	A9582	IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	10/1/2010	12/31/2382	1
PRA	A9583	INJECTION, GADOFOSVESET TRISODIUM, 1 ML	10/1/2016	12/31/2382	18
PRA	A9584	IODINE 1-123 IOFLUPANE,DIAGNOSTIC,PER STUDY DOES, UP TO 5 MILLICURIES	7/1/2012	12/31/2382	1
PRA	A9585	INJECTION,GADOBUTROL,0.1 ML	7/1/2014	12/31/2382	300
PRA	A9586	FLORBETAPIR F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	7/1/2013	12/31/2382	1
PRA	A9587	GALLIUM GA-68, DOTATATE, DIAGNOSTIC, 0.1 MILLICURIE	10/1/2017	12/31/2382	54
PRA	A9588	FLUCICLOVINE F-18, DIAGNOSTIC, 1 MILLICURIE	7/1/2017	12/31/2382	10
PRA	A9589	INSTILLATION, HEXAMINOLEVULINATE HYDROCHLORIDE, 100 MG	4/1/2019	12/31/2382	1
PRA	A9600	SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, STRONTIUM-89 CHLORIDE, PER MCI	10/1/2016	12/31/2382	7
PRA	A9604	SAMARIUM SM-153 LEXIDRONAM, THERAPEUTIC, PER TREATMENT DOSE, UP TO 150 MILLICURIES	10/1/2010	12/31/2382	1
PRA	A9606	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE	7/1/2018	12/31/2382	224
PRA	A9698	NONRADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY	1/1/2018	12/31/2382	2
PRA	A9700	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	10/1/2010	12/31/2382	2
PRA	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY	1/1/2017	12/31/2382	31
PRA	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	1/1/2017	12/31/2382	31
PRA	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY	1/1/2017	12/31/2382	31
PRA	B4081	NASOGASTRIC TUBING WITH STYLET	10/1/2015	12/31/2382	1
PRA	B4082	NASOGASTRIC TUBING WITHOUT STYLET	10/1/2015	12/31/2382	1
PRA	B4083	STOMACH TUBE - LEVINE TYPE	10/1/2015	12/31/2382	1
PRA	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANT MATERIAL, ANY TYPE, EACH	4/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	4/1/2012	12/31/2382	1
PRA	B4164	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE), 50% OR LESS (500 ML = 1 UNIT) - HOMEMIX	1/1/2017	12/31/2382	31
PRA	B4168	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%, (500 ML = 1 UNIT) - HOMEMIX	10/1/2018	12/31/2382	124
PRA	B4172	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, (500 ML = 1 UNIT) - HOMEMIX	10/1/2018	12/31/2382	124
PRA	B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500 ML = 1 UNIT) - HOMEMIX	10/1/2018	12/31/2382	124
PRA	B4178	PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAN 8.5% (500 ML = 1 UNIT) - HOMEMIX	10/1/2018	12/31/2382	124
PRA	B4180	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50% (500 ML=1 UNIT) - HOMEMIX	10/1/2018	12/31/2382	124
PRA	B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND	1/1/2017	12/31/2382	31
PRA	B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND	1/1/2017	12/31/2382	31
PRA	B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND V	1/1/2017	12/31/2382	31
PRA	B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND V	1/1/2017	12/31/2382	31
PRA	B4216	PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN, ELECTROLYTES) HOMEMIX PER DAY	1/1/2017	12/31/2382	31
PRA	B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	1/1/2017	12/31/2382	31
PRA	B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	1/1/2017	12/31/2382	31
PRA	B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	1/1/2017	12/31/2382	31
PRA	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	4/1/2012	12/31/2382	1
PRA	B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	4/1/2012	12/31/2382	1
PRA	B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	4/1/2012	12/31/2382	1
PRA	C1713	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE- TO-BONE (IMPLANTABLE)	1/1/2018	12/31/2382	20
PRA	C1714	CATHETER, TRANSLUMINAL ATHERECTOMY, DIRECTIONAL	1/1/2018	12/31/2382	4
PRA	C1715	BRACHYTHERAPY NEEDLE	1/1/2018	12/31/2382	45
PRA	C1716	BRACHYTHERAPY SEED,GOLD 198	1/1/2015	12/31/2382	4
PRA	C1717	BRACHYTHERAPY SEED,HIGH DOSE RATE IRIIDIUM 192, PER DOSE	1/1/2015	12/31/2382	10
PRA	C1719	BRACHYTHERAPY SEED, NON-HIGH DOSE RATE IRIIDIUM 192	1/1/2015	12/31/2382	99
PRA	C1721	CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER	1/1/2018	12/31/2382	1
PRA	C1722	CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE)	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	C1724	CATHETER, TRANSLUMINAL ATHERECTOMY, ROTATIONAL	1/1/2018	12/31/2382	5
PRA	C1725	CATHETER, TRANSLUMINAL ANGIOPLASTY, NON-LASER (MAY INCLUDE GUIDANCE, INFUSION/PERFUSION CAPABILITY)	1/1/2018	12/31/2382	9
PRA	C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR	1/1/2018	12/31/2382	5
PRA	C1727	CATHETER, BALLOON TISSUE DISSECTOR, NON-VASCULAR (INSERTABLE)	1/1/2018	12/31/2382	4
PRA	C1728	CATHETER, BRANCHYTHERAPY SEED ADMINISTRATION	1/1/2018	12/31/2382	5
PRA	C1729	CATHERTER, DRAINAGE	1/1/2018	12/31/2382	6
PRA	C1730	CATHETER,ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (19 OR FEWER ELECTRODES)	1/1/2018	12/31/2382	4
PRA	C1731	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (20 OR MORE ELECTRODES)	1/1/2018	12/31/2382	2
PRA	C1732	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, 3D OR VECTGOR MAPPING	1/1/2018	12/31/2382	3
PRA	C1733	CATHETER,ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR	1/1/2018	12/31/2382	3
PRA	C1749	ENDOSCOPE, RETROGRADE IMAGING/ILLUMINATION COLONSCOPE DEVICE (IMPLANTABLE)	7/1/2012	12/31/2382	1
PRA	C1750	CATHETER, HEMODIALYSIS, LONG-TERM	1/1/2018	12/31/2382	2
PRA	C1751	CATHETER, INFUSION, INSERTED PERIPHERALLY, CENTRALLY OR MIDLINE, (OTHER THAN HEMODIALYSIS)	1/1/2018	12/31/2382	3
PRA	C1752	CATHETER, HEMODIAYSIS, SHORT-TERM	1/1/2018	12/31/2382	2
PRA	C1753	CATHETER, INTRAVASCULAR ULTRASOUND	1/1/2018	12/31/2382	2
PRA	C1754	CATHETER, INTRADISCAL	1/1/2018	12/31/2382	2
PRA	C1755	CATHETER, INTRASPINAL	1/1/2018	12/31/2382	2
PRA	C1756	CATHETER, PACING, TRANSESOPHAGEAL	1/1/2018	12/31/2382	2
PRA	C1757	CATHETER, TROMBECTOMY/EMBOLECTOMY	1/1/2018	12/31/2382	6
PRA	C1758	CATHETER, URETERAL	1/1/2018	12/31/2382	2
PRA	C1759	CATHETER, INTRACARDIAC ECHOCARDIOGRAPHY	1/1/2018	12/31/2382	2
PRA	C1760	CLOSURE DEVICE, VASCULAR (INPLANTABLE/INSERTABLE)	1/1/2018	12/31/2382	4
PRA	C1762	CONNECTIVE TISSUE,HUMAN (INCLUDES FASCIA LATA)	1/1/2018	12/31/2382	4
PRA	C1763	CONNECTIVE TISSUE, NON-HUMAN (INCLUDES SYNTHETIC)	1/1/2018	12/31/2382	4
PRA	C1764	EVENT RECORDER, CARDIAC (IMPLANTABLE)	1/1/2018	12/31/2382	1
PRA	C1765	ADHESION BARRIER	1/1/2018	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	C1766	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, STEERABLE, OTHER THAN PEEL AWAY	1/1/2018	12/31/2382	4
PRA	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE)	1/1/2012	12/31/2382	2
PRA	C1768	GRAFT, VASCULAR	1/1/2018	12/31/2382	3
PRA	C1769	GUIDE WIRE	1/1/2018	12/31/2382	9
PRA	C1770	IMAGING COIL, MAGNETIC RESONANCE (INSERTABLE)	1/1/2018	12/31/2382	3
PRA	C1771	REPAIR DEVICE, URINARY, INCONTINENCE, WITH SLING GRAFT	1/1/2018	12/31/2382	1
PRA	C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)	1/1/2012	12/31/2382	1
PRA	C1773	RETRIEVAL DEVICE, INSERTABLE (USED TO RETRIEVE FRACTURED MEDICAL DEVICES)	1/1/2018	12/31/2382	3
PRA	C1776	JOINT DEVICE (IMPLANTABLE)	1/1/2015	12/31/2382	10
PRA	C1777	LEAD, CARIOVERTER-DEFIBRILLATOR, ENDOCARDIAL SINGLE COIL (IMPLANTABLE)	1/1/2018	12/31/2382	2
PRA	C1778	LEAD, NEUROSTIMULATOR (IMPLATABLE)	1/1/2015	12/31/2382	4
PRA	C1779	LEAD, PACEMAKER, TRANSVENOUS VDD SINGLE PASS	1/1/2018	12/31/2382	2
PRA	C1780	LENS, INTRAOCULAR (NEW TECHNOLOGY)	1/1/2018	12/31/2382	2
PRA	C1781	MESH (IMPLANTABLE)	1/1/2018	12/31/2382	4
PRA	C1782	MORCELLATOR	1/1/2018	12/31/2382	1
PRA	C1783	OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE	1/1/2018	12/31/2382	2
PRA	C1784	OCULAR DEVICE, INTRAOPERATIVE, DETACHED RETINA	1/1/2018	12/31/2382	2
PRA	C1785	PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	1/1/2012	12/31/2382	1
PRA	C1786	PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	1/1/2018	12/31/2382	1
PRA	C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR	1/1/2018	12/31/2382	2
PRA	C1788	PORT, INDWELLING (IMPLANTABLE)	1/1/2018	12/31/2382	2
PRA	C1789	PROSTHESIS,BREAST (IMPLANTABLE)	1/1/2018	12/31/2382	2
PRA	C1813	PROSTHESIS, PENILE, INFLATABLE	1/1/2012	12/31/2382	1
PRA	C1814	RETINAL TAMPONADE DEVICE, SILICONE OIL	1/1/2018	12/31/2382	2
PRA	C1815	PROSTESIS, UNRINARY SPHINCTER (IMPLANTABLE)	1/1/2018	12/31/2382	1
PRA	C1816	RECEIVER AND/OR TRANSMITTER, NEUROSTIMULATOR (IMPLANTABLE)	1/1/2018	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	C1817	SEPTAL DEFECT IMPLANT SYSTEM, INTRACARDIAC	1/1/2018	12/31/2382	1
PRA	C1818	INTEGRATED KERATOPROSTHESIS	1/1/2018	12/31/2382	2
PRA	C1819	SURGICAL TISSUE LOCALIZATION AND EXCISION DEVICE (IMPLANTABLE)	1/1/2018	12/31/2382	4
PRA	C1820	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	1/1/2012	12/31/2382	2
PRA	C1821	INTERSPINIOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	1/1/2018	12/31/2382	4
PRA	C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQUENCY, WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	7/1/2016	12/31/2382	1
PRA	C1823	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE, WITH TRANSVENOUS SENSING AND STIMULATION LEADS	7/1/2019	12/31/2382	1
PRA	C1841	RETINAL PROSTHESIS, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	7/1/2014	12/31/2382	1
PRA	C1842	RETINAL PROSTHESIS, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS; ADD-ON TO C1841	4/1/2017	12/31/2382	1
PRA	C1874	STENT, COATED/COVERED, WITH DELIVERY SYSTEM	1/1/2018	12/31/2382	5
PRA	C1875	STENT, COATED/COVERED, WITHOUT DELIVERY SYSTEM	1/1/2018	12/31/2382	4
PRA	C1876	STENT, NON-COATED/NON-COVERED, WITH DELIVERY SYSTEM	1/1/2018	12/31/2382	5
PRA	C1877	STENT, NON-COATED/NON-COVERED, WITHOUT DELIVERY SYSTEM	1/1/2018	12/31/2382	5
PRA	C1878	MATERIAL FOR VOCAL CORD MEDIALIZATION, SYNTHETIC(IMPLANTABLE)	1/1/2018	12/31/2382	2
PRA	C1880	VENA CAVA FILTER	1/1/2018	12/31/2382	2
PRA	C1881	DIALYSIS ACCESS SYSTEM(IMPLANTABLE)	1/1/2018	12/31/2382	2
PRA	C1882	CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	1/1/2018	12/31/2382	1
PRA	C1883	ADAPTOR/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)	1/1/2018	12/31/2382	4
PRA	C1884	EMBOLIZATION PROTECTIVE SYSTEM	1/1/2018	12/31/2382	4
PRA	C1885	CATHETER, TRANSLUMINAL ANGIOPLASTY, LASER	1/1/2018	12/31/2382	2
PRA	C1886	CATHETER,EXTRAVASCULAR TISSUE ABLATION,ANY MOBILITY (INSERTABLE)	7/1/2012	12/31/2382	1
PRA	C1887	CATHETER, GUIDING (MAY INCLUDE INFUSION/PERFUSION CAPABILITY)	1/1/2018	12/31/2382	7
PRA	C1888	CATHETER, ABLATION, NON-CARDIAC, ENDOVASCULAR (IMPLANTABLE)	1/1/2018	12/31/2382	2
PRA	C1889	IMPLANTABLE/INSERTABLE DEVICE FOR DEVICE INTENSIVE PROCEDURE, NOT OTHERWISE CLASSIFIED	4/1/2018	12/31/2382	1
PRA	C1891	INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE)	1/1/2017	12/31/2382	1
PRA	C1892	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE, OTHER THAN PEE-AWAY	1/1/2018	12/31/2382	6

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	C1893	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED CURVE, OTHER THAN PEEL-AWAY	1/1/2018	12/31/2382	6
PRA	C1894	INTRODUCER/SHEATH, OTHER THAN GUIDING, INTRACARDIA ELECTROPHYSIOLOGICAL, NON LASER	1/1/2018	12/31/2382	6
PRA	C1895	LEAD, CARADIOVERTER-DEFIBRILLATOR, ENDOCARDIAL DUAL COIL (IMPLANTABLE)	1/1/2018	12/31/2382	2
PRA	C1896	LEAD, CARADIOVERTER-DEFIBRILLATOR, OTHER THAN ENDOCARDIAL SINGLE OR DUAL COIL	1/1/2018	12/31/2382	2
PRA	C1897	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	1/1/2018	12/31/2382	2
PRA	C1898	LEAD, PACEMAKER, OTHER THAN TRANSVENOUS VDD SINGLE PASS	1/1/2018	12/31/2382	2
PRA	C1899	LEAD, PACEMAKER/CARADIOVERTER-DEFIBRILLATOR COMINATION (IMPLANTABLE)	1/1/2018	12/31/2382	2
PRA	C1900	LEAD, LEFT VENTRICULAR CORONARY VENOUS SYSTEM	1/1/2018	12/31/2382	1
PRA	C2613	LUNG BIOPSY PLUG WITH DELIVERY SYSTEM	1/1/2017	12/31/2382	2
PRA	C2614	PROBE, PERCUTANEOUS LUMBAR DISCECTOMY	1/1/2018	12/31/2382	3
PRA	C2615	SEALANT, PULMONARY, LIQUID	1/1/2018	12/31/2382	2
PRA	C2616	BRACHYTHERAPY SEED, YTTRIUM-90	1/1/2018	12/31/2382	1
PRA	C2617	STENT, NON-CORONARY, TEMPORARY, WITHOUT DELIVERY SYSTEM	1/1/2018	12/31/2382	4
PRA	C2618	PROBE, CRYOABLATION	1/1/2018	12/31/2382	4
PRA	C2619	PACEMAKER, DUAL CHAMBER, NON RATE RESPONSIVE (IMPLANTABLE)	1/1/2018	12/31/2382	1
PRA	C2620	PACEMAKER, SINGLE CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	1/1/2018	12/31/2382	1
PRA	C2621	PACEMAKER, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	1/1/2018	12/31/2382	1
PRA	C2622	PROTHESIS, PENILE NON-INFLATABLE	1/1/2018	12/31/2382	1
PRA	C2623	CATHETER, TRANSLUMINAL ANGIOPLASTY, DRUG-COATED, NON-LASER	7/1/2017	12/31/2382	2
PRA	C2624	IMPLANTABLE WIRELESS PULMONARY ARTERY PRESSURE SENSOR WITH DELIVERY CATHETER, INCLUDING	7/1/2015	12/31/2382	1
PRA	C2625	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM	1/1/2018	12/31/2382	4
PRA	C2626	INFUSION PUMP, NON-PROGRAMMABLE, TEMPORARY (IMPLANTABLE)	1/1/2018	12/31/2382	1
PRA	C2627	CATHETER, SUPRAPUBIC/CYSTOSCOPIC	1/1/2018	12/31/2382	2
PRA	C2628	CATHETER, OCCLUSION	1/1/2018	12/31/2382	4
PRA	C2629	INTRODUCER/SHEATH, OTHER THAN GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, LASER	1/1/2018	12/31/2382	4
PRA	C2630	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR MAPPING, COOL TIP	10/1/2018	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	C2631	REPAIR DEVICE, URINARY, INCONTINENCE, WITHOUT SLING GRAFT	1/1/2018	12/31/2382	1
PRA	C2634	BRACHYTHERAPY SOURCE, HIGH ACTIVITY, IODINE 125, PER SOURCE	1/1/2015	12/31/2382	24
PRA	C2635	BRACHYTHERAPY SOURCE, HIGH ACTIVITY, PALLADIUM 103, PER SOURCE	1/1/2015	12/31/2382	124
PRA	C2636	BRACHYTHERAPY LINEAR SOURCE, PALLADIUM 103, PER 1 MM	4/1/2017	12/31/2382	690
PRA	C2638	BRACHYTHERAPY SOURCE, STRANDED, IODINE-125, PER SOURCE	1/1/2015	12/31/2382	150
PRA	C2639	BRACHYTHERAPY SOURCE, NON-STRANDED, IODINE-125, PER SOURCE	1/1/2015	12/31/2382	150
PRA	C2640	BRACHYTHERAPY SOURCE, STRANDED, PALLADIUM-103, PER SOURCE	1/1/2015	12/31/2382	150
PRA	C2641	BRACHYTHERAPY SOURCE, NON-STRANDED, PALLADIUM-103, PER SOURCE	1/1/2015	12/31/2382	150
PRA	C2642	BRACHYTHERAPY SOURCE, STRANDED, CESIUM-131, PER SOURCE	1/1/2015	12/31/2382	150
PRA	C2643	BRACHYTHERAPY SOURCE, NON-STRANDED, CESIUM-131, PER SOURCE	1/1/2015	12/31/2382	150
PRA	C2645	BRACHYTHERAPY PLANAR SOURCE, PALLADIUM-103, PER SQUARE MILLIMETER	10/1/2017	12/31/2382	4608
PRA	C5271	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM;	7/1/2014	12/31/2382	1
PRA	C5272	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM;	7/1/2014	12/31/2382	3
PRA	C5273	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR	7/1/2014	12/31/2382	1
PRA	C5274	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR	4/1/2015	12/31/2382	35
PRA	C5275	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH NECK, EARS, ORBITS, GENITALIA,	7/1/2014	12/31/2382	1
PRA	C5276	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH NECK, EARS, ORBITS, GENITALIA,	7/1/2014	12/31/2382	3
PRA	C5277	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH NECK, EARS, ORBITS, GENITALIA,	7/1/2014	12/31/2382	1
PRA	C5278	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH NECK, EARS, ORBITS, GENITALIA,	4/1/2015	12/31/2382	15
PRA	C8900	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, ABDOMEN	1/1/2015	12/31/2382	1
PRA	C8901	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, ABDOMEN	1/1/2015	12/31/2382	1
PRA	C8902	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, ABDOMEN	1/1/2015	12/31/2382	1
PRA	C8903	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL	1/1/2015	12/31/2382	1
PRA	C8905	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; UNILATERAL	1/1/2015	12/31/2382	1
PRA	C8906	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL	1/1/2015	12/31/2382	1
PRA	C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; BILATERAL	1/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	C8909	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	1/1/2015	12/31/2382	1
PRA	C8910	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	1/1/2015	12/31/2382	1
PRA	C8911	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY THE CONTRAST	1/1/2015	12/31/2382	1
PRA	C8912	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWER EXTREMITY	1/1/2018	12/31/2382	1
PRA	C8913	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, LOWER EXTREMITY	1/1/2018	12/31/2382	1
PRA	C8914	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, LOWER EXTREMITY	1/1/2018	12/31/2382	1
PRA	C8918	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS	1/1/2015	12/31/2382	1
PRA	C8919	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS	1/1/2015	12/31/2382	1
PRA	C8920	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, FOLLOWED BY WITH CONTRAST, PELVIS	1/1/2015	12/31/2382	1
PRA	C8921	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, FOR CONGENITAL	1/1/2015	12/31/2382	1
PRA	C8922	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	1/1/2015	12/31/2382	1
PRA	C8923	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,REAL-TIME WITH I	1/1/2015	12/31/2382	1
PRA	C8924	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME IMAGE	1/1/2015	12/31/2382	1
PRA	C8925	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)WITH CONTRAST,OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	1/1/2015	12/31/2382	1
PRA	C8926	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	1/1/2015	12/31/2382	1
PRA	C8927	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST,OR WITHOUT CONTRAST FOLLOWING BY WITH CONTRAST,	1/1/2015	12/31/2382	1
PRA	C8928	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST,OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME	1/1/2015	12/31/2382	1
PRA	C8929	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY	1/1/2015	12/31/2382	1
PRA	C8930	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY	1/1/2015	12/31/2382	1
PRA	C8931	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,SPINAL CANAL AND CONTENTS	1/1/2015	12/31/2382	1
PRA	C8932	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS	1/1/2015	12/31/2382	1
PRA	C8933	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,SPINAL CANAL AND CONTENTS	1/1/2015	12/31/2382	1
PRA	C8934	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY	1/1/2018	12/31/2382	2
PRA	C8935	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY	1/1/2018	12/31/2382	2
PRA	C8936	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, FOLLOWED BY WITH CONTRAST,UPPER EXTREM	1/1/2018	12/31/2382	2
PRA	C8937	COMPUTER-AIDED DETECTION, INCLUDING COMPUTER ALGORITHM ANALYSIS OF BREAST MRI IMAGE DATA FOR LESION DETECTION/CHARACTERIZATION, PHARMACOKINETIC ANALYSIS, WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION	7/1/2019	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	C8957	INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS; INITIATION OF PROLONGED INFUSION	1/1/2018	12/31/2382	2
PRA	C9113	INJECTION, PANTOPRAZOLE SODIUM, PER VIAL	7/1/2018	12/31/2382	10
PRA	C9132	PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), KCENTRA, PER I.U. OF FACTOR IX ACTIVITY	1/1/2015	12/31/2382	5500
PRA	C9248	INJECTION, CLEVIDIPINE BUTYRATE, 1 MG	1/1/2018	12/31/2382	25
PRA	C9250	HUMAN PLASMA FIBRIN SEALANTS, VAPOR-HEATED, SOLVENT-DETERGENT (SRTISS), 2 ML	10/1/2015	12/31/2382	1
PRA	C9254	INJECTION, LACOSAMIDE, 1 MG	10/1/2016	12/31/2382	400
PRA	C9257	INJECTION, BEVACIZUMAB, 0.25 MG	1/1/2015	12/31/2382	5
PRA	C9290	NON SMALL CELL LUNG CANCER BIOPSY AND CYTOLOGY SPECIMEN REPORT DOES NOT DOCUMENT CLASSIFICATION	7/1/2014	12/31/2382	266
PRA	C9293	PATHOLOGY REPORT DOES NOT INCLUDE THE PT CATEGORY AND A STATEMENT ON THICKNESS AND ULCERATION	10/1/2014	12/31/2382	700
PRA	C9352	MICROPOROUS COLLAGEN IMPLANTABLE TUBE (NEURAGEN NERVE GUIDE),PER CENTIMETER LENGTH	7/1/2014	12/31/2382	3
PRA	C9353	MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE (NEURAWRAP NERVE PROTECTOR), PER CENTIMETER LENGTH	4/1/2015	12/31/2382	4
PRA	C9354	ACELLULAR PERICARDIAL TISSUE MATRIX OF NONHUMAN ORIGIN (VERTAS,PER SQUARE CENTIMETER	4/1/2015	12/31/2382	300
PRA	C9355	COLLAGEN NERVE CUFF (NEUROMATRIX),PER 0.5 CENTIMETER LENGTH	7/1/2014	12/31/2382	3
PRA	C9356	TENDON, POROUS MATRIX OF CROSS-LINKED COLLAGEN AND GLYCOSAMINOGLYCAN MATRIX	4/1/2015	12/31/2382	125
PRA	C9358	DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN, FETAL BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX), PER.5	4/1/2015	12/31/2382	800
PRA	C9359	POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER	4/1/2015	12/31/2382	30
PRA	C9360	DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN, NEONATAL BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX)	4/1/2015	12/31/2382	300
PRA	C9361	COLLAGEN MATRIX NERVE WRAP (NEUROMEND COLLAGEN NERVE WRAP), PER 0.5 CENTIMETER LENGTH	4/1/2015	12/31/2382	10
PRA	C9362	POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER (INTEGRA MOZAIK OSTEOCONDUCTIVE SCAFFOLD STRIP)	4/1/2015	12/31/2382	60
PRA	C9363	SKIN SUBSTITUTE, INTEGRA MESHED BILAYER WOUND MATRIX, PER SQUARE CENTIMETER	4/1/2015	12/31/2382	500
PRA	C9364	PORCINE IMPLANT, PERMACOL, PER SQUARE CENTIMETER	4/1/2015	12/31/2382	600
PRA	C9460	INJECTION, CANGRELOR, 1 MG	10/1/2017	12/31/2382	1
PRA	C9462	INJECTION, DELAFLOXACIN, 1 MG	10/1/2018	12/31/2382	600
PRA	C9482	INJECTION, SOTALOL HYDROCHLORIDE, 1 MG	4/1/2017	12/31/2382	150
PRA	C9600	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG ELUTING INTRACORONARY STENT(S), WITH CORONARY	10/1/2014	12/31/2382	3
PRA	C9601	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG ELUTING INTRACORONARY STENT(S), WITH CORONARY	7/1/2013	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	C9602	PERCUTANEOUS TRANSLUMINAL CORONARY ARTERECTOMY, WITH DRUG ELUTING INTRACORONARY STENT	7/1/2016	12/31/2382	2
PRA	C9603	PERCUTANEOUS TRANSLUMINAL CORONARY ARTERECTOMY, WITH DRUG ELUTING INTRACORONARY STENT	7/1/2013	12/31/2382	2
PRA	C9604	PERCUTANEOUS TRANSLUMINAL REVASCLARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT, ANY COMBINATION	7/1/2016	12/31/2382	2
PRA	C9605	PERCUTANEOUS TRANSLUMINAL REVASCLARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT, ANY COMBINATION	7/1/2016	12/31/2382	2
PRA	C9606	PERCUTANEOUS TRANSLUMINAL REVASCLARIZATION OF ACUTE TOTAL/SUBTOTAL OCCLUSION DURING ACUTE MYOCARDIAL	7/1/2016	12/31/2382	1
PRA	C9607	PERCUTANEOUS TRANSLUMINAL REVASCLARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY	7/1/2013	12/31/2382	1
PRA	C9608	PERCUTANEOUS TRANSLUMINAL REVASCLARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY	10/1/2014	12/31/2382	2
PRA	C9725	PLACEMENT OF ENDORECTAL INTRACAVITARY APPLICATOR FOR HIGH INTENSITY BRACHYTHERAPY	1/1/2015	12/31/2382	1
PRA	C9726	PLACEMENT AND REMOVAL (IF PERFORMED) OF APPLICATOR INTO BREAST FOR RADIATION THERAPY	1/1/2018	12/31/2382	2
PRA	C9727	INSERTION OF IMPLANTS INTO TJE SOFT PALATE; MINIMUM OF THREE IMPLANTS	1/1/2015	12/31/2382	1
PRA	C9728	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY/SURGERY GUIDANCE (EG FIDUCIAL MARKERS, DOSIMETER),	1/1/2015	12/31/2382	1
PRA	C9749	REPAIR OF NASAL VESTIBULAR LATERAL WALL STENOSIS WITH IMPLANT(S)	10/1/2018	12/31/2382	1
PRA	C9751	BRONCHOSCOPY, RIGID OR FLEXIBLE, TRANSBRONCHIAL ABLATION OF LESION(S) BY MICROWAVE ENERGY, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED, WITH COMPUTED TOMOGRAPHY ACQUISITION(S) AND 3-D RENDERING,	7/1/2019	12/31/2382	1
PRA	C9752	DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, FIRST TWO VERTEBRAL BODIES, INCLUDING IMAGING GUIDANCE (E.G., FLUOROSCOPY), LUMBAR/SACRUM	7/1/2019	12/31/2382	1
PRA	C9753	DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, EACH ADDITIONAL VERTEBRAL BODY, INCLUDING IMAGING GUIDANCE (E.G., FLUOROSCOPY), LUMBAR/SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	7/1/2019	12/31/2382	3
PRA	C9754	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	7/1/2019	12/31/2382	1
PRA	C9755	CREATION OF ARTERIOVENOUS FISTULA, PERCUTANEOUS USING MAGNETIC-GUIDED ARTERIAL AND VENOUS CATHETERS AND RADIOFREQUENCY ENERGY, INCLUDING FLOW-DIRECTING PROCEDURES	7/1/2019	12/31/2382	1
PRA	D0150	COMPREHENSIVE ORAL EVALUATION	4/1/2019	12/31/2382	1
PRA	D0240	INTRAORAL-OCCLUSAL FILM	4/1/2019	12/31/2382	1
PRA	D0250	EXTRAORAL-FIRST FILM	4/1/2019	12/31/2382	2
PRA	D0270	BITEWING-SINGLE FILM	4/1/2019	12/31/2382	1
PRA	D0272	BITEWINGS-TWO FILMS	4/1/2019	12/31/2382	1
PRA	D0274	BITEWINGS-FOUR FILMS	4/1/2019	12/31/2382	1
PRA	D0277	VERTICAL BITEWINGS- 7-8 FILMS	4/1/2019	12/31/2382	1
PRA	D0416	VIRAL CULTURE	4/1/2019	12/31/2382	1
PRA	D0431	ADJUNCTIVE PRE-DIAGNOSTIC TEST THAT AIDS IN DETECTION OF MUCOSAL ABNORMALITIES	4/1/2019	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	D0460	PULP VITALITY TESTS	4/1/2019	12/31/2382	1
PRA	D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	4/1/2019	12/31/2382	1
PRA	D0485	CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED BY	4/1/2019	12/31/2382	1
PRA	D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF LOW RISK	4/1/2019	12/31/2382	1
PRA	D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF MODERATE RISK	4/1/2019	12/31/2382	1
PRA	D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF HIGH RISK	4/1/2019	12/31/2382	1
PRA	D1510	SPACE MAINTAINER-FIXED UNILATERAL	4/1/2019	12/31/2382	2
PRA	D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	7/1/2019	12/31/2382	1
PRA	D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	7/1/2019	12/31/2382	1
PRA	D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	4/1/2019	12/31/2382	2
PRA	D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	7/1/2019	12/31/2382	1
PRA	D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	7/1/2019	12/31/2382	1
PRA	D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE)-PER QUADRANT	4/1/2019	12/31/2382	4
PRA	D4263	BONE REPLACEMENT GRAFT-FIRST SITE IN QUADRANT	4/1/2019	12/31/2382	4
PRA	D4264	BONE REPLACEMENT GRAFT-EACH ADDITIONAL SITE IN QUADRANT	4/1/2019	12/31/2382	3
PRA	D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	4/1/2019	12/31/2382	4
PRA	D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	4/1/2019	12/31/2382	1
PRA	D4277	FREE SOFT GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN GRAFT	4/1/2019	12/31/2382	1
PRA	D4278	FREE SOFT TISSUE GRAFT PROCEDURE, EACH ADDITIONAL CONTIGUOUS TOOTH OR EDENTULOUS TOOTH POSITION	4/1/2019	12/31/2382	3
PRA	D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS	4/1/2019	12/31/2382	1
PRA	D4381	LOCALIZED DELIVERY OF CHEMOTHERAPEUTIC AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TIS	4/1/2019	12/31/2382	12
PRA	D5911	FACIAL MOULAGE (SECTIONAL)	4/1/2019	12/31/2382	1
PRA	D5912	FACIAL MOULAGE (COMPLETE)	4/1/2019	12/31/2382	1
PRA	D5983	RADIATION CARRIER	4/1/2019	12/31/2382	1
PRA	D5984	RADIATION SHIELD	4/1/2019	12/31/2382	1
PRA	D5985	RADIATION CONE LOCATOR	4/1/2019	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	D7111	CORONAL REMNANTS-DECIDUOUS TOOTH	4/1/2019	12/31/2382	20
PRA	D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	4/1/2019	12/31/2382	32
PRA	D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND REMOVAL OF BONE AND/OR SECTIO	4/1/2019	12/31/2382	32
PRA	D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	4/1/2019	12/31/2382	6
PRA	D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	4/1/2019	12/31/2382	32
PRA	D7260	ORAL ANTRAL FISTULA CLOSURE	4/1/2019	12/31/2382	1
PRA	D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	4/1/2019	12/31/2382	1
PRA	D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	4/1/2019	12/31/2382	4
PRA	D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	4/1/2019	12/31/2382	2
PRA	D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	4/1/2019	12/31/2382	4
PRA	D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	4/1/2019	12/31/2382	1
PRA	D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	4/1/2019	12/31/2382	1
PRA	D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	4/1/2019	12/31/2382	1
PRA	D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	4/1/2019	12/31/2382	1
PRA	D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	7/1/2019	12/31/2382	2
PRA	D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	7/1/2019	12/31/2382	2
PRA	D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	7/1/2019	12/31/2382	2
PRA	D9950	OCCLUSION ANALYSIS-MOUNTED CASE	4/1/2019	12/31/2382	1
PRA	D9951	OCCLUSAL ADJUSTMENT-LIMITED	4/1/2019	12/31/2382	1
PRA	D9952	OCCLUSAL ADJUSTMENT-COMPLETE	4/1/2019	12/31/2382	1
PRA	E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	10/1/2010	12/31/2382	1
PRA	E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	10/1/2010	12/31/2382	1
PRA	E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND H	10/1/2010	12/31/2382	1
PRA	E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	10/1/2010	12/31/2382	2
PRA	E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	10/1/2010	12/31/2382	1
PRA	E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	10/1/2010	12/31/2382	1
PRA	E0116	CRUTCH UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	10/1/2010	12/31/2382	2
PRA	E0117	CRUTCH, UNDERARM, ARTICULATION, SPRING ASSISTED, EACH	10/1/2010	12/31/2382	2
PRA	E0118	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	7/1/2012	12/31/2382	1
PRA	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	10/1/2010	12/31/2382	1
PRA	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	10/1/2010	12/31/2382	1
PRA	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	10/1/2010	12/31/2382	1
PRA	E0141	RIGID WALKER, WHEELED, WITHOUT SEAT	10/1/2010	12/31/2382	1
PRA	E0143	FOLDING WALKER, WHEELED, WITHOUT SEAT	10/1/2010	12/31/2382	1
PRA	E0144	ENCLOSED, FRAMED FOLDING WALKER, WHEELED, WITH POSTERIOR SEAT	10/1/2010	12/31/2382	1
PRA	E0147	HEAVY DUTY, MULTIPLE BREAKING SYSTEM, VARIABLE WHEEL RESISTANCE WALKER	10/1/2010	12/31/2382	1
PRA	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	10/1/2010	12/31/2382	1
PRA	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH	10/1/2010	12/31/2382	1
PRA	E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	10/1/2010	12/31/2382	2
PRA	E0154	PLATFORM ATTACHMENT, WALKER, EACH	10/1/2010	12/31/2382	2
PRA	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	10/1/2010	12/31/2382	1
PRA	E0156	SEAT ATTACHMENT, WALKER	10/1/2010	12/31/2382	1
PRA	E0157	CRUTCH ATTACHMENT, WALKER, EACH	10/1/2010	12/31/2382	2
PRA	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	10/1/2010	12/31/2382	1
PRA	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	4/1/2014	12/31/2382	2
PRA	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	1/1/2014	12/31/2382	1
PRA	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENTS	1/1/2014	12/31/2382	1
PRA	E0162	SITZ BATH CHAIR	1/1/2014	12/31/2382	1
PRA	E0163	COMMODE CHAIR, STATIONARY, WITH FIXED ARMS	10/1/2010	12/31/2382	1
PRA	E0165	COMMODE CHAIR, STATIONARY, WITH DETACHABLE ARMS	10/1/2010	12/31/2382	1
PRA	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	10/1/2010	12/31/2382	1
PRA	E0170	COMMODE CHAIR WITH INTERGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	10/1/2010	12/31/2382	1
PRA	E0171	COMMODE CHAIR WITH INTERGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	10/1/2010	12/31/2382	1
PRA	E0172	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	1/1/2014	12/31/2382	1
PRA	E0175	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	10/1/2010	12/31/2382	2
PRA	E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	10/1/2010	12/31/2382	1
PRA	E0182	PUMP FOR ALTERNATING PRESSURE PAD	10/1/2010	12/31/2382	1
PRA	E0184	DRY PRESSURE MATTRESS	10/1/2010	12/31/2382	1
PRA	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	10/1/2010	12/31/2382	1
PRA	E0186	AIR PRESSURE MATTRESS	10/1/2010	12/31/2382	1
PRA	E0187	WATER PRESSURE MATTRESS	10/1/2010	12/31/2382	1
PRA	E0188	SYNTHETIC SHEEPSKIN PAD	10/1/2010	12/31/2382	1
PRA	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	10/1/2010	12/31/2382	1
PRA	E0190	POSITIONING CUSHION, PILLOW, WEDGE, ANY SHAPE OR SIZE	10/1/2014	12/31/2382	1
PRA	E0191	HEEL OR ELBOW PROTECTOR, EACH	1/1/2014	12/31/2382	4
PRA	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	10/1/2010	12/31/2382	1
PRA	E0194	AIR FLUIDIZED BED	10/1/2010	12/31/2382	1
PRA	E0196	GEL PRESSURE MATTRESS	10/1/2010	12/31/2382	1
PRA	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	10/1/2010	12/31/2382	1
PRA	E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	10/1/2010	12/31/2382	1
PRA	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	10/1/2010	12/31/2382	1
PRA	E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	10/1/2010	12/31/2382	1
PRA	E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	10/1/2010	12/31/2382	1
PRA	E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL	1/1/2014	12/31/2382	1
PRA	E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	10/1/2010	12/31/2382	1
PRA	E0210	ELECTRIC HEAT PAD, STANDARD	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E0215	ELECTRIC HEAT PAD, MOIST	10/1/2010	12/31/2382	1
PRA	E0217	WATER CIRCULATING HEAT PAD WITH PUMP	10/1/2010	12/31/2382	1
PRA	E0218	WATER CIRCULATING COLD PAD WITH PUMP	10/1/2010	12/31/2382	1
PRA	E0221	INFRARED HEATING PAD SYSTEM	1/1/2014	12/31/2382	1
PRA	E0225	HYDROCOLLATOR UNIT, INCLUDES PADS	10/1/2010	12/31/2382	1
PRA	E0231	NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT, AC ADAPTER AND POWER CORD) FOR USE WITH WARMING	1/1/2014	12/31/2382	1
PRA	E0232	WARMING CARD FOR USE WITH THE NON-CONTACT WOUND WARMING DEVICE AND NON-CONTACT WOUND WARMING WOUND COVER	1/1/2014	12/31/2382	1
PRA	E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	10/1/2010	12/31/2382	1
PRA	E0236	PUMP FOR WATER CIRCULATING PAD	10/1/2010	12/31/2382	1
PRA	E0239	HYDROCOLLATOR UNIT, PORTABLE	10/1/2010	12/31/2382	1
PRA	E0240	BATH, SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	1/1/2014	12/31/2382	1
PRA	E0241	BATH TUB WALL RAIL, EACH	10/1/2014	12/31/2382	2
PRA	E0242	BATH TUB RAIL, FLOOR BASE	1/1/2019	12/31/2382	1
PRA	E0243	TOILET RAIL, EACH	10/1/2014	12/31/2382	2
PRA	E0244	RAISED TOILET SEAT	1/1/2014	12/31/2382	1
PRA	E0245	TUB STOOL OR BENCH	1/1/2014	12/31/2382	1
PRA	E0246	TRANSFER TUB RAIL ATTACHMENT	10/1/2014	12/31/2382	2
PRA	E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODOE OPENING	1/1/2014	12/31/2382	1
PRA	E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODOE OPENING	1/1/2014	12/31/2382	1
PRA	E0249	PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	10/1/2010	12/31/2382	1
PRA	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	10/1/2010	12/31/2382	1
PRA	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	10/1/2010	12/31/2382	1
PRA	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	10/1/2010	12/31/2382	1
PRA	E0260	HOSPITAL BED, SEIMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	10/1/2010	12/31/2382	1
PRA	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	10/1/2010	12/31/2382	1
PRA	E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	10/1/2010	12/31/2382	1
PRA	E0270	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER FRAME, WITH MATTRESS	10/1/2010	12/31/2382	1
PRA	E0271	MATTRESS, INNERSPRING	10/1/2010	12/31/2382	1
PRA	E0272	MATTRESS, FOAM RUBBER	10/1/2010	12/31/2382	1
PRA	E0273	BED BOARD	1/1/2014	12/31/2382	1
PRA	E0274	OVER-BED TABLE	1/1/2014	12/31/2382	1
PRA	E0275	BED PAN, STANDARD, METAL OR PLASTIC	10/1/2010	12/31/2382	1
PRA	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	10/1/2010	12/31/2382	1
PRA	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	10/1/2010	12/31/2382	1
PRA	E0280	BED CRADLE, ANY TYPE	10/1/2010	12/31/2382	1
PRA	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	10/1/2010	12/31/2382	1
PRA	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	10/1/2010	12/31/2382	1
PRA	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	10/1/2010	12/31/2382	1
PRA	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	10/1/2010	12/31/2382	1
PRA	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	10/1/2010	12/31/2382	1
PRA	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	10/1/2010	12/31/2382	1
PRA	E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS	10/1/2010	12/31/2382	1
PRA	E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	10/1/2010	12/31/2382	1
PRA	E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	10/1/2010	12/31/2382	1
PRA	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO	10/1/2010	12/31/2382	1
PRA	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE	10/1/2010	12/31/2382	1
PRA	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO	10/1/2010	12/31/2382	1
PRA	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE	10/1/2010	12/31/2382	1
PRA	E0305	BED SIDE RAILS, HALF LENGTH	4/1/2014	12/31/2382	2
PRA	E0310	BED SIDE RAILS, FULL LENGTH	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	10/1/2010	12/31/2382	1
PRA	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	10/1/2010	12/31/2382	1
PRA	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	10/1/2010	12/31/2382	1
PRA	E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS	4/1/2012	12/31/2382	1
PRA	E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD	4/1/2012	12/31/2382	1
PRA	E0350	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/ EVACUATION SYSTEM	10/1/2010	12/31/2382	1
PRA	E0352	DISPOSABLE PACK (WATER RESERVOIR BAG, SPECULUM , VALVING MECHANISM AND COLLECTION BAG/BOX) FOR USE WITH THE	7/1/2014	12/31/2382	30
PRA	E0370	AIR PRESSURE ELEVATOR FOR HEEL	1/1/2014	12/31/2382	2
PRA	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	10/1/2010	12/31/2382	1
PRA	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	10/1/2010	12/31/2382	1
PRA	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	10/1/2010	12/31/2382	1
PRA	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMID	10/1/2010	12/31/2382	1
PRA	E0425	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR M	1/1/2014	12/31/2382	1
PRA	E0430	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBI	1/1/2014	12/31/2382	1
PRA	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	10/1/2010	12/31/2382	1
PRA	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES	4/1/2012	12/31/2382	1
PRA	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, R	10/1/2010	12/31/2382	1
PRA	E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER,	1/1/2014	12/31/2382	1
PRA	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER,	10/1/2010	12/31/2382	1
PRA	E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USR OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER	1/1/2014	12/31/2382	1
PRA	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS,1 MONTH'S SUPPLY=1 UNIT	10/1/2010	12/31/2382	1
PRA	E0442	STATIONARY OXYGEN CONTENTS, LIQUID,1 MONTH'S SUPPLY=1 UNIT	10/1/2010	12/31/2382	1
PRA	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS,1 MONTH'S SUPPLY=1 UNIT	10/1/2010	12/31/2382	1
PRA	E0444	PORTABLE OXYGEN CONTENTS, LIQUID,1 MONTH'S SUPPLY=1 UNIT	10/1/2010	12/31/2382	1
PRA	E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON- INVASIVELY	1/1/2014	12/31/2382	1
PRA	E0446	TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES AND ACCESSORIES	1/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E0447	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT, PRESCRIBED AMOUNT AT REST OR NIGHTTIME EXCEEDS 4 LITERS PER MINUTE (LPM)	7/1/2019	12/31/2382	1
PRA	E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	10/1/2010	12/31/2382	1
PRA	E0457	CHEST SHELL (CUIRASS)	10/1/2010	12/31/2382	1
PRA	E0459	CHEST WRAP	10/1/2010	12/31/2382	1
PRA	E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	10/1/2010	12/31/2382	1
PRA	E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)	7/1/2016	12/31/2382	2
PRA	E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE (E.G., MASK, CHEST SHELL)	7/1/2016	12/31/2382	2
PRA	E0467	HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF OXYGEN CONCENTRATION, DRUG NEBULIZATION, ASPIRATION, AND COUGH STIMULATION, INCLUDES ALL ACCESSORIES, COMPONENTS AND	7/1/2019	12/31/2382	1
PRA	E0470	RESPIRATORY ASSIST DEVICE, BI LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASICE	10/1/2010	12/31/2382	1
PRA	E0471	RESPIRATORY ASSIST DEVICE, BI LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH NONINVASIVE	10/1/2010	12/31/2382	1
PRA	E0472	RESPIRATORY ASSIST DEVICE, BI LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE	10/1/2010	12/31/2382	1
PRA	E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	10/1/2010	12/31/2382	1
PRA	E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES	10/1/2010	12/31/2382	1
PRA	E0482	COUGH STIMULATING DEVICE, ALTERNATION POSITIVE AND NEGATIVE AIRWAY PRESSURE	10/1/2010	12/31/2382	1
PRA	E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH	10/1/2010	12/31/2382	1
PRA	E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	10/1/2010	12/31/2382	1
PRA	E0485	ORAL DEVICE/ APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED	10/1/2010	12/31/2382	1
PRA	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM	10/1/2010	12/31/2382	1
PRA	E0487	SPIROMETER,ELECTRONIC,INCLUDES ALL ACCESSORIES	1/1/2014	12/31/2382	1
PRA	E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SO	10/1/2010	12/31/2382	1
PRA	E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	10/1/2010	12/31/2382	1
PRA	E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	10/1/2010	12/31/2382	1
PRA	E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	10/1/2010	12/31/2382	1
PRA	E0561	HUMIDIFIER, NON HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	10/1/2010	12/31/2382	1
PRA	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	10/1/2010	12/31/2382	1
PRA	E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E0570	NEBULIZER, WITH COMPRESSOR	10/1/2010	12/31/2382	1
PRA	E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	10/1/2010	12/31/2382	1
PRA	E0574	ULTRASONIC GENERATOR WITH SMALL VOLUME ULTRASONIC NEBULIZER	10/1/2010	12/31/2382	1
PRA	E0575	NEBULIZER; ULTRASONIC	10/1/2010	12/31/2382	1
PRA	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	10/1/2010	12/31/2382	1
PRA	E0585	NUBULIZER, WITH COMPRESSOR AND HEATER	10/1/2010	12/31/2382	1
PRA	E0600	SUCTION PUMP, HOME MODEL, PORTABLE	10/1/2010	12/31/2382	1
PRA	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	10/1/2010	12/31/2382	1
PRA	E0602	BREAST PUMP, MANUAL, ANY TYPE	1/1/2014	12/31/2382	1
PRA	E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	1/1/2014	12/31/2382	1
PRA	E0604	BREAST PUMP, HEAVY DUTY, HOSPITAL GRADE, PISTON OPERATED PULSATILE VACUUM SUCTION/RELEASE CYCLES, VACUUM REGUL	1/1/2014	12/31/2382	1
PRA	E0605	VAPORIZER, ROOM TYPE	10/1/2010	12/31/2382	1
PRA	E0606	POSTURAL DRAINAGE BOARD	10/1/2010	12/31/2382	1
PRA	E0607	HOME BLOOD GLUCOSE MONITOR	10/1/2010	12/31/2382	1
PRA	E0610	PACEMAKER MONITOR, SELF-CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEMS)	10/1/2010	12/31/2382	1
PRA	E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS, INCLUDES DIGITAL/V	10/1/2010	12/31/2382	1
PRA	E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	10/1/2010	12/31/2382	1
PRA	E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	10/1/2010	12/31/2382	1
PRA	E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	10/1/2010	12/31/2382	1
PRA	E0619	APNEA MONITOR, WITH RECORDING FEATURE	10/1/2010	12/31/2382	1
PRA	E0620	SKIN PIERCING DEVICE FOR COLLECTION OF CAPILLARY BLOOD, LASER, EACH	10/1/2010	12/31/2382	1
PRA	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	10/1/2010	12/31/2382	1
PRA	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	10/1/2010	12/31/2382	1
PRA	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	10/1/2010	12/31/2382	1
PRA	E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING	10/1/2010	12/31/2382	1
PRA	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	10/1/2010	12/31/2382	1
PRA	E0637	COMBINATION SIT TO STAND SYSTEM, ANY SIZE, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	10/1/2010	12/31/2382	1
PRA	E0638	STANDING FRAME SYSTEM, ANY SIZE, WITH OR WITHOUT WHEELS	10/1/2010	12/31/2382	1
PRA	E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY,	10/1/2010	12/31/2382	1
PRA	E0640	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES	10/1/2010	12/31/2382	1
PRA	E0641	STANDING FRAME SYSTEM, MULTI-POSITION, ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	10/1/2010	12/31/2382	1
PRA	E0642	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	10/1/2010	12/31/2382	1
PRA	E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL, (LYMPHEDEMA PUMP)	10/1/2010	12/31/2382	1
PRA	E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL (LYMPHEDEMA PUMP) WITHOUT CALIBRATED GRADIENT PRESSURE	10/1/2010	12/31/2382	1
PRA	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL (LYMPHEDEMA PUMP) WITH CALIBRATED GRADIENT PRESSURE	10/1/2010	12/31/2382	1
PRA	E0655	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	10/1/2010	12/31/2382	2
PRA	E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	10/1/2010	12/31/2382	1
PRA	E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	10/1/2010	12/31/2382	1
PRA	E0660	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	10/1/2010	12/31/2382	2
PRA	E0665	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	10/1/2010	12/31/2382	2
PRA	E0666	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	10/1/2010	12/31/2382	2
PRA	E0667	PNEUMATIC APPLIANCE FOR USE WITH SEGMENTAL PNEUMATIC COMPRESSOR, LEG	10/1/2010	12/31/2382	2
PRA	E0668	PNEUMATIC APPLIANCE FOR USE WITH SEGMENTAL PNEUMATIC COMPRESSOR, ARM	10/1/2010	12/31/2382	2
PRA	E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	10/1/2010	12/31/2382	2
PRA	E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTERGRATED, 2 FULL LEGS AND TRUNK	7/1/2013	12/31/2382	1
PRA	E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	10/1/2010	12/31/2382	2
PRA	E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	10/1/2010	12/31/2382	2
PRA	E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	10/1/2010	12/31/2382	2
PRA	E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION, DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY	10/1/2010	12/31/2382	1
PRA	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	7/1/2014	12/31/2382	1
PRA	E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUAR	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/ LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL	10/1/2010	12/31/2382	1
PRA	E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/ LAMPS, TIMER AND EYE PROTECTION, SIX FOOT PANEL	10/1/2010	12/31/2382	1
PRA	E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTE	10/1/2010	12/31/2382	1
PRA	E0705	TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	10/1/2010	12/31/2382	1
PRA	E0720	TENS, TWO LEAD, LOCALIZED STIMULATION	10/1/2010	12/31/2382	1
PRA	E0730	TENS, FOUR LEAD, LARGER AREA/MULTIPLE NERVE STIMULATION	10/1/2010	12/31/2382	1
PRA	E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIEN	10/1/2010	12/31/2382	1
PRA	E0740	REPLACEMENT BATTERY FOR TENS	10/1/2010	12/31/2382	1
PRA	E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	10/1/2010	12/31/2382	1
PRA	E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	10/1/2010	12/31/2382	1
PRA	E0746	ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE	10/1/2010	12/31/2382	1
PRA	E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	10/1/2010	12/31/2382	1
PRA	E0748	OSTEOGENIC STIMULATOR, ELECTRICAL, NONIVASIVE, SPINAL APPLICATIONS	10/1/2010	12/31/2382	1
PRA	E0749	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED	10/1/2010	12/31/2382	1
PRA	E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRA-ORAL/NON-INVASIVE)	10/1/2010	12/31/2382	1
PRA	E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	10/1/2010	12/31/2382	1
PRA	E0761	NON-THERMAL PULSED HIGH FREQUENCY RADIOWAVES, HIGH PEAK POWER ELECTROMAGNETIC ENERGY TREATMENT DEVICE	1/1/2014	12/31/2382	1
PRA	E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ACCESSORIES	10/1/2010	12/31/2382	1
PRA	E0764	FUNCTIONAL NEUROMUSCULAR STIMULATOR, TRANSCUTANEOUS STIMULATION OF MUSCLES OF AMBULATION WITH COMPUTER	10/1/2010	12/31/2382	1
PRA	E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING	10/1/2010	12/31/2382	1
PRA	E0766	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE	7/1/2014	12/31/2382	1
PRA	E0770	FUNCTIONAL ELECTRICAL STIMULATOR,TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS,ANY TYPE,	7/1/2014	12/31/2382	1
PRA	E0776	IV POLE	10/1/2010	12/31/2382	1
PRA	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	10/1/2010	12/31/2382	1
PRA	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	10/1/2010	12/31/2382	1
PRA	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E0782	INFUSION PUMP, IMPLANTABLE	10/1/2010	12/31/2382	1
PRA	E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS,	10/1/2010	12/31/2382	1
PRA	E0784	EXTERNAL AMBULATORY INFUSION PUMP; INSULIN	10/1/2010	12/31/2382	1
PRA	E0785	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE INFUSION PUMP, REPLACEMENT	10/1/2010	12/31/2382	1
PRA	E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP, REPLACEMENT (EXCLUDES IMPLANTABLE INTRASPINAL CATHETER	10/1/2010	12/31/2382	1
PRA	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	10/1/2010	12/31/2382	1
PRA	E0830	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	1/1/2014	12/31/2382	1
PRA	E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, SIMPLE CERVICAL TRACTION	10/1/2010	12/31/2382	1
PRA	E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING	10/1/2010	12/31/2382	1
PRA	E0850	TRACTION STAND, FREE STANDING, SIMPLE CERVICAL TRACTION	10/1/2010	12/31/2382	1
PRA	E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	10/1/2010	12/31/2382	1
PRA	E0856	CERVICAL TRACTION DEVICE, CERVICAL COLLAR WITH INFLATABLE AIR BLADDER	10/1/2010	12/31/2382	1
PRA	E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	10/1/2010	12/31/2382	1
PRA	E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE EXTREMITY TRACTION, (E.G. BUCK'S)	10/1/2010	12/31/2382	1
PRA	E0880	TRACTION STAND, FREE STANDING, SIMPLE EXTREMITY TRACTION, (E.G., BUCK'S)	10/1/2010	12/31/2382	1
PRA	E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE PELVIC TRACTION	10/1/2010	12/31/2382	1
PRA	E0900	TRACTION STAND, FREE STANDING, SIMPLE PELVIC TRACTION, (E.G., BUCK'S)	10/1/2010	12/31/2382	1
PRA	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	10/1/2010	12/31/2382	1
PRA	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED WITH GRAB BAR	10/1/2010	12/31/2382	1
PRA	E0912	TRAPEZE BAR, HEAVY DUTY FOR PATIENT WEIGHT CAPACITY GREATER THAT 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB	10/1/2010	12/31/2382	1
PRA	E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	10/1/2010	12/31/2382	1
PRA	E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	10/1/2010	12/31/2382	1
PRA	E0935	PASSIVE MOTION EXERCISE DEVICE	7/1/2017	12/31/2382	1
PRA	E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	7/1/2017	12/31/2382	1
PRA	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	10/1/2010	12/31/2382	1
PRA	E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E0942	CERVICAL HEAD HARNESS/HALTER	10/1/2010	12/31/2382	1
PRA	E0944	PELVIC BELT/HARNESS/BOOT	10/1/2010	12/31/2382	1
PRA	E0945	EXTREMITY BELT/HARNESS	10/1/2010	12/31/2382	2
PRA	E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G. BALKEN, 4 POSTER)	10/1/2010	12/31/2382	1
PRA	E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	10/1/2010	12/31/2382	1
PRA	E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	10/1/2010	12/31/2382	1
PRA	E0950	TRAY, WHEELCHAIR	10/1/2010	12/31/2382	1
PRA	E0951	LOOP HEEL, EACH	10/1/2010	12/31/2382	2
PRA	E0952	LOOP TOE, EACH	10/1/2010	12/31/2382	2
PRA	E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE, EACH	7/1/2018	12/31/2382	4
PRA	E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT	7/1/2018	12/31/2382	2
PRA	E0955	WHEELCHAIR ACCESSORY, HEADSET, CUSHIONED, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE, EACH	10/1/2010	12/31/2382	1
PRA	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE, EACH	10/1/2016	12/31/2382	4
PRA	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT. PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE, EACH	10/1/2010	12/31/2382	2
PRA	E0958	WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR TO ONE ARM DRIVE	10/1/2014	12/31/2382	1
PRA	E0959	AMPUTEE ADAPTER (DEVICE USED TO COMPENSATE FOR TRANSFER OF WEIGHT DUE TO LOST LIMBS TO MAINTAIN PROPER BALANCE)	10/1/2010	12/31/2382	2
PRA	E0960	WHEELCHAIR ACCESSORY, SHOULDER, HARNESS STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	10/1/2010	12/31/2382	2
PRA	E0961	BRAKE EXTENSION, FOR WHEELCHAIR	10/1/2010	12/31/2382	2
PRA	E0966	HOOK ON HEAD REST EXTENSION	10/1/2010	12/31/2382	1
PRA	E0967	WHEELCHAIR HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	10/1/2010	12/31/2382	2
PRA	E0968	COMMODOE SEAT, WHEELCHAIR	10/1/2010	12/31/2382	1
PRA	E0969	NARROWING DEVICE, WHEELCHAIR	1/1/2014	12/31/2382	1
PRA	E0970	NO.2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	10/1/2010	12/31/2382	2
PRA	E0971	ANTI-TIPPING DEVICE WHEELCHAIRS	10/1/2010	12/31/2382	2
PRA	E0973	ADJUSTABLE HEIGHT DETACHABLE ARMS, DESK OR FULL LENGTH, WHEELCHAIR	10/1/2010	12/31/2382	2
PRA	E0974	"GRADE-AID" (DEVICE TO PREVENT ROLLING BACK ON AN INCLINE) FOR WHEELCHAIR	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E0978	BELT, SAFETY WITH AIRPLANE BUCKLE, WHEELCHAIR	10/1/2010	12/31/2382	1
PRA	E0980	SAFETY VEST, WHEELCHAIR	1/1/2014	12/31/2382	1
PRA	E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTREY, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	1
PRA	E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	1
PRA	E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK	10/1/2010	12/31/2382	1
PRA	E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	10/1/2010	12/31/2382	1
PRA	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	10/1/2010	12/31/2382	1
PRA	E0986	MANUAL WHEELCHAIR ACCESSORY, OUSH RIM ACTIVATED POWER ASSIST, EACH	10/1/2010	12/31/2382	1
PRA	E0988	MANUEL WHEELCHAIR ACCESSORY,LEVER-ACTIVATED,WHEEL DRIVE,PAIR	7/1/2012	12/31/2382	1
PRA	E0990	ELEVATING LEG REST, EACH	10/1/2010	12/31/2382	2
PRA	E0992	SOLID SEAT INSERT	10/1/2010	12/31/2382	1
PRA	E0994	ARM REST, EACH	10/1/2010	12/31/2382	2
PRA	E0995	CALF REST, EACH	10/1/2010	12/31/2382	2
PRA	E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	10/1/2010	12/31/2382	1
PRA	E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	10/1/2010	12/31/2382	1
PRA	E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	10/1/2010	12/31/2382	1
PRA	E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	10/1/2010	12/31/2382	1
PRA	E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	10/1/2010	12/31/2382	1
PRA	E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	10/1/2010	12/31/2382	1
PRA	E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	10/1/2010	12/31/2382	1
PRA	E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING	10/1/2010	12/31/2382	2
PRA	E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, EACH	10/1/2010	12/31/2382	1
PRA	E1011	MODIFICATION TO PEDIATRIC WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR	10/1/2010	12/31/2382	1
PRA	E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE	7/1/2016	12/31/2382	1
PRA	E1014	RECLINING BACK, ADDITION TO PEDIATRIC WHEELCHAIR	10/1/2010	12/31/2382	1
PRA	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	10/1/2010	12/31/2382	2
PRA	E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEEL CHAIR, EACH	10/1/2010	12/31/2382	2
PRA	E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	10/1/2010	12/31/2382	2
PRA	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	10/1/2010	12/31/2382	2
PRA	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTRL	4/1/2015	12/31/2382	6
PRA	E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	10/1/2010	12/31/2382	1
PRA	E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	10/1/2010	12/31/2382	1
PRA	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	10/1/2010	12/31/2382	1
PRA	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER,PATIENT	10/1/2010	12/31/2382	1
PRA	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT	4/1/2012	12/31/2382	1
PRA	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	10/1/2010	12/31/2382	1
PRA	E1038	TRANSPORT CHAIR, ADULT SIZE	10/1/2010	12/31/2382	1
PRA	E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY 250 POUNDS OR	10/1/2010	12/31/2382	1
PRA	E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	10/1/2010	12/31/2382	1
PRA	E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
PRA	E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
PRA	E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACH ABLE ELEVATING LEG REST	10/1/2010	12/31/2382	1
PRA	E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	10/1/2010	12/31/2382	1
PRA	E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACH ABLE FOOT RESTS	10/1/2010	12/31/2382	1
PRA	E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	10/1/2010	12/31/2382	1
PRA	E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	10/1/2010	12/31/2382	1
PRA	E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG	10/1/2010	12/31/2382	1
PRA	E1089	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
PRA	E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS	10/1/2010	12/31/2382	1
PRA	E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS DESK OF FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS	10/1/2010	12/31/2382	1
PRA	E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	10/1/2010	12/31/2382	1
PRA	E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	10/1/2010	12/31/2382	1
PRA	E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS	10/1/2010	12/31/2382	1
PRA	E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	10/1/2010	12/31/2382	1
PRA	E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
PRA	E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
PRA	E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	10/1/2010	12/31/2382	1
PRA	E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
PRA	E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST	10/1/2010	12/31/2382	1
PRA	E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR LEGREST	10/1/2010	12/31/2382	1
PRA	E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS	10/1/2010	12/31/2382	1
PRA	E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
PRA	E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
PRA	E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
PRA	E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER, IF ANY) AND JUSTIFICATION	10/1/2010	12/31/2382	1
PRA	E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	10/1/2010	12/31/2382	1
PRA	E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
PRA	E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	10/1/2010	12/31/2382	1
PRA	E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
PRA	E1225	SEMI-RECLINING BACK FOR CUSTOMIZED WHEEL CHAIR	10/1/2010	12/31/2382	1
PRA	E1226	FULL RECLINING BACK FOR CUSTOMIZED WHEELCHAIR	10/1/2010	12/31/2382	1
PRA	E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	1/1/2014	12/31/2382	1
PRA	E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	10/1/2010	12/31/2382	1
PRA	E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	7/1/2013	12/31/2382	1
PRA	E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER	10/1/2010	12/31/2382	1
PRA	E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	10/1/2010	12/31/2382	1
PRA	E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE WITHOUT SEATING SYSTEM	10/1/2010	12/31/2382	1
PRA	E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	10/1/2010	12/31/2382	1
PRA	E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	10/1/2010	12/31/2382	1
PRA	E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	10/1/2010	12/31/2382	1
PRA	E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	10/1/2010	12/31/2382	1
PRA	E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	10/1/2010	12/31/2382	1
PRA	E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	10/1/2013	12/31/2382	1
PRA	E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	10/1/2010	12/31/2382	1
PRA	E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
PRA	E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
PRA	E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
PRA	E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
PRA	E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
PRA	E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
PRA	E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	10/1/2010	12/31/2382	1
PRA	E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	1/1/2014	12/31/2382	1
PRA	E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	1/1/2014	12/31/2382	1
PRA	E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	1/1/2014	12/31/2382	1
PRA	E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	1/1/2014	12/31/2382	1
PRA	E1310	WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE)	10/1/2010	12/31/2382	1
PRA	E1352	OXYGEN ACCESSORY, FLOW REGULATOR CAPABLE OF POSITIVE INSPIRATORY PRESSURE	7/1/2014	12/31/2382	1
PRA	E1353	REGULATOR	10/1/2010	12/31/2382	1
PRA	E1354	OXYGEN ACCESSORY,WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, ANY TYPE	10/1/2013	12/31/2382	1
PRA	E1355	STAND/RACK	10/1/2010	12/31/2382	1
PRA	E1356	OXYGEN ACCESSORY,BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR,ANY TYPE,REPLACEMENT ONLY	1/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E1357	OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY	1/1/2014	12/31/2382	1
PRA	E1358	OXYGEN ACCESSORY,DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY,EACH	1/1/2014	12/31/2382	1
PRA	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	10/1/2010	12/31/2382	1
PRA	E1390	OXYGEN CONCENTRATOR (EQUIVALENT TO 732 CUBIC FEET/1993)CAPABLE OF DELIVERING>OR = 85% OXYGEN CONCENT. (2000)	10/1/2010	12/31/2382	1
PRA	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT	10/1/2010	12/31/2382	1
PRA	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	10/1/2010	12/31/2382	1
PRA	E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	10/1/2010	12/31/2382	1
PRA	E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	10/1/2010	12/31/2382	1
PRA	E1500	CENTRIFUGE, FOR DIALYSIS	10/1/2010	12/31/2382	1
PRA	E1510	KIDNEY, DIALYSATE DELIVERY SYST. KIDNEY MACHINE, PUMP RECIRCULAT- ING, AIR REMOVAL SYST, FLOWRATE METER, POWER	10/1/2010	12/31/2382	1
PRA	E1520	HEPARIN INFUSION PUMP FOR DIALYSIS	10/1/2010	12/31/2382	1
PRA	E1530	AIR BUBBLE DETECTOR FOR DIALYSIS	10/1/2010	12/31/2382	1
PRA	E1540	PRESSURE ALARM FOR DIALYSIS	10/1/2010	12/31/2382	1
PRA	E1550	BATH CONDUCTIVITY METER FOR DIALYSIS	10/1/2010	12/31/2382	1
PRA	E1560	BLOOD LEAK DETECTOR FOR DIALYSIS	10/1/2010	12/31/2382	1
PRA	E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS	10/1/2010	12/31/2382	1
PRA	E1580	UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS	10/1/2010	12/31/2382	1
PRA	E1590	HEMODIALYSIS MACHINE	10/1/2010	12/31/2382	1
PRA	E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM	10/1/2010	12/31/2382	1
PRA	E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS	10/1/2010	12/31/2382	1
PRA	E1600	DELIVERY AND/OR INSTALLATION CHARGES FOR RENAL DIALYSIS EQUIPMENT	10/1/2010	12/31/2382	1
PRA	E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM	10/1/2010	12/31/2382	1
PRA	E1615	DEIONIZER WATER PURIFICATION SYSTEM	10/1/2010	12/31/2382	1
PRA	E1620	BLOOD PUMP FOR DIALYSIS	10/1/2010	12/31/2382	1
PRA	E1625	WATER SOFTENING SYSTEM	10/1/2010	12/31/2382	1
PRA	E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM	10/1/2010	12/31/2382	1
PRA	E1639	SCALE, FOR DIALYSIS, EACH	10/1/2010	12/31/2382	1
PRA	E1700	JAW MOTION REHABILITATION SYSTEM	10/1/2010	12/31/2382	1
PRA	E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6	10/1/2014	12/31/2382	3
PRA	E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200	1/1/2014	12/31/2382	1
PRA	E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE	10/1/2010	12/31/2382	2
PRA	E1801	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DEVICE WITH RANGE OF MOTION ADJUSTMENT, INCLUDES CUFFS	10/1/2010	12/31/2382	2
PRA	E1802	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE INCLUDES SOFT INTERFACE MATERIAL	10/1/2010	12/31/2382	2
PRA	E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE	10/1/2010	12/31/2382	2
PRA	E1806	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE WITH RANGE OF MOTION ADJUSTMENT, INCLUDES CUFF	10/1/2010	12/31/2382	2
PRA	E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE	10/1/2010	12/31/2382	2
PRA	E1811	BI-DIRECTIONAL PROGRESSIVE STRETCH KNEE DEVICE WITH RANGE OF MOTION ADJUSTMENT, INCLUDES CUFFS	10/1/2010	12/31/2382	2
PRA	E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	10/1/2010	12/31/2382	2
PRA	E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE	10/1/2010	12/31/2382	2
PRA	E1816	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE WITH RANGE OF MOTION ADJUSTMENT, INCLUDES CUFFS	10/1/2010	12/31/2382	2
PRA	E1818	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM PRONATION/SUPINATION DEVICE WITH RANGE OF MOTION ADJUSTMENT	10/1/2010	12/31/2382	2
PRA	E1820	SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/ FLEXION DEVICE	10/1/2010	12/31/2382	2
PRA	E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	10/1/2010	12/31/2382	1
PRA	E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE	7/1/2014	12/31/2382	3
PRA	E1830	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE	10/1/2010	12/31/2382	2
PRA	E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENTION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION	4/1/2011	12/31/2382	2
PRA	E1840	DYNAMIC ADJUSTABLE SHOULDER FLEXION/ABDUCTION/ROTATION DEVICE , INCLUDES SOFT INTERFACE MATERIAL	10/1/2010	12/31/2382	2
PRA	E1841	MULTI-DIRECTIONAL STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH RANGE OF	10/1/2010	12/31/2382	2
PRA	E1902	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	10/1/2010	12/31/2382	1
PRA	E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	10/1/2010	12/31/2382	1
PRA	E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E2101	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE	10/1/2010	12/31/2382	1
PRA	E2120	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID	10/1/2010	12/31/2382	1
PRA	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24	10/1/2010	12/31/2382	1
PRA	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES	10/1/2010	12/31/2382	1
PRA	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	10/1/2010	12/31/2382	1
PRA	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	10/1/2010	12/31/2382	1
PRA	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS, ANY TYPE, REPLACEMENT	10/1/2010	12/31/2382	2
PRA	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	10/1/2010	12/31/2382	2
PRA	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	10/1/2010	12/31/2382	2
PRA	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	10/1/2010	12/31/2382	1
PRA	E2209	WHEELCHAIR ACCESSORY, ARM TROUGH, EACH	10/1/2010	12/31/2382	2
PRA	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE REPLACEMENT ONLY, EACH	10/1/2016	12/31/2382	12
PRA	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	10/1/2010	12/31/2382	2
PRA	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE	10/1/2010	12/31/2382	2
PRA	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	10/1/2010	12/31/2382	2
PRA	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE EACH	10/1/2010	12/31/2382	2
PRA	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	10/1/2010	12/31/2382	2
PRA	E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	10/1/2010	12/31/2382	2
PRA	E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	10/1/2010	12/31/2382	2
PRA	E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	10/1/2010	12/31/2382	2
PRA	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	10/1/2010	12/31/2382	2
PRA	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC), PROPULSION TIRE, ANY SIZE, EACH	10/1/2010	12/31/2382	2
PRA	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE EACH	10/1/2010	12/31/2382	2
PRA	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	10/1/2010	12/31/2382	2
PRA	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	10/1/2010	12/31/2382	2
PRA	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	2
PRA	E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	10/1/2010	12/31/2382	2
PRA	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	10/1/2010	12/31/2382	2
PRA	E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	1/1/2014	12/31/2382	1
PRA	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT),INCLUDES ANY TYPE MOUNTING HARDWARE	10/1/2010	12/31/2382	1
PRA	E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	7/1/2014	12/31/2382	1
PRA	E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	7/1/2014	12/31/2382	1
PRA	E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	7/1/2014	12/31/2382	1
PRA	E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	7/1/2014	12/31/2382	1
PRA	E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS	10/1/2010	12/31/2382	1
PRA	E2300	POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM	10/1/2010	12/31/2382	1
PRA	E2301	POWER WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM	10/1/2010	12/31/2382	1
PRA	E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM	10/1/2010	12/31/2382	1
PRA	E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING	10/1/2010	12/31/2382	1
PRA	E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL	10/1/2010	12/31/2382	1
PRA	E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS	10/1/2010	12/31/2382	1
PRA	E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NON PROPORTIONAL, INCLUDING ALL RELATED	10/1/2010	12/31/2382	1
PRA	E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING	10/1/2010	12/31/2382	1
PRA	E2323	POWER WHEELCHAIR ACCESSORY, SPECIALITY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	10/1/2010	12/31/2382	1
PRA	E2324	POWER WHEELCHAIR ACCESSORY, CHIN UP FOR CHIN CONTROL INTERFACE	10/1/2010	12/31/2382	1
PRA	E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS,	10/1/2010	12/31/2382	1
PRA	E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	10/1/2010	12/31/2382	1
PRA	E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED	10/1/2010	12/31/2382	1
PRA	E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING	10/1/2010	12/31/2382	1
PRA	E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL	10/1/2010	12/31/2382	1
PRA	E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED	10/1/2010	12/31/2382	1
PRA	E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH 20-23 INCHES	10/1/2010	12/31/2382	1
PRA	E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES	10/1/2010	12/31/2382	1
PRA	E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH 20-21 INCHES	10/1/2010	12/31/2382	1
PRA	E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH 22-25 INCHES	10/1/2010	12/31/2382	1
PRA	E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR	10/1/2010	12/31/2382	1
PRA	E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH	7/1/2012	12/31/2382	2
PRA	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	7/1/2012	12/31/2382	2
PRA	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON SEALED LEAD ACID BATTERY, EACH	1/1/2014	12/31/2382	2
PRA	E2361	POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EACH	10/1/2010	12/31/2382	2
PRA	E2362	POWER WHEELCHAIR ACCESSORY, 24 NON SEALED LEAD ACID BATTERY, EACH	1/1/2014	12/31/2382	2
PRA	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH	10/1/2010	12/31/2382	2
PRA	E2364	POWER WHEELCHAIR ACCESSORY, U 1 NON SEALED LEAD ACID BATTERY, EACH	1/1/2014	12/31/2382	2
PRA	E2365	POWER WHEELCHAIR ACCESSORY, U 1 SEALED LEAD ACID BATTERY, EACH	10/1/2010	12/31/2382	2
PRA	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE FOR USE WITH ONLY ONE BATTERY TYPE	10/1/2010	12/31/2382	1
PRA	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON SEAL	10/1/2010	12/31/2382	1
PRA	E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	10/1/2010	12/31/2382	2
PRA	E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	10/1/2010	12/31/2382	2
PRA	E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	10/1/2010	12/31/2382	2
PRA	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	10/1/2010	12/31/2382	2
PRA	E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NONSEALED LEAD ACID BATTERY, EACH	1/1/2014	12/31/2382	2
PRA	E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, COMPACT, OR SHORT THROW REMOTE	4/1/2012	12/31/2382	1
PRA	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER)	4/1/2012	12/31/2382	1
PRA	E2375	POWER WHEELCHAIR ACCESSORY, NONEXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS	10/1/2010	12/31/2382	1
PRA	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING	4/1/2012	12/31/2382	1
PRA	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING	4/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR; REPLACEMENT ONLY	7/1/2013	12/31/2382	2
PRA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	2
PRA	E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	2
PRA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY	10/1/2010	12/31/2382	2
PRA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	4
PRA	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	4
PRA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	4/1/2012	12/31/2382	2
PRA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	4
PRA	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	4/1/2012	12/31/2382	2
PRA	E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	4
PRA	E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY , EACH	4/1/2012	12/31/2382	2
PRA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	4
PRA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTERGRATED WHEEL, ANY SIZE, REPLACEMENT	10/1/2010	12/31/2382	4
PRA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE REPLACEMENT ONLY, EACH	4/1/2012	12/31/2382	2
PRA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	4
PRA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY , EACH	10/1/2010	12/31/2382	4
PRA	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	10/1/2010	12/31/2382	1
PRA	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	10/1/2010	12/31/2382	1
PRA	E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES	10/1/2010	12/31/2382	1
PRA	E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS	10/1/2010	12/31/2382	1
PRA	E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN	10/1/2010	12/31/2382	1
PRA	E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING	10/1/2010	12/31/2382	1
PRA	E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL	10/1/2010	12/31/2382	1
PRA	E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE	10/1/2010	12/31/2382	1
PRA	E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	10/1/2010	12/31/2382	1
PRA	E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	10/1/2010	12/31/2382	1
PRA	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	10/1/2010	12/31/2382	1
PRA	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	10/1/2010	12/31/2382	1
PRA	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	10/1/2010	12/31/2382	1
PRA	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	10/1/2010	12/31/2382	1
PRA	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	10/1/2010	12/31/2382	1
PRA	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22	10/1/2010	12/31/2382	1
PRA	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR	10/1/2010	12/31/2382	1
PRA	E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	10/1/2010	12/31/2382	1
PRA	E2610	WHEELCHAIR SEAT CUSHION, POWERED	1/1/2014	12/31/2382	1
PRA	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT,	10/1/2010	12/31/2382	1
PRA	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT,	10/1/2010	12/31/2382	1
PRA	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY	10/1/2010	12/31/2382	1
PRA	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY	10/1/2010	12/31/2382	1
PRA	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22	10/1/2010	12/31/2382	1
PRA	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR	10/1/2010	12/31/2382	1
PRA	E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE	10/1/2010	12/31/2382	1
PRA	E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	10/1/2010	12/31/2382	2
PRA	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	10/1/2010	12/31/2382	1
PRA	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	10/1/2010	12/31/2382	1
PRA	E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	4/1/2011	12/31/2382	1
PRA	E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH THAN 22 INCHES OR GREATER, ANY DEPTH	4/1/2011	12/31/2382	1
PRA	E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	4/1/2011	12/31/2382	1
PRA	E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	4/1/2011	12/31/2382	1
PRA	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	7/1/2012	12/31/2382	2
PRA	E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	7/1/2012	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	E2628	WHEELCHAIR ACCESSORY, SHOULDER, ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	7/1/2012	12/31/2382	2
PRA	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM	7/1/2012	12/31/2382	2
PRA	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND	7/1/2012	12/31/2382	2
PRA	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	7/1/2012	12/31/2382	2
PRA	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	7/1/2012	12/31/2382	2
PRA	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	7/1/2012	12/31/2382	2
PRA	E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND	1/1/2014	12/31/2382	1
PRA	E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND	1/1/2014	12/31/2382	1
PRA	E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND	1/1/2014	12/31/2382	1
PRA	G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	10/1/2010	12/31/2382	1
PRA	G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	10/1/2010	12/31/2382	1
PRA	G0010	ADMINISTRATION OF HEPATITIS B VACCINE	1/1/2015	12/31/2382	1
PRA	G0027	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM EXCLUDING HUHNER	10/1/2010	12/31/2382	1
PRA	G0068	PROFESSIONAL SERVICES FOR THE ADMINISTRATION OF ANTI-INFECTION, PAIN MANAGEMENT, CHELATION, PULMONARY HYPERTENSION, AND/OR INOTROPIC INFUSION DRUG(S) FOR EACH INFUSION DRUG ADMINISTRATION CALENDAR DAY IN THE INDIVIDUAL'S HOME	7/1/2019	12/31/2382	16
PRA	G0069	PROFESSIONAL SERVICES FOR THE ADMINISTRATION OF SUBCUTANEOUS IMMUNOTHERAPY FOR EACH INFUSION DRUG ADMINISTRATION CALENDAR DAY IN THE INDIVIDUAL'S HOME, EACH 15 MINUTES	7/1/2019	12/31/2382	16
PRA	G0070	PROFESSIONAL SERVICES FOR THE ADMINISTRATION OF CHEMOTHERAPY FOR EACH INFUSION DRUG ADMINISTRATION CALENDAR DAY IN THE INDIVIDUAL'S HOME, EACH 15 MINUTES	7/1/2019	12/31/2382	16
PRA	G0071	PAYMENT FOR COMMUNICATION TECHNOLOGY-BASED SERVICES FOR 5 MINUTES OR MORE OF A VIRTUAL (NON-FACE-TO-FACE) COMMUNICATION BETWEEN AN RURAL HEALTH CLINIC (RHC) OR FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PRACTITIONER AND RHC OR FQHC	7/1/2019	12/31/2382	1
PRA	G0076	BRIEF (20 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY, REST HOME, ASSISTED LIVING	7/1/2019	12/31/2382	1
PRA	G0077	LIMITED (30 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME,	7/1/2019	12/31/2382	1
PRA	G0078	MODERATE (45 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY	7/1/2019	12/31/2382	1
PRA	G0079	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE IN AN OFFICE OR OUTPATIENT FACILITY, APPROX. 45 TO 50 MIN FACE-TO-FAC	7/1/2019	12/31/2382	1
PRA	G0080	EXTENSIVE (75 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY,	7/1/2019	12/31/2382	1
PRA	G0081	BRIEF (20 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY,	7/1/2019	12/31/2382	1
PRA	G0082	LIMITED (30 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY,	7/1/2019	12/31/2382	1
PRA	G0083	MODERATE (45 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY,	7/1/2019	12/31/2382	1
PRA	G0084	COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY,	7/1/2019	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	G0085	EXTENSIVE (75 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY,	7/1/2019	12/31/2382	1
PRA	G0086	LIMITED (30 MINUTES) CARE MANAGEMENT HOME CARE PLAN OVERSIGHT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY,	7/1/2019	12/31/2382	1
PRA	G0087	COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME CARE PLAN OVERSIGHT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY,	7/1/2019	12/31/2382	1
PRA	G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	10/1/2010	12/31/2382	1
PRA	G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	10/1/2010	12/31/2382	1
PRA	G0103	PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA), TOTAL	10/1/2010	12/31/2382	1
PRA	G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	10/1/2010	12/31/2382	1
PRA	G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY OF INDIVIDUAL AT HIGH RISK	10/1/2010	12/31/2382	1
PRA	G0106	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104, SCREENING SIGMOIDOSCOPY, BARIUM ENEMA	10/1/2010	12/31/2382	1
PRA	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICE INDIVIDUAL, PER SESSION	1/1/2015	12/31/2382	6
PRA	G0109	DIABETES SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION, PER INDIVIDUAL	1/1/2015	12/31/2382	12
PRA	G0117	GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR OPHTHALMOLOGIST	10/1/2010	12/31/2382	1
PRA	G0118	GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION OF AN OPTOMETRIST OR	10/1/2010	12/31/2382	1
PRA	G0120	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105, SCREENING COLONOSCOPY, BARIUM ENEMA	10/1/2010	12/31/2382	1
PRA	G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK	10/1/2010	12/31/2382	1
PRA	G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA	1/1/2014	12/31/2382	1
PRA	G0123	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL	10/1/2010	12/31/2382	1
PRA	G0124	SCREENING CYTOPATHOLOGY CERVICAL OR VAGINAL	10/1/2010	12/31/2382	1
PRA	G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	10/1/2010	12/31/2382	1
PRA	G0128	DIRECT (FACE-TO-FACE WITH PATIENT) SKILLED NURSING SERVICES OF A REGISTERED NURSE PROVIDED IN A COMPREHENSIVE	10/1/2010	12/31/2382	1
PRA	G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY BONE DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON	10/1/2010	12/31/2382	1
PRA	G0141	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM, WITH MANUAL RESCREENING	10/1/2010	12/31/2382	1
PRA	G0143	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL, COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREP	10/1/2010	12/31/2382	1
PRA	G0144	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM),COLLECTED IN PRESERVATION FLUJUID,	10/1/2010	12/31/2382	1
PRA	G0145	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL, COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER	10/1/2010	12/31/2382	1
PRA	G0147	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM UNDER PHYSICIAN	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	G0148	SCREENING CYTOPATHOLOGY SMEARS,CERVICAL ORVAFINAL, PERFORMED BY AUTOMATED SYSTEM WITH	10/1/2010	12/31/2382	1
PRA	G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	10/1/2010	12/31/2382	2
PRA	G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	10/1/2010	12/31/2382	2
PRA	G0175	SCHEDULED INTERDISCIPLINARY TEAM CONFERENCE WITH PATIENT PRESENT	10/1/2010	12/31/2382	1
PRA	G0177	TRAINING AND EDUCATIONAL SERVICES RELATED TO THE CARE AND TREATMENT OF PATIENT'S DISABLING MENTAL HEALTH	7/1/2014	12/31/2382	3
PRA	G0179	PHYSICIAN RECERTIFICATION SERVICES FOR MEDICARE-COVERED SERVICES, PROVIDED BY A PARTICIPATING HOME HEALTH	10/1/2010	12/31/2382	1
PRA	G0180	PHYSICIAN CERTIFICATION SERVICES FOR MEDICARE-COVERED SERVICES PROVIDED BY A PARTICIPATING HOME HEALTH AGENCY	10/1/2010	12/31/2382	1
PRA	G0181	PHYSICIAN SUPERVISION OF A PATIENT RECEIVING MEDICARE- COVERED SERVICES PROVIDED BY A PARTICIPANT HOME HEAL	10/1/2010	12/31/2382	1
PRA	G0182	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE REQUIRING COMPLEX AND MULTIDISCIPLINARY	10/1/2010	12/31/2382	1
PRA	G0186	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOROIDAL NEOVASCULARIZATION);	10/1/2010	12/31/2382	1
PRA	G0219	PET IMAGING WHOLE BODY; FULL AND PARTIAL RING PET SCANNERS ONLY, NON COVERED INDIVIDUAL	1/1/2014	12/31/2382	1
PRA	G0235	PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED	7/1/2014	12/31/2382	1
PRA	G0237	THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, FACE TO FACE, ONE ON ONE,	4/1/2015	12/31/2382	8
PRA	G0238	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY G0237, ONE ON ONE,	4/1/2015	12/31/2382	8
PRA	G0239	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY	10/1/2010	12/31/2382	1
PRA	G0245	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY	10/1/2010	12/31/2382	1
PRA	G0246	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY RESULTING	10/1/2010	12/31/2382	1
PRA	G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY RESULTING IN A LOSS OF	10/1/2010	12/31/2382	1
PRA	G0248	DEMONSTRATION, AT INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH MECHANICAL HEART VALVE(S) WHO MEETS MED	10/1/2010	12/31/2382	1
PRA	G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING TO PATIENT WITH MECHANICAL HEART VALVE(S)	1/1/2014	12/31/2382	1
PRA	G0250	PHYSICIAN REVIEW, INTERPRETATION AND PATIENT MANAGEMENT OF HOME INR TESTING FOR A PATIENT WITH MECHANICAL HEAR	10/1/2010	12/31/2382	1
PRA	G0252	PET IMAGING, FULL AND PARTIAL-RING PET SCANNERS ONLY, FOR INITIAL DIAGNOSIS OF BREAST CANCER AND/OR SURGICAL	1/1/2014	12/31/2382	1
PRA	G0255	CURRENT PERCEPTION THRESHOLD/SENSORY NERVE CONDUCTION TEST, (SNCT)PER LIMB, ANY NERVE	1/1/2014	12/31/2382	4
PRA	G0257	UNSCHEDULED OR EMERGENCY DIALYSIS TREATMENT FOR AN ESRD PATIENT IN A HOSPITAL OUTPATIENT DEPARTMENT THAT IS NO	10/1/2018	12/31/2382	1
PRA	G0259	INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPY	10/1/2014	12/31/2382	2
PRA	G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT AND	10/1/2014	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	G0268	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF SERVICE AS AUDIOLOGIC FUNCTION TESTS	10/1/2010	12/31/2382	1
PRA	G0269	PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE, POST SURGICAL OR INTERVENTIONAL	10/1/2018	12/31/2382	2
PRA	G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S) FOLLOWING 2ND REFERRAL IN SAME YEAR FOR	1/1/2015	12/31/2382	8
PRA	G0271	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION, GROUP, EACH ADDITIONAL 30 MINUTES	1/1/2015	12/31/2382	4
PRA	G0276	BLINDED PROCEDURE FOR LUMBAR STENOSIS, PERCUTANEOUS IMAGE-GUIDED LUMBAR DECOMPRESSION	7/1/2017	12/31/2382	1
PRA	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	7/1/2015	12/31/2382	5
PRA	G0278	ILIAC ARTERY ANGIOGRAPHY PERFORMED AT THE SAME TIME OF CARDIAC CATHETERIZATION, INCLUDES CATHETER PLACEMENT, I	10/1/2010	12/31/2382	1
PRA	G0279	EXTRACORPOREAL SHOCK WAVE THERAPY; INVOLVING ELBOW EPICONDYLITIS	4/1/2018	12/31/2382	1
PRA	G0281	ELECTRICAL STIMULATION,(UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE III AND STAGE IV PRESSURE ULCERS	10/1/2010	12/31/2382	1
PRA	G0282	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0281	10/1/2013	12/31/2382	1
PRA	G0283	ELECTRICAL STIMULATION,(UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S), OTHER THAN WOUND CARE, AS PART	10/1/2010	12/31/2382	1
PRA	G0288	RECONSTRUCTION, COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF AORTA FOR SURGICAL PLANNING FOR VASCULAR SURGERY	10/1/2010	12/31/2382	1
PRA	G0289	ARTHROSCOPY, KNEE,SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY,DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	1/1/2012	12/31/2382	1
PRA	G0293	NONCOVERED SURGICAL PROCEDURE(S)USING CONSCIOUS SEDATION, REGIONAL, GENERAL OR SPINAL ANESTHESIA IN A MEDICARE	10/1/2010	12/31/2382	1
PRA	G0294	NONCOVERED PROCEDURE(S) USING EITHER NO ANESTHESIA OR LOCAL ANESTHESIA ONLY, IN A MEDICARE QUALIFYING CLINICA	10/1/2010	12/31/2382	1
PRA	G0295	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0239 OR	1/1/2014	12/31/2382	1
PRA	G0296	COUNSELING VISIT TO DISCUSS NEED FOR LUNG CANCER SCREENING USING LOW DOSE CT SCAN	7/1/2016	12/31/2382	1
PRA	G0297	LOW DOSE CT SCAN FOR LUNG CANCER SCREENING	7/1/2016	12/31/2382	1
PRA	G0302	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, COMPLETE COURSE OF SERVICES, TO INCLUDE	10/1/2010	12/31/2382	1
PRA	G0303	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS,10 TO 15 DAYS OF SERVICES	10/1/2010	12/31/2382	1
PRA	G0304	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, 1 TO 9 DAYS OF SERVICE	10/1/2010	12/31/2382	1
PRA	G0305	POST-DISCHARGE PULMONARY SURGERY SERVICES AFTER LVRS,MINIMUM OF 6 DAYS OF SERVICE	10/1/2010	12/31/2382	1
PRA	G0306	COMPLETE CBC, AUTOMATED(HGB,HCT,RBC,WBC,WITHOUT PLATELET COUNT) AND AUTOMATED WBC DIFFERENTIAL COUNT	1/1/2015	12/31/2382	1
PRA	G0307	COMPLETE (CBC), AUTOMATED (HGB,HCT,RBC,WBC; WITHOUT PLATELET COUNT)	1/1/2015	12/31/2382	1
PRA	G0328	COLORECTAL CANCER SCREENING; FECAL-OCCULT BLOOD TEST, IMMUNOASSAY, 1-3 SIMULTANEOUS DETERMINATIONS	10/1/2010	12/31/2382	1
PRA	G0329	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS FOR CHRONIC STAGE III AND STAGE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	G0333	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); INITIAL 30 DAY SUPPLY AS A BENEFICIARY	10/1/2010	12/31/2382	1
PRA	G0337	HOSPICE EVALUATION AND COUNSELING SERVICES, PRE-ELECTION	10/1/2010	12/31/2382	1
PRA	G0339	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY IN ONE	10/1/2010	12/31/2382	1
PRA	G0340	IMAGE-GUIDED ROBOTIC LINEAR-ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, DELIVERY INCLUDING COLLIMATOR CHANGE	10/1/2018	12/31/2382	1
PRA	G0341	PERCUTANEOUS ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND	10/1/2010	12/31/2382	1
PRA	G0342	LAPAROSCOPY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND	10/1/2010	12/31/2382	1
PRA	G0343	LAPAROTOMY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND	10/1/2010	12/31/2382	1
PRA	G0372	PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED FOR A POWER MOBILITY DEVICE	10/1/2010	12/31/2382	1
PRA	G0379	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	10/1/2018	12/31/2382	1
PRA	G0380	LEVEL 1 HOSPITAL EMERGENCY VISIT PROVIDED IN A TYPE B DEPARTMENT OR FACILITY OF THE HOSPITAL	10/1/2018	12/31/2382	1
PRA	G0381	LEVEL 2 HOSPITAL EMERGENCY VISIT PROVIDED IN A TYPE B DEPARTMENT OR FACILITY OF THE HOSPITAL	10/1/2018	12/31/2382	1
PRA	G0382	LEVEL 3 HOSPITAL EMERGENCY VISIT PROVIDED IN A TYPE B DEPARTMENT OR FACILITY OF THE HOSPITAL	10/1/2018	12/31/2382	1
PRA	G0383	LEVEL 4 HOSPITAL EMERGENCY VISIT PROVIDED IN A TYPE B DEPARTMENT OR FACILITY OF THE HOSPITAL	10/1/2018	12/31/2382	1
PRA	G0384	LEVEL 5 HOSPITAL EMERGENCY VISIT PROVIDED IN A TYPE B DEPARTMENT OR FACILITY OF THE HOSPITAL	10/1/2018	12/31/2382	1
PRA	G0390	TRAUMA RESPONSE TEAM ASSOCIATED WITH HOSPITAL CRITICAL CARE SERVICES	10/1/2018	12/31/2382	1
PRA	G0396	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G, AUDIT, DAST), AND BRIEF	10/1/2010	12/31/2382	1
PRA	G0397	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G, AUDIT, DAST), AND BRIEF	10/1/2010	12/31/2382	1
PRA	G0398	HOME SLEEP STUDY TEST (HST) WITH TYPE II PORTABLE MONITOR, UNATTENDED; MINIMUM	10/1/2010	12/31/2382	1
PRA	G0399	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR, UNATTENDED; MINIMUM OF 4	10/1/2010	12/31/2382	1
PRA	G0400	HOME SLEEP TEST (HST) WITH TYPE IV PORTABLE MONITOR, UNATTENDED; MINIMUM OF 3	10/1/2010	12/31/2382	1
PRA	G0402	INITIAL PREVENTIVE PHYSICAL EXAMINATION; FACE-TO-FACE VISIT, SERVICES LIMITED TO NEW BENEFICIARY DURING	7/1/2012	12/31/2382	1
PRA	G0403	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; PERFORMED AS A SCREENING FOR THE INITIAL PREVENTIVE PHYSICAL	7/1/2012	12/31/2382	1
PRA	G0404	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT, PERFORMED AS A	7/1/2012	12/31/2382	1
PRA	G0405	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; INTERPRETATION AND REPORT ONLY, PERFORMED AS A	7/1/2012	12/31/2382	1
PRA	G0406	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, LIMITED, PHYSICIANS TYPICALLY SPEND 15 MINUTES COMMUNICATING	7/1/2013	12/31/2382	1
PRA	G0407	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, INTERMEDIATE, PHYSICIANS TYPICALLY SPEND 25 MINUTES COMMUNICATING	7/1/2013	12/31/2382	1

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PRA	G0408	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, COMPLEX, PHYSICIANS TYPICALLY SPEND 35 MINUTES OR MORE COMMUNICAT	7/1/2013	12/31/2382	1
PRA	G0410	GROUP PSYCHOTHERAPY OTHER THAN OF A MULTIPLE-FAMILY GROUP, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMATELY	1/1/2017	12/31/2382	4
PRA	G0411	INTERACTIVE GROUP PSYCHOTHERAPY, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMATELY 45 TO 50 MINUTES	1/1/2017	12/31/2382	4
PRA	G0412	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S), UNILATERAL OR BILATERAL FOR	7/1/2012	12/31/2382	1
PRA	G0413	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTURE PATTERNS	7/1/2012	12/31/2382	1
PRA	G0414	OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION FOR FRACTURE PATTERNS WHICH DISRUPT	7/1/2012	12/31/2382	1
PRA	G0415	OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTURE PATTERNS WHICH DISRUPT THE	7/1/2012	12/31/2382	1
PRA	G0416	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION FOR PROSTATE NEEDLE SATURATION BIOPSY SAMPLING, 1-20	10/1/2010	12/31/2382	1
PRA	G0420	FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE; INDIVIDUAL, PER SESSION, PER	10/1/2013	12/31/2382	2
PRA	G0421	FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE; GROUP, PER SESSION, PER HOUR	7/1/2019	12/31/2382	2
PRA	G0422	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION	1/1/2015	12/31/2382	6
PRA	G0423	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITHOUT EXERCISE, PER SESS	1/1/2015	12/31/2382	6
PRA	G0424	PULMONARY REHABILITATION, INCLUDING EXERCISE (INCLUDES MONITORING), ONE HOUR , PER SESSION, UP TO TWO SESSIONS	7/1/2012	12/31/2382	2
PRA	G0425	INITIAL INPATIENT TELEHEALTH CONSULTATION, TYPICALLY 30 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH	10/1/2010	12/31/2382	1
PRA	G0426	INITIAL INPATIENT TELEHEALTH CONSULTATION, TYPICALLY 50 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH	10/1/2010	12/31/2382	1
PRA	G0427	INITIAL INPATIENT TELEHEALTH CONSULTATION, TYPICALLY 70 MINUTES OR MORE COMMUNICATING WITH THE PATIENT VIA	10/1/2010	12/31/2382	1
PRA	G0428	COLLAGEN MENISCUS IMPLANT PROCEDURE FOR FILLING MENISCAL DEFECTS (EG, CMI, COLLAGEN SCAFFOLD, MENAFLEX)	1/1/2014	12/31/2382	2
PRA	G0429	DERMAL FILLER INJECTION(S) FOR THE TREATMENT OF FACIAL LIPODYSTROPHY SYNDROME (LDS) (AS A RESULT OF HIGHLY	10/1/2011	12/31/2382	1
PRA	G0432	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING	7/1/2011	12/31/2382	1
PRA	G0433	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) TECHNIQUE, HIV-1 AND/OR HIV	7/1/2011	12/31/2382	1
PRA	G0435	INFECTIOUS AGENT ANTIBODY DETECTION BY RAPID ANTIBODY TEST, HIV-1 AND/OR HIV-2, SCREENING	7/1/2011	12/31/2382	1
PRA	G0438	ANNUAL WELLNESS VISIT; INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), INITIAL VISIT	7/1/2011	12/31/2382	1
PRA	G0439	ANNUAL WELLNESS VISIT; INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), SUBSEQUENT VISIT	7/1/2011	12/31/2382	1
PRA	G0444	ANNUAL DEPRESSION SCREENING, 15 MINUTES	1/1/2019	12/31/2382	1
PRA	G0448	INSERTION OR REPLACEMENT OF A PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH TRANSVENOUS LEAD(S)	7/1/2012	12/31/2382	1
PRA	G0452	MOLECULAR PATHOLOGY PROCEDURE; PHYSICIAN INTERPRETATION AND REPORT	1/1/2015	12/31/2382	6

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PRA	G0453	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM	1/1/2015	12/31/2382	40
PRA	G0454	PHYSICIAN DOCUMENTATION OF FACE TO FACE VISIT FOR DURABLE MEDICAL EQUIPMENT DETERMINATION PERFORMED	7/1/2013	12/31/2382	1
PRA	G0455	PREPARATION WITH INSTILLATION OF FECAL MICROBIOTA BY ANY METHOD, INCLUDING ASSESMENT OF DONOR	7/1/2013	12/31/2382	1
PRA	G0458	LOW DOSE RATE PROSTATE BRACHYTHERAPY SERVICES, COMPOSITE RATE	7/1/2013	12/31/2382	1
PRA	G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR THE ASSESSMENT AND MANAGEMENT OF A PATIENT	7/1/2014	12/31/2382	6
PRA	G0466	FEDERALLY QUALIFIED HEALTH CENTER VISIT, NEW PATIENT; A MEDICALLY-NECESSARY, FACE-TO-FACE ENCOUNTER	7/1/2017	12/31/2382	1
PRA	G0467	FEDERALLY QUALIFIED HEALTH CENTER VISIT, ESTABLISHED PATIENT; A MEDICALLY-NECESSARY, FACE-TO-FACE ENCOUNTER	10/1/2017	12/31/2382	1
PRA	G0468	FEDERALLY QUALIFIED HEALTH CENTER VISIT, IPPE OR AWW; A FQHC VISIT THAT INCLUDES AN INITIAL PREVENTIVE	7/1/2017	12/31/2382	1
PRA	G0469	FEDERALLY QUALIFIED HEALTH CENTER VISIT, MENTAL HEALTH, NEW PATIENT; A MEDICALLY-NECESSARY, FACE-TO-FACE ENCOUN	7/1/2017	12/31/2382	1
PRA	G0470	FEDERALLY QUALIFIED HEALTH CENTER VISIT, MENTAL HEALTH, ESTABLISHED PATIENT; A MEDICALLY-NECESSARY, FACE-TO-FA	10/1/2017	12/31/2382	1
PRA	G0471	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE OR URINE SAMPLE BY CATHETERIZATION FROM INDIVIDUAL	7/1/2017	12/31/2382	2
PRA	G0472	HEPATITIS C ANTIBODY SCREENING, FOR INDIVIDUAL AT HIGH RISK AND OTHER COVERED INDICATION(S)	7/1/2015	12/31/2382	1
PRA	G0473	FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, GROUP (2-10), 30 MINUTES	10/1/2017	12/31/2382	2
PRA	G0475	HIV ANTIGEN/ANTIBODY, COMBINATION ASSAY, SCREENING	7/1/2016	12/31/2382	1
PRA	G0476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS, HIGH RISK TYPES FOR CERVICAL CANCER SCREENING	7/1/2016	12/31/2382	1
PRA	G0480	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS	7/1/2016	12/31/2382	1
PRA	G0481	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS	7/1/2016	12/31/2382	1
PRA	G0482	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS	7/1/2016	12/31/2382	1
PRA	G0483	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS	7/1/2016	12/31/2382	1
PRA	G0490	FACE-TO-FACE HOME HEALTH NURSING VISIT BY A RURAL HEALTH CLINIC (RHC) OR FEDERALLY QUALIFIED HEALTH CENTER (FQHC) IN AN AREA WITH A SHORTAGE OF HOME HEALTH AGENCIES (SERVICES LIMITED TO RN OR LPN ONLY)	7/1/2017	12/31/2382	2
PRA	G0491	DIALYSIS PROCEDURE AT A MEDICARE CERTIFIED ESRD FACILITY FOR ACUTE KIDNEY INJURY WITHOUT ESRD	7/1/2017	12/31/2382	1
PRA	G0492	DIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FOR ACUTE KIDNEY INJURY WITHOUT ESRD	7/1/2017	12/31/2382	1
PRA	G0498	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF INFUSION IN THE OFFICE/CLINIC SETTING USING OFFICE/CLINIC PUMP/SUPPLIES, WITH CONTINUATION OF THE INFUSION IN THE COMMUNITY SETTING	4/1/2017	12/31/2382	1
PRA	G0499	HEPATITIS B SCREENING IN NON-PREGNANT, HIGH RISK INDIVIDUAL INCLUDES HEPATITIS B SURFACE ANTIGEN (HBSAG) FOLLOWED BY A NEUTRALIZING CONFIRMATORY TEST FOR INITIALLY REACTIVE RESULTS,	7/1/2017	12/31/2382	1
PRA	G0500	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PERFORMING A GASTROINTESTINAL ENDOSCOPIC SERVICE THAT SEDATION SUPPORTS, REQUIRING THE PRESENCE OF AN INDEPENDENT TRAINED	4/1/2017	12/31/2382	1
PRA	G0501	RESOURCE-INTENSIVE SERVICES FOR PATIENTS FOR WHOM THE USE OF SPECIALIZED MOBILITY-ASSISTIVE TECHNOLOGY (SUCH AS ADJUSTABLE HEIGHT CHAIRS OR TABLES, PATIENT LIFT, AND ADJUSTABLE PADDED LEG SUPPORTS) IS MEDICALLY NECESSARY AND	7/1/2017	12/31/2382	1

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PRA	G0506	COMPREHENSIVE ASSESSMENT OF AND CARE PLANNING FOR PATIENTS REQUIRING CHRONIC CARE MANAGEMENT SERVICES	7/1/2017	12/31/2382	1
PRA	G0508	TELEHEALTH CONSULTATION, CRITICAL CARE, INITIAL , PHYSICIANS TYPICALLY SPEND 60 MINUTES COMMUNICATING WITH THE PATIENT AND PROVIDERS VIA TELEHEALTH	7/1/2017	12/31/2382	1
PRA	G0509	TELEHEALTH CONSULTATION, CRITICAL CARE, SUBSEQUENT, PHYSICIANS TYPICALLY SPEND 50 MINUTES COMMUNICATING WITH THE PATIENT AND PROVIDERS VIA TELEHEALTH	7/1/2017	12/31/2382	1
PRA	G0659	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,	10/1/2017	12/31/2382	1
PRA	G2000	BLINDED ADMINISTRATION OF CONVULSIVE THERAPY PROCEDURE, EITHER ELECTROCONVULSIVE THERAPY (ECT, CURRENT COVERED GOLD STANDARD) OR MAGNETIC SEIZURE THERAPY (MST, NON-COVERED EXPERIMENTAL THERAPY),	7/1/2019	12/31/2382	1
PRA	G2010	REMOTE EVALUATION OF RECORDED VIDEO AND/OR IMAGES SUBMITTED BY AN ESTABLISHED PATIENT (E.G., STORE AND FORWARD), INCLUDING INTERPRETATION WITH FOLLOW-UP WITH THE PATIENT WITHIN 24 BUSINESS HOURS, NOT ORIGINATING FROM A RELATED E/M	7/1/2019	12/31/2382	1
PRA	G2011	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., AUDIT, DAST), AND BRIEF INTERVENTION, 5-14 MINUTES	7/1/2019	12/31/2382	1
PRA	G2012	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN, BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO CAN REPORT EVALUATION AND MANAGEMENT SERVICES, PROVIDED TO AN ESTABLISHED PATIENT, NOT ORIGINATING	7/1/2019	12/31/2382	1
PRA	G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	10/1/2017	12/31/2382	2
PRA	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FR THE DELIVERY OF RADIATION THERAPY	1/1/2015	12/31/2382	2
PRA	G6003	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS	1/1/2015	12/31/2382	2
PRA	G6004	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS	1/1/2015	12/31/2382	2
PRA	G6005	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS	1/1/2015	12/31/2382	2
PRA	G6006	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS	1/1/2015	12/31/2382	2
PRA	G6007	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA,	1/1/2015	12/31/2382	2
PRA	G6008	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA,	1/1/2015	12/31/2382	2
PRA	G6009	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA,	1/1/2015	12/31/2382	2
PRA	G6010	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA,	1/1/2015	12/31/2382	2
PRA	G6011	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS	1/1/2015	12/31/2382	2
PRA	G6012	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS	1/1/2015	12/31/2382	2
PRA	G6013	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS	1/1/2015	12/31/2382	2
PRA	G6014	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS	1/1/2015	12/31/2382	2
PRA	G6015	INTENSITY MODULATED TREATMENT DELIVERY. SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEMPORALLY	1/1/2015	12/31/2382	2
PRA	G6016	COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMENT USING 3	1/1/2015	12/31/2382	2
PRA	G6017	INFRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATIENT MOTION DURING DELIVERY OF RADIATION	1/1/2015	12/31/2382	2
PRA	G9143	WARFARIN RESPONSIVENESS TESTING BY GENETIC TECHNIQUE USING ANY METHOD, ANY NUMBER OF SPECIMEN(S)	7/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	G9147	OUTPATIENT INTRAVENOUS INSULIN TREATMENT (OIVIT) EITHER PULSATILE OR CONTINUOUS, BY ANY MEANS	1/1/2014	12/31/2382	1
PRA	G9156	EVALUATION FOR WHEELCHAIR REQUIRING FACE TO FACE VISIT WITH PHYSICIAN	7/1/2012	12/31/2382	1
PRA	G9187	BUNDLED PAYMENTS FOR CARE IMPROVEMENTS INITIATIVE HOME VISIT FOR PATIENT ASSESSMENT PERFORMED BY A QUALIFIED	7/1/2014	12/31/2382	1
PRA	G9480	ADMISSION TO MEDICARE CARE CHOICE MODEL PROGRAM	7/1/2016	12/31/2382	1
PRA	G9481	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN THE MEDICARE-APPROVED COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL.	10/1/2018	12/31/2382	1
PRA	G9482	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN THE MEDICARE-APPROVED COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL	10/1/2018	12/31/2382	1
PRA	G9483	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN THE MEDICARE-APPROVED COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL	10/1/2018	12/31/2382	1
PRA	G9484	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN THE MEDICARE-APPROVED COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL	10/1/2018	12/31/2382	1
PRA	G9486	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN THE MEDICARE-APPROVED COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL	10/1/2018	12/31/2382	1
PRA	G9487	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN THE MEDICARE-APPROVED COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL	10/1/2018	12/31/2382	1
PRA	G9488	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN THE MEDICARE-APPROVED COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL	10/1/2018	12/31/2382	1
PRA	G9489	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN THE MEDICARE-APPROVED COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL	10/1/2018	12/31/2382	1
PRA	G9490	COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL, HOME VISIT FOR PATIENT ASSESSMENT PERFORMED BY CLINICAL STAFF FOR AN INDIVIDUAL NOT CONSIDERED HOMEBOUND, INCLUDING,	10/1/2018	12/31/2382	1
PRA	G9678	ONCOLOGY CARE MODEL (OCM) MONTHLY ENHANCED ONCOLOGY SERVICES (MEOS) PAYMENT FOR ENHANCED CARE MANAGEMENT SERVICES FOR OCM BENEFICIARIES.	4/1/2017	12/31/2382	1
PRA	G9685	EVALUATION AND MANAGEMENT OF A BENEFICIARY'S ACUTE CHANGE IN CONDITION IN A NURSING FACILITY	10/1/2018	12/31/2382	1
PRA	G9978	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL EPISODE OF CARE, WHICH REQUIRES THESE 3 KEY COMP	4/1/2019	12/31/2382	1
PRA	G9979	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL EPISODE OF CARE, WHICH REQUIRES THESE	4/1/2019	12/31/2382	1
PRA	G9980	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL EPISODE OF CARE.	4/1/2019	12/31/2382	1
PRA	G9981	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL EPISODE OF CARE.	4/1/2019	12/31/2382	1
PRA	G9982	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL EPISODE OF CARE.	4/1/2019	12/31/2382	1
PRA	G9983	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE ONLY IN A MEDICARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL EPISODE OF CARE	4/1/2019	12/31/2382	1
PRA	G9984	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE ONLY IN A MEDICARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL EPISODE OF CARE.	4/1/2019	12/31/2382	1
PRA	G9985	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE ONLY IN A MEDICARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL EPISODE OF CARE.	4/1/2019	12/31/2382	1
PRA	G9986	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE ONLY IN A MEDICARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL EPISODE OF CARE	4/1/2019	12/31/2382	1
PRA	G9987	BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL HOME VISIT FOR PATIENT ASSESSMENT PERFORMED BY CLINICAL STAFF FOR AN INDIVIDUAL NOT CONSIDERED HOMEBOUND, INCLUDING	4/1/2019	12/31/2382	1
PRA	H0001	ALCOHOL AND/OR DRUG ASSESSMENT	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	10/1/2012	12/31/2382	8
PRA	H0005	ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN	1/1/2019	12/31/2382	1
PRA	H0006	ALCOHOL AND/OR DRUG SERVICES; CASE MANAGEMENT	1/1/2019	12/31/2382	1
PRA	H0008	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (HOSPITAL INPATIENT)	1/1/2014	12/31/2382	1
PRA	H0010	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)	1/1/2014	12/31/2382	1
PRA	H0011	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)	10/1/2012	12/31/2382	1
PRA	H0014	ALCOHOL AND/OR DRUG SERVICES; AMBULATORY DETOXIFICATION	10/1/2017	12/31/2382	1
PRA	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT, INCLUDING ASSESSMENT, COUNSELING; CRISIS INTERVENTION	1/1/2019	12/31/2382	1
PRA	H0016	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC (MEDICAL INTERVENTION IN AMBULATORY SETTING)	10/1/2012	12/31/2382	1
PRA	H0018	ALCOHOL AND/OR DRUG SERVICES; SHORT TERM RESIDENTIAL- NON HOSPITAL RESIDENTIAL TREATMENT PROGRAM	10/1/2012	12/31/2382	1
PRA	H0019	BEHAVIORAL HEALTH; LONG TERM RESIDENTIAL- NON MEDICAL, NON ACUTE CARE IN RESIDENTIAL TREATMENT PROGRAM WHERE	10/1/2012	12/31/2382	1
PRA	H0020	ALCOHOL AND OR DRUG SERVICES; METHADONE ADMINISTRATION AND OR SERVICE	10/1/2012	12/31/2382	1
PRA	H0022	ALCOHOL AND/OR DRUG INTERVENTION SERVICE (PLANNED FACILITATION)	1/1/2019	12/31/2382	1
PRA	H0023	ALCOHOL AND/OR DRUG OUTREACH SERVICE, PLANNED APPROACH TO REACH A TARGET POPULATION	10/1/2012	12/31/2382	1
PRA	H0025	BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF SERVICE WITH TARGETED POPULATION TO AFFECT KNOWLEDGE, ATTITUDE AND BEHAVIORS)	1/1/2019	12/31/2382	1
PRA	H0031	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	1/1/2019	12/31/2382	1
PRA	H0032	MENTAL HEALTH SERVICE PLAN DEVELOPMENT BY NON-PHYSICIAN	1/1/2019	12/31/2382	1
PRA	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	1/1/2019	12/31/2382	1
PRA	H0037	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM	10/1/2012	12/31/2382	1
PRA	H0040	ASSERTIVE COMMUNITY TREATMENT PROGRAM, PER DIEM	10/1/2012	12/31/2382	1
PRA	H0041	FOSTER CARE, CHILD, NON-THERAPEUTIC, PER DIEM	10/1/2012	12/31/2382	1
PRA	H0042	FOSTER CARE, CHILD, NON-THERAPEUTIC, PER MONTH	1/1/2014	12/31/2382	1
PRA	H0043	SUPPORTED HOUSING, PER DIEM	10/1/2012	12/31/2382	1
PRA	H0044	SUPPORTED HOUSING, PER MONTH	10/1/2012	12/31/2382	1
PRA	H0045	RESPITE CARE SERVICES, NOT IN THE HOME, PER DIEM	10/1/2012	12/31/2382	1
PRA	H0048	ALCOHOL AND/OR OTHER DRUG TESTING; COLLECTION AND HANDLING ONLY, SPECIMENS OTHER THAN BLOOD	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	H0049	ALCOHOL AND DRUG SCREENING	10/1/2012	12/31/2382	1
PRA	H0050	ALCOHOL AND DRUG SCREENING, BRIEF INTERVENTION, PER 15 MINS	10/1/2012	12/31/2382	1
PRA	H1010	NON-MEDICAL FAMILY PLANNING EDUCATION, PER SESSION	10/1/2013	12/31/2382	1
PRA	H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	10/1/2012	12/31/2382	1
PRA	H2001	REHABILITATION PROGRAM, PER 1/2 DAY	10/1/2012	12/31/2382	2
PRA	H2010	COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	10/1/2012	12/31/2382	2
PRA	H2016	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	10/1/2012	12/31/2382	1
PRA	H2018	PSYCHOSOCIAL REHABILITATION SERVICES, PER DIEM	10/1/2012	12/31/2382	1
PRA	H2020	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	10/1/2012	12/31/2382	1
PRA	H2022	COMMUNITY BASED WRAP AROUND SERVICES, PER DIEM	10/1/2012	12/31/2382	1
PRA	H2029	ALCOHOL AND/OR DRUG PREVENTION ALTERNATIVE SERVICES (SERVICES FOR POPULATIONS THAT EXCLUDE ALCOHOL AND OTHER	10/1/2012	12/31/2382	1
PRA	H2031	MENTAL HEALTH CLUBHOUSE SERVICES,PER DIEM	1/1/2014	12/31/2382	1
PRA	H2036	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM	10/1/2012	12/31/2382	1
PRA	J0120	INJECTION, TETRACYCLINE, UP TO 250 MG	4/1/2016	12/31/2382	1
PRA	J0129	INJECTION, ABATACEPT, 10 MG	1/1/2015	12/31/2382	100
PRA	J0130	INJECTION ABCIXIMAB, 10 MG	10/1/2018	12/31/2382	4
PRA	J0131	INJECTION,ACETAMINOPHEN,10 MG	7/1/2014	12/31/2382	400
PRA	J0132	INJECTION, ACETYLCYSTEINE, 100 MG	4/1/2016	12/31/2382	12
PRA	J0133	INJECTION, ACYCLOVIR, 5 MG	7/1/2016	12/31/2382	1200
PRA	J0135	INJECTION, ADALIMUMAB, 20 MG	4/1/2015	12/31/2382	8
PRA	J0153	ADENOSINE INJ 1 MG	10/1/2015	12/31/2382	180
PRA	J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1MG	4/1/2016	12/31/2382	20
PRA	J0178	INJECTION, AFLIBERCEPT, 1 MG	7/1/2014	12/31/2382	4
PRA	J0180	INJECTION, AGALSIDASE BETA, 1 MG	1/1/2020	12/31/2382	140
PRA	J0185	INJECTION, APREPITANT, 1 MG	1/1/2019	12/31/2382	130
PRA	J0202	INJECTION, ALEMTUZUMAB, 1 MG	7/1/2016	12/31/2382	12

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J0207	INJECTION, AMIFOSTINE, 500 MG	4/1/2016	12/31/2382	4
PRA	J0210	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	10/1/2016	12/31/2382	4
PRA	J0215	INJECTION, ALEFACEPT, 0.5 MG	10/1/2016	12/31/2382	30
PRA	J0220	INJECTION, ALGUCOSIDASE ALFA, 10 MG	10/1/2016	12/31/2382	1
PRA	J0221	INJECTION,ALGLUCOSIDASE ALFA,(LUMIZYME) 10 MG	10/1/2018	12/31/2382	250
PRA	J0256	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN	10/1/2018	12/31/2382	1600
PRA	J0257	INJECTION,ALPHA 1 PROTEINASE INHIBITOR (HUMAN),(GLASSIA) , 10 MG	7/1/2014	12/31/2382	1400
PRA	J0270	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	4/1/2016	12/31/2382	32
PRA	J0275	ALPROSTADIL URETHRAL SUPPOSITORY,ADMINISTERED UNDER DIRECT PHYSICIAN SUPERVISION, EXCLUDES SELF-ADMINISTRATION	10/1/2016	12/31/2382	1
PRA	J0278	INJECTION, AMIKACIN SULFATE, 100 MG	10/1/2016	12/31/2382	15
PRA	J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	10/1/2016	12/31/2382	7
PRA	J0282	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	4/1/2016	12/31/2382	5
PRA	J0285	INJECTION, AMPHOTERICIN B, 50 MG	7/1/2016	12/31/2382	5
PRA	J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	10/1/2018	12/31/2382	50
PRA	J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	7/1/2016	12/31/2382	50
PRA	J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	4/1/2016	12/31/2382	24
PRA	J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, 1.5 GRAM	4/1/2016	12/31/2382	12
PRA	J0300	INJECTION, AMOBARBITAL, UP TO 125 MG	10/1/2016	12/31/2382	8
PRA	J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	4/1/2016	12/31/2382	10
PRA	J0348	INJECTION, ANIDULAFUNGIN, 1 MG	10/1/2016	12/31/2382	200
PRA	J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	10/1/2016	12/31/2382	2
PRA	J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	10/1/2016	12/31/2382	6
PRA	J0380	INJECTION, METARAMINOL BITARTRATE, PER 10 MG	4/1/2016	12/31/2382	1
PRA	J0400	INJECTION, ARIPIRAZOLE INTRAMUSCULAR, .25 MG	7/1/2015	12/31/2382	39
PRA	J0401	INJECTION, ARIPIRAZOLE, EXTENDED RELEASE, 1MG	4/1/2015	12/31/2382	400
PRA	J0456	INJECTIN, AZITHROMYCIN, 500 MG	10/1/2016	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J0461	INJECTION, ATROPINE SULFATE, 0.01MG	4/1/2016	12/31/2382	200
PRA	J0470	INJECTION, DIMERCAPROL, UP TO 100 MG	4/1/2016	12/31/2382	2
PRA	J0475	INJECTION, BACLOFEN, 10 MG	10/1/2016	12/31/2382	8
PRA	J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	1/1/2015	12/31/2382	2
PRA	J0480	INJECTION, BASILIXIMAB, 20 MG	1/1/2015	12/31/2382	1
PRA	J0485	INJECTION, BELATACEPT, 1 MG	10/1/2016	12/31/2382	1500
PRA	J0490	INJECTION,BELIMUMAB,10 MG	10/1/2016	12/31/2382	160
PRA	J0500	INJECTION, DICYCLOMINE HCI, UP TO 20 MG	1/1/2015	12/31/2382	4
PRA	J0515	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	4/1/2016	12/31/2382	3
PRA	J0517	INJECTION, BENRALIZUMAB, 1 MG	1/1/2019	12/31/2382	30
PRA	J0558	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS	1/1/2015	12/31/2382	24
PRA	J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	1/1/2015	12/31/2382	24
PRA	J0565	INJECTION, BEZLOTOXUMAB, 10 MG	1/1/2018	12/31/2382	200
PRA	J0570	BUPRENORPHINE IMPLANT 74.2 MG	7/1/2017	12/31/2382	4
PRA	J0583	INJECTION, BIVALIRUDIN, 1 MG	4/1/2016	12/31/2382	250
PRA	J0584	INJECTION, BUROSUMAB-TWZA 1 MG	7/1/2019	12/31/2382	90
PRA	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	4/1/2016	12/31/2382	600
PRA	J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	1/1/2015	12/31/2382	300
PRA	J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	4/1/2016	12/31/2382	300
PRA	J0588	INJECTION,INCOBOTULINUMTOXIN A, 1 UNIT	1/1/2016	12/31/2382	600
PRA	J0592	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	4/1/2016	12/31/2382	6
PRA	J0594	INJECTION, BUSULFAN, 1 MG	7/1/2015	12/31/2382	320
PRA	J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG	7/1/2016	12/31/2382	8
PRA	J0596	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	4/1/2016	12/31/2382	840
PRA	J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	10/1/2016	12/31/2382	250
PRA	J0598	INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS	10/1/2015	12/31/2382	100

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J0600	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	1/1/2015	12/31/2382	3
PRA	J0606	INJECTION, ETELCALCETIDE, 0.1 MG	4/1/2018	12/31/2382	150
PRA	J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML	1/1/2015	12/31/2382	15
PRA	J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, UP TO 50 MG	7/1/2015	12/31/2382	1
PRA	J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	7/1/2016	12/31/2382	1
PRA	J0636	INJECTION, CALCITRIOL, 0.1 MCG	7/1/2016	12/31/2382	100
PRA	J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG	10/1/2015	12/31/2382	20
PRA	J0638	INJECTION, CANAKINUMAB, 1 MG	7/1/2018	12/31/2382	150
PRA	J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	10/1/2015	12/31/2382	24
PRA	J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	7/1/2016	12/31/2382	1200
PRA	J0670	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	7/1/2016	12/31/2382	10
PRA	J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	7/1/2015	12/31/2382	12
PRA	J0692	INJECTION, CEFEPIME HCl, 500 MG	7/1/2015	12/31/2382	12
PRA	J0694	INJECTION, CEFOXITIN SODIUM, 1 GM	7/1/2015	12/31/2382	8
PRA	J0695	INJECTION, CEFTOLOZANE TAZOBACTAM, 75 MG (50MG CFT/25MG TAZ)	4/1/2016	12/31/2382	60
PRA	J0696	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	7/1/2015	12/31/2382	16
PRA	J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	10/1/2016	12/31/2382	4
PRA	J0698	INJECTION, CEFOTAXIME SODIUM, PER GM	7/1/2015	12/31/2382	10
PRA	J0702	INJECTION, BETAMETHASONE ACETATE AND BETAMETHASONE SODIUM PHOSPHATE, PER 3 MG.	7/1/2016	12/31/2382	18
PRA	J0706	INJECTION, CAFFEINE CITRATE, 5 MG	1/1/2015	12/31/2382	1
PRA	J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	10/1/2016	12/31/2382	120
PRA	J0713	INJECTION, CEFTAZIDIME, PER 500 MG	7/1/2015	12/31/2382	12
PRA	J0714	INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G	7/1/2016	12/31/2382	4
PRA	J0716	INJECTION, CENTRUROIDES IMMUNE F9(AB)2, UP TO 120 MILLIGRAMS	1/1/2017	12/31/2382	4
PRA	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG	4/1/2015	12/31/2382	400
PRA	J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	1/1/2015	12/31/2382	15

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J0725	INJECTION, CHORIONIC GONADOTROPIN	7/1/2016	12/31/2382	10
PRA	J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	1/1/2015	12/31/2382	50
PRA	J0740	INJECTION CIDOFOVIR, 375 MG	1/1/2015	12/31/2382	2
PRA	J0743	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	7/1/2015	12/31/2382	16
PRA	J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	7/1/2015	12/31/2382	6
PRA	J0745	INJECTION, CODEINE PHOSPHATE	10/1/2016	12/31/2382	2
PRA	J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	10/1/2016	12/31/2382	5
PRA	J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	4/1/2015	12/31/2382	180
PRA	J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	10/1/2016	12/31/2382	4
PRA	J0795	INJECTION, CORTICORELIN OVINE TRIFULTATE, 1 MCG	7/1/2016	12/31/2382	100
PRA	J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	10/1/2016	12/31/2382	3
PRA	J0834	INJECTION, COSYNTROPIN, (CORTROSYN), 0.25 MG	1/1/2015	12/31/2382	3
PRA	J0840	INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM	1/1/2015	12/31/2382	6
PRA	J0841	INJECTION, CROTALIDAE IMMUNE F(AB')2 (EQUINE), 120 MG	7/1/2019	12/31/2382	20
PRA	J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	7/1/2016	12/31/2382	9
PRA	J0875	INJECTION, DALBAVANCIN, 5 MG	7/1/2016	12/31/2382	300
PRA	J0878	INJECTION, DAPTOMYCIN, 1 MG	7/1/2016	12/31/2382	1500
PRA	J0881	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	7/1/2016	12/31/2382	500
PRA	J0882	INJECTION, DARBEPOETIN ALFA, 1 MCG (FOR ESRD ON DIALYSIS)	7/1/2017	12/31/2382	300
PRA	J0883	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	10/1/2017	12/31/2382	1125
PRA	J0884	INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS)	10/1/2017	12/31/2382	1125
PRA	J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	1/1/2017	12/31/2382	60
PRA	J0887	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)	1/1/2018	12/31/2382	360
PRA	J0887	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)	1/1/2018	12/31/2382	90
PRA	J0888	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)	1/1/2018	12/31/2382	90
PRA	J0888	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)	1/1/2018	12/31/2382	360

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J0894	INJECTION, DECITABINE, 1 MG	7/1/2016	12/31/2382	100
PRA	J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG PER 5 CC	7/1/2016	12/31/2382	12
PRA	J0897	INJECTION, DENOSUMAB , 1 MG	10/1/2016	12/31/2382	120
PRA	J0945	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	10/1/2016	12/31/2382	4
PRA	J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	1/1/2015	12/31/2382	1
PRA	J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	7/1/2016	12/31/2382	8
PRA	J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	7/1/2016	12/31/2382	8
PRA	J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	7/1/2016	12/31/2382	4
PRA	J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	10/1/2016	12/31/2382	1000
PRA	J1071	INJ TESTOSTERONE CYPIONATE, 1MG	10/1/2015	12/31/2382	400
PRA	J1095	INJECTION DEXAMETHASONE ACETATE, PER 8 MG	4/1/2019	12/31/2382	517
PRA	J1100	INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, UP TO 4MG/ML	7/1/2016	12/31/2382	120
PRA	J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	4/1/2015	12/31/2382	3
PRA	J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	4/1/2015	12/31/2382	2
PRA	J1130	INJECTION, DICLOFENAC SODIUM, 0.5 MG	7/1/2017	12/31/2382	300
PRA	J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	4/1/2015	12/31/2382	2
PRA	J1162	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	10/1/2014	12/31/2382	1
PRA	J1165	INJECTION, PHENYTOIN SODIUM, PER 50 MG	1/1/2015	12/31/2382	50
PRA	J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	7/1/2016	12/31/2382	350
PRA	J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	4/1/2015	12/31/2382	8
PRA	J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	4/1/2015	12/31/2382	8
PRA	J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	4/1/2015	12/31/2382	4
PRA	J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE	4/1/2015	12/31/2382	1
PRA	J1230	INJECTION, METHADONE HCL, UP TO 10 MG	7/1/2016	12/31/2382	3
PRA	J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG	1/1/2015	12/31/2382	6
PRA	J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG	4/1/2015	12/31/2382	6

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	7/1/2016	12/31/2382	2
PRA	J1260	INJECTION, DOLASETRON MESYLATE, 10 MG	4/1/2015	12/31/2382	2
PRA	J1265	INJECTION, DOPAMINE HCl, 40 MG	7/1/2016	12/31/2382	20
PRA	J1267	INJECTION, DORIPENEM, 10 MG	10/1/2015	12/31/2382	150
PRA	J1270	INJECTION, DOXERCALCIFEROL, 1 MCG	7/1/2016	12/31/2382	8
PRA	J1290	INJECTION, ECALLANTIDE, 1 MG	7/1/2016	12/31/2382	30
PRA	J1300	INJECTION, ECULIZUMAB, 10 MG	10/1/2015	12/31/2382	120
PRA	J1301	INJECTION, EDARAVONE, 1 MG	1/1/2019	12/31/2382	60
PRA	J1322	INJECTION, ELOSULFASE ALFA, 1 MG	1/1/2018	12/31/2382	150
PRA	J1324	INJECTION, ENFUVIRTIDE, 1 MG	7/1/2016	12/31/2382	108
PRA	J1325	INJECTION, EPOPROSTENOL, 0.5 MG	7/1/2016	12/31/2382	1
PRA	J1327	INJECTION, EPTIFIBATIDE, 5 MG	4/1/2015	12/31/2382	1
PRA	J1330	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	7/1/2016	12/31/2382	1
PRA	J1335	INJECTION, ERTAPENEM SODIUM, 500 MG	10/1/2015	12/31/2382	2
PRA	J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	4/1/2015	12/31/2382	2
PRA	J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	10/1/2015	12/31/2382	4
PRA	J1410	INJECTION, ESTROGEN CONJUGATED, UP TO 2 MG OR 20,000 UNITS	7/1/2016	12/31/2382	4
PRA	J1428	INJECTION, ETEPLIRSEN, 10 MG	1/1/2018	12/31/2382	450
PRA	J1430	INJECTION, ETHANOLAMINE OLEATE, 100 MG	1/1/2015	12/31/2382	10
PRA	J1435	INJECTION, ESTRONE	1/1/2015	12/31/2382	1
PRA	J1438	INJECTION, ETANERCEPT, 25 MG(CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION	7/1/2015	12/31/2382	2
PRA	J1439	INJ FERRIC CARBOXYMALTOS 1 MG	10/1/2015	12/31/2382	750
PRA	J1442	INJECTION, FILGRASTIM G-CSF, 1 MCG	1/1/2019	12/31/2382	1500
PRA	J1443	INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION, 0.1MG OF IRON	7/1/2017	12/31/2382	272
PRA	J1447	INJECTION, TBO- FILGRASTIM 1 MICROGRAM, 1 MCG	7/1/2016	12/31/2382	960
PRA	J1450	INJECTION, FLUCONAZOLE, 200 MG	4/1/2015	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J1451	INJECTION, FOMEPIZOLE, 15 MG	4/1/2015	12/31/2382	1
PRA	J1453	INJECTION, FOSAPREPITANT, 1 MG	10/1/2015	12/31/2382	150
PRA	J1454	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	4/1/2019	12/31/2382	1
PRA	J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG	7/1/2016	12/31/2382	18
PRA	J1458	INJECTION, GALSULFASE, 1MG	7/1/2016	12/31/2382	100
PRA	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NONLYOPHILIZED (E.G. LIQUID), 500 MG	1/1/2017	12/31/2382	300
PRA	J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	7/1/2016	12/31/2382	10
PRA	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	7/1/2018	12/31/2382	480
PRA	J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM) , 500 MG	7/1/2014	12/31/2382	300
PRA	J1557	INJECTION,IMMUNE GLOBULIN,(GAMMAPLEX0,INTRAVENOUS,NON-LYOPHILIZED (E.G. LIQUID) 500 MG	7/1/2014	12/31/2382	300
PRA	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	4/1/2018	12/31/2382	300
PRA	J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	7/1/2016	12/31/2382	1
PRA	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), PER 500 MG.	7/1/2014	12/31/2382	300
PRA	J1566	INJECTION,IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), 500 MG	1/1/2017	12/31/2382	300
PRA	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	7/1/2014	12/31/2382	300
PRA	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	7/1/2014	12/31/2382	300
PRA	J1570	INJECTION, GANCICLOVIR SODIUM, 50 MG	1/1/2017	12/31/2382	4
PRA	J1571	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	4/1/2015	12/31/2382	20
PRA	J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	7/1/2014	12/31/2382	300
PRA	J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	1/1/2017	12/31/2382	130
PRA	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	10/1/2017	12/31/2382	650
PRA	J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	7/1/2015	12/31/2382	9
PRA	J1595	INJECTION, GLATIRAMER ACETATE. 20 MG	7/1/2016	12/31/2382	1
PRA	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (EG, LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	1/1/2015	12/31/2382	300
PRA	J1600	INJECTION, GOLD SODIUM THIOMALEATE, UP TO 50 MG	1/1/2015	12/31/2382	2
PRA	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	4/1/2015	12/31/2382	300

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	4/1/2015	12/31/2382	2
PRA	J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	7/1/2016	12/31/2382	30
PRA	J1627	INJECTION, GRANISETRON, EXTENDED-RELEASE, 0.1 MG	1/1/2018	12/31/2382	100
PRA	J1630	INJECTION, HALOPERIDOL, UP TO 5 MG.	7/1/2016	12/31/2382	5
PRA	J1631	INJECTION, HALOPERIDOL DECANOATE, 50 MG.	7/1/2015	12/31/2382	9
PRA	J1640	INJECTION, HEMIN, 1 MG	10/1/2018	12/31/2382	672
PRA	J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	7/1/2016	12/31/2382	100
PRA	J1644	INJECTION, HEPARIN SODIUM, PER 10 UNITS	7/1/2016	12/31/2382	40
PRA	J1645	INJECTION, DALTEPARIN SODIUM, PER 2,500 IU	4/1/2015	12/31/2382	10
PRA	J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG	7/1/2015	12/31/2382	30
PRA	J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	4/1/2015	12/31/2382	20
PRA	J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	7/1/2016	12/31/2382	1
PRA	J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	7/1/2016	12/31/2382	10
PRA	J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	1/1/2018	12/31/2382	25
PRA	J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	4/1/2019	12/31/2382	25
PRA	J1740	INJECTION, IBANDRONATE SODIUM, 1 MG	4/1/2015	12/31/2382	3
PRA	J1741	INJECTION, HYDROXYPROGESTERONE CAPROATE, 250 MG/ML	1/1/2015	12/31/2382	8
PRA	J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG	4/1/2015	12/31/2382	2
PRA	J1743	INJECTION, IDURSULFASE, 1 MG	10/1/2015	12/31/2382	66
PRA	J1744	INJECTION, ICATIBANT, 1 MG	7/1/2014	12/31/2382	30
PRA	J1745	INJECTION, INFlixIMAB, 10MG	4/1/2015	12/31/2382	150
PRA	J1746	INJECTION, IBALIZUMAB-UIYK, 10 MG	7/1/2019	12/31/2382	200
PRA	J1750	INJECTION, IRON DEXTRAN, 50 MG	7/1/2016	12/31/2382	45
PRA	J1756	INJECTION, IRON SUCROSE, 1 MG	7/1/2016	12/31/2382	500
PRA	J1786	INJECTION, IMIGLUCERASE, 10 UNITS	10/1/2018	12/31/2382	680
PRA	J1790	INJECTION, DROPERIDOL, UP TO 5 MG	4/1/2015	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	7/1/2016	12/31/2382	6
PRA	J1815	INJECTION, INSULIN, PER 5 UNITS	7/1/2016	12/31/2382	8
PRA	J1826	INJECTION, INTERFERON BETA-1A, 30 MCG	1/1/2018	12/31/2382	1
PRA	J1830	INJECTION INTERFERON BETA-1B, 0.25 MG	7/1/2015	12/31/2382	1
PRA	J1833	INJECTION, ISAVUCONAZONIUM, 1 MG	7/1/2016	12/31/2382	372
PRA	J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	1/1/2015	12/31/2382	3
PRA	J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	7/1/2016	12/31/2382	4
PRA	J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	4/1/2015	12/31/2382	8
PRA	J1930	INJECTION, LANREOTIDE, 1 MG	4/1/2015	12/31/2382	120
PRA	J1931	INJECTION, LARONIDASE, 0.1 MG	10/1/2018	12/31/2382	377
PRA	J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	7/1/2016	12/31/2382	6
PRA	J1943	INJECTION, ARIPIPIRAZOLE LAUROXIL, (ARISTADA INITIO), 1 MG	10/1/2019	12/31/2382	675
PRA	J1950	INJECTION, LEUPROLIDE ACETATE PER 3.75 MG	7/1/2016	12/31/2382	12
PRA	J1953	INJECTION, LEVETIRACETAM, 10 MG	4/1/2015	12/31/2382	300
PRA	J1955	INJECTION, LEVOCARNITINE, PER 1 G	1/1/2015	12/31/2382	11
PRA	J1956	INJECTION, LEVOFLOXACIN, 250 MG	7/1/2015	12/31/2382	4
PRA	J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	7/1/2016	12/31/2382	2
PRA	J2001	INJECTION, LIDOCAINEHCL FOR INTRAVENOUS INFUSION, 10 MG	1/1/2015	12/31/2382	60
PRA	J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	7/1/2016	12/31/2382	10
PRA	J2020	INJECTION, LINEZOLID, 200 MG	10/1/2015	12/31/2382	6
PRA	J2060	INJECTION, LORAZEPAM, 2 MG.	7/1/2016	12/31/2382	4
PRA	J2150	INJECTION, MANNITOL, 25% IN 50 ML	7/1/2015	12/31/2382	8
PRA	J2170	INJECTION, MECASERMIN, 1 MG	7/1/2016	12/31/2382	8
PRA	J2175	INJECTION, MEPERIDINE	7/1/2015	12/31/2382	4
PRA	J2182	INJECTION, MEPOLIZUMABM, 1 MG	1/1/2018	12/31/2382	300
PRA	J2185	INJECTION, MEROPENEM, 100 MG	7/1/2015	12/31/2382	30

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	7/1/2016	12/31/2382	1
PRA	J2212	INJECTION, METHYLNALTREXONE, 0.1 MG	7/1/2014	12/31/2382	240
PRA	J2248	INJECTION, MICA FUNGIN SODIUM, 1 MG	10/1/2015	12/31/2382	150
PRA	J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	7/1/2016	12/31/2382	22
PRA	J2260	INJECTION, MILRINONE LACTATE, 5 MG	7/1/2016	12/31/2382	4
PRA	J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	7/1/2014	12/31/2382	400
PRA	J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	7/1/2016	12/31/2382	9
PRA	J2274	INJ MORPHINE PRESERVATIVE FREE, 10 MG	7/1/2016	12/31/2382	250
PRA	J2278	INJECTION, ZICONOTIDE, 1 MCG	1/1/2019	12/31/2382	1000
PRA	J2280	INJECTION, MOXIFLOXACIN, 100 MG	10/1/2015	12/31/2382	4
PRA	J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG.	7/1/2015	12/31/2382	4
PRA	J2310	INJECTION, NALOXONE HCl, PER 1 MG	7/1/2015	12/31/2382	4
PRA	J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	7/1/2015	12/31/2382	380
PRA	J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	7/1/2015	12/31/2382	4
PRA	J2323	INJECTION, NATALIZUMAB, PER 1 MG	7/1/2015	12/31/2382	300
PRA	J2326	INJECTION, NUSINERSEN, 0.1 MG	1/1/2018	12/31/2382	120
PRA	J2350	INJECTION, OCRELIZUMAB, 1 MG	1/1/2018	12/31/2382	600
PRA	J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	7/1/2016	12/31/2382	60
PRA	J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	7/1/2015	12/31/2382	60
PRA	J2355	INJECTION, OPRELVEKIN, 5 MG	7/1/2015	12/31/2382	2
PRA	J2357	INJECTION, OMALIZUMAB, 5 MG	7/1/2016	12/31/2382	90
PRA	J2358	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	7/1/2015	12/31/2382	405
PRA	J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	7/1/2015	12/31/2382	2
PRA	J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	7/1/2016	12/31/2382	2
PRA	J2400	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	7/1/2016	12/31/2382	4
PRA	J2405	ODANSETRON HYDROCHLORIDE, PER 1 MG	7/1/2015	12/31/2382	64

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J2407	INJECTION, ORITAVANCIN , 10 MG	4/1/2016	12/31/2382	120
PRA	J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	7/1/2016	12/31/2382	2
PRA	J2425	INJECTION, PALIFERMIN, 50 MCG	7/1/2016	12/31/2382	125
PRA	J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG	1/1/2016	12/31/2382	819
PRA	J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG.	7/1/2015	12/31/2382	3
PRA	J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	7/1/2016	12/31/2382	4
PRA	J2469	INJECTION, PALONOSETRON HCI, 25 MCG	10/1/2015	12/31/2382	10
PRA	J2501	INJECTION, PARICALCITOL, 1 MCG	7/1/2016	12/31/2382	2
PRA	J2502	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	1/1/2017	12/31/2382	60
PRA	J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	1/1/2015	12/31/2382	2
PRA	J2504	INJECTION, PEGADEMASE BOVINE, 25 IU	10/1/2016	12/31/2382	15
PRA	J2505	INJECTION, PEGFILGRASTIM, 6 MG	7/1/2015	12/31/2382	1
PRA	J2507	INJECTION, PEGLOTICASE, 1 MG	7/1/2014	12/31/2382	8
PRA	J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	1/1/2015	12/31/2382	4
PRA	J2513	INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML	7/1/2016	12/31/2382	1
PRA	J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	7/1/2016	12/31/2382	1
PRA	J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	7/1/2015	12/31/2382	75
PRA	J2543	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1.125 GRAMS	10/1/2015	12/31/2382	16
PRA	J2545	PENTAMIDINE, FOR AEROSOL INHALER FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT FOR PROPHYLAXIS	7/1/2016	12/31/2382	1
PRA	J2547	INJECTION, PERAMIVIR, 1 MG	4/1/2016	12/31/2382	600
PRA	J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	7/1/2015	12/31/2382	3
PRA	J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	7/1/2016	12/31/2382	1
PRA	J2562	INJECTION, PLERIXAFOR, 1 MG	7/1/2016	12/31/2382	48
PRA	J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	1/1/2015	12/31/2382	3
PRA	J2597	INJECTION, DESMOPRESSIN ACETATE, UP TO 1 ML	7/1/2015	12/31/2382	45
PRA	J2675	INJECTION, PROGESTERONE, PER 50 MG	7/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG.	10/1/2015	12/31/2382	4
PRA	J2690	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	1/1/2015	12/31/2382	4
PRA	J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	7/1/2016	12/31/2382	48
PRA	J2704	INJ, PROPOFOL, 10 MG	7/1/2016	12/31/2382	80
PRA	J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	7/1/2016	12/31/2382	2
PRA	J2720	INJECTION, PROTAMINE SULFATE, UP TO 5 ML	1/1/2015	12/31/2382	5
PRA	J2724	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	10/1/2018	12/31/2382	3500
PRA	J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	1/1/2015	12/31/2382	2
PRA	J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	7/1/2015	12/31/2382	2
PRA	J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	7/1/2016	12/31/2382	10
PRA	J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	1/1/2015	12/31/2382	6
PRA	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	7/1/2015	12/31/2382	10
PRA	J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	7/1/2015	12/31/2382	16
PRA	J2783	INJECTION, RASBURICASE, 0.5 MG	7/1/2015	12/31/2382	60
PRA	J2785	INJECTION, REGADENOSON, 0.1 MG	10/1/2015	12/31/2382	4
PRA	J2786	INJECTION, RESLIZUMAB, 1 MG	4/1/2017	12/31/2382	500
PRA	J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	1/1/2015	12/31/2382	1
PRA	J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, ONE DOSE PACKAGE	1/1/2017	12/31/2382	1
PRA	J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU	1/1/2015	12/31/2382	50
PRA	J2792	INJECTION RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT 100 I.U.	1/1/2019	12/31/2382	450
PRA	J2793	INJECTION, RILONACEPT, 1 MG	1/1/2015	12/31/2382	320
PRA	J2794	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	10/1/2015	12/31/2382	100
PRA	J2795	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	7/1/2015	12/31/2382	200
PRA	J2796	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	10/1/2015	12/31/2382	150
PRA	J2798	INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG	10/1/2019	12/31/2382	240
PRA	J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML	7/1/2015	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J2805	INJECTION, SINACLIDE, 5 MCG	7/1/2015	12/31/2382	3
PRA	J2810	INJECTION, THEOPHYLLINE, UP TO 2 ML	7/1/2016	12/31/2382	5
PRA	J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	7/1/2016	12/31/2382	15
PRA	J2840	INJECTION, SEBELIPASE ALFA, 1 MG	7/1/2018	12/31/2382	160
PRA	J2850	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MCG	7/1/2016	12/31/2382	16
PRA	J2860	INJECTION, SILTUXIMAB, 10 MG	4/1/2016	12/31/2382	170
PRA	J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	7/1/2016	12/31/2382	20
PRA	J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	7/1/2016	12/31/2382	25
PRA	J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	7/1/2016	12/31/2382	25
PRA	J2941	INJECTION, SOMATROPIN, 1 MG	1/1/2015	12/31/2382	8
PRA	J2993	INJECTION, RETEPLASE, 18.8 MG	1/1/2015	12/31/2382	2
PRA	J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	10/1/2015	12/31/2382	8
PRA	J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	7/1/2015	12/31/2382	2
PRA	J3010	INJECTION, FENTANYL CITRATE, UP TO 2 ML	7/1/2016	12/31/2382	100
PRA	J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	1/1/2015	12/31/2382	1
PRA	J3060	INJECTION, TALIGLUCERACE ALFA ,10 UNITS	1/1/2018	12/31/2382	760
PRA	J3070	INJECTION, PENTAZOCINE HCL, UP TO 30 MG	7/1/2016	12/31/2382	3
PRA	J3090	INJECTION, TEDIZOLID PHOSPHATE ,10 MG	4/1/2016	12/31/2382	200
PRA	J3095	INJECTION, TELEVANCIN, 10 MG	7/1/2015	12/31/2382	150
PRA	J3101	INJECTION, TENECTESPLASE, 1 MG	10/1/2015	12/31/2382	50
PRA	J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	7/1/2016	12/31/2382	2
PRA	J3110	INJECTION, TERIPARATIDE, 10 MCG	7/1/2016	12/31/2382	2
PRA	J3121	INJ TESTOSTERO ENANTHATE 1 MG	10/1/2015	12/31/2382	400
PRA	J3145	TESTOSTERONE UNDECANOATE 1MG	7/1/2015	12/31/2382	750
PRA	J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	7/1/2016	12/31/2382	2
PRA	J3240	INJECTION, THYROTROPIN ALFA, 0.9 MG	10/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J3243	INJECTION, TIGECYCLINE, 1 MG	10/1/2015	12/31/2382	150
PRA	J3245	INJECTION, TILDRAKIZUMAB, 1 MG	7/1/2019	12/31/2382	100
PRA	J3246	INJECTION, TIROFIBAN HCl, 0.25 MG	10/1/2015	12/31/2382	1
PRA	J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	7/1/2015	12/31/2382	2
PRA	J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	7/1/2016	12/31/2382	8
PRA	J3262	INJECTION, TOCILIZUMAB, 1MG	10/1/2015	12/31/2382	800
PRA	J3285	INJECTION, TREPROSTINIL, 1 MG	7/1/2016	12/31/2382	1
PRA	J3300	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	10/1/2015	12/31/2382	160
PRA	J3301	INJECTION TRIAMCINOLONE ACETONIDE, PER 10MG	10/1/2015	12/31/2382	16
PRA	J3303	INJECTION TRIAMCINOLONE HEXACETONIDE, PER 5MG	7/1/2016	12/31/2382	24
PRA	J3304	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	1/1/2019	12/31/2382	64
PRA	J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	1/1/2015	12/31/2382	6
PRA	J3355	INJECTION,UROFOLLITROPIN, 75 IU	7/1/2016	12/31/2382	6
PRA	J3357	INJECTION, USTEKINUMAB, 1 MG	10/1/2018	12/31/2382	90
PRA	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	1/1/2018	12/31/2382	520
PRA	J3360	INJECTION, DIAZEPAM, UP TO 5 MG	10/1/2015	12/31/2382	6
PRA	J3370	INJECTION, VANCOMYCIN HCL, 500 MG	10/1/2015	12/31/2382	12
PRA	J3380	INJECTION, VEDOLIZUMAB, 1 MG	4/1/2016	12/31/2382	300
PRA	J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	10/1/2018	12/31/2382	80
PRA	J3396	INJECTION, VERTEPORFIN, 0.1 MG	10/1/2015	12/31/2382	150
PRA	J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	7/1/2015	12/31/2382	8
PRA	J3411	INJECTION, THIAMINE HCl, 100 MG	7/1/2016	12/31/2382	4
PRA	J3415	INJECTION, PYRIDOXINE HCl, 100 MG	7/1/2015	12/31/2382	6
PRA	J3420	INJECTION, VITAMIN B- 12 CYANOCOBALAMIN, UP TO 1000 MCG	10/1/2015	12/31/2382	1
PRA	J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	10/1/2015	12/31/2382	25
PRA	J3465	INJECTION, VORICONAZOLE, 10 MG	7/1/2014	12/31/2382	40

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J3470	INJECTION, HYALURONIDASE, UP TO 150 UNITS	7/1/2016	12/31/2382	3
PRA	J3471	INJECTION, HYALURONIDASE, OVINE,PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS)	7/1/2016	12/31/2382	999
PRA	J3472	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS	7/1/2016	12/31/2382	2
PRA	J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	1/1/2015	12/31/2382	450
PRA	J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG.	7/1/2016	12/31/2382	20
PRA	J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	7/1/2016	12/31/2382	40
PRA	J3485	INJECTION ZIDOVUDINE, 10 MG	7/1/2016	12/31/2382	160
PRA	J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	7/1/2015	12/31/2382	4
PRA	J3489	INJECTION, ZOLEDRONIC ACID 1 MG	4/1/2015	12/31/2382	5
PRA	J3530	NASAL VACCINE INHALATION	10/1/2017	12/31/2382	1
PRA	J3590	UNCLASSIFIED BIOLOGICS	4/1/2018	12/31/2382	2
PRA	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	4/1/2016	12/31/2382	5
PRA	J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	4/1/2016	12/31/2382	6
PRA	J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	4/1/2016	12/31/2382	6
PRA	J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	4/1/2016	12/31/2382	10
PRA	J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	4/1/2016	12/31/2382	10
PRA	J7070	INFUSION, D5W, 1000 CC	4/1/2016	12/31/2382	4
PRA	J7100	INFUSION, DEXTRAN 40, 500 ML	1/1/2015	12/31/2382	2
PRA	J7110	INFUSION, DEXTRAN 75, 500 ML	1/1/2015	12/31/2382	2
PRA	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	4/1/2016	12/31/2382	4
PRA	J7121	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	7/1/2016	12/31/2382	4
PRA	J7131	HYPERTONIC SALINE SOLUTION, 1 ML	7/1/2015	12/31/2382	500
PRA	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	1/1/2019	12/31/2382	900
PRA	J7175	INJECTION, FACTOR X, (HUMAN), 1 I.U.	10/1/2017	12/31/2382	9000
PRA	J7178	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, NOS 1 IU	10/1/2016	12/31/2382	7700
PRA	J7179	INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI), 1 I.U. VWF:RCO	4/1/2018	12/31/2382	7500

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J7180	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.	10/1/2016	12/31/2382	6000
PRA	J7181	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU	10/1/2016	12/31/2382	3850
PRA	J7182	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU	10/1/2016	12/31/2382	22000
PRA	J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	4/1/2018	12/31/2382	7500
PRA	J7185	INJECTION FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	10/1/2016	12/31/2382	4000
PRA	J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	4/1/2018	12/31/2382	7500
PRA	J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR, PER IU VWF: RCO	7/1/2016	12/31/2382	7500
PRA	J7188	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, IU	7/1/2016	12/31/2382	22000
PRA	J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MCG	10/1/2016	12/31/2382	13000
PRA	J7190	FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (HUMAN))	4/1/2018	12/31/2382	22000
PRA	J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER I.U., NOT OTHERWISE SPECIFIED	10/1/2016	12/31/2382	22000
PRA	J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NONRECOMBINANT), PER IU	10/1/2016	12/31/2382	4000
PRA	J7194	FACTOR IX, COMPLEX, PER UNIT	10/1/2016	12/31/2382	9000
PRA	J7195	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER IU	10/1/2016	12/31/2382	6000
PRA	J7196	INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.	7/1/2014	12/31/2382	175
PRA	J7197	ANTITHROMBIN III (HUMAN), PER I.U.	10/1/2016	12/31/2382	6300
PRA	J7198	ANTI-INHIBITOR, PER I.U.	10/1/2016	12/31/2382	6000
PRA	J7200	FACTOR IX RECOMBINAN RIXUBIS	10/1/2016	12/31/2382	20000
PRA	J7201	FACTOR IX FC FUSION RECOMB	10/1/2016	12/31/2382	9000
PRA	J7202	FACTOR IX IDELVION INJ	10/1/2017	12/31/2382	11550
PRA	J7203	FACTOR IX RECOMB GLY REBINYN, 1 MG	1/1/2019	12/31/2382	12000
PRA	J7205	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	10/1/2016	12/31/2382	9750
PRA	J7207	FACTOR VIII PEGYLATED RECOMB	1/1/2017	12/31/2382	7500
PRA	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	10/1/2019	12/31/2382	12000
PRA	J7209	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U.	1/1/2017	12/31/2382	7500
PRA	J7210	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U.	1/1/2018	12/31/2382	22000

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J7211	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (KOVALTRY), 1 I.U.	7/1/2018	12/31/2382	22000
PRA	J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA), 19.5 MG	1/1/2018	12/31/2382	1
PRA	J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52MG 3 YEAR DURATION	7/1/2016	12/31/2382	1
PRA	J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52MG 5 YEAR DURATION	7/1/2016	12/31/2382	1
PRA	J7300	INTRAUTERINE COPPER CONTRACEPTIVE	1/1/2014	12/31/2382	1
PRA	J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 13.5 MG	7/1/2014	12/31/2382	1
PRA	J7303	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH	1/1/2019	12/31/2382	1
PRA	J7304	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	1/1/2019	12/31/2382	1
PRA	J7306	LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	1/1/2019	12/31/2382	1
PRA	J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	1/1/2019	12/31/2382	1
PRA	J7308	AMINOLEVULINIC ACID HCl FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE FORM (354 MG)	7/1/2016	12/31/2382	3
PRA	J7309	METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 GRAM	7/1/2016	12/31/2382	1
PRA	J7311	FLUCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	10/1/2019	12/31/2382	59
PRA	J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	7/1/2015	12/31/2382	14
PRA	J7313	INJECTION, FLUCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG	7/1/2017	12/31/2382	38
PRA	J7315	SODIUM HYALURONATE, 20 MG, FOR INTRA-ARTICULAR INJECTION	1/1/2015	12/31/2382	2
PRA	J7316	INJECTION, OCRIPLASMIN, 0.125 MG	7/1/2018	12/31/2382	3
PRA	J7318	HYALURONAN (SODIUM HYALURONATE) OR DERIVATIVE, INTRA-ARTICULAR INJECTION, 1 MG	4/1/2019	12/31/2382	120
PRA	J7320	HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG	1/1/2017	12/31/2382	50
PRA	J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	7/1/2015	12/31/2382	2
PRA	J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG	1/1/2017	12/31/2382	48
PRA	J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	7/1/2015	12/31/2382	2
PRA	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	7/1/2015	12/31/2382	2
PRA	J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	7/1/2016	12/31/2382	96
PRA	J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	7/1/2014	12/31/2382	2
PRA	J7327	MONOVISC INJ PER DOSE	10/1/2015	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1MG	7/1/2016	12/31/2382	336
PRA	J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	7/1/2016	12/31/2382	1
PRA	J7336	CAPSAICIN 8% PATCH, 1 SQ CM	10/1/2015	12/31/2382	1120
PRA	J7340	CARBIDOPA LEVODOPA ENT 100ML	1/1/2017	12/31/2382	1
PRA	J7342	INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG	4/1/2017	12/31/2382	10
PRA	J7345	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG	7/1/2018	12/31/2382	3
PRA	J7500	AZATHIOPRINE - ORAL, TAB, 50 MG, 100S EA	7/1/2016	12/31/2382	15
PRA	J7501	AZATHIOPRINE - PARENTERAL, VIAL, 100 MG., 20 ML EA	7/1/2016	12/31/2382	1
PRA	J7502	CYCLOSPORINE - ORAL, 100 MG	7/1/2016	12/31/2382	60
PRA	J7503	TACROL ENVARUSUS EX REL ORAL 25MG	7/1/2017	12/31/2382	120
PRA	J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITYMOCYTE GLOBULIN - PARENTERAL, AMP, 50MG/ML, 5 ML EA	1/1/2015	12/31/2382	15
PRA	J7505	MONOCLONAL ANTIBODIES - PARENTERAL, 5 MG	4/1/2016	12/31/2382	1
PRA	J7507	TA, ORAL, PER 1 MG	7/1/2016	12/31/2382	40
PRA	J7508	TACROLIMUS, EXTENDED RELEASE, ORAL, PER 0.1 MG	7/1/2016	12/31/2382	300
PRA	J7509	METHYLPREDNISOLONE ORAL, PER 4 MG	7/1/2016	12/31/2382	60
PRA	J7510	PREDNISOLONE ORAL, PER 5 MG	7/1/2016	12/31/2382	60
PRA	J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25 MG	4/1/2016	12/31/2382	9
PRA	J7512	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	7/1/2016	12/31/2382	300
PRA	J7515	CYCLOSPORINE, ORAL, 25 MG	7/1/2016	12/31/2382	90
PRA	J7516	CYCLOSPORINE, PARENTERAL, 250 MG	1/1/2015	12/31/2382	1
PRA	J7517	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	7/1/2016	12/31/2382	16
PRA	J7518	MYCOPHENOLIC ACID, ORAL, 180 MG	7/1/2016	12/31/2382	12
PRA	J7520	SIROLIMUS, ORAL, 1 MG	7/1/2016	12/31/2382	40
PRA	J7525	TACROLIMUS, PARENTERAL, 5 MG	7/1/2016	12/31/2382	2
PRA	J7527	EVEROLIMUS, ORAL, .25 MG	7/1/2016	12/31/2382	20
PRA	J7599	IMMUNOSUPPRESSIVE DRUG; NOT OTHERWISE SPECIFIED	4/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J7605	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT	7/1/2016	12/31/2382	2
PRA	J7606	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED	7/1/2016	12/31/2382	2
PRA	J7608	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	7/1/2016	12/31/2382	3
PRA	J7611	ALBUTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME,	7/1/2016	12/31/2382	10
PRA	J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	7/1/2016	12/31/2382	10
PRA	J7613	ALBUTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	7/1/2016	12/31/2382	10
PRA	J7614	LEVALBUTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME,	7/1/2016	12/31/2382	10
PRA	J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, NON-COMPOUNDED	7/1/2016	12/31/2382	6
PRA	J7626	BUDESONIDE INHALATION SOLUTION, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 0.25 TO 0.50 MG	7/1/2016	12/31/2382	2
PRA	J7631	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	7/1/2016	12/31/2382	4
PRA	J7639	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	7/1/2016	12/31/2382	3
PRA	J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	7/1/2016	12/31/2382	3
PRA	J7674	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER,	1/1/2017	12/31/2382	100
PRA	J7682	TOBRAMYCIN, UNIT DOSE FORM, 300 MG, INHALATION SOLUTION, ADMINISTERED THROUGH DME	7/1/2016	12/31/2382	2
PRA	J7686	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	7/1/2016	12/31/2382	1
PRA	J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	4/1/2018	12/31/2382	2
PRA	J8501	APREPITANT, ORAL, 5 MG	7/1/2016	12/31/2382	25
PRA	J8510	BULSULFAN; ORAL, 2 MG	7/1/2016	12/31/2382	5
PRA	J8515	CABERGOLINE, ORAL, 0.25 MG	1/1/2018	12/31/2382	4
PRA	J8520	CAPECITABINE, ORAL, 150 MG	7/1/2016	12/31/2382	50
PRA	J8521	CAPECITABINE, ORAL, 500 MG	7/1/2016	12/31/2382	15
PRA	J8530	CYCLOPHOSPHAMIDE, ORAL 25 MG.	7/1/2016	12/31/2382	60
PRA	J8540	DEXAMETHASONE, ORAL, .25 MG	7/1/2016	12/31/2382	48
PRA	J8560	ETOPOSIDE, ORAL, 50 MG.	7/1/2016	12/31/2382	6
PRA	J8562	FLUDARABINE PHOSPHATE, ORAL, 10 MG	7/1/2016	12/31/2382	12
PRA	J8565	GEFITINIB, ORAL, 250 MG	1/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J8600	MELPHALAN, ORAL, 2 MG	7/1/2016	12/31/2382	40
PRA	J8610	METHOTREXATE ORAL 2.5 MG.	7/1/2016	12/31/2382	20
PRA	J8650	NABILONE, ORAL, 1 MG	7/1/2016	12/31/2382	6
PRA	J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MGI	7/1/2016	12/31/2382	1
PRA	J8670	ROLAPITANT, ORAL, 1 MG	4/1/2017	12/31/2382	180
PRA	J8700	TEMOZOLMIDE, ORAL, 5 MG	7/1/2016	12/31/2382	120
PRA	J8705	TOPOTECAN, ORAL, 0.25 MG	7/1/2016	12/31/2382	22
PRA	J9000	DOXORUBICIN HCL, 10 MG	7/1/2016	12/31/2382	20
PRA	J9015	ALDESLEUKIN, PER SINGLE USE VIAL	7/1/2016	12/31/2382	1
PRA	J9017	ARSENIC TRIOXIDE 1 MG	7/1/2016	12/31/2382	30
PRA	J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	7/1/2014	12/31/2382	60
PRA	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	4/1/2019	12/31/2382	168
PRA	J9023	INJECTION, AVELUMAB, 10 MG	4/1/2019	12/31/2382	140
PRA	J9025	INJECTION, AZACITIDINE, 1 MG	10/1/2015	12/31/2382	300
PRA	J9027	INJECTION, CLOFARABINE, 1 MG	7/1/2016	12/31/2382	100
PRA	J9030	BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	7/1/2019	12/31/2382	50
PRA	J9032	INJECTION, BELINOSTAT, 10 MG	4/1/2016	12/31/2382	300
PRA	J9033	INJECTION, BENDAMUSTINE HCl, 1 MG	10/1/2015	12/31/2382	300
PRA	J9034	INJECTION, BENDAMUSTINE HCl (BENDEKA), 1 MG	7/1/2017	12/31/2382	360
PRA	J9035	INJECTION, BEVACIZUMAB, 10 MG	10/1/2018	12/31/2382	170
PRA	J9036	INJECTION, BENDAMUSTINE HYDROCHLORIDE, (BELRAPZO/BENDAMUSTINE), 1 MG	10/1/2019	12/31/2382	360
PRA	J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	7/1/2017	12/31/2382	210
PRA	J9040	BLEOMYCIN SULFATE, 15 UNITS	1/1/2017	12/31/2382	4
PRA	J9041	INJECTION, BORTEZOMIB, 0.1 MG	7/1/2016	12/31/2382	35
PRA	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	7/1/2014	12/31/2382	200
PRA	J9043	INJECTION, CABAZITAXEL, 1 MG	10/1/2015	12/31/2382	60

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J9044	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	4/1/2019	12/31/2382	35
PRA	J9045	CARBOPLATIN, 50 MG	10/1/2015	12/31/2382	22
PRA	J9047	INJECTION, CARFILZOMIB 1 MG	1/1/2019	12/31/2382	160
PRA	J9050	CARMUSTINE, 100 MG	1/1/2015	12/31/2382	6
PRA	J9055	INJECTION, CETUXIMAB, 10 MG	10/1/2015	12/31/2382	120
PRA	J9060	CISPLATIN, POWDER OR SOLUTION, PER 10 MG	10/1/2015	12/31/2382	24
PRA	J9065	INJECTION, CLADRIBINE, PER 1 MG	1/1/2019	12/31/2382	100
PRA	J9070	CYCLOPHOSPHAMIDE, 100 MG	7/1/2016	12/31/2382	55
PRA	J9098	CYTARABINE LIPOSOME, 10 MG	7/1/2015	12/31/2382	5
PRA	J9100	CYTARABINE 100 MG	7/1/2016	12/31/2382	120
PRA	J9119	INJECTION, CEMPLIMAB-RWLC, 1 MG	10/1/2019	12/31/2382	350
PRA	J9120	DACTINOMYCIN, 0.5 MG	7/1/2016	12/31/2382	5
PRA	J9130	DACARBAZINE, 100 MG	4/1/2015	12/31/2382	24
PRA	J9145	INJECTION, DARATUMUMAB 10MG	4/1/2017	12/31/2382	240
PRA	J9150	DAUNORUBICIN, 10 MG	7/1/2016	12/31/2382	12
PRA	J9151	DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	1/1/2019	12/31/2382	12
PRA	J9153	INJECTION, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE	1/1/2019	12/31/2382	132
PRA	J9155	INJECTION, DEGARELIX, 1 MG	7/1/2015	12/31/2382	240
PRA	J9160	DENILEUKIN DIFTITOX, 300 MCG	1/1/2015	12/31/2382	7
PRA	J9171	INJECTION, DOCETAXEL, 1 MG	10/1/2015	12/31/2382	240
PRA	J9173	INJ., DURVALUMAB, 10 MG	1/1/2019	12/31/2382	150
PRA	J9175	INJECTION, ELLIOTT'S B SOLUTION, 1 ML	7/1/2016	12/31/2382	10
PRA	J9176	INJECTION, ELOTUZUMAB, 1 MG	1/1/2019	12/31/2382	3000
PRA	J9178	INJECTION, EPIRUBICIN HCl, 2 MG	7/1/2016	12/31/2382	150
PRA	J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	7/1/2014	12/31/2382	50
PRA	J9181	ETOPOSIDE, 10 MG	1/1/2017	12/31/2382	100

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J9185	FLUDARABINE PHOSPHATE, 50 MG	1/1/2016	12/31/2382	2
PRA	J9190	FLUOROURACIL, 500 MG	7/1/2016	12/31/2382	20
PRA	J9200	FLOXURIDINE, 500 MG	7/1/2016	12/31/2382	5
PRA	J9201	GEMCITABINE HCl, 200 MG	1/1/2016	12/31/2382	20
PRA	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	10/1/2015	12/31/2382	3
PRA	J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG	7/1/2018	12/31/2382	180
PRA	J9204	INJECTION, MOGAMULIZUMAB-KPKC, 1 MG	10/1/2019	12/31/2382	160
PRA	J9205	INJECTION, IRINOTECAN LIPOSOME, 1 MG	1/1/2017	12/31/2382	215
PRA	J9206	IRINOTECAN, 20 MG	10/1/2015	12/31/2382	42
PRA	J9207	INJECTION, IXABEPILONE, 1 MG	10/1/2016	12/31/2382	90
PRA	J9208	IFOSFAMIDE, 1 GM	10/1/2016	12/31/2382	15
PRA	J9209	MESNA, 200 MG	10/1/2016	12/31/2382	55
PRA	J9211	IDARUBICIN HYDROCHLORIDE, 5 MG	7/1/2015	12/31/2382	6
PRA	J9213	INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	1/1/2015	12/31/2382	12
PRA	J9214	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	10/1/2016	12/31/2382	100
PRA	J9216	INTERFERON, GAMMA 1-B, 3 MILLION UNITS	1/1/2015	12/31/2382	2
PRA	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	10/1/2015	12/31/2382	6
PRA	J9218	LEUPROLIDE ACETATE, PER 1 MG	1/1/2016	12/31/2382	1
PRA	J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG	1/1/2015	12/31/2382	1
PRA	J9225	HISTRELIN IMPLANTS, 50 MG	1/1/2015	12/31/2382	1
PRA	J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	10/1/2016	12/31/2382	1
PRA	J9228	INJECTION, IPILIMUMAB 1 MG	4/1/2016	12/31/2382	1100
PRA	J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG	1/1/2019	12/31/2382	27
PRA	J9230	MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	1/1/2015	12/31/2382	5
PRA	J9245	INJECTION, MELPHALAN HCl, 50 MG	10/1/2016	12/31/2382	9
PRA	J9250	METHOTREXATE SODIUM MIX, 2 CC OR 5 MG	10/1/2016	12/31/2382	25

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J9260	METHOTREXATE SODIUM, 50 MG	10/1/2016	12/31/2382	20
PRA	J9261	INJECTION, NELARABINE, 50 MG	10/1/2015	12/31/2382	80
PRA	J9262	INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG	4/1/2015	12/31/2382	700
PRA	J9263	INJECTION, OXALIPLATIN, 0.5 MG	10/1/2016	12/31/2382	700
PRA	J9264	INJECTION, PACLITAXEL PROTEIN- BOUND PARTICLES, 1 MG	4/1/2018	12/31/2382	600
PRA	J9266	PEGASPARGASE, PER SINGLE DOSE VIAL	10/1/2015	12/31/2382	2
PRA	J9267	PACLITAXEL INJECTION, 1 MG	10/1/2015	12/31/2382	750
PRA	J9268	PENTOSTATIN, PER 10 MG	10/1/2015	12/31/2382	1
PRA	J9271	INJECTION, PEMBROLIZUMAB , 1 MG	4/1/2016	12/31/2382	300
PRA	J9280	MITOMYCIN, 5 MG	10/1/2015	12/31/2382	12
PRA	J9285	INJECTION, OLARATUMAB, 10 MG	4/1/2019	12/31/2382	200
PRA	J9293	MITOXANTRONE HYDROCHLORIDE, 20 MG	10/1/2015	12/31/2382	8
PRA	J9295	INJECTION, NECITUMUMAB, 1 MG	1/1/2017	12/31/2382	800
PRA	J9299	INJECTION, NIVOLUMAB, 1 MG	1/1/2018	12/31/2382	480
PRA	J9301	OBINUTUZUMAB INJ, 10MG	10/1/2015	12/31/2382	100
PRA	J9302	INJECTION, OFATUMUMAB, 10 MG	1/1/2016	12/31/2382	200
PRA	J9303	INJECTION, PANITUMUMAB, 10 MG	10/1/2018	12/31/2382	90
PRA	J9305	INJECTION, PEMETREXED, 10 MG	10/1/2015	12/31/2382	150
PRA	J9306	INJECTION, PERTUZUMAB, 1 MG	4/1/2015	12/31/2382	840
PRA	J9307	INJECTION, PRALATREXATE, 1MG	10/1/2018	12/31/2382	60
PRA	J9308	INJECTION, RAMUCIRUMAB, 5 MG	7/1/2017	12/31/2382	280
PRA	J9311	INJECTION, RITUXIMAB 10 MG AND HYALURONIDASE	1/1/2019	12/31/2382	160
PRA	J9312	INJECTION, RITUXIMAB, 10 MG	4/1/2019	12/31/2382	150
PRA	J9315	INJECTION, ROMIDEPSIN, 1 MG	10/1/2015	12/31/2382	40
PRA	J9320	STREPTOZOCIN, 1 GM	10/1/2015	12/31/2382	4
PRA	J9328	INJECTION, TEMOZOLOMIDE, 1 MG	10/1/2016	12/31/2382	400

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	J9330	INJECTION, TEMSIROLIMUS, 1 MG	1/1/2016	12/31/2382	50
PRA	J9340	INJECTION, THIOTEPA, 15 MG	10/1/2016	12/31/2382	4
PRA	J9351	INJECTION, TOPOTECAN, 0.1 MG	10/1/2016	12/31/2382	120
PRA	J9352	INJECTION TRABECTEDIN 0.1MG	7/1/2018	12/31/2382	40
PRA	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	7/1/2014	12/31/2382	600
PRA	J9355	TRASTUZUMAB, 10 MG	1/1/2019	12/31/2382	105
PRA	J9356	INJECTION, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK	10/1/2019	12/31/2382	60
PRA	J9357	VALRUBICIN, INTRAVESICAL, 200 MG	1/1/2016	12/31/2382	4
PRA	J9360	VINBLASTINE SULFATE, 1 MG	4/1/2019	12/31/2382	40
PRA	J9370	VINCRISTINE SULFATE, 1 MG	7/1/2016	12/31/2382	4
PRA	J9371	INJECTION, VINCRISTINE SULFATE LIPSOME, 1 MG	4/1/2015	12/31/2382	5
PRA	J9390	VINORELBINE TARTRATE, PER 10 MG	10/1/2015	12/31/2382	36
PRA	J9395	INJECTION, FULVESTRANT, 25 MG	10/1/2015	12/31/2382	20
PRA	J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG	1/1/2018	12/31/2382	500
PRA	J9600	PORFIMER SODIUM, 75 MG	1/1/2015	12/31/2382	4
PRA	K0001	STANDARD WHEELCHAIR	10/1/2010	12/31/2382	1
PRA	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	10/1/2010	12/31/2382	1
PRA	K0003	LIGHTWEIGHT WHEELCHAIR	10/1/2010	12/31/2382	1
PRA	K0004	HIGH-STRENGTH, LIGHTWEIGHT WHEELCHAIR	10/1/2010	12/31/2382	1
PRA	K0005	ULTRA LIGHTWEIGHT WHEELCHAIR	10/1/2010	12/31/2382	1
PRA	K0006	HEAVY DUTY WHEELCHAIR	10/1/2010	12/31/2382	1
PRA	K0007	EXTRA HEAVY-DUTY WHEELCHAIR	10/1/2010	12/31/2382	1
PRA	K0008	CUSTOM MANUAL WHEELCHAIR BASE	1/1/2014	12/31/2382	1
PRA	K0009	OTHER MANUAL WHEELCHAIR BASE	10/1/2010	12/31/2382	1
PRA	K0010	STANDARD-WEIGHT FRAME MOTORIZED, POWER WHEELCHAIR	1/1/2014	12/31/2382	1
PRA	K0011	STANDARD WEIGHT FRAME MOTORIZED POWER WHEELCHAIR WITH	1/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	1/1/2014	12/31/2382	1
PRA	K0013	CUSTOM MOTORIZED POWER WHEELCHAIR	1/1/2014	12/31/2382	1
PRA	K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	1/1/2014	12/31/2382	1
PRA	K0015	DETACHABLE NONADJUSTABLE HEIGHT ARMREST ,EACH	10/1/2010	12/31/2382	2
PRA	K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST , BASE EACH	10/1/2010	12/31/2382	2
PRA	K0018	DETACHABLE ADJUSTABLE HEIGHT ARMREST ,UPPER PORTION EACH	10/1/2010	12/31/2382	2
PRA	K0019	ARM PAD , EACH	10/1/2010	12/31/2382	2
PRA	K0020	FIXED, ADJUSTABLE HEIGHT ARM REST , PAIR	10/1/2010	12/31/2382	1
PRA	K0037	HIGH MOUNT FLIP-UP FOOTREST , EACH	10/1/2010	12/31/2382	2
PRA	K0038	LEG STRAP, EACH	10/1/2010	12/31/2382	2
PRA	K0039	LEG STRAP H-STYLE , EACH	10/1/2010	12/31/2382	2
PRA	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	10/1/2010	12/31/2382	2
PRA	K0041	LARGE SIZE FOOTPLATE , EACH	10/1/2010	12/31/2382	2
PRA	K0042	STANDARD SIZE FOOTPLATE , EACH	10/1/2010	12/31/2382	2
PRA	K0043	FOOT REST LOWER EXTENSION TUBE , EACH	10/1/2010	12/31/2382	2
PRA	K0044	FOOTREST , UPPER HANGER BRACKET , EACH	10/1/2010	12/31/2382	2
PRA	K0045	FOOTREST , COMPLETE ASSEMBLY	10/1/2010	12/31/2382	2
PRA	K0046	ELEVATING LEGREST LOWER EXTENSION TUBE , EACH	10/1/2010	12/31/2382	2
PRA	K0047	ELEVATING LEGREST UPPER HANGAR BRACKET , EACH	10/1/2010	12/31/2382	2
PRA	K0050	RATCHET ASSEMBLY	10/1/2010	12/31/2382	2
PRA	K0051	CAM RELEASE ASSEMBLY , FOOTREST OR LEGREST , EACH	10/1/2010	12/31/2382	2
PRA	K0052	SWING AWAY DETACHABLE FOOTRESTS , EACH	10/1/2010	12/31/2382	2
PRA	K0053	ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) , EACH	10/1/2010	12/31/2382	2
PRA	K0056	SEAT HEIGHT LESS THAN 17" OR LESS THAN OR EQUAL TO 21" FOR A HIGH STRENGTH LT-WGT OR ULTRA LT-WGT WHEELCHAIR	10/1/2010	12/31/2382	1
PRA	K0065	SPOKE PROTECTORS, EACH	10/1/2010	12/31/2382	2
PRA	K0069	REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRES, SPOKES OR MOLDED , EACH	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	K0070	REAR WHEEL ASSEMBLY COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDER, EACH	10/1/2010	12/31/2382	2
PRA	K0071	FRONT CASTER ASSEMBLY COMPLETE, WITH PNEUMATIC TIRE, EACH	10/1/2010	12/31/2382	2
PRA	K0072	FRONT CASTER ASSEMBLY COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	10/1/2010	12/31/2382	2
PRA	K0073	CASTER PINLOCK, EACH	10/1/2010	12/31/2382	2
PRA	K0077	FRONT CASTER ASSEMBLY COMPLETE, WITH SOLID TIRE, EACH	10/1/2010	12/31/2382	2
PRA	K0098	DRIVE BELT FOR POWER WHEELCHAIR	4/1/2018	12/31/2382	2
PRA	K0105	IV HANGER, EACH	10/1/2010	12/31/2382	1
PRA	K0195	ELEVATING LEG RESTS, PAIR (FOR USED WITH CAPPED RENTAL WHEELCHAIR BASE)	10/1/2014	12/31/2382	1
PRA	K0455	INFUSION PUMP USED FOR UNINTERRUPTED ADMINISTRATION OF EPOPROSTENOL	10/1/2010	12/31/2382	1
PRA	K0462	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE	10/1/2010	12/31/2382	1
PRA	K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	1/1/2018	12/31/2382	1
PRA	K0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM	1/1/2018	12/31/2382	1
PRA	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	10/1/2015	12/31/2382	2
PRA	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	10/1/2015	12/31/2382	2
PRA	K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	10/1/2010	12/31/2382	1
PRA	K0607	REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH	10/1/2010	12/31/2382	1
PRA	K0608	REPLACEMENT GARMENT FOR AUTOMATED EXTERNAL DEFIBRILLATOR, EACH	10/1/2010	12/31/2382	1
PRA	K0609	REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH	10/1/2010	12/31/2382	1
PRA	K0669	WHEELCHAIR SEAT OR BACK CUSHION, NO WRITTEN CODING VERIFICATION FROM SADMERC	1/1/2014	12/31/2382	2
PRA	K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, REPLACEMENT ONLY, EACH	7/1/2014	12/31/2382	4
PRA	K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	10/1/2010	12/31/2382	1
PRA	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASS)	10/1/2010	12/31/2382	2
PRA	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS;	10/1/2010	12/31/2382	1
PRA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2010	12/31/2382	1
PRA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT 301 TO 450 POUNDS	10/1/2010	12/31/2382	1
PRA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	10/1/2010	12/31/2382	1

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PRA	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2010	12/31/2382	1
PRA	K0807	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2010	12/31/2382	1
PRA	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	10/1/2010	12/31/2382	1
PRA	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	7/1/2013	12/31/2382	1
PRA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO	10/1/2010	12/31/2382	1
PRA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	10/1/2010	12/31/2382	1
PRA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	10/1/2010	12/31/2382	1
PRA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2010	12/31/2382	1
PRA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	10/1/2010	12/31/2382	1
PRA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2010	12/31/2382	1
PRA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	10/1/2010	12/31/2382	1
PRA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2010	12/31/2382	1
PRA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2010	12/31/2382	1
PRA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2010	12/31/2382	1
PRA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	10/1/2010	12/31/2382	1
PRA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT 451 TO 600 POUNDS OR MORE	10/1/2010	12/31/2382	1
PRA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	10/1/2010	12/31/2382	1
PRA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	10/1/2010	12/31/2382	1
PRA	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND	10/1/2010	12/31/2382	1
PRA	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	10/1/2010	12/31/2382	1
PRA	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	10/1/2010	12/31/2382	1
PRA	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	10/1/2010	12/31/2382	1
PRA	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	10/1/2010	12/31/2382	1
PRA	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450	10/1/2010	12/31/2382	1
PRA	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	10/1/2010	12/31/2382	1
PRA	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACIT	10/1/2010	12/31/2382	1

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PRA	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	10/1/2010	12/31/2382	1
PRA	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	10/1/2010	12/31/2382	1
PRA	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	10/1/2010	12/31/2382	1
PRA	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	10/1/2010	12/31/2382	1
PRA	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2010	12/31/2382	1
PRA	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2010	12/31/2382	1
PRA	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2010	12/31/2382	1
PRA	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	10/1/2010	12/31/2382	1
PRA	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS	4/1/2012	12/31/2382	1
PRA	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	10/1/2010	12/31/2382	1
PRA	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	10/1/2010	12/31/2382	1
PRA	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	10/1/2010	12/31/2382	1
PRA	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	10/1/2010	12/31/2382	1
PRA	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301	10/1/2010	12/31/2382	1
PRA	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301	10/1/2010	12/31/2382	1
PRA	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	10/1/2010	12/31/2382	1
PRA	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	10/1/2010	12/31/2382	1
PRA	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	10/1/2010	12/31/2382	1
PRA	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPAC	10/1/2010	12/31/2382	1
PRA	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAP	10/1/2010	12/31/2382	1
PRA	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	10/1/2010	12/31/2382	1
PRA	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2010	12/31/2382	1
PRA	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	4/1/2012	12/31/2382	1
PRA	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	4/1/2012	12/31/2382	1
PRA	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	10/1/2010	12/31/2382	1
PRA	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO	4/1/2012	12/31/2382	1

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PRA	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301	4/1/2012	12/31/2382	1
PRA	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	10/1/2010	12/31/2382	1
PRA	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	10/1/2010	12/31/2382	1
PRA	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	4/1/2012	12/31/2382	1
PRA	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	4/1/2012	12/31/2382	1
PRA	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	4/1/2012	12/31/2382	1
PRA	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	4/1/2012	12/31/2382	1
PRA	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	7/1/2014	12/31/2382	1
PRA	K0899	POWER MOBILITY DEVICE, NOT CODED BY SADMERC OR DOES NOT MEET CRITERIA	1/1/2014	12/31/2382	1
PRA	K0900	CUSTOMIZED DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR	7/1/2014	12/31/2382	1
PRA	L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE	10/1/2010	12/31/2382	1
PRA	L0113	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE	10/1/2010	12/31/2382	1
PRA	L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR)	10/1/2010	12/31/2382	1
PRA	L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	10/1/2010	12/31/2382	1
PRA	L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	10/1/2010	12/31/2382	1
PRA	L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)	10/1/2010	12/31/2382	1
PRA	L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT	10/1/2010	12/31/2382	1
PRA	L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	1
PRA	L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PIECE	10/1/2010	12/31/2382	1
PRA	L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION	10/1/2010	12/31/2382	1
PRA	L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	10/1/2010	12/31/2382	1
PRA	L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLO	10/1/2010	12/31/2382	1
PRA	L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSIO	10/1/2010	12/31/2382	1
PRA	L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	10/1/2010	12/31/2382	1
PRA	L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	10/1/2010	12/31/2382	1
PRA	L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE, CUSTOM FABRICA	10/1/2010	12/31/2382	1

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PRA	L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS	10/1/2010	12/31/2382	1
PRA	L0455	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS	7/1/2014	12/31/2382	1
PRA	L0456	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTEND	10/1/2010	12/31/2382	1
PRA	L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORTS, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON	7/1/2014	12/31/2382	1
PRA	L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE	10/1/2010	12/31/2382	1
PRA	L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE	10/1/2010	12/31/2382	1
PRA	L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM	10/1/2010	12/31/2382	1
PRA	L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM TH	10/1/2010	12/31/2382	1
PRA	L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADD	10/1/2010	12/31/2382	1
PRA	L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES	7/1/2014	12/31/2382	1
PRA	L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT APRON WITH STRAPS, CLOSURE AND PADDING	10/1/2010	12/31/2382	1
PRA	L0469	TLSO, SAGITTAL CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES	7/1/2014	12/31/2382	1
PRA	L0470	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURE AND	10/1/2010	12/31/2382	1
PRA	L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID, ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO ST	10/1/2010	12/31/2382	1
PRA	L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURE	10/1/2010	12/31/2382	1
PRA	L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, INCLUDES A CARVED PLASTER OR CAD	10/1/2010	12/31/2382	1
PRA	L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES,	10/1/2010	12/31/2382	1
PRA	L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, INCLUDES A CARVED PLASTER OR CAD-	10/1/2010	12/31/2382	1
PRA	L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POS	10/1/2010	12/31/2382	1
PRA	L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULT	10/1/2010	12/31/2382	1
PRA	L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS	10/1/2010	12/31/2382	1
PRA	L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS	10/1/2010	12/31/2382	1
PRA	L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT	10/1/2010	12/31/2382	1
PRA	L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, CUSTOM FABRICATED	10/1/2010	12/31/2382	1
PRA	L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND	10/1/2010	12/31/2382	1
PRA	L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS PLACED OVER THE SACRUM	10/1/2010	12/31/2382	1

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PRA	L0625	LUMBAR OTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES	10/1/2010	12/31/2382	1
PRA	L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEB	10/1/2010	12/31/2382	1
PRA	L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BEL	10/1/2010	12/31/2382	1
PRA	L0628	LSO, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA	10/1/2010	12/31/2382	1
PRA	L0629	LSO, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA,	10/1/2010	12/31/2382	1
PRA	L0630	LSO, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9	10/1/2010	12/31/2382	1
PRA	L0631	LSO, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTIO	10/1/2010	12/31/2382	1
PRA	L0632	LSO, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCT	10/1/2010	12/31/2382	1
PRA	L0633	LSO, SAGITTAL-CORONAL, WITH RIGID POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO	10/1/2010	12/31/2382	1
PRA	L0634	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCT	10/1/2010	12/31/2382	1
PRA	L0635	LSO, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO	10/1/2010	12/31/2382	1
PRA	L0636	LSO, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING	10/1/2010	12/31/2382	1
PRA	L0637	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCCO	10/1/2010	12/31/2382	1
PRA	L0638	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCCO	10/1/2010	12/31/2382	1
PRA	L0639	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID SHELLS/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9	10/1/2010	12/31/2382	1
PRA	L0640	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID SHELLS/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9	10/1/2010	12/31/2382	1
PRA	L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM 1-1 TO BELOW	7/1/2014	12/31/2382	1
PRA	L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM 1-1 TO	7/1/2014	12/31/2382	1
PRA	L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL	7/1/2014	12/31/2382	1
PRA	L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM	7/1/2014	12/31/2382	1
PRA	L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL -CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM	7/1/2014	12/31/2382	1
PRA	L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL -CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR	7/1/2014	12/31/2382	1
PRA	L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL -CORONAL CONTROL, WITH RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM	7/1/2014	12/31/2382	1
PRA	L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL,	10/1/2010	12/31/2382	1
PRA	L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	10/1/2010	12/31/2382	1
PRA	L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	10/1/2010	12/31/2382	1
PRA	L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	10/1/2010	12/31/2382	1
PRA	L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL	10/1/2010	12/31/2382	1
PRA	L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	10/1/2010	12/31/2382	1
PRA	L0970	TLSO, CORSET FRONT	10/1/2010	12/31/2382	1
PRA	L0972	LSO, CORSET FRONT	10/1/2010	12/31/2382	1
PRA	L0974	TLSO, FULL CORSET	10/1/2010	12/31/2382	1
PRA	L0976	LSO, FULL CORSET	10/1/2010	12/31/2382	1
PRA	L0978	AXILLARY CRUTCH EXTENSION	10/1/2010	12/31/2382	2
PRA	L0980	PERONEAL STRAPS, PAIR	10/1/2010	12/31/2382	1
PRA	L0982	STOCKING SUPPORTER GRIPS, SET OF FOUR (4)	7/1/2014	12/31/2382	1
PRA	L0984	PROTECTIVE BODY SOCK, EACH	7/1/2014	12/31/2382	3
PRA	L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUD	10/1/2010	12/31/2382	1
PRA	L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJ	4/1/2012	12/31/2382	1
PRA	L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENTS	10/1/2010	12/31/2382	1
PRA	L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING	10/1/2010	12/31/2382	2
PRA	L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	10/1/2010	12/31/2382	2
PRA	L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	10/1/2010	12/31/2382	1
PRA	L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	10/1/2010	12/31/2382	1
PRA	L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	10/1/2010	12/31/2382	1
PRA	L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	10/1/2010	12/31/2382	1
PRA	L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	10/1/2010	12/31/2382	1
PRA	L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	10/1/2010	12/31/2382	2
PRA	L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	10/1/2010	12/31/2382	2
PRA	L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	10/1/2010	12/31/2382	1
PRA	L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	10/1/2010	12/31/2382	2
PRA	L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH	10/1/2010	12/31/2382	3
PRA	L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	10/1/2010	12/31/2382	1
PRA	L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	10/1/2010	12/31/2382	2
PRA	L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	10/1/2010	12/31/2382	1
PRA	L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	10/1/2010	12/31/2382	1
PRA	L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD	10/1/2010	12/31/2382	1
PRA	L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD	10/1/2010	12/31/2382	2
PRA	L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	10/1/2010	12/31/2382	1
PRA	L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD	10/1/2010	12/31/2382	3
PRA	L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	10/1/2010	12/31/2382	2
PRA	L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD	10/1/2010	12/31/2382	2
PRA	L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	1
PRA	L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	10/1/2010	12/31/2382	1
PRA	L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	7/1/2014	12/31/2382	1
PRA	L1600	HIP ORTHOSIS (HO), ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER	10/1/2010	12/31/2382	1
PRA	L1610	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA COVER ONLY	10/1/2010	12/31/2382	1
PRA	L1620	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, PAVLIK HARNESS	10/1/2010	12/31/2382	1
PRA	L1630	HO, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE)	10/1/2010	12/31/2382	1
PRA	L1640	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS	10/1/2010	12/31/2382	1
PRA	L1650	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE)	10/1/2010	12/31/2382	1
PRA	L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, INCLUDES	10/1/2010	12/31/2382	1
PRA	L1660	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC,	10/1/2010	12/31/2382	1
PRA	L1680	HO, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANC	10/1/2010	12/31/2382	1
PRA	L1685	HO, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L1686	HO, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE	10/1/2010	12/31/2382	1
PRA	L1690	COMBINATION,BILATERAL,LUMBO-SACRAL,HIP,FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL	10/1/2010	12/31/2382	1
PRA	L1700	LEGG PERTHES ORTHOSIS, TORONTO TYPE	10/1/2010	12/31/2382	1
PRA	L1710	LEGG PERTHES ORTHOSIS, NEWINGTON TYPE	10/1/2010	12/31/2382	1
PRA	L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE)	10/1/2010	12/31/2382	2
PRA	L1730	LEGG PERTHES ORTHOSIS, SCOTTISH RITE TYPE	10/1/2010	12/31/2382	1
PRA	L1755	LEGG PERTHES ORTHOSIS, PATTEN BOTTOM TYPE	10/1/2010	12/31/2382	2
PRA	L1810	KO, ELASTIC WITH JOINTS	10/1/2010	12/31/2382	2
PRA	L1812	KNEE ORTHOSIS, ELSACTIC WITH JOINTS, PREFABRICATED, OFF -THE- SHELF	7/1/2014	12/31/2382	2
PRA	L1820	KO, ELASTIC WITH CONDYLAR PADS AND JOINTS	10/1/2010	12/31/2382	2
PRA	L1830	KO, IMMOBILIZER, CANVAS LONGITUDINAL	10/1/2010	12/31/2382	2
PRA	L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT, POSITIONAL ORTHOSIS, PREFABRICATED , INCLUDES FITTING AND ADJUSTMENT	10/1/2010	12/31/2382	2
PRA	L1832	KO, ADJUSTABLE KNEE JOINTS, POSITIONAL ORTHOSIS, RIGID SUPPORT	10/1/2010	12/31/2382	2
PRA	L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT	7/1/2014	12/31/2382	2
PRA	L1834	KO, WITHOUT KNEE JOINT, RIGID, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND	10/1/2010	12/31/2382	2
PRA	L1840	KO, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L1843	KO, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION	10/1/2010	12/31/2382	2
PRA	L1844	KO, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION C	10/1/2010	12/31/2382	2
PRA	L1845	KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION C	10/1/2010	12/31/2382	2
PRA	L1846	KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION C	10/1/2010	12/31/2382	2
PRA	L1847	KO.DOUBLE UPRIGHT WITH ADJUSTABLE JOINT,WITH INFLATABLE AIR SUPPORT CHAMBER(S),PREFABRICATED,INCLUDES FITTING	10/1/2010	12/31/2382	2
PRA	L1848	KNEE ORTHOSIS,DOUBLE UPRIGHT WITH ADJUSTABLE KNEE JOINTS, WITH INFLATABLE AIR SUPPORT CHAMBER(S)	7/1/2014	12/31/2382	2
PRA	L1850	KO, SWEDISH TYPE	10/1/2010	12/31/2382	2
PRA	L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS	1/1/2017	12/31/2382	2
PRA	L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS	1/1/2017	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L1860	KO, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, MOLDED TO PATIENT MODEL (SK)	10/1/2010	12/31/2382	2
PRA	L1900	ANKLE-FOOT ORTHOSIS (AFO), SPRING WIRE, DORSIFLEXION ASSIST CALF BAND	10/1/2010	12/31/2382	2
PRA	L1902	AFO, ANKLE GAUNTLET,	10/1/2010	12/31/2382	2
PRA	L1904	AFO, MOLDED ANKLE GAUNTLET, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L1906	AFO, MULTILIGAMENTUS ANKLE SUPPORT	10/1/2010	12/31/2382	2
PRA	L1907	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/ PADS, CUSTOM FABRICATED	10/1/2010	12/31/2382	2
PRA	L1910	AFO, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER	10/1/2010	12/31/2382	2
PRA	L1920	AFO, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE)	10/1/2010	12/31/2382	2
PRA	L1930	AFO, PLASTIC	10/1/2010	12/31/2382	2
PRA	L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL,	10/1/2010	12/31/2382	2
PRA	L1940	AFO, MOLDED TO PATIENT MODEL, PLASTIC	10/1/2010	12/31/2382	2
PRA	L1945	AFO, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION)	10/1/2010	12/31/2382	2
PRA	L1950	AFO, SPIRAL, MOLDED TO PATIENT MODEL (IRM TYPE), PLASTIC	10/1/2010	12/31/2382	2
PRA	L1951	AFO, SPIRAL, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	10/1/2010	12/31/2382	2
PRA	L1960	AFO, POSTERIOR SOLID ANKLE, MOLDED TO PATIENT MODEL, PLASTIC	10/1/2010	12/31/2382	2
PRA	L1970	AFO, PLASTIC MOLDED TO PATIENT MODEL, WITH ANKLE JOINT	10/1/2010	12/31/2382	2
PRA	L1971	AFO, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	10/1/2010	12/31/2382	2
PRA	L1980	AFO, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR "BK" ORTHOSIS)	10/1/2010	12/31/2382	2
PRA	L1990	AFO, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR "BK" ORTHOSIS)	10/1/2010	12/31/2382	2
PRA	L2000	KNEE-ANKLE-FOOT-ORTHOSES (KAFO), SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CU	10/1/2010	12/31/2382	2
PRA	L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE	10/1/2010	12/31/2382	2
PRA	L2010	KAFO, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHOSIS), WITHOU	10/1/2010	12/31/2382	2
PRA	L2020	KAFO, DOUBLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHOS	10/1/2010	12/31/2382	2
PRA	L2030	KAFO, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR "AK" ORTHOSIS), WITHO	10/1/2010	12/31/2382	2
PRA	L2034	KAFO, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL,	10/1/2010	12/31/2382	2
PRA	L2035	KAFO, FULL PLASTIC, STATIC, PREFABRICATED (PEDIATRIC SIZE)	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L2036	KAFO, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L2037	KAFO, FULL PLASTIC, SINGLE UPRIGHT, FREE KNEE, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L2038	KAFO, FULL PLASTIC, WITHOUT KNEE JOINT, MULTI-AXIS ANKLE, MOLDED TO PATIENT MODEL (LIVELY ORTHOSIS OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L2040	HIP-KNEE-ANKLE-FOOT ORTHOSIS (HKAFO) TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT	10/1/2010	12/31/2382	1
PRA	L2050	HKAFO, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT	10/1/2010	12/31/2382	1
PRA	L2060	HKAFO, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/ BELT	10/1/2010	12/31/2382	1
PRA	L2070	HKAFO, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT	10/1/2010	12/31/2382	1
PRA	L2080	HKAFO, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT	10/1/2010	12/31/2382	1
PRA	L2090	HKAFO, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/ BELT	10/1/2010	12/31/2382	1
PRA	L2106	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, MOLDED TO PATIENT	10/1/2010	12/31/2382	2
PRA	L2108	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L2112	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT	10/1/2010	12/31/2382	2
PRA	L2114	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID	10/1/2010	12/31/2382	2
PRA	L2116	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID	10/1/2010	12/31/2382	2
PRA	L2126	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, MOLDED TO PATIEN	10/1/2010	12/31/2382	2
PRA	L2128	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT	10/1/2010	12/31/2382	2
PRA	L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID	10/1/2010	12/31/2382	2
PRA	L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID	10/1/2010	12/31/2382	2
PRA	L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	10/1/2010	12/31/2382	2
PRA	L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	7/1/2014	12/31/2382	4
PRA	L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	7/1/2014	12/31/2382	4
PRA	L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	7/1/2014	12/31/2382	4
PRA	L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	10/1/2010	12/31/2382	2
PRA	L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	10/1/2010	12/31/2382	2
PRA	L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	7/1/2014	12/31/2382	4
PRA	L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	7/1/2014	12/31/2382	4
PRA	L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	7/1/2014	12/31/2382	4
PRA	L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	10/1/2010	12/31/2382	2
PRA	L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE	10/1/2010	12/31/2382	2
PRA	L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	10/1/2010	12/31/2382	2
PRA	L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	10/1/2010	12/31/2382	2
PRA	L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	10/1/2010	12/31/2382	2
PRA	L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	10/1/2010	12/31/2382	2
PRA	L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ("T") STRAP, PADDED/LINED OR MALLEOLUS PAD	10/1/2010	12/31/2382	2
PRA	L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTICMODIFICATION, PADDED/LINED	10/1/2010	12/31/2382	2
PRA	L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	10/1/2010	12/31/2382	2
PRA	L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	10/1/2010	12/31/2382	1
PRA	L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	10/1/2010	12/31/2382	1
PRA	L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER	10/1/2010	12/31/2382	2
PRA	L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	10/1/2010	12/31/2382	2
PRA	L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORT	10/1/2010	12/31/2382	2
PRA	L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	10/1/2010	12/31/2382	2
PRA	L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	10/1/2010	12/31/2382	2
PRA	L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	10/1/2010	12/31/2382	2
PRA	L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	10/1/2010	12/31/2382	2
PRA	L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	7/1/2014	12/31/2382	4
PRA	L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOIN	7/1/2014	12/31/2382	4
PRA	L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	7/1/2014	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	7/1/2014	12/31/2382	4
PRA	L2397	ADDITION TO LOWER EXTREMITY ORTHOSES, SUSPENSION SLEAVE	7/1/2014	12/31/2382	4
PRA	L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH JOINT	7/1/2014	12/31/2382	4
PRA	L2415	ADDITION TO KNEE JOINT, CAM LOCK (SWISS, FRENCH, BAIL TYPES) EACH JOINT	7/1/2014	12/31/2382	4
PRA	L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT	7/1/2014	12/31/2382	4
PRA	L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT	7/1/2014	12/31/2382	4
PRA	L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	7/1/2014	12/31/2382	4
PRA	L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING	10/1/2010	12/31/2382	2
PRA	L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, CUSTOM FITTED	10/1/2010	12/31/2382	2
PRA	L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	10/1/2010	12/31/2382	2
PRA	L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	10/1/2010	12/31/2382	2
PRA	L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	10/1/2010	12/31/2382	2
PRA	L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT, EACH	10/1/2010	12/31/2382	2
PRA	L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	10/1/2010	12/31/2382	2
PRA	L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH	10/1/2010	12/31/2382	2
PRA	L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK, EACH	10/1/2010	12/31/2382	2
PRA	L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	10/1/2010	12/31/2382	2
PRA	L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	10/1/2010	12/31/2382	2
PRA	L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH	10/1/2010	12/31/2382	2
PRA	L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CAB	10/1/2010	12/31/2382	1
PRA	L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	10/1/2010	12/31/2382	1
PRA	L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	10/1/2010	12/31/2382	1
PRA	L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	10/1/2010	12/31/2382	2
PRA	L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	10/1/2010	12/31/2382	1
PRA	L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	10/1/2010	12/31/2382	2
PRA	L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	10/1/2010	12/31/2382	2
PRA	L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	4/1/2018	12/31/2382	8
PRA	L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, CARBON GRAPHITE LAMINATION	4/1/2018	12/31/2382	8
PRA	L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	4/1/2018	12/31/2382	8
PRA	L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	7/1/2014	12/31/2382	4
PRA	L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	4/1/2018	12/31/2382	8
PRA	L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	7/1/2014	12/31/2382	4
PRA	L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	10/1/2010	12/31/2382	2
PRA	L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL	10/1/2010	12/31/2382	2
PRA	L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	7/1/2014	12/31/2382	4
PRA	L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	10/1/2010	12/31/2382	2
PRA	L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	10/1/2010	12/31/2382	2
PRA	L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM	1/1/2014	12/31/2382	2
PRA	L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EACH	10/1/2010	12/31/2382	2
PRA	L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	10/1/2010	12/31/2382	2
PRA	L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	10/1/2010	12/31/2382	2
PRA	L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	10/1/2010	12/31/2382	2
PRA	L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	10/1/2010	12/31/2382	2
PRA	L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT, EACH	10/1/2010	12/31/2382	2
PRA	L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	10/1/2010	12/31/2382	2
PRA	L3031	FOOT INSERT, PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL	10/1/2010	12/31/2382	2
PRA	L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	10/1/2010	12/31/2382	2
PRA	L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH	10/1/2010	12/31/2382	2
PRA	L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	10/1/2010	12/31/2382	2
PRA	L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	10/1/2010	12/31/2382	2
PRA	L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	10/1/2010	12/31/2382	2
PRA	L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	10/1/2010	12/31/2382	2
PRA	L3140	FOOT, ABDUCTION ROTATION BARS (DENNIS BROWNE TYPE), INCLUDING SHOES	10/1/2010	12/31/2382	1
PRA	L3150	FOOT, ABDUCTION ROTATION BARS (DENNIS BROWNE TYPE), CLAMPED TO SHOE	10/1/2010	12/31/2382	1
PRA	L3160	FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	10/1/2010	12/31/2382	2
PRA	L3170	FOOT, PLASTIC HEEL STABILIZER	10/1/2010	12/31/2382	2
PRA	L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	4/1/2014	12/31/2382	2
PRA	L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	4/1/2014	12/31/2382	2
PRA	L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	4/1/2014	12/31/2382	2
PRA	L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	4/1/2014	12/31/2382	2
PRA	L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	4/1/2014	12/31/2382	2
PRA	L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	4/1/2014	12/31/2382	2
PRA	L3208	SURGICAL BOOT, EACH, INFANT	4/1/2014	12/31/2382	2
PRA	L3209	SURGICAL BOOT, EACH, CHILD	4/1/2014	12/31/2382	2
PRA	L3211	SURGICAL BOOT, EACH, JUNIOR	4/1/2014	12/31/2382	2
PRA	L3212	BENESCH BOOT, PAIR, INFANT	4/1/2014	12/31/2382	1
PRA	L3213	BENESCH BOOT, PAIR, CHILD	4/1/2014	12/31/2382	1
PRA	L3214	BENESCH BOOT, PAIR, JUNIOR	4/1/2014	12/31/2382	1
PRA	L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOES, OXFORD	10/1/2010	12/31/2382	2
PRA	L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOES, DEPTH INLAY	10/1/2010	12/31/2382	2
PRA	L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOES, HIGHTOP, DEPTH INLAY	10/1/2010	12/31/2382	2
PRA	L3219	ORTHOPEDIC FOOTWEAR, MENS SHOES, OXFORD	10/1/2010	12/31/2382	2
PRA	L3221	ORTHOPEDIC FOOTWEAR, MENS SHOES, DEPTH INLAY	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L3222	ORTHOPEDIC FOOTWEAR, MENS SHOES, HIGHTOP, DEPTH INLAY	10/1/2010	12/31/2382	2
PRA	L3224	ORTHOPEDIC FOOTWEAR, WOMEN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	10/1/2010	12/31/2382	2
PRA	L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGAL PART OF A BRACE (ORTHOSIS)	10/1/2010	12/31/2382	2
PRA	L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOES, DEPTH INLAY	10/1/2010	12/31/2382	2
PRA	L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH	10/1/2010	12/31/2382	2
PRA	L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	10/1/2010	12/31/2382	2
PRA	L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	10/1/2010	12/31/2382	2
PRA	L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	10/1/2010	12/31/2382	2
PRA	L3254	NON-STANDARD SIZE OR WIDTH	4/1/2014	12/31/2382	2
PRA	L3255	NON-STANDARD SIZE OR LENGTH	4/1/2014	12/31/2382	2
PRA	L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	4/1/2014	12/31/2382	1
PRA	L3260	AMBULATORY SURGICAL BOOT, EACH	4/1/2014	12/31/2382	2
PRA	L3265	PLASTAZOTE SANDAL, EACH	4/1/2014	12/31/2382	2
PRA	L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	4/1/2018	12/31/2382	4
PRA	L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	4/1/2018	12/31/2382	4
PRA	L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	10/1/2010	12/31/2382	2
PRA	L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	10/1/2010	12/31/2382	2
PRA	L3334	LIFT, ELEVATION, HEEL, PER INCH	4/1/2018	12/31/2382	4
PRA	L3340	HEEL WEDGE, SACH	10/1/2010	12/31/2382	2
PRA	L3350	HEEL WEDGE	10/1/2010	12/31/2382	2
PRA	L3360	SOLE WEDGE, OUTSIDE SOLE	10/1/2010	12/31/2382	2
PRA	L3370	SOLE WEDGE, BETWEEN SOLE	10/1/2010	12/31/2382	2
PRA	L3380	CLUBFOOT WEDGE	10/1/2010	12/31/2382	2
PRA	L3390	OUTFLARE WEDGE	10/1/2010	12/31/2382	2
PRA	L3400	METATARSAL BAR WEDGE, ROCKER	10/1/2010	12/31/2382	2
PRA	L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	10/1/2010	12/31/2382	2
PRA	L3430	HEEL, COUNTER, PLASTIC REINFORCED	10/1/2010	12/31/2382	2
PRA	L3440	HEEL, COUNTER, LEATHER REINFORCED	10/1/2010	12/31/2382	2
PRA	L3450	HEEL, SACH CUSHION TYPE	10/1/2010	12/31/2382	2
PRA	L3455	HEEL, NEW LEATHER, STANDARD	10/1/2010	12/31/2382	2
PRA	L3460	HEEL, NEW RUBBER, STANDARD	10/1/2010	12/31/2382	2
PRA	L3465	HEEL, THOMAS WITH WEDGE	10/1/2010	12/31/2382	2
PRA	L3470	HEEL, THOMAS EXTENDED TO BALL	10/1/2010	12/31/2382	2
PRA	L3480	HEEL, PAD AND DEPRESSION FOR SPUR	10/1/2010	12/31/2382	2
PRA	L3485	HEEL, PAD, REMOVABLE FOR SPUR	10/1/2010	12/31/2382	2
PRA	L3500	MISCELLANEOUS SHOE ADDITION, INSOLE, LEATHER	10/1/2010	12/31/2382	2
PRA	L3510	MISCELLANEOUS SHOE ADDITION, INSOLE, RUBBER	10/1/2010	12/31/2382	2
PRA	L3520	MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	10/1/2010	12/31/2382	2
PRA	L3530	MISCELLANEOUS SHOE ADDITION, SOLE, HALF	10/1/2010	12/31/2382	2
PRA	L3540	MISCELLANEOUS SHOE ADDITION, SOLE, FULL	10/1/2010	12/31/2382	2
PRA	L3550	MISCELLANEOUS SHOE ADDITION, TOE TAP, STANDARD	10/1/2010	12/31/2382	2
PRA	L3560	MISCELLANEOUS SHOE ADDITION, TOE TAP, HORSESHOE	10/1/2010	12/31/2382	2
PRA	L3570	MISCELLANEOUS SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	10/1/2010	12/31/2382	2
PRA	L3580	MISCELLANEOUS SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	10/1/2010	12/31/2382	2
PRA	L3590	MISCELLANEOUS SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	10/1/2010	12/31/2382	2
PRA	L3595	MISCELLANEOUS SHOE ADDITION, MARCH BAR	10/1/2010	12/31/2382	2
PRA	L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	10/1/2010	12/31/2382	2
PRA	L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	10/1/2010	12/31/2382	2
PRA	L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	10/1/2010	12/31/2382	2
PRA	L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	10/1/2010	12/31/2382	2
PRA	L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L3650	SHOULDER ORTHOSIS, (SO), FIGURE OF "8" DESIGN ABDUCTION RE- STRAINER	10/1/2010	12/31/2382	1
PRA	L3660	SO, FIGURE OF "8" DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING	10/1/2010	12/31/2382	1
PRA	L3670	SO, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE)	10/1/2010	12/31/2382	1
PRA	L3671	SO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITT	10/1/2010	12/31/2382	1
PRA	L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR	7/1/2012	12/31/2382	1
PRA	L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE, OR EQUAL PREFABRICATED, INCLUDES	10/1/2010	12/31/2382	1
PRA	L3677	SHOULDER ORTHOSIS, HARD PLASTIC, SHOULDER STABILIZER, PRE-FABRICATED, INCLUDES FITTING AND ADJUSTMENT	10/1/2010	12/31/2382	1
PRA	L3678	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED,	7/1/2014	12/31/2382	1
PRA	L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND	10/1/2010	12/31/2382	2
PRA	L3710	EO, ELASTIC WITH METAL JOINTS	10/1/2010	12/31/2382	2
PRA	L3720	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION	10/1/2010	12/31/2382	2
PRA	L3730	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST	10/1/2010	12/31/2382	2
PRA	L3740	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL	10/1/2010	12/31/2382	2
PRA	L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, AY	10/1/2010	12/31/2382	2
PRA	L3761	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, OFF-THE-SHELF	7/1/2018	12/31/2382	2
PRA	L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND	10/1/2010	12/31/2382	2
PRA	L3763	EWHO, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING	10/1/2010	12/31/2382	2
PRA	L3764	EWHO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE STRAPS	10/1/2010	12/31/2382	2
PRA	L3765	EWHFO, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING	10/1/2010	12/31/2382	2
PRA	L3766	EWHFO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TRUNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS	10/1/2010	12/31/2382	2
PRA	L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY	10/1/2010	12/31/2382	2
PRA	L3807	WHFO, EXTENSION ASSIST, WITH INFLATABLE PALMER AIR SUPPORT, WITH OR WITHOUT THUMB EXTENSION	10/1/2010	12/31/2382	2
PRA	L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM	10/1/2010	12/31/2382	2
PRA	L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE	7/1/2014	12/31/2382	2
PRA	L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR	1/1/2014	12/31/2382	2
PRA	L3900	WHFO, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRI	10/1/2010	12/31/2382	2

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PRA	L3901	WHFO, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN	10/1/2010	12/31/2382	2
PRA	L3904	WHFO, EXTERNAL POWERED, ELECTRIC	10/1/2010	12/31/2382	2
PRA	L3905	WHO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS	10/1/2010	12/31/2382	2
PRA	L3906	WHO, WRIST GAUNTLET, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L3908	WHO, WRIST EXTENSION CONTROL COCK-UP, NON-MOLDED	10/1/2010	12/31/2382	2
PRA	L3912	HFO, FLEXION GLOVE WITH ELASTIC FINGER CONTROL	10/1/2010	12/31/2382	2
PRA	L3913	HFO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENTS	10/1/2010	12/31/2382	2
PRA	L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT	4/1/2012	12/31/2382	2
PRA	L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT	7/1/2014	12/31/2382	2
PRA	L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS	10/1/2010	12/31/2382	2
PRA	L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF	7/1/2014	12/31/2382	2
PRA	L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJ	10/1/2010	12/31/2382	2
PRA	L3921	HFO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE STRAPS	10/1/2010	12/31/2382	2
PRA	L3923	HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	10/1/2010	12/31/2382	2
PRA	L3924	HAND FINGER ORTHOSIS, WITHOUT JOINT(S),MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	7/1/2014	12/31/2382	2
PRA	L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL/DISTAL INTERPHALANGEAL, NON TORSION JOINT/SPRING, EXTENSION/FLEXION	7/1/2014	12/31/2382	4
PRA	L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL/DISTAL INTERPHALANGEAL, WITHOUT JOINT/SPRING, EXTENSION/FLEXION	7/1/2014	12/31/2382	4
PRA	L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKELS, ELASTIC BANDS/ SPRINGS, MAY	10/1/2010	12/31/2382	2
PRA	L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKELS, ELASTIC BANDS/ SPRINGS, MAY	7/1/2014	12/31/2382	2
PRA	L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKELS, ELASTIC BANDS/ SPRINGS, MAY	10/1/2010	12/31/2382	2
PRA	L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMEN	10/1/2010	12/31/2382	3
PRA	L3935	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJU	10/1/2010	12/31/2382	3
PRA	L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	7/1/2014	12/31/2382	4
PRA	L3960	SHOULDER-ELBOW-WRIST-HAND ORTHOSIS, (SEWHO), ABDUCTION POSITIONING, AIRPLANE DESIGN	10/1/2010	12/31/2382	1
PRA	L3961	SEWHO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED	10/1/2010	12/31/2382	1
PRA	L3962	SEWHO, ABDUCTION POSITIONING, ERBS PALSEY DESIGN	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L3967	SEWHO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE	10/1/2010	12/31/2382	1
PRA	L3971	SEWHO, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE	10/1/2010	12/31/2382	1
PRA	L3973	SEWHO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE	10/1/2010	12/31/2382	1
PRA	L3975	SEWHFO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES	10/1/2010	12/31/2382	1
PRA	L3976	SEWHFO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR WITHOUT JOINTS, MAY	10/1/2010	12/31/2382	1
PRA	L3977	SEWHFO, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TRUNBUCKLES, MAY INCLUDE	10/1/2010	12/31/2382	1
PRA	L3978	SEWHFO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE	10/1/2010	12/31/2382	1
PRA	L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL	10/1/2010	12/31/2382	2
PRA	L3981	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES SHOULDER CAP DESIGN, WITH OR WITHOUT JOINT	7/1/2015	12/31/2382	2
PRA	L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR	10/1/2010	12/31/2382	2
PRA	L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST	10/1/2010	12/31/2382	2
PRA	L4000	REPLACE GIRDLE FOR MILWAUKEE ORTHOSIS	10/1/2010	12/31/2382	1
PRA	L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	4/1/2018	12/31/2382	4
PRA	L4010	REPLACE TRILATERAL SOCKET BRIM	10/1/2010	12/31/2382	2
PRA	L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	10/1/2010	12/31/2382	2
PRA	L4040	REPLACE MOLDED THIGH LACER	10/1/2010	12/31/2382	2
PRA	L4045	REPLACE NON-MOLDED THIGH LACER	10/1/2010	12/31/2382	2
PRA	L4050	REPLACE MOLDED CALF LACER	10/1/2010	12/31/2382	2
PRA	L4055	REPLACE NON-MOLDED CALF LACER	10/1/2010	12/31/2382	2
PRA	L4060	REPLACE HIGH ROLL CUFF	10/1/2010	12/31/2382	2
PRA	L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	10/1/2010	12/31/2382	2
PRA	L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	10/1/2010	12/31/2382	2
PRA	L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH	7/1/2014	12/31/2382	4
PRA	L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	10/1/2010	12/31/2382	2
PRA	L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	7/1/2014	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L4130	REPLACE PRETIBIAL SHELL	10/1/2010	12/31/2382	2
PRA	L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	4/1/2018	12/31/2382	8
PRA	L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	1/1/2017	12/31/2382	4
PRA	L4350	PNEUMATIC ANKLE CONTROL SPLINT (AIRCRAFT OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L4360	PNEUMATIC WALKING SPLINT (AIRCRAFT OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL	7/1/2014	12/31/2382	2
PRA	L4370	PNEUMATIC FULL LEG SPLINT (AIRCRAFT OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L4386	NON-PNEUMATIC WALKING SPLINT, WITH OR WITHOUT JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	10/1/2010	12/31/2382	2
PRA	L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED,	7/1/2014	12/31/2382	2
PRA	L4392	REPLACE SOFT INTERFACE MATERIAL, STATIC AFO	10/1/2010	12/31/2382	2
PRA	L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	10/1/2010	12/31/2382	2
PRA	L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING,	10/1/2010	12/31/2382	2
PRA	L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING,	7/1/2014	12/31/2382	2
PRA	L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE	10/1/2010	12/31/2382	2
PRA	L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL	4/1/2011	12/31/2382	2
PRA	L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	10/1/2010	12/31/2382	2
PRA	L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	10/1/2010	12/31/2382	2
PRA	L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	10/1/2010	12/31/2382	2
PRA	L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	10/1/2010	12/31/2382	2
PRA	L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	10/1/2010	12/31/2382	2
PRA	L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	10/1/2010	12/31/2382	2
PRA	L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	10/1/2010	12/31/2382	2
PRA	L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	10/1/2010	12/31/2382	2
PRA	L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SA	10/1/2010	12/31/2382	2
PRA	L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	10/1/2010	12/31/2382	2
PRA	L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	10/1/2010	12/31/2382	2

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PRA	L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EA	10/1/2010	12/31/2382	2
PRA	L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	10/1/2010	12/31/2382	2
PRA	L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH F	10/1/2010	12/31/2382	2
PRA	L5270	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SH	10/1/2010	12/31/2382	2
PRA	L5280	HEMIPLECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	10/1/2010	12/31/2382	2
PRA	L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	10/1/2010	12/31/2382	2
PRA	L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	7/1/2013	12/31/2382	2
PRA	L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	10/1/2010	12/31/2382	2
PRA	L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	10/1/2010	12/31/2382	2
PRA	L5341	HEMIPLECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE SACH FOOT	10/1/2010	12/31/2382	2
PRA	L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT,	10/1/2010	12/31/2382	2
PRA	L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT	10/1/2010	12/31/2382	2
PRA	L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT	10/1/2010	12/31/2382	2
PRA	L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCL. FITTING, ALIGNMENT AND	10/1/2010	12/31/2382	2
PRA	L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON- WEIGHT BEARING RIGID DRESSING, BELOW KNEE	10/1/2010	12/31/2382	2
PRA	L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON- WEIGHT BEARING RIGID DRESSING, ABOVE KNEE	10/1/2010	12/31/2382	2
PRA	L5500	INITIAL, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT	10/1/2010	12/31/2382	2
PRA	L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SA	10/1/2010	12/31/2382	2
PRA	L5510	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET	10/1/2010	12/31/2382	2
PRA	L5520	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR	10/1/2010	12/31/2382	2
PRA	L5530	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR	10/1/2010	12/31/2382	2
PRA	L5535	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED	10/1/2010	12/31/2382	2
PRA	L5540	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET,	10/1/2010	12/31/2382	2
PRA	L5560	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	10/1/2010	12/31/2382	2
PRA	L5570	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	10/1/2010	12/31/2382	2
PRA	L5580	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	10/1/2010	12/31/2382	2

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PRA	L5585	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	10/1/2010	12/31/2382	2
PRA	L5590	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	10/1/2010	12/31/2382	2
PRA	L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO	10/1/2010	12/31/2382	2
PRA	L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIE	10/1/2010	12/31/2382	2
PRA	L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	10/1/2010	12/31/2382	2
PRA	L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WITH FRICTIO	10/1/2010	12/31/2382	2
PRA	L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WITH HYDRAUL	10/1/2010	12/31/2382	2
PRA	L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WITH PNEUMATI	10/1/2010	12/31/2382	2
PRA	L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE	10/1/2010	12/31/2382	2
PRA	L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNINGUNIT, ABOVE KNEE OR BELOW KNEE, EACH	10/1/2010	12/31/2382	2
PRA	L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	7/1/2014	12/31/2382	4
PRA	L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	7/1/2014	12/31/2382	4
PRA	L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	7/1/2014	12/31/2382	4
PRA	L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	7/1/2014	12/31/2382	4
PRA	L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	7/1/2014	12/31/2382	4
PRA	L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	10/1/2010	12/31/2382	2
PRA	L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	10/1/2010	12/31/2382	2
PRA	L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	10/1/2010	12/31/2382	2
PRA	L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	10/1/2010	12/31/2382	2
PRA	L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, "PTB" BRIM DESIGN SOCKET	10/1/2010	12/31/2382	2
PRA	L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	10/1/2010	12/31/2382	2
PRA	L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	10/1/2010	12/31/2382	2
PRA	L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	10/1/2010	12/31/2382	2
PRA	L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	10/1/2010	12/31/2382	2
PRA	L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	10/1/2010	12/31/2382	2
PRA	L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	10/1/2010	12/31/2382	2

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PRA	L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	10/1/2010	12/31/2382	2
PRA	L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	10/1/2010	12/31/2382	2
PRA	L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	10/1/2010	12/31/2382	2
PRA	L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	10/1/2010	12/31/2382	2
PRA	L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR CUSHION SOCKET	10/1/2010	12/31/2382	2
PRA	L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	10/1/2010	12/31/2382	2
PRA	L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR CUSHION SOCKET	10/1/2010	12/31/2382	2
PRA	L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	10/1/2010	12/31/2382	2
PRA	L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	10/1/2010	12/31/2382	2
PRA	L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	10/1/2010	12/31/2382	2
PRA	L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	10/1/2010	12/31/2382	2
PRA	L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	10/1/2010	12/31/2382	2
PRA	L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQU)	10/1/2010	12/31/2382	2
PRA	L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES	10/1/2010	12/31/2382	2
PRA	L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	10/1/2010	12/31/2382	2
PRA	L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	10/1/2010	12/31/2382	2
PRA	L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	10/1/2010	12/31/2382	2
PRA	L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION ("PTS" OR SIMILAR)	10/1/2010	12/31/2382	2
PRA	L5671	ADDITION TO LOWER EXTREMITY BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	10/1/2010	12/31/2382	2
PRA	L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED	7/1/2014	12/31/2382	4
PRA	L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	10/1/2010	12/31/2382	2
PRA	L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	10/1/2010	12/31/2382	2

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PRA	L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	10/1/2010	12/31/2382	2
PRA	L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SO	7/1/2014	12/31/2382	4
PRA	L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NON- MOLDED	10/1/2010	12/31/2382	2
PRA	L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR	10/1/2010	12/31/2382	2
PRA	L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	10/1/2010	12/31/2382	2
PRA	L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENI	10/1/2010	12/31/2382	2
PRA	L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	10/1/2010	12/31/2382	2
PRA	L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE,	7/1/2014	12/31/2382	4
PRA	L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	10/1/2010	12/31/2382	2
PRA	L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	10/1/2010	12/31/2382	2
PRA	L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	10/1/2010	12/31/2382	2
PRA	L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	10/1/2010	12/31/2382	2
PRA	L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	10/1/2010	12/31/2382	2
PRA	L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH	10/1/2010	12/31/2382	2
PRA	L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	10/1/2010	12/31/2382	2
PRA	L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	10/1/2010	12/31/2382	2
PRA	L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIA BANDAGE	10/1/2010	12/31/2382	2
PRA	L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	10/1/2010	12/31/2382	2
PRA	L5700	REPLACEMENT, SOCKET BELOW KNEE, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L5701	REPLACEMENT, SOCKET, ABOVE KNEE-KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L5702	REPLACEMENT, SOCKET HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL	10/1/2010	12/31/2382	2
PRA	L5704	REPLACEMENT, CUSTOM-SHAPED PROTECTIVE COVER, BELOW KNEE	10/1/2010	12/31/2382	2
PRA	L5705	REPLACEMENT, CUSTOM-SHAPED PROTECTIVE COVER, ABOVE KNEE	10/1/2010	12/31/2382	2
PRA	L5706	REPLACEMENT, CUSTOM-SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	10/1/2010	12/31/2382	2
PRA	L5707	REPLACEMENT, CUSTOM-SHAPED PROTECTIVE COVER, HIP DISARTICULATION	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	10/1/2010	12/31/2382	2
PRA	L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	10/1/2010	12/31/2382	2
PRA	L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	10/1/2010	12/31/2382	2
PRA	L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	10/1/2010	12/31/2382	2
PRA	L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	10/1/2010	12/31/2382	2
PRA	L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	10/1/2010	12/31/2382	2
PRA	L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	10/1/2010	12/31/2382	2
PRA	L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	10/1/2010	12/31/2382	2
PRA	L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL	10/1/2010	12/31/2382	2
PRA	L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	10/1/2010	12/31/2382	2
PRA	L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	10/1/2010	12/31/2382	2
PRA	L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	10/1/2010	12/31/2382	2
PRA	L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	10/1/2010	12/31/2382	2
PRA	L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	10/1/2010	12/31/2382	2
PRA	L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	10/1/2010	12/31/2382	2
PRA	L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	10/1/2010	12/31/2382	2
PRA	L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE	10/1/2010	12/31/2382	2
PRA	L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	10/1/2010	12/31/2382	2
PRA	L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL	10/1/2010	12/31/2382	2
PRA	L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	10/1/2010	12/31/2382	2
PRA	L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	10/1/2010	12/31/2382	2
PRA	L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH	10/1/2010	12/31/2382	2
PRA	L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	10/1/2010	12/31/2382	2

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PRA	L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL	10/1/2010	12/31/2382	2
PRA	L5840	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	10/1/2010	12/31/2382	2
PRA	L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	10/1/2010	12/31/2382	2
PRA	L5848	ADDITION TO ENDOSKELETAL, KNEE-SHIN SYSTEM, HYDRAULIC STANCE EXTENSION, DAMPENING FEATURE, ADJUSTABLE	10/1/2010	12/31/2382	2
PRA	L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	10/1/2010	12/31/2382	2
PRA	L5855	ADDITION, ENDOSKELETAL HIP DISARICULATION, MECHANICAL HIP EXTENSION ASSIST.	10/1/2010	12/31/2382	2
PRA	L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM,	10/1/2010	12/31/2382	2
PRA	L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM,	10/1/2010	12/31/2382	2
PRA	L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE	10/1/2010	12/31/2382	2
PRA	L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS,ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/	7/1/2013	12/31/2382	2
PRA	L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	10/1/2010	12/31/2382	2
PRA	L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	10/1/2010	12/31/2382	2
PRA	L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP	10/1/2010	12/31/2382	2
PRA	L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	10/1/2010	12/31/2382	2
PRA	L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH	7/1/2012	12/31/2382	1
PRA	L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PRTECTIVE OUTER SURGACE COVERING SYSTEM	10/1/2010	12/31/2382	2
PRA	L5964	ADDITION ENDOSKELETAL SYSTEM, ABOVE KNEE. FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	10/1/2010	12/31/2382	2
PRA	L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	10/1/2010	12/31/2382	2
PRA	L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	10/1/2010	12/31/2382	2
PRA	L5969	ADDITION, ENDOSKELETAL ANKLE-FOOT OR ANKLE SYSTEM, POWER ASSIST, INCLUDES ANY TYPE MOTOR(S)	7/1/2014	12/31/2382	2
PRA	L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	10/1/2010	12/31/2382	2
PRA	L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	10/1/2010	12/31/2382	2
PRA	L5972	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)	10/1/2010	12/31/2382	2

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PRA	L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR	4/1/2012	12/31/2382	2
PRA	L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	10/1/2010	12/31/2382	2
PRA	L5975	ALL LOWER EXTREMITY PROTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	10/1/2010	12/31/2382	2
PRA	L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT (GREISSINGER OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L5979	ALL LOWER EXTREMITY PROSTHESES, FLEX-FOOT SYSTEM	10/1/2010	12/31/2382	2
PRA	L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	10/1/2010	12/31/2382	2
PRA	L5981	ALL LOWER PROSTHESIS, FLEX-WALK SYSTEM OR EQUAL	10/1/2010	12/31/2382	2
PRA	L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	10/1/2010	12/31/2382	2
PRA	L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	10/1/2010	12/31/2382	2
PRA	L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, DYNAMIC PROSTHETIC PYLON	10/1/2010	12/31/2382	2
PRA	L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ("MCP" OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	10/1/2010	12/31/2382	2
PRA	L5988	ALL LOWER EXTREMITY PROTHESIS, COMBINATION VERTICAL SHOCK & MULTIAXIAL ROTATION/TORSIONAL FORCE REDUCING PYLON	10/1/2010	12/31/2382	2
PRA	L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	10/1/2010	12/31/2382	2
PRA	L6000	PARTIAL HAND, ROBIN-AIDS, THUMB REMAINING (OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L6010	PARTIAL HAND, ROBIN-AIDS, LITTLE AND/OR RING FINGER REMAINING (OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L6020	PARTIAL HAND, ROBIN-AIDS, NO FINGER REMAINING (OR EQUAL)	10/1/2010	12/31/2382	2
PRA	L6026	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHEIS, EXTERNALPOWER, SELF-SUSPENDED, INNER SOCKET	7/1/2015	12/31/2382	2
PRA	L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	10/1/2010	12/31/2382	2
PRA	L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	10/1/2010	12/31/2382	2
PRA	L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	10/1/2010	12/31/2382	2
PRA	L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUS- PENSION TYPES)	10/1/2010	12/31/2382	2
PRA	L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	10/1/2010	12/31/2382	2
PRA	L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	10/1/2010	12/31/2382	2
PRA	L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	10/1/2010	12/31/2382	2
PRA	L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	10/1/2010	12/31/2382	2
PRA	L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	10/1/2010	12/31/2382	2
PRA	L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROS- THESIS)	10/1/2010	12/31/2382	2
PRA	L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	10/1/2010	12/31/2382	2
PRA	L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	10/1/2010	12/31/2382	2
PRA	L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROS- THESIS)	10/1/2010	12/31/2382	2
PRA	L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	10/1/2010	12/31/2382	2
PRA	L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT A	10/1/2010	12/31/2382	2
PRA	L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AN	10/1/2010	12/31/2382	2
PRA	L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AN	10/1/2010	12/31/2382	2
PRA	L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	10/1/2010	12/31/2382	2
PRA	L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	10/1/2010	12/31/2382	2
PRA	L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	10/1/2010	12/31/2382	2
PRA	L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	10/1/2010	12/31/2382	2
PRA	L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	10/1/2010	12/31/2382	2
PRA	L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	10/1/2010	12/31/2382	2
PRA	L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	10/1/2010	12/31/2382	2
PRA	L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW	10/1/2010	12/31/2382	2
PRA	L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES,	10/1/2010	12/31/2382	2
PRA	L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW,	10/1/2010	12/31/2382	2
PRA	L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE O	10/1/2010	12/31/2382	2
PRA	L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, L	10/1/2010	12/31/2382	2
PRA	L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING E	10/1/2010	12/31/2382	2
PRA	L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	10/1/2010	12/31/2382	2
PRA	L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	10/1/2010	12/31/2382	2

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PRA	L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	10/1/2010	12/31/2382	2
PRA	L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE	4/1/2012	12/31/2382	2
PRA	L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	10/1/2010	12/31/2382	2
PRA	L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH	10/1/2010	12/31/2382	2
PRA	L6620	UPPER EXTREMITY ADDITION, FLEXION-FRICTION WRIST UNIT	10/1/2010	12/31/2382	2
PRA	L6621	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL	10/1/2010	12/31/2382	2
PRA	L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	10/1/2010	12/31/2382	2
PRA	L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	4/1/2012	12/31/2382	2
PRA	L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	10/1/2010	12/31/2382	2
PRA	L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	10/1/2010	12/31/2382	2
PRA	L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	10/1/2010	12/31/2382	2
PRA	L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	10/1/2010	12/31/2382	2
PRA	L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	7/1/2014	12/31/2382	4
PRA	L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	10/1/2010	12/31/2382	2
PRA	L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	10/1/2010	12/31/2382	2
PRA	L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW	10/1/2010	12/31/2382	2
PRA	L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	10/1/2010	12/31/2382	2
PRA	L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	10/1/2010	12/31/2382	2
PRA	L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	10/1/2010	12/31/2382	2
PRA	L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	10/1/2010	12/31/2382	2
PRA	L6646	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJUSTABLE ABDUCTION FRICTION CONT	10/1/2010	12/31/2382	2
PRA	L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	10/1/2010	12/31/2382	2
PRA	L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR	10/1/2010	12/31/2382	2
PRA	L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	10/1/2010	12/31/2382	2
PRA	L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	7/1/2014	12/31/2382	4
PRA	L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	7/1/2014	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	7/1/2014	12/31/2382	4
PRA	L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	10/1/2010	12/31/2382	2
PRA	L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	10/1/2010	12/31/2382	2
PRA	L6675	UPPER EXTREMITY ADDITION, HARNESS, FIGURE OF ("8") EIGHT TYPE, FOR SINGLE CONTROL	10/1/2010	12/31/2382	2
PRA	L6676	UPPER EXTREMITY ADDITION, HARNESS, FIGURE OF ("8") EIGHT TYPE, FOR DUAL CONTROL	10/1/2010	12/31/2382	2
PRA	L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	10/1/2010	12/31/2382	2
PRA	L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	7/1/2014	12/31/2382	4
PRA	L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	7/1/2014	12/31/2382	4
PRA	L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	7/1/2014	12/31/2382	4
PRA	L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	10/1/2010	12/31/2382	2
PRA	L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	10/1/2010	12/31/2382	2
PRA	L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	10/1/2010	12/31/2382	2
PRA	L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	10/1/2010	12/31/2382	2
PRA	L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	10/1/2010	12/31/2382	2
PRA	L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	7/1/2018	12/31/2382	2
PRA	L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	7/1/2018	12/31/2382	2
PRA	L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	10/1/2010	12/31/2382	2
PRA	L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	10/1/2010	12/31/2382	2
PRA	L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	10/1/2010	12/31/2382	2
PRA	L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	10/1/2010	12/31/2382	2
PRA	L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	10/1/2010	12/31/2382	2
PRA	L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK	10/1/2010	12/31/2382	2
PRA	L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	4/1/2012	12/31/2382	2
PRA	L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	4/1/2012	12/31/2382	2
PRA	L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	4/1/2012	12/31/2382	2
PRA	L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE LINED OR UNLINED	4/1/2012	12/31/2382	2

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PRA	L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	4/1/2012	12/31/2382	2
PRA	L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	4/1/2012	12/31/2382	2
PRA	L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED, OR UNLINED PEDIATRIC	10/1/2010	12/31/2382	2
PRA	L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED, OR UNLINED PEDIATRIC	10/1/2010	12/31/2382	2
PRA	L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING ANY MATERIAL, ANY SIZE, PEDIATRIC	10/1/2010	12/31/2382	2
PRA	L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE PEDIATRIC	10/1/2010	12/31/2382	2
PRA	L6715	TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE OR REPLACEMENT	7/1/2014	12/31/2382	4
PRA	L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	10/1/2010	12/31/2382	2
PRA	L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	10/1/2010	12/31/2382	2
PRA	L6805	TERMINAL DEVICE, MODIFIER WRIST FLEXION UNIT	10/1/2010	12/31/2382	2
PRA	L6810	TERMINAL DEVICE, PINCHER TOOL, OTTO BOCK OR EQUAL	10/1/2010	12/31/2382	2
PRA	L6880	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING DIGITS, ANY GRASP PATTERN OR	7/1/2013	12/31/2382	2
PRA	L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	10/1/2010	12/31/2382	2
PRA	L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	10/1/2010	12/31/2382	2
PRA	L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERN	10/1/2010	12/31/2382	2
PRA	L6884	REPLACEMENT SOCKET, ABOVE ELBOW DISARTICULATION, MOLDED TO PATIENT, FOR USE WITH OR WITHOUT EXTERNAL POWER	10/1/2010	12/31/2382	2
PRA	L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH	10/1/2010	12/31/2382	2
PRA	L6890	TERMINAL DEVICE, GLOVE FOR ABOVE HANDS, PRODUCTION GLOVE	10/1/2010	12/31/2382	2
PRA	L6895	TERMINAL DEVICE, GLOVE FOR ABOVE HANDS, CUSTOM GLOVE	10/1/2010	12/31/2382	2
PRA	L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REM	10/1/2010	12/31/2382	2
PRA	L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAIN	10/1/2010	12/31/2382	2
PRA	L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	10/1/2010	12/31/2382	2
PRA	L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	10/1/2010	12/31/2382	2
PRA	L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUA	10/1/2010	12/31/2382	2
PRA	L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUA	10/1/2010	12/31/2382	2
PRA	L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH,	10/1/2010	12/31/2382	2

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PRA	L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTROD	10/1/2010	12/31/2382	2
PRA	L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, F	10/1/2010	12/31/2382	2
PRA	L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, F	10/1/2010	12/31/2382	2
PRA	L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OT	10/1/2010	12/31/2382	2
PRA	L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OT	10/1/2010	12/31/2382	2
PRA	L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HU	10/1/2010	12/31/2382	2
PRA	L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HU	10/1/2010	12/31/2382	2
PRA	L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUME	10/1/2010	12/31/2382	2
PRA	L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUME	10/1/2010	12/31/2382	2
PRA	L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	4/1/2012	12/31/2382	2
PRA	L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC	4/1/2012	12/31/2382	2
PRA	L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	4/1/2012	12/31/2382	2
PRA	L7040	PREHENSILE ACTUATOR, HOSMER OR EQUAL, SWITCH CONTROLLED	10/1/2010	12/31/2382	2
PRA	L7045	ELECTRONIC HOOK, CHILD, MICHIGAN OR EQUAL, SWITCH CONTROLLED	10/1/2010	12/31/2382	2
PRA	L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	10/1/2010	12/31/2382	2
PRA	L7180	ELECTRONIC ELBOW, BOSTON, UTAH OR EQUAL, MYOELECTRONICALLY CONTROLLED	10/1/2010	12/31/2382	2
PRA	L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL	10/1/2010	12/31/2382	2
PRA	L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	10/1/2010	12/31/2382	2
PRA	L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	10/1/2010	12/31/2382	2
PRA	L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	10/1/2010	12/31/2382	2
PRA	L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	10/1/2010	12/31/2382	2
PRA	L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	7/1/2015	12/31/2382	2
PRA	L7360	SIX VOLT BATTERY, OTTO BOCK OR EQUAL, EACH	7/1/2018	12/31/2382	1
PRA	L7362	BATTERY CHARGER, SIX VOLT, OTTO BOCK OR EQUAL	10/1/2010	12/31/2382	1
PRA	L7364	TWELVE VOLT BATTERY, UTAH OR EQUAL, EACH	7/1/2018	12/31/2382	1
PRA	L7366	BATTERY CHARGER, TWELVE VOLT, UTAH OR EQUAL	10/1/2010	12/31/2382	1

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PRA	L7367	LITHIUM ION BATTERY, REPLACEMENT	7/1/2018	12/31/2382	2
PRA	L7368	LITHIUM ION BATTERY, CHARGER	10/1/2010	12/31/2382	1
PRA	L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL	10/1/2010	12/31/2382	2
PRA	L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL	10/1/2010	12/31/2382	2
PRA	L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL	10/1/2010	12/31/2382	2
PRA	L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ARCYLIC MATERIAL	10/1/2010	12/31/2382	2
PRA	L7404	ADDITION TO UPPER EXTREMITY PROTHESIS, ABOVE ELBOW DISARTICULATION, ARCYLIC MATERIAL	10/1/2010	12/31/2382	2
PRA	L7405	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL	10/1/2010	12/31/2382	2
PRA	L7600	PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH	1/1/2014	12/31/2382	1
PRA	L7700	GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, EACH	7/1/2018	12/31/2382	2
PRA	L7900	VACUUM ERECTION SYSTEM	10/1/2010	12/31/2382	1
PRA	L7902	TENSION RING, FOR VACUUM ERECTION DEVICE, ANY TYPE, REPLACEMENT ONLY, EACH	7/1/2013	12/31/2382	1
PRA	L8000	BREAST PROSTHESIS, MASTECTOMY BRA	7/1/2018	12/31/2382	6
PRA	L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTERGRATED BREAST PROSTHESIS FORM, UNILATERAL	7/1/2018	12/31/2382	4
PRA	L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTERGRATED BREAST PROSTHESIS FORM, BILATERAL	7/1/2018	12/31/2382	4
PRA	L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE	1/1/2014	12/31/2382	2
PRA	L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	4/1/2015	12/31/2382	4
PRA	L8020	BREAST PROSTHESIS, MASTECTOMY FORM	4/1/2015	12/31/2382	4
PRA	L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTERGRAL ADHESIVE	10/1/2010	12/31/2382	2
PRA	L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	10/1/2010	12/31/2382	2
PRA	L8032	NIPPLE PROSTHESIS, REUSABLE, ANY TYPE, EACH	10/1/2010	12/31/2382	2
PRA	L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
PRA	L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	10/1/2010	12/31/2382	2
PRA	L8040	NASAL PROTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	1
PRA	L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	1
PRA	L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	1
PRA	L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON PHYSICIAN	10/1/2010	12/31/2382	1
PRA	L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	2
PRA	L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	1
PRA	L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	1
PRA	L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	7/1/2014	12/31/2382	1
PRA	L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTES INCREMENTS, PROVIDED BY NON-PH	7/1/2018	12/31/2382	6
PRA	L8300	TRUSS, SINGLE WITH STANDARD PAD	10/1/2010	12/31/2382	1
PRA	L8310	TRUSS, DOUBLE WITH STANDARD PADS	10/1/2010	12/31/2382	1
PRA	L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	10/1/2010	12/31/2382	2
PRA	L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	10/1/2010	12/31/2382	2
PRA	L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	7/1/2018	12/31/2382	12
PRA	L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH	7/1/2018	12/31/2382	12
PRA	L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	7/1/2018	12/31/2382	6
PRA	L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER,BELOW KNEE OR ABOVE KNEE, EACH	7/1/2018	12/31/2382	12
PRA	L8420	PROSTHETIC SOCK, WOOL, BELOW KNEE, EACH	7/1/2018	12/31/2382	24
PRA	L8430	PROSTHETIC SOCK, WOOL, ABOVE KNEE, EACH	7/1/2018	12/31/2382	24
PRA	L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	7/1/2018	12/31/2382	12
PRA	L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	7/1/2014	12/31/2382	4
PRA	L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	7/1/2014	12/31/2382	4
PRA	L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	7/1/2014	12/31/2382	4
PRA	L8470	STUMP SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	7/1/2018	12/31/2382	24
PRA	L8480	STUMP SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	7/1/2018	12/31/2382	24
PRA	L8485	STUMP SOCK, SINGLE PLY FITTING, UPPER LIMB, EACH	7/1/2018	12/31/2382	12
PRA	L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	4/1/2018	12/31/2382	1
PRA	L8500	ARTIFICIAL LARYNX, ANY TYPE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L8501	TRACHEOSTOMY SPEAKING VALVE	10/1/2010	12/31/2382	2
PRA	L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	10/1/2010	12/31/2382	3
PRA	L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE PROVIDER, ANY TYPE	10/1/2010	12/31/2382	1
PRA	L8510	VOICE AMPLIFIER	10/1/2010	12/31/2382	1
PRA	L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROTHESIS, WITH OR WITHOUT VALVE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	1
PRA	L8512	GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGEAL VIOCE PROSTHESIS, REPLACEMENT ONLY, PER 10	4/1/2015	12/31/2382	9
PRA	L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROTHESIS, PIPET BRUSH, OR EQUAL, REPLACEMENT ONLY, EACH	4/1/2015	12/31/2382	6
PRA	L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	1
PRA	L8515	GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE	10/1/2010	12/31/2382	1
PRA	L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	10/1/2010	12/31/2382	2
PRA	L8603	COLLAGEN IMPLANT, URINARY TRACT, PER 2.5 CC SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES	4/1/2018	12/31/2382	4
PRA	L8604	INJECTABLE BULKING AGENT,DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT,URINARY TRACT,1 ML,INCLUDES SHIPPING	1/1/2011	12/31/2382	3
PRA	L8605	TISSUE EXPANDER IMPLANT	10/1/2014	12/31/2382	4
PRA	L8606	INJECTABLE BULKING AGENT, SYSNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE, INCLUDES SHIPPING NECESSARY SUPPLIE	4/1/2015	12/31/2382	5
PRA	L8607	INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION, 0.1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES	7/1/2016	12/31/2382	20
PRA	L8609	ARTIFICIAL CORNEA	1/1/2012	12/31/2382	1
PRA	L8610	OCULAR IMPLANT	10/1/2018	12/31/2382	1
PRA	L8612	AQUEOUS SHUNT	10/1/2018	12/31/2382	1
PRA	L8613	OSSICULAR IMPLANT	10/1/2018	12/31/2382	1
PRA	L8614	COCHLEAR DEVICE/SYSTEM	10/1/2018	12/31/2382	1
PRA	L8615	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	10/1/2010	12/31/2382	2
PRA	L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	10/1/2010	12/31/2382	2
PRA	L8617	TRANSMITTER COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	10/1/2010	12/31/2382	2
PRA	L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	10/1/2010	12/31/2382	2
PRA	L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	10/1/2010	12/31/2382	2
PRA	L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT,	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L8625	TRAPEZIUM IMPLANT	7/1/2018	12/31/2382	1
PRA	L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	10/1/2010	12/31/2382	2
PRA	L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	10/1/2010	12/31/2382	2
PRA	L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	10/1/2010	12/31/2382	2
PRA	L8631	METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES, METAL, CERAMIC LIKE MATERIAL, FOR SURGICAL	10/1/2018	12/31/2382	1
PRA	L8641	METATARSAL JOINT IMPLANT	10/1/2010	12/31/2382	4
PRA	L8642	HALLUX IMPLANT	10/1/2010	12/31/2382	2
PRA	L8658	INTERPHALANGEAL JOINT IMPLANT	10/1/2018	12/31/2382	2
PRA	L8659	INTERPHALANGEAL FINGER JOINT REPLACEMENT, TWO OR MORE PIECES, METAL, CERAMIC LIKE MATERIAL FOR SURGICAL IMPLAN	10/1/2018	12/31/2382	2
PRA	L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT	10/1/2018	12/31/2382	2
PRA	L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	1/1/2018	12/31/2382	1
PRA	L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR	10/1/2010	12/31/2382	1
PRA	L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	10/1/2010	12/31/2382	2
PRA	L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	10/1/2010	12/31/2382	1
PRA	L8684	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER FOR BOWEL	10/1/2010	12/31/2382	1
PRA	L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION	10/1/2010	12/31/2382	1
PRA	L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	10/1/2010	12/31/2382	2
PRA	L8687	IMPLANTABLE NEUROSTIMULATOR PLUSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	1/1/2012	12/31/2382	1
PRA	L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	1/1/2012	12/31/2382	1
PRA	L8689	EXTERNAL RECHARGING SYSTEM FOR INPLANTED NEUROSTIMULATOR, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	10/1/2010	12/31/2382	1
PRA	L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT	10/1/2010	12/31/2382	1
PRA	L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT ATTACHMENT	7/1/2012	12/31/2382	1
PRA	L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	4/1/2011	12/31/2382	1
PRA	L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	7/1/2018	12/31/2382	1
PRA	L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	L8696	ANTENNA (EXTERNAL) FOR USE WITH IMPLANTABLE DIAPHRAGMATIC/PHRENIC NERVE STIMULATION DEVICE, REPLACEMENT, EACH	7/1/2015	12/31/2382	1
PRA	L8699	PROSTHETIC IMPLANTS, NOT OTHERWISE SPECIFIED	4/1/2018	12/31/2382	2
PRA	L8701	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND WITH SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND ACCESSORIES, CUSTOM FABRICATED	7/1/2019	12/31/2382	1
PRA	L8702	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND, FINGER, SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND ACCESSORIES, CUSTOM FABRICATED	7/1/2019	12/31/2382	1
PRA	M0075	CELLULAR THERAPY	1/1/2014	12/31/2382	1
PRA	M0076	PROLOTHERAPY	1/1/2014	12/31/2382	1
PRA	M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING (MNP)	1/1/2014	12/31/2382	1
PRA	M0300	IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY)	1/1/2014	12/31/2382	1
PRA	M0301	FABRIC WRAPPING OF ABDOMINAL ANEURYSM (MNP)	1/1/2014	12/31/2382	1
PRA	P2028	CEPHALIN FLOCCULATION, BLOOD	10/1/2010	12/31/2382	1
PRA	P2029	CONGO RED, BLOOD	10/1/2010	12/31/2382	1
PRA	P2031	HAIR ANALYSIS (EXCLUDING ARSENIC)	1/1/2014	12/31/2382	1
PRA	P2033	THYMOL TURBIDITY, BLOOD	10/1/2010	12/31/2382	1
PRA	P2038	MUCOPROTEIN, BLOOD (SEROMUCOID) (MEDICAL NECESSITY PROCEDURE)	10/1/2010	12/31/2382	1
PRA	P3000	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNICIAN UNDER PHYSICIAN SUPERVISI	10/1/2010	12/31/2382	1
PRA	P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, REQUIRING INTERPRETATION BY PHYSICIAN	10/1/2010	12/31/2382	1
PRA	P7001	CULTURE, BACTERIAL, URINE; QUANTITATIVE, SENSITIVITY STUDY	1/1/2014	12/31/2382	2
PRA	P9010	BLOOD (WHOLE), FOR TRANSFUSION, PER UNIT	10/1/2016	12/31/2382	2
PRA	P9011	BLOOD (SPLIT UNIT), SPECIFY AMOUNT	10/1/2016	12/31/2382	2
PRA	P9012	CRYOPRECIPITATE, EACH UNIT	10/1/2016	12/31/2382	8
PRA	P9016	LEUKOCYTE POOR BLOOD, EACH UNIT	10/1/2016	12/31/2382	3
PRA	P9017	PLASMA, SINGLE DONOR, FRESH FROZEN, EACH UNIT	10/1/2016	12/31/2382	2
PRA	P9019	PLATELET CONCENTRATE, EACH UNIT	10/1/2016	12/31/2382	2
PRA	P9020	PLATELET RICH PLASMA, EACH UNIT	10/1/2016	12/31/2382	2
PRA	P9021	RED BLOOD CELLS, EACH UNIT	10/1/2016	12/31/2382	3
PRA	P9022	WASHED RED BLOOD CELLS, EACH UNIT	10/1/2016	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	P9023	FACTOR VIII CONCENTRATE, LYOPHILIZED UNIT, 100 UNITS/AS OF 2000 CATHETERIZATION FOR COLLECTION OF SPECIMEN	10/1/2016	12/31/2382	2
PRA	P9031	PLATELETS, LEUKOCYTES REDUCED, EACH UNIT	10/1/2016	12/31/2382	12
PRA	P9032	PLATELETS, IRRADIATED, EACH UNIT	10/1/2016	12/31/2382	12
PRA	P9033	PLATELETS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNITS	10/1/2016	12/31/2382	12
PRA	P9034	PLATELETS, PHERESIS, EACH UNIT	10/1/2016	12/31/2382	2
PRA	P9035	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, EACH UNIT	10/1/2016	12/31/2382	2
PRA	P9036	PLATELETS, PHERESIS, IRRADIATED, EACH UNIT	10/1/2016	12/31/2382	2
PRA	P9037	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	10/1/2016	12/31/2382	2
PRA	P9038	RED BLOOD CELLS, IRRADIATED, EACH UNIT	10/1/2016	12/31/2382	2
PRA	P9039	RED BLOOD CELLS, DEGLYCEROLIZED, EACH UNIT	10/1/2016	12/31/2382	2
PRA	P9040	RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	10/1/2016	12/31/2382	3
PRA	P9041	INFUSION, ALBUMIN (HUMAN), 5%, 50 ML	7/1/2014	12/31/2382	5
PRA	P9043	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 50 ML	7/1/2014	12/31/2382	5
PRA	P9044	PLASMA, CRYOPRECIPITATE REDUCED, EACH UNIT	10/1/2016	12/31/2382	10
PRA	P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML	7/1/2014	12/31/2382	20
PRA	P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML	7/1/2014	12/31/2382	25
PRA	P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	7/1/2014	12/31/2382	20
PRA	P9048	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 250 ML	7/1/2014	12/31/2382	1
PRA	P9050	GRANULOCYTES, PHERESIS, EACH UNIT	10/1/2016	12/31/2382	1
PRA	P9051	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, EACH UNIT	10/1/2016	12/31/2382	2
PRA	P9052	PLATELETS, HLA-MATCHED LEUKOCYTES REDUCED, APHERESIS/ PHERESIS, EACH UNIT.	10/1/2016	12/31/2382	2
PRA	P9053	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT	10/1/2016	12/31/2382	2
PRA	P9054	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, FROZEN, DEGLYCEROL, WASHED, EACH UNIT	10/1/2016	12/31/2382	2
PRA	P9055	PLATELETS, LEUKOCYTES REDUCED, CMV-NEGATIVE, APHERESIS/ PHERESIS, EACH UNIT	10/1/2016	12/31/2382	2
PRA	P9056	WHOLE BLOOD, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	10/1/2016	12/31/2382	2
PRA	P9057	RED BLOOD CELLS, FROZEN/DEGLYCEROLIZED/WASHED, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	10/1/2016	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	P9058	RED BLOOD CELLS,LEUKOCYTES REDUCED,CMV-NEGATIVE,IRRADIATED,EACH UNIT	10/1/2016	12/31/2382	2
PRA	P9059	FRESH FROZEN PLASMA BETWEEN 8-24 HOURS OF COLLECTION,EACH UNIT	10/1/2016	12/31/2382	2
PRA	P9060	FRESH FROZEN PLASMA,DONOR RETESTED,EACH UNIT	10/1/2016	12/31/2382	2
PRA	P9070	PLASMA, POOLED MULTIPLE DONOR, PATHOGEN REDUCED, FROZEN, EACH UNIT	7/1/2016	12/31/2382	2
PRA	P9071	PLASMA, SINGLE DONOR, PATHOGEN REDUCED, FROZEN, EACH UNIT	7/1/2016	12/31/2382	2
PRA	P9073	PLATELETS, PHERESIS, PATHOGEN-REDUCED, EACH UNIT	7/1/2018	12/31/2382	2
PRA	P9603	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECIMEN COLLECTION DRAWN FROM HOME	10/1/2016	12/31/2382	300
PRA	P9604	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECIMEN COLLECTION DRAWN FROM HOME	1/1/2019	12/31/2382	2
PRA	P9612	CATHETERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT, ALL PLACES OF SERVICE	10/1/2010	12/31/2382	1
PRA	P9615	CATHETERIZATION FOR COLLECTION OF SPECIMEN (S) (MULTIPLE PATIENTS)	10/1/2010	12/31/2382	1
PRA	Q0035	CARDIOKYMOGRAPHY	10/1/2010	12/31/2382	1
PRA	Q0081	INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT	10/1/2018	12/31/2382	1
PRA	Q0083	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (EG SUBCUTANEOUS, INTRAMUSCULAR, PUSH), PER	10/1/2018	12/31/2382	1
PRA	Q0084	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT	10/1/2018	12/31/2382	1
PRA	Q0085	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHIQUE(S) (EG SUBCUTANEOUS, INTRAMUSCULAR,	10/1/2018	12/31/2382	1
PRA	Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY	10/1/2010	12/31/2382	1
PRA	Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	10/1/2010	12/31/2382	2
PRA	Q0112	ALL POTASSIUM HYDROZIDE (KOH) PREPARATIONS	10/1/2010	12/31/2382	3
PRA	Q0113	PINWORM EXAMINATIONS	4/1/2018	12/31/2382	1
PRA	Q0114	FERN TEST	10/1/2010	12/31/2382	1
PRA	Q0115	POST-COITAL MUCOUS EXAM	10/1/2010	12/31/2382	1
PRA	Q0138	INJECTION, FERUMOSYTOL, FOR TREATMENT IF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	1/1/2016	12/31/2382	510
PRA	Q0139	INJECTION, FERUMOSYTOL, FOR TREATMENT IF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)	1/1/2016	12/31/2382	510
PRA	Q0161	CHLORPROMAZINE HYDROCHLORIDE, 5 MG ORAL FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE	1/1/2018	12/31/2382	66
PRA	Q0162	ONDANSETRON 1 MG,ORAL FDA-APPROVED PRESCRIPTION ANTI-EMETIC,FOR USE AS A COMPLETE THERAPEUTIC	7/1/2016	12/31/2382	24
PRA	Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC	7/1/2016	12/31/2382	6

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	Q0164	PROCHLORPERAZINE, MALEATE, 5 MG, ORAL	7/1/2016	12/31/2382	8
PRA	Q0166	GRANISETRON HYDROCHLORIDE 1 MG ORAL FDA APPROVED PRESCRIPTION ANTIEMETIC	1/1/2016	12/31/2382	2
PRA	Q0167	DRONABINOL, 2.5 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPUTIC	1/1/2016	12/31/2382	108
PRA	Q0169	PROMETHAZINE HCl, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	7/1/2016	12/31/2382	12
PRA	Q0173	TRIMETHOBENZAMIDE HCl, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	7/1/2016	12/31/2382	5
PRA	Q0175	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	7/1/2016	12/31/2382	6
PRA	Q0177	HYDROXYZINE PAMOATE, 25 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	7/1/2016	12/31/2382	16
PRA	Q0180	DOLASETRON MESYLATE, 100 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMECTIC, FOR USE AS A THERAPEUTIC	1/1/2016	12/31/2382	1
PRA	Q0478	POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, VEHICLE TYPE	7/1/2011	12/31/2382	1
PRA	Q0479	POWER MODULE FOR USE WITH ELCTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	7/1/2011	12/31/2382	1
PRA	Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	Q0481	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT	10/1/2010	12/31/2382	1
PRA	Q0483	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	Q0484	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	Q0485	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	Q0486	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT	10/1/2010	12/31/2382	1
PRA	Q0488	POWER PACK BASE FOR USE WITH ELECTRIC VETRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	Q0489	POWER PACK BASE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	Q0490	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	Q0491	EMERGENCY POWERE SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VETRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	Q0492	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	Q0493	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC/ PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	Q0494	EMERGENCY HAND PUMP FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	Q0495	BATTERY/ POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE	10/1/2010	12/31/2382	1

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PRA	Q0497	BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	2
PRA	Q0498	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/ PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	Q0499	BELT/VEST FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	Q0501	SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
PRA	Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	3
PRA	Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE TYPE	10/1/2010	12/31/2382	1
PRA	Q0506	BATTERY, LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2015	12/31/2382	8
PRA	Q0507	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN EXTERNAL VENTRICULAR ASSIST DEVICE	7/1/2014	12/31/2382	1
PRA	Q0508	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST DEVICE	1/1/2018	12/31/2382	4
PRA	Q0509	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST DEVICE FOR	1/1/2018	12/31/2382	2
PRA	Q0510	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUGS, FIRST MONTH FOLLOWING TRANSPLANT	7/1/2014	12/31/2382	1
PRA	Q0511	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUGS; FOR THE FIRST PRESCR	7/1/2014	12/31/2382	1
PRA	Q0512	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUGS; FOR A SUBSEQUENT PRESCR	7/1/2014	12/31/2382	4
PRA	Q0513	PHARMACY DISPENSING FEE FOR INHALATION DRUGS; PER 30 DAYS	1/1/2012	12/31/2382	1
PRA	Q0514	PHARMACY DISPENSING FEE FOR INHALATION DRUGS; PER 90 DAYS	1/1/2012	12/31/2382	1
PRA	Q1004	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 4 AS DEFINED IN FEDERAL REGISTER NOTICE	10/1/2010	12/31/2382	2
PRA	Q1005	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 5 AS DEFINED IN FEDERAL REGISTER NOTICE	10/1/2010	12/31/2382	2
PRA	Q2004	IRRIGATION SOLUTION FOR TREATMENT OF BLADDER CALCULI, FOR EXAMPLE RENACIDIN, PER 500 ML	7/1/2014	12/31/2382	1
PRA	Q2009	INJECTION, FOSPHENYTION, 50 MG PHENYTOIN EQUIVALENT	10/1/2016	12/31/2382	100
PRA	Q2017	INJECTION, TENIPOSIDE, 50 MG	10/1/2016	12/31/2382	12
PRA	Q2026	INJECTION, RADIESSE, 0.1 ML	1/1/2020	12/31/2382	30
PRA	Q2028	INJECTION, SCULPTRA, .5 MG	4/1/2015	12/31/2382	1470
PRA	Q2035	INFLUENZA VIRUS VACCINE, SPLIT VIRUS WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCU	7/1/2011	12/31/2382	1
PRA	Q2036	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR	7/1/2011	12/31/2382	1
PRA	Q2037	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR	7/1/2011	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	Q2038	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR	7/1/2011	12/31/2382	1
PRA	Q2039	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR	7/1/2011	12/31/2382	1
PRA	Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS	7/1/2011	12/31/2382	1
PRA	Q2049	IMPORTED LIPODOX INJECTION, 10MG	1/1/2020	12/31/2382	10
PRA	Q2050	DOXORUBICIN INJ 10 MG	7/1/2014	12/31/2382	14
PRA	Q2052	SERVICES, SUPPLIES AND ACCESSORIES USED IN THE HOME UNDER THE MEDICARE INTRAVENOUS IMMUNE GLOBIN	7/1/2014	12/31/2382	1
PRA	Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	7/1/2014	12/31/2382	1
PRA	Q3027	INJ. BETA INTERFERON IM 1 MCG	4/1/2015	12/31/2382	30
PRA	Q3028	INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE	7/1/2017	12/31/2382	44
PRA	Q3031	COLLAGEN SKIN TEST	10/1/2012	12/31/2382	1
PRA	Q4001	CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD PLASTER	10/1/2010	12/31/2382	1
PRA	Q4002	CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, FIBERGLASS	10/1/2010	12/31/2382	1
PRA	Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	10/1/2010	12/31/2382	2
PRA	Q4004	CAST SUPPLIES, SHOULDER CAST ADULT (11 YEARS +), FIBERGLASS	10/1/2010	12/31/2382	2
PRA	Q4012	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	7/1/2019	12/31/2382	2
PRA	Q4013	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), PLASTER	7/1/2019	12/31/2382	2
PRA	Q4014	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), FIBERGLASS	7/1/2019	12/31/2382	2
PRA	Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	7/1/2019	12/31/2382	2
PRA	Q4021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	7/1/2019	12/31/2382	2
PRA	Q4025	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), PLASTER	10/1/2010	12/31/2382	1
PRA	Q4026	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), FIBERGLASS	10/1/2010	12/31/2382	1
PRA	Q4027	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), PLASTER	10/1/2010	12/31/2382	1
PRA	Q4028	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), FIBERGLASS	10/1/2010	12/31/2382	1
PRA	Q4030	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), FIBERGLASS	7/1/2019	12/31/2382	2
PRA	Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	7/1/2019	12/31/2382	2
PRA	Q4042	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	7/1/2019	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	7/1/2019	12/31/2382	2
PRA	Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CAST	4/1/2018	12/31/2382	2
PRA	Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENERS, PADDING AND OTHER SUPPLIES)	4/1/2018	12/31/2382	2
PRA	Q4074	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	10/1/2016	12/31/2382	3
PRA	Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	10/1/2017	12/31/2382	200
PRA	Q5001	HOSPICE CARE PROVIDED IN PATIENT'S HOME/RESIDENCE	10/1/2017	12/31/2382	1
PRA	Q5002	HOSPICE CARE PROVIDED IN ASSISTED LIVING FACILITY	10/1/2017	12/31/2382	1
PRA	Q5003	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY OR NONSKILLED NURSING FACILITY	10/1/2017	12/31/2382	1
PRA	Q5004	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY	10/1/2017	12/31/2382	1
PRA	Q5005	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	10/1/2017	12/31/2382	1
PRA	Q5006	HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY	10/1/2017	12/31/2382	1
PRA	Q5007	HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY	10/1/2017	12/31/2382	1
PRA	Q5008	HOSPICE CARE PROVIDED IN INPATIENT PSYCHIATRIC FACILITY	10/1/2017	12/31/2382	1
PRA	Q5009	HOSPICE CARE PROVIDED IN PLACE NOT OTHERWISE SPECIFIED	1/1/2019	12/31/2382	1
PRA	Q5010	HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY	1/1/2019	12/31/2382	1
PRA	Q5101	INJECTION, ZARXIO	1/1/2019	12/31/2382	1500
PRA	Q5103	INJECTION, INFLECTRA	7/1/2018	12/31/2382	150
PRA	Q5104	INJECTION, RENFLEXIS	7/1/2018	12/31/2382	150
PRA	Q5105	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR ESRD ON DIALYSIS), 100 UNITS	1/1/2019	12/31/2382	100
PRA	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	4/1/2019	12/31/2382	170
PRA	Q5108	INJECTION, FULPHILA, .5MG	1/1/2019	12/31/2382	12
PRA	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	4/1/2019	12/31/2382	12
PRA	Q9950	INJECTION, SULFUR HEXAFLUORIDE LIPID MICROSPHERES, PER ML	7/1/2016	12/31/2382	5
PRA	Q9953	INJECTION, IRON BASED MAGNETIC RESONANCE CONTRAST AGENT, PER ML	10/1/2015	12/31/2382	10
PRA	Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER ML	4/1/2016	12/31/2382	18
PRA	Q9956	INJECTION, OCTAFLUOROPROPANE MICROSPHERES, PER ML	1/1/2015	12/31/2382	9

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	Q9957	INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML	10/1/2015	12/31/2382	3
PRA	Q9958	HIGH OSMOLAR CONTRAST MATERIAL, UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	10/1/2015	12/31/2382	300
PRA	Q9960	HIGH OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML	1/1/2015	12/31/2382	250
PRA	Q9961	HIGH OSMOLAR CONTRAST MATERIAL, 250-299 MG/ML IODINE CONCENTRATION, PER ML	10/1/2015	12/31/2382	200
PRA	Q9962	HIGH OSMOLAR CONTRAST MATERIAL, 300-349 MG/ML IODINE CONCENTRATION, PER ML	1/1/2015	12/31/2382	150
PRA	Q9963	HIGH OSMOLAR CONTRAST MATERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML	10/1/2015	12/31/2382	240
PRA	Q9966	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	10/1/2015	12/31/2382	250
PRA	Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	10/1/2015	12/31/2382	300
PRA	Q9969	TC-99M FROM NON-HIGHLY ENRICHED URANIUM SOURCE, FULL COST RECOVERY ADD-ON, PER STUDY DOSE	1/1/2017	12/31/2382	3
PRA	Q9982	FLUTEMETAMOL F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	1/1/2017	12/31/2382	1
PRA	Q9983	FLORBETABEN F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 8.1 MILLICURIES	1/1/2017	12/31/2382	1
PRA	R0070	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME, PER TRIP TO FACILITY OR LOCA	10/1/2010	12/31/2382	2
PRA	R0075	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME, PER TRIP TO FACILITY OR LOCA	10/1/2010	12/31/2382	2
PRA	R0076	TRANSPORTATION OF PORTABLE EKG TO FACILITY OR LOCATION, PER PATIENT	1/1/2017	12/31/2382	1
PRA	S0197	PRENATAL VITAMINS, 30-DAY SUPPLY	10/1/2012	12/31/2382	1
PRA	S0199	MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL ASSOCIATED SERVICES AND SUPPLIES EXCE	10/1/2012	12/31/2382	1
PRA	S0201	PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	10/1/2012	12/31/2382	1
PRA	S0220	MEDICAL CONFERENCE BY A PHYSICIAN WITH MULTIDISCIPLINARY TEAM OF HEALTH PROFESSIONALS OR REPRESENTATIVES	10/1/2012	12/31/2382	1
PRA	S0250	COMPREHENSIVE GERIATRIC ASSESSMENT AND TREATMENT PLANNING PERFORMED BY ASSESSMENT TEAM	10/1/2013	12/31/2382	1
PRA	S0255	HOSPICE REFERRAL VISIT (ADVISING PATIENT AND FAMILY OF CARE OPTIONS) PERFORMED BY NURSE SOCIAL WORKER OR OTHER	10/1/2013	12/31/2382	1
PRA	S0285	COLONOSCOPY CONSULTATION PERFORMED PRIOR TO A SCREENING COLONOSCOPY PROCEDURE	7/1/2017	12/31/2382	1
PRA	S0302	COMPLETED EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) SERVICE	10/1/2013	12/31/2382	1
PRA	S0310	HOSPITALIST SERVICES (LIST SEPARATELY IN ADDITION TO CODE FOR APPROPRIATE EVALUATION AND MANAGEMENT)	10/1/2013	12/31/2382	1
PRA	S0311	COMPREHENSIVE MANAGEMENT AND CARE COORDINATION FOR ADVANCED ILLNESS, PER CALENDAR MONTH	7/1/2017	12/31/2382	1
PRA	S0315	DISEASE MANAGEMENT PROGRAM; INITIAL ASSESSMENT AND INITIATION OF THE PROGRAM	10/1/2012	12/31/2382	1
PRA	S0316	FOLLOW-UP/REASSESSMENT	10/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	S0317	DISEASE MANAGEMENT PROGRAM; PER DIEM	10/1/2012	12/31/2382	1
PRA	S0390	ROUTINE FOOT CARE; REMOVAL AND/OR TRIMMING OF CORNS, CALLUSES AND/OR NAILS AND PREVENTIVE MAINTENANCE IN	10/1/2012	12/31/2382	1
PRA	S0395	IMPRESSION CASTING OF A FOOT PERFORMED BY A PRACTITIONER OTHER THAN THE MANUFACTURER OF THE ORTHOTI	10/1/2013	12/31/2382	2
PRA	S0516	SAFETY EYEGLASS FRAMES	10/1/2014	12/31/2382	1
PRA	S0580	POLYCARBONATE LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS)	10/1/2014	12/31/2382	2
PRA	S0581	NONSTANDARD LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS)	10/1/2014	12/31/2382	2
PRA	S0592	COMPREHENSIVE CONTACT LENS EVALUATION	10/1/2013	12/31/2382	1
PRA	S0610	ANNUAL GYNECOLOGICAL EXAMINATION, NEW PATIENT	10/1/2012	12/31/2382	1
PRA	S0612	ANNUAL GYNECOLOGICAL EXAMINATION, ESTABLISHED PATIENT	10/1/2013	12/31/2382	1
PRA	S0613	ANNUAL GYNECOLOGICAL EXAMINATION, CLINICAL BREAST EXAM WITHOUT PELVIC EXAMINATION	10/1/2013	12/31/2382	1
PRA	S0618	AUDIOMETRY FOR HEARING AID EVALUATION TO DETERMINE THE LEVEL AND DEGREE OF	10/1/2013	12/31/2382	1
PRA	S0620	ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; NEW PATIENT	10/1/2013	12/31/2382	1
PRA	S0621	ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; ESTABLISHED PATIENT	10/1/2013	12/31/2382	1
PRA	S0630	REMOVAL OF SUTURES BY A PHYSICIAN OTHER THAN THE PHYSICIAN WHO ORIGINALLY CLOSED THE WOUND	10/1/2013	12/31/2382	1
PRA	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	10/1/2013	12/31/2382	1
PRA	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DEEP) FLAP, INCLUDING MICROVASCULAR	10/1/2013	12/31/2382	1
PRA	S2083	ADJUSTMENT OF GASTRIC BAND DIAMETER VIA SUBCUTANEOUS PORT BY INJECTION OR	10/1/2013	12/31/2382	1
PRA	S2117	ARTHOEREISIS, SUBTALAR	10/1/2013	12/31/2382	1
PRA	S2150	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL HARVESTING AND TRANSPLANTATION, ALLOGENIC OR AUTOLOGOUS INCL	10/1/2013	12/31/2382	1
PRA	S2260	INDUCED ABORTION, 17 TO 24 WEEKS, ANY SURGICAL METHOD	10/1/2013	12/31/2382	1
PRA	S2350	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S)INCLUDING OSTEOPHYTECTOMY	10/1/2012	12/31/2382	1
PRA	S2401	REPAIR, URINARY TRACT OBSTRUCION IN THE FETUS, PROCEDURE PERFORMED IN UTERO	10/1/2013	12/31/2382	1
PRA	S2411	FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN TRANSFUSION SYNDROME	10/1/2013	12/31/2382	1
PRA	S2900	SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM	10/1/2013	12/31/2382	1
PRA	S3005	PERFORMANCE MEASUREMENT, EVALUATION OF PATIENT SELF ASSESSMENT, DEPRESSION	10/1/2012	12/31/2382	1
PRA	S4005	INTERIM LABOR FACILITY GLOBAL (LABOR OCCURRING BUT NOT RESULTING IN DELIVERY)	10/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	S5101	DAY CARE SERVICES, ADULT; PER HALF DAY	10/1/2012	12/31/2382	1
PRA	S5102	DAY CARE SERVICES, ADULT; PER DIEM	10/1/2012	12/31/2382	1
PRA	S5105	DAY CARE SERVICES, CENTER-BASED; SERVICES NOT INCLUDED IN PROGRAM FEE, PER DIEM	10/1/2012	12/31/2382	1
PRA	S5111	HOME CARE TRAINING, FAMILY; PER SESSION	10/1/2012	12/31/2382	1
PRA	S5116	HOME CARE TRAINING, NON-FAMILY; PER SESSION	10/1/2012	12/31/2382	1
PRA	S5121	CHORE SERVICES; PER DIEM	10/1/2012	12/31/2382	1
PRA	S5126	ATTENDANT CARE SERVICES; PER DIEM	10/1/2012	12/31/2382	1
PRA	S5131	HOMEMAKER SERVICE, NOS; PER DIEM	10/1/2012	12/31/2382	1
PRA	S5136	COMPANION CARE, ADULT (E.G. IADL/ADL); PER DIEM	10/1/2012	12/31/2382	1
PRA	S5140	FOSTER CARE, ADULT; PER DIEM	10/1/2012	12/31/2382	1
PRA	S5141	FOSTER CARE, ADULT; PER MONTH	10/1/2012	12/31/2382	1
PRA	S5145	FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM	10/1/2012	12/31/2382	1
PRA	S5146	FOSTER CARE, THERAPEUTIC, CHILD; PER MONTH	10/1/2012	12/31/2382	1
PRA	S5151	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	10/1/2012	12/31/2382	1
PRA	S5160	EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING	10/1/2012	12/31/2382	1
PRA	S5161	EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH (EXCLUDES INSTALLATION OR TESTING)	10/1/2012	12/31/2382	1
PRA	S5162	EMERGENCY RESPONSE SYSTEM; PURCHASE ONLY	10/1/2012	12/31/2382	1
PRA	S5165	HOME MODIFICATIONS; PER SERVICE	10/1/2012	12/31/2382	3
PRA	S5180	HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION	10/1/2012	12/31/2382	1
PRA	S5181	HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM	10/1/2012	12/31/2382	1
PRA	S5185	MEDICATION REMINDER SERVICE, NON-FACE-TO-FACE; PER MONTH	10/1/2012	12/31/2382	1
PRA	S5190	WELLNESS ASSESSMENT, PERFORMED BY NON-PHYSICIAN	10/1/2012	12/31/2382	1
PRA	S5497	HOME INFUSION THERAPY, CATHETER CARE/MAINTENANCE, NOT OTHERWISE CLASSIFIED; INCLUDES ADMINISTRATIVE SERVICES	10/1/2012	12/31/2382	1
PRA	S5498	HOME INFUSION THERAPY, CATHETER CARE/MAINTENANCE, SIMPLE(SINGLE LUMEN), INCLUDES ADMINISTRATIVE SERVICES	10/1/2012	12/31/2382	1
PRA	S5501	HOME INFUSION THERAPY, CATHETER CARE/MAINTENANCE, COMPLEX(MORE THAN ONE LUMEN), INCLUDES ADMINISTRATIVE SERVICE	10/1/2012	12/31/2382	1
PRA	S5502	HOME INFUSION THERAPY, CATHETER CARE/MAINTENANCE, IMPLANTED ACCESS DEVICE,INCLUDES ADMINISTRATIVE	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	S5517	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR RESTORATION OF CATHETER	10/1/2012	12/31/2382	1
PRA	S5520	HOME INFUSION THERAPY, ALL SUPPLIES(INCLUDING CATHETER)NECESSARY FOR A PERIPHERALLY INSERTED CENTRAL VENOUS CA	10/1/2012	12/31/2382	1
PRA	S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY(MRCP)	10/1/2013	12/31/2382	1
PRA	S8096	PORTABLE PEAK FLOW METER	10/1/2013	12/31/2382	1
PRA	S8100	HOLDING CHAMBER OF SPACER FOR USE WITH AND INHALER OR NEBULIZER; WITHOUT MASK	10/1/2013	12/31/2382	2
PRA	S8101	HOLDING CHAMBER OF SPACER FOR USE WITH AN INHALER OR NEBULIZER; WITH MASK	10/1/2013	12/31/2382	2
PRA	S8110	PEAK EXPIRATORY FLOW RATE (PHYSICIAN SERVICES)	1/1/2014	12/31/2382	2
PRA	S8185	FLUTTER DEVICE	10/1/2013	12/31/2382	1
PRA	S8186	SWIVEL ADAPTOR	10/1/2013	12/31/2382	4
PRA	S8210	MUCAS TRAP	10/1/2013	12/31/2382	3
PRA	S8270	ENURESIS ALARM, USING AUDITORY BUZZER AND/OR VIBRATION DEVICE	10/1/2013	12/31/2382	1
PRA	S8420	GRADIENT PRESSURE AID(SLEEVE AND GLOVE COMBINATION), CUSTOM MADE	10/1/2013	12/31/2382	2
PRA	S8421	GRADIENT PRESSURE AID(SLEEVE AND GLOVE COMBINATION), READY MADE	10/1/2013	12/31/2382	2
PRA	S8422	GRADIENT PRESSURE AID(SLEEVE), CUSTOM MADE, MEDIUM WEIGHT	10/1/2013	12/31/2382	2
PRA	S8423	GRADIENT PRESSURE AID(SLEEVE), CUSTOM MADE, HEAVY WEIGHT	10/1/2013	12/31/2382	2
PRA	S8424	GRADIENT PRESSURE AID(SLEEVE), READY MADE	10/1/2013	12/31/2382	2
PRA	S8425	GRADIENT PRESSURE AID(GLOVE), CUSTOM MADE, MEDIUM WEIGHT	10/1/2013	12/31/2382	2
PRA	S8426	GRADIENT PRESSURE AID(GLOVE), CUSTOM MADE, HEAVY WEIGHT	10/1/2013	12/31/2382	2
PRA	S8427	GRADIENT PRESSURE AID (GLOVE), READY MADE	10/1/2013	12/31/2382	2
PRA	S8428	GRADIENT PRESSURE AID (GAUNTLET), READY MADE	10/1/2013	12/31/2382	2
PRA	S8429	GRADIENT PRESSURE EXTERIOR WRAP	10/1/2013	12/31/2382	2
PRA	S8450	SPLING, PREFABRICATED, DIGIT(SPECIFY DIGIT BY USE OF MODIFIER)	10/1/2013	12/31/2382	1
PRA	S8451	SPLINT, PREFABRICATED, WRIST OR ANKLE	10/1/2013	12/31/2382	2
PRA	S8452	SPLINT, PREFABRICATED, ELBOW	10/1/2013	12/31/2382	2
PRA	S8999	RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATAHTROPHIC	10/1/2013	12/31/2382	1
PRA	S9001	HOME UTERINE MONITOR WITH OR WITHOUT ASSOCIATED NURSING SERVICES	10/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	S9083	GLOBAL FEE URGENT CARE CENTERS	10/1/2013	12/31/2382	1
PRA	S9088	SERVICES PROVIDED IN AN URGENT CARE CENTER (LIST IN ADDITION TO CODE FOR SERVICE)	10/1/2013	12/31/2382	1
PRA	S9125	RESPIRE CARE, IN THE HOME, PER DIEM	10/1/2012	12/31/2382	1
PRA	S9126	HOSPICE CARE, IN THE HOME, PER DIEM	10/1/2012	12/31/2382	1
PRA	S9127	SOCIAL WORK VISIT, IN THE HOME, PER DIEM	10/1/2012	12/31/2382	1
PRA	S9128	SPEECH THERAPY, IN THE HOME, PER DIEM	10/1/2012	12/31/2382	1
PRA	S9129	OCCUPATIONAL THERAPY, IN THE HOME,PER DIEM	10/1/2012	12/31/2382	1
PRA	S9131	PHYSICAL THERAPY; IN THE HOME, PER DIEM	10/1/2012	12/31/2382	1
PRA	S9211	HOME MANAGEMENT OF GESTATIONAL HYPERTENSION, INCLUDES ADMINISTRATIVE SERVICES, PROF PHARMACY SERVICES, CARE CO	10/1/2012	12/31/2382	1
PRA	S9325	HOME INFUSION THERAPY, PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE	10/1/2012	12/31/2382	1
PRA	S9326	HOME INFUSION THERAPY, CONTINUOUS PAIN MANAGEMENT INFUSION, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SER	10/1/2012	12/31/2382	1
PRA	S9327	HOME INFUSION THERAPY, INTERMITTENT PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES,PROFESSIONAL PHARMACY	10/1/2012	12/31/2382	1
PRA	S9328	HOME INFUSION THERAPY, IMPLANTED PUMP PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES,PROFESSIONAL PHARMACY	10/1/2012	12/31/2382	1
PRA	S9329	HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES; PROFESSIONAL PHARMACY SERVICES, CARE CO	10/1/2012	12/31/2382	1
PRA	S9330	HOME INFUSION THERAPY, CONTINUOUS CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVIC	10/1/2012	12/31/2382	1
PRA	S9331	HOME INFUSION THERAPY, INTERMITTENT CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERV	10/1/2012	12/31/2382	1
PRA	S9336	HOME INFUSION THERAPY, CONTINUOUS ANTICOAGULANT INFUSION THERAPY(E.G. HEPARIN), ADMINISTRATIVE SERVICES, PROFE	10/1/2012	12/31/2382	1
PRA	S9338	HOME INFUSION THERAPY,IMMUNOTHERAPY THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COO	10/1/2012	12/31/2382	1
PRA	S9339	HOME THERAPY; PERITONEAL DIALYSIS, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION	10/1/2012	12/31/2382	1
PRA	S9340	HOME THERAPY; ENTERAL NUTRITION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AN	10/1/2012	12/31/2382	1
PRA	S9341	HOME THERAPY ; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE CO	10/1/2012	12/31/2382	1
PRA	S9342	HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORD	10/1/2012	12/31/2382	1
PRA	S9343	HOME THERAPY; ENTERAL NUTRITION VIA BOLUS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORD	10/1/2012	12/31/2382	1
PRA	S9345	HOME INFUSION THERAPY, ANTI-HEMOPHILIC AGENT INFUSION THERAPY(E.G. FACTORVIII); ADMINISTRATIVE SERVICES, PROFE	10/1/2012	12/31/2382	1
PRA	S9346	HOME INFUSION THERAPY, ALPHA-1-PROTEINASE INHIBITOR(E.G. PROLASTIN); ADMINISTRATIVE SERVICES, PROFESSIONAL PHA	10/1/2012	12/31/2382	1
PRA	S9347	HOME INFUSION THERAPY, UNINTERRUPTED, LONG-TERM, CONTROLLED RATE INTRAVENOUSE INFUSION THERAPY(E.G. EPOPROSTEN	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	S9348	HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFUSION THERAPY(E.G. DOBUTAMINE); ADMINISTRATIVE SERVI	10/1/2012	12/31/2382	1
PRA	S9349	HOME INFUSION THERAPY, TOCOLYTIC INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CA	10/1/2012	12/31/2382	1
PRA	S9351	HOME INFUSION THERAPY, CONTINUOUS ANTI-EMETIC INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY	10/1/2012	12/31/2382	1
PRA	S9355	HOME INFUSION THERAPY, CHELATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORD	10/1/2012	12/31/2382	1
PRA	S9359	HOME INFUSION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUSE THERAPY; (E.G.INFLIXIMAB); ADMINISTRATIVE SERV	10/1/2012	12/31/2382	1
PRA	S9363	HOME INFUSION THERAPY, ANTI-SPASMOTIC INTRAVENOUS THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERV	10/1/2012	12/31/2382	1
PRA	S9364	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION(TPN);ADMINISTRATIVE, PROFESSIONAL PHARMACY SERVICES, CARE CO	10/1/2012	12/31/2382	1
PRA	S9365	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION(TPN); ONE LITER PER DAY, ADMINISTRATIVE SERVICES, PROF PHARM	10/1/2012	12/31/2382	1
PRA	S9366	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION(TPN) ;MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER	10/1/2012	12/31/2382	1
PRA	S9367	HOME INFUSION THERAPY, TOTAL PARENTETAL NUTRITION(TPN); MORE THAN TWO LITERS BUT NO MORE THAN 3 LITERS PER DAY	10/1/2012	12/31/2382	1
PRA	S9368	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION(TPN); MORE THAN 3 LITERS , ADMINISTRATIVE SERVICES, PROFESSO	10/1/2012	12/31/2382	1
PRA	S9373	HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATION SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDI	10/1/2012	12/31/2382	1
PRA	S9374	HOME INFUSION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY	10/1/2012	12/31/2382	1
PRA	S9375	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER DAY, ADMINISTRAT	10/1/2012	12/31/2382	1
PRA	S9376	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY, ADMIN SE	10/1/2012	12/31/2382	1
PRA	S9377	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONA	10/1/2012	12/31/2382	1
PRA	S9379	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; ADMIN SERVICES, PROFESSIONAL PHARMACY SERVI	10/1/2012	12/31/2382	1
PRA	S9436	CHILDBIRTH PREPARATION/LAMAZE CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
PRA	S9437	CHILDBIRTH REFRESHER CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
PRA	S9441	ASTHMA EDUCATION, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
PRA	S9442	BIRTHING CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
PRA	S9443	LACTATION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
PRA	S9444	PARENTING CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
PRA	S9445	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER	10/1/2013	12/31/2382	2
PRA	S9446	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, GROUP, PER SESSION	10/1/2013	12/31/2382	2
PRA	S9447	INFANT SAFETY (INCLUDING CPR) CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	S9449	WEIGHT MANAGEMENT CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
PRA	S9451	EXERCISE CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
PRA	S9452	NUTRITION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
PRA	S9453	SMOKING CESSATION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
PRA	S9455	DIABETIC MANANGEMENT PROGRAM, GROUP SESSION	10/1/2013	12/31/2382	1
PRA	S9460	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	10/1/2013	12/31/2382	1
PRA	S9465	DIABETIC MANAGEMENT PROGRAM, DIETITIAN VISIT	10/1/2013	12/31/2382	1
PRA	S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	10/1/2013	12/31/2382	1
PRA	S9472	CARDIAC REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM	10/1/2012	12/31/2382	1
PRA	S9473	PULMONARY REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM	10/1/2012	12/31/2382	1
PRA	S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	10/1/2012	12/31/2382	1
PRA	S9485	CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM	10/1/2012	12/31/2382	1
PRA	S9490	HOME INFUSION THERAPY, CORTICOSTERIOD INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE	10/1/2012	12/31/2382	1
PRA	S9494	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHA	10/1/2012	12/31/2382	1
PRA	S9497	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL,OR ANTIFUNGAL THERAPY;ONCE EVERY THREE HOURS; ADMIN SERV, PROFESS	10/1/2012	12/31/2382	1
PRA	S9500	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY;ONCE EVERY 12 HOURS, ADMIN SERVICES, PROFE	10/1/2012	12/31/2382	1
PRA	S9501	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY;ONCE EVERY 12 HOURS;ADMIN SERVICES, PROFES	10/1/2012	12/31/2382	1
PRA	S9502	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY;ONCE EVERY EIGHT HOURS, ADMIN SERVICES, PR	10/1/2012	12/31/2382	1
PRA	S9503	HOME INFUSION THERAPY, ANTBIOTIC,ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 6 HOURS, ADMIN SERVICES, PROFESSIONAL PH	10/1/2012	12/31/2382	1
PRA	S9504	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL;ONCE EVERY 4 HOURS, ADMIN SERVICES, PROFESSIONAL P	10/1/2012	12/31/2382	1
PRA	S9529	ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S), SINGLE HOME BOUND, NURSING HOME, OR SKILLED NURSING FACILI	10/1/2012	12/31/2382	1
PRA	S9537	HOME THERAPAY; HEMATOPOIETIC HORMONE INJECTION THERAPY(E.G. CRYTHROPOIETIN, G-CSF, GM-CSF);ADMIN SERVICES	10/1/2012	12/31/2382	1
PRA	S9542	HOME INJECTABLE THERAPY;NOT OTHERWISE CLASSIFIED, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SER	10/1/2012	12/31/2382	1
PRA	S9558	HOME INJECTABLE THERAPY;GROWTH HORMONE, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES	10/1/2012	12/31/2382	1
PRA	S9560	HOME INJECTABLE THERAPY, HORMONAL THERAPY(E.G. LEUPROLIDE, GOSERELIN), INCLUDING ADMINISTRATIVE SERVICES, PROF	10/1/2012	12/31/2382	1
PRA	S9960	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, NONEMERGENCY TRANSPORT, ONE WAY (FIXED WINGS)	7/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	S9961	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, NONEMERGENCY TRANSPORT, ONE WAY (ROTARY WINGS)	7/1/2014	12/31/2382	1
PRA	S9976	LODGING, PER DIEM, NOT OTHERWISE CLASSIFIED	10/1/2012	12/31/2382	1
PRA	S9981	MEDICAL RECORDS COPYING FEE, ADMINISTRATIVE	10/1/2013	12/31/2382	1
PRA	T1001	NURSING ASSESSMENT/EVALUATION	10/1/2012	12/31/2382	2
PRA	T1006	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING	1/1/2019	12/31/2382	1
PRA	T1015	CLINIC VISIT/ENCOUNTER, ALL INCLUSIVE	10/1/2012	12/31/2382	1
PRA	T1018	SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED	10/1/2013	12/31/2382	1
PRA	T1020	PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR	10/1/2012	12/31/2382	1
PRA	T1021	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT	1/1/2019	12/31/2382	2
PRA	T1022	CONTRACTED HOME HEALTH AGENCY SERVICES, ALL SERVICES PROVIDED UNDER CONTRACT, PER DAY	10/1/2012	12/31/2382	1
PRA	T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED	10/1/2013	12/31/2382	1
PRA	T1024	TEAM EVALUATION & MANAGEMENT PER ENCOUNTER	1/1/2019	12/31/2382	1
PRA	T1025	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX MEDICAL,	10/1/2012	12/31/2382	1
PRA	T1028	ASSESSMENT OF HOME, PHYSICAL AND FAMILY ENVIRONMENT, TO DETERMINE SUITABILITY TO MEET PATIENT'S MEDICAL NEEDS	10/1/2012	12/31/2382	1
PRA	T1029	COMPREHENSIVE ENVIRONMENTAL LEAD INVESTIGATION, NOT INCLUDING LABORATORY	10/1/2012	12/31/2382	1
PRA	T1030	NURSING CARE, IN THE HOME, BY REGISTERED NURSE, PER DIEM	10/1/2012	12/31/2382	1
PRA	T1031	NURSING CARE, IN THE HOME, BY LICENSED PRACTICAL NURSE, PER DIEM	10/1/2012	12/31/2382	1
PRA	T1040	MEDICAID CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES, PER DIEM	7/1/2017	12/31/2382	1
PRA	T1041	MEDICAID CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES, PER MONTH	7/1/2017	12/31/2382	1
PRA	T1502	ADMINISTRATION OF ORAL, INTRAMUSCULAR AND/OR SUBCUTANEOUS MEDICATION BY HEALTH CARE AGENCY/PROFESSIONAL, PER	10/1/2012	12/31/2382	2
PRA	T1503	ADMINISTRATION OF MEDICATION, OTHER THAN ORAL AND/OR INJECTABLE, BY HEALTH CARE AGENCY/PROFESSIONAL, PER VISIT	1/1/2014	12/31/2382	2
PRA	T1505	ELECTRONIC MEDICATION COMPLIANCE MANAGEMENT DEVICE, INCLUDES ALL COMPONENTS AND ACCESSORIES, NOC	1/1/2014	12/31/2382	1
PRA	T2002	NON-EMERGENCY TRANSPORTATION; PER DIEM	10/1/2012	12/31/2382	1
PRA	T2016	HABILITATION, RESIDENTIAL, WAIVER, PER DIEM	10/1/2012	12/31/2382	1
PRA	T2020	DAY HABILITATION, WAIVER, PER DIEM	10/1/2012	12/31/2382	1
PRA	T2022	CASE MANAGEMENT, PER MONTH	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	T2023	TARGETED CASE MANAGEMENT; PER MONTH	10/1/2012	12/31/2382	1
PRA	T2024	SERVICE ASSESSMENT/ PLAN OF CARE DEVELOPMENT, WAIVER	1/1/2014	12/31/2382	1
PRA	T2030	ASSISTED LIVING, WAIVER, PER MONTH	10/1/2012	12/31/2382	1
PRA	T2031	ASSISTED LIVING, WAIVER, PER DIEM	10/1/2012	12/31/2382	1
PRA	T2032	RESIDENTIAL CARE NOT OTHERWISE SPECIFIED, WAIVER, PER MONTH	10/1/2012	12/31/2382	1
PRA	T2033	RESIDENTIAL CARE NOT OTHERWISE SPECIFIED, WAIVER, PER DIEM	10/1/2012	12/31/2382	1
PRA	T2042	HOSPICE ROUTINE HOME CARE; PER DEIM	10/1/2012	12/31/2382	1
PRA	T2044	HOSPICE INPATIENT RESPITE CARE; PER DIEM	10/1/2012	12/31/2382	1
PRA	T2045	HOSPICE GENERAL INPATIENT CARE; PER DIEM	10/1/2012	12/31/2382	1
PRA	T2046	HOSPICE LONG TERM CARE, ROOM AND BOARD ONLY; PER DIEM	10/1/2012	12/31/2382	1
PRA	T2048	BEHAVIORIAL HEALTH; LONG-TERM CARE RESIDENTIAL, WITH ROOM AND BOARD, PER DIEM	10/1/2012	12/31/2382	1
PRA	T5001	POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS, FOR USE IN VEHICLES	10/1/2013	12/31/2382	1
PRA	V2020	FRAMES, PURCHASES	10/1/2010	12/31/2382	1
PRA	V2025	DELUXE FRAMES	10/1/2014	12/31/2382	1
PRA	V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	4/1/2015	12/31/2382	2
PRA	V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	10/1/2010	12/31/2382	2
PRA	V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	10/1/2010	12/31/2382	2
PRA	V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	4/1/2015	12/31/2382	2
PRA	V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, .12 TO 2.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2110	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25D TO 4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	10/1/2010	12/31/2382	2
PRA	V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	10/1/2010	12/31/2382	2
PRA	V2118	ANISEIKONIC LENS, SINGLE VISION	10/1/2010	12/31/2382	2
PRA	V2121	LENTICULAR LENS, PER LENS, SINGLE	10/1/2010	12/31/2382	2
PRA	V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	7/1/2014	12/31/2382	2
PRA	V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	10/1/2010	12/31/2382	2
PRA	V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	10/1/2010	12/31/2382	2
PRA	V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	10/1/2010	12/31/2382	2
PRA	V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	10/1/2010	12/31/2382	2
PRA	V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	10/1/2010	12/31/2382	2
PRA	V2218	ANISEIKONIC, PER LENS, BIFOCAL	10/1/2010	12/31/2382	2
PRA	V2219	BIFOCAL SEG WIDTH OVER 28MM	10/1/2010	12/31/2382	2
PRA	V2220	BIFOCAL ADD OVER 3.25D	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	V2221	LENTICULAR LENS, PER LENS, BIFOCAL	10/1/2010	12/31/2382	2
PRA	V2299	SPECIALTY BIFOCAL (BY REPORT)	10/1/2010	12/31/2382	2
PRA	V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00.D, PER LENS	10/1/2010	12/31/2382	2
PRA	V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS	10/1/2010	12/31/2382	2
PRA	V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS	10/1/2010	12/31/2382	2
PRA	V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00 CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
PRA	V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12 .00D, PER LENS	10/1/2010	12/31/2382	2
PRA	V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL	10/1/2010	12/31/2382	2
PRA	V2318	ANISEIKONIC LENS, TRIFOCAL	10/1/2010	12/31/2382	2
PRA	V2319	TRIFOCAL SEG WIDTH OVER 28 MM	10/1/2010	12/31/2382	2
PRA	V2320	TRIFOCAL ADD OVER 3.25D	10/1/2010	12/31/2382	2
PRA	V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	10/1/2010	12/31/2382	2
PRA	V2399	SPECIALTY TRIFOCAL (BY REPORT)	10/1/2010	12/31/2382	2
PRA	V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	10/1/2010	12/31/2382	2
PRA	V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	10/1/2010	12/31/2382	2
PRA	V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	7/1/2014	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	10/1/2010	12/31/2382	2
PRA	V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	10/1/2010	12/31/2382	2
PRA	V2502	CONTACT LENS PMMA, BIFOCAL, PER LENS	10/1/2010	12/31/2382	2
PRA	V2503	CONTACT LENS PMMA, COLOR VISION DEFICIENCY, PER LENS	10/1/2010	12/31/2382	2
PRA	V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	10/1/2010	12/31/2382	2
PRA	V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	10/1/2010	12/31/2382	2
PRA	V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS	10/1/2010	12/31/2382	2
PRA	V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	10/1/2010	12/31/2382	2
PRA	V2520	CONTACT LENS HYDROPHILIC, SPHERICAL, PER LENS	10/1/2010	12/31/2382	2
PRA	V2521	CONTACT LENS HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS	10/1/2010	12/31/2382	2
PRA	V2522	CONTACT LENS HYDROPHILIC, BIFOCAL, PER LENS	10/1/2010	12/31/2382	2
PRA	V2523	CONTACT LENS HYDROPHILIC, EXTENDED WEAR, PER LENS	10/1/2010	12/31/2382	2
PRA	V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE CODE 92325)	10/1/2010	12/31/2382	2
PRA	V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS FOR CONTACT LENS MODIFICATION SEE CODE 92325	10/1/2010	12/31/2382	2
PRA	V2599	CONTACT LENS, OTHER TYPE	7/1/2014	12/31/2382	2
PRA	V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	10/1/2010	12/31/2382	1
PRA	V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	10/1/2010	12/31/2382	1
PRA	V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION TELESCOPIC, NEAR VISION TELESCOPES AND CO	10/1/2010	12/31/2382	2
PRA	V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	10/1/2010	12/31/2382	2
PRA	V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	10/1/2010	12/31/2382	2
PRA	V2625	ENLARGEMENT OF OCULAR PROSTHESIS	10/1/2010	12/31/2382	2
PRA	V2626	REDUCTION OF OCULAR PROSTHESIS	10/1/2010	12/31/2382	2
PRA	V2627	SCLERAL COVER SHELL	10/1/2010	12/31/2382	2
PRA	V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	10/1/2010	12/31/2382	2
PRA	V2629	PROSTHETIC EYE, OTHER TYPE	10/1/2010	12/31/2382	2
PRA	V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	V2631	IRIS SUPPORTED INTRAOCULAR LENS	10/1/2010	12/31/2382	2
PRA	V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	10/1/2010	12/31/2382	2
PRA	V2700	BALANCE LENS, PER LENS	10/1/2010	12/31/2382	2
PRA	V2710	SLAB OFF PRISM, GLASS OR PLASTIC. PER LENS	10/1/2010	12/31/2382	2
PRA	V2715	PRISM, PER LENS	4/1/2015	12/31/2382	4
PRA	V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS	10/1/2010	12/31/2382	2
PRA	V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC,PER LENS	10/1/2010	12/31/2382	2
PRA	V2744	TINT, PHOTOCROMATIC, PER LENS	4/1/2015	12/31/2382	2
PRA	V2745	ADDITION TO LENS, TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES PHOTOCROMATIC, ANY LENS MATERIAL, PER	4/1/2015	12/31/2382	2
PRA	V2750	ANTI-REFLECTIVE COATING, PER LENS	4/1/2015	12/31/2382	2
PRA	V2755	U-V LENS, PER LENS	4/1/2015	12/31/2382	2
PRA	V2756	EYE GLASS CASE	10/1/2014	12/31/2382	1
PRA	V2760	SCRATCH RESISTANT COATING, PER LENS	1/1/2014	12/31/2382	2
PRA	V2761	MIRROR COATING,ANY TYPE,SOLID,GRADIENT OR EQUAL,ANY LENS MATERIAL,PER LENS	10/1/2010	12/31/2382	2
PRA	V2762	POLARIZATION, ANY LENS MATERIAL, PER LENS	1/1/2014	12/31/2382	2
PRA	V2770	OCCLUDER LENS, PER LENS	10/1/2010	12/31/2382	2
PRA	V2780	OVERSIZE LENS, PER LENS	10/1/2010	12/31/2382	2
PRA	V2781	PROGRESSIVE LENS, PER LENS	10/1/2010	12/31/2382	2
PRA	V2782	LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE, PER LENS	10/1/2010	12/31/2382	2
PRA	V2783	LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES POLYCAR	10/1/2010	12/31/2382	2
PRA	V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	4/1/2015	12/31/2382	2
PRA	V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	10/1/2010	12/31/2382	2
PRA	V2786	SPECIALTY OCCUPATIONAL MULTIFOCAL LENS,PER LENS	1/1/2014	12/31/2382	2
PRA	V2787	ASTIGMATISM CORRECTING FUNCTION OF INTRAOCULAR LENS	10/1/2013	12/31/2382	2
PRA	V2788	PRESBYOPIA CORRECTING FUNCTION OF INTRAOCULAR LENS	10/1/2013	12/31/2382	2
PRA	V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	V2797	VISION SUPPLY,ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS VISION CODE	10/1/2010	12/31/2382	1
PRA	V5008	HEARING SCREENING	10/1/2010	12/31/2382	1
PRA	V5010	ASSESSMENT FOR HEARING AID	10/1/2010	12/31/2382	1
PRA	V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	10/1/2010	12/31/2382	1
PRA	V5014	REPAIR/MODIFICATION OF A HEARING AID	10/1/2013	12/31/2382	1
PRA	V5020	CONFORMITY EVALUATION	10/1/2013	12/31/2382	1
PRA	V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	10/1/2013	12/31/2382	1
PRA	V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	10/1/2013	12/31/2382	1
PRA	V5050	HEARING AID, MONAURAL, IN THE EAR	10/1/2013	12/31/2382	1
PRA	V5060	HEARING AID, MONAURAL, BEHIND THE EAR	10/1/2013	12/31/2382	1
PRA	V5070	GLASSES, AIR CONDUCTION	10/1/2013	12/31/2382	1
PRA	V5080	GLASSES, BONE CONDUCTION	10/1/2013	12/31/2382	1
PRA	V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	10/1/2013	12/31/2382	2
PRA	V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROTHESIS	10/1/2013	12/31/2382	2
PRA	V5100	HEARING AID, BILATERAL, BODY WORN	10/1/2012	12/31/2382	1
PRA	V5110	DISPENSING FEE, BILATERAL	10/1/2012	12/31/2382	1
PRA	V5120	BINAURAL, BODY	10/1/2013	12/31/2382	1
PRA	V5130	BINAURAL, IN THE EAR	10/1/2013	12/31/2382	1
PRA	V5140	BINAURAL, BEHIND THE EAR	10/1/2013	12/31/2382	1
PRA	V5150	BINAURAL, GLASSES	10/1/2013	12/31/2382	1
PRA	V5160	DISPENSING FEE, BINAURAL	10/1/2013	12/31/2382	1
PRA	V5171	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE)	7/1/2019	12/31/2382	1
PRA	V5172	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC)	7/1/2019	12/31/2382	1
PRA	V5181	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE)	7/1/2019	12/31/2382	1
PRA	V5190	HEARING AID, CROS, GLASSES	10/1/2013	12/31/2382	1
PRA	V5200	DISPENSING FEE, CROS	10/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	V5211	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITE	7/1/2019	12/31/2382	1
PRA	V5212	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITC	7/1/2019	12/31/2382	1
PRA	V5213	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/BTE	7/1/2019	12/31/2382	1
PRA	V5214	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/ITC	7/1/2019	12/31/2382	1
PRA	V5215	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/BTE	7/1/2019	12/31/2382	1
PRA	V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE	7/1/2019	12/31/2382	1
PRA	V5230	HEARING AID, BICROS, GLASSES	10/1/2013	12/31/2382	1
PRA	V5240	DISPENSING FEE, BICROS	10/1/2013	12/31/2382	1
PRA	V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	10/1/2013	12/31/2382	1
PRA	V5242	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CANAL)	10/1/2013	12/31/2382	1
PRA	V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	10/1/2013	12/31/2382	1
PRA	V5244	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC	10/1/2013	12/31/2382	1
PRA	V5245	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITC	10/1/2013	12/31/2382	1
PRA	V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	10/1/2013	12/31/2382	1
PRA	V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	10/1/2013	12/31/2382	1
PRA	V5248	HEARING AID, ANALOG, BINAURAL, CIC	10/1/2013	12/31/2382	1
PRA	V5249	HEARING AID, ANALOG, BINAURAL, ITC	10/1/2013	12/31/2382	1
PRA	V5250	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC	10/1/2013	12/31/2382	1
PRA	V5251	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC	10/1/2013	12/31/2382	1
PRA	V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	10/1/2013	12/31/2382	1
PRA	V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	10/1/2013	12/31/2382	1
PRA	V5254	HEARING AID, DIGITAL, MONAURAL, CIC	10/1/2013	12/31/2382	1
PRA	V5255	HEARING AID, DIGITAL, MONAURAL, ITC	10/1/2013	12/31/2382	1
PRA	V5256	HEARING AID, DIGITAL, MONAURAL, ITE	10/1/2013	12/31/2382	1
PRA	V5257	HEARING AID, DIGITAL, MONAURAL, BTE	10/1/2013	12/31/2382	1
PRA	V5258	HEARING AID, DIGITAL, BINAURAL, CIC	10/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	V5259	HEARING AID, DIGITAL, BINAURAL, ITC	10/1/2013	12/31/2382	1
PRA	V5260	HEARING AID, DIGITAL, BINAURAL, ITE	10/1/2013	12/31/2382	1
PRA	V5261	HEARING AID, DIGITAL, BINAURAL, BTE	10/1/2013	12/31/2382	1
PRA	V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	10/1/2013	12/31/2382	1
PRA	V5263	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL	10/1/2013	12/31/2382	1
PRA	V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	10/1/2013	12/31/2382	2
PRA	V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	10/1/2013	12/31/2382	2
PRA	V5268	ASSISTIVE LISTENING DEVICE, TELEPHONE AMPLIFIER, ANY TYPE	10/1/2013	12/31/2382	2
PRA	V5269	ASSISTIVE LISTENING DEVICE, ALERTING, ANY TYPE	10/1/2013	12/31/2382	2
PRA	V5270	ASSISTIVE LISTENING DEVICE, TELEVISION AMPLIFIER, ANY TYPE	10/1/2013	12/31/2382	2
PRA	V5271	ASSISTIVE LISTENING DEVICE, TELEVISION CAPTION DECODER	10/1/2013	12/31/2382	1
PRA	V5272	ASSISTIVE LISTENING DEVICE, TDD	10/1/2013	12/31/2382	1
PRA	V5273	ASSISTIVE LISTENING DEVICE, FOR USE WITH COCHLEAR IMPLANT	10/1/2013	12/31/2382	1
PRA	V5275	EAR IMPRESSION, EACH	10/1/2013	12/31/2382	2
PRA	V5281	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, BINAURAL, (2 RECEIVERS, TRANSMITTER, MICROPHONE), ANY TYPE	10/1/2013	12/31/2382	1
PRA	V5282	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, BINAURAL, (2 RECEIVERS, TRANSMITTER, MICROPHONE), ANY TYPE	10/1/2013	12/31/2382	1
PRA	V5283	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM NECK, LOOP INDUCTION RECEIVER	10/1/2013	12/31/2382	1
PRA	V5284	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, EAR LEVEL RECEIVER	10/1/2013	12/31/2382	1
PRA	V5285	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, DIRECT AUDIO INPUT RECEIVER	10/1/2013	12/31/2382	1
PRA	V5286	ASSISTIVE LISTENING DEVICE, PERSONAL BLUE TOOTH FM/DM RECEIVER	10/1/2013	12/31/2382	1
PRA	V5287	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM RECEIVER; NOT OTHERWISE SPECIFIED	10/1/2013	12/31/2382	1
PRA	V5288	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM TRANSMITTER ASSISTIVE LISTENING DEVICE	10/1/2013	12/31/2382	1
PRA	V5289	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM ADAPTER/BOOT COUPLING DEVICE FOR RECEIVER; ANY TYPE	10/1/2013	12/31/2382	1
PRA	V5290	ASSISTIVE LISTENING DEVICE, TRANSMITTER MICROPHONE, ANY TYPE	10/1/2013	12/31/2382	1
PRA	V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	10/1/2013	12/31/2382	1
PRA	V5299	HEARING SERVICE, MISCELLANEOUS	4/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
PRA	V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)	10/1/2013	12/31/2382	1
PRA	V5362	SPEECH SCREENING	10/1/2013	12/31/2382	1
PRA	V5363	LANGUAGE SCREENING	10/1/2013	12/31/2382	1
PRA	V5364	DYSPHAGIA SCREENING	10/1/2013	12/31/2382	1