

Procedure Code	Description	Rate
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY	\$14.04
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	\$6.00
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERIVICAL OR SKIN SPECIMENS	\$3.54
Q0112	ALL POTASSIUM HYDROZIDE (KOH) PREPARATIONS	\$3.54
Q0113	PINWORM EXAMINATIONS	\$4.48
Q0114	FERN TEST	\$5.93
Q0115	POST-COITAL MUCOUS EXAM	\$8.21
Q0138	INJECTION, FERUMOSYTOL, FOR TREATMENT IF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	\$0.73
Q0139	INJECTION, FERUMOSYTOL, FOR TREATMENT IF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)	\$0.73
Q0144	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	\$0.57
Q0162	ONDANSETRON 1 MG,ORAL FDA-APPROVED PRESCRIPTION ANTI-EMETIC,FOR USE AS A COMPLETE THERAPEUTIC	\$0.06
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC	\$0.23
Q0164	PROCHLORPERAZINE, MALEATE, 5 MG, ORAL	\$0.05
Q0166	GRANISETRON HYDROCHLORIDE 1 MG ORAL FDA APPROVED PRESCRIPTION ANTIEMETIC	\$2.03
Q0167	DRONABINOL, 2.5 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPUTIC	\$3.51
Q0169	PROMETHAZINE HCI, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.09
Q0173	TRIMETHOBENZAMIDE HCI, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.84
Q0175	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.55
Q0177	HYDROXYZINE PAMOATE, 25 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.04
Q0180	DOLASETRON MESYLATE, 100 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMECTIC, FOR USE AS A THERAPEUTIC	\$76.38
Q0181	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	\$0.00
Q0478	POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, VEHICLE TYPE	\$0.00

Procedure Code	Description	Rate
Q0479	POWER MODULE FOR USE WITH ELCTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$0.00
Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$69,753.35
Q0481	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$11,253.88
Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT	\$3,524.93
Q0483	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$14,521.13
Q0484	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$2,819.96
Q0485	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$272.26
Q0486	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$226.61
Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT	\$264.38
Q0488	POWER PACK BASE FOR USE WITH ELECTRIC VETRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$0.00
Q0489	POWER PACK BASE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$12,589.04
Q0490	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$544.55
Q0491	EMERGENCY POWERE SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VETRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$856.09
Q0492	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$68.96
Q0493	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC/ PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$196.39
Q0494	EMERGENCY HAND PUMP FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$166.19
Q0495	BATTERY/ POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE	\$3,235.06
Q0496	BATTERY, OTHER THAN LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,	\$1,161.12

Procedure Code	Description	Rate
Q0497	BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$362.57
Q0498	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/ PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$397.83
Q0499	BELT/VEST FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$129.25
Q0500	FILTERS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$23.65
Q0501	SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$395.52
Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$503.55
Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE REPLACEMENT ONLY, EACH	\$1,007.12
Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE TYPE	\$531.43
Q0510	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUGS, FIRST MONTH FOLLOWING TRANSPLANT	\$1.00
Q0511	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUGS; FOR THE FIRST PRESCR	\$1.00
Q0512	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUGS; FOR A SUBSEQUENT PRESCR	\$1.00
Q0513	PHARMACY DISPENSING FEE FOR INHALATION DRUGS; PER 30 DAYS	\$1.00
Q0514	PHARMACY DISPENSING FEE FOR INHALATION DRUGS; PER 90 DAYS	\$1.00
Q0515	INJECTION, SERMORELIN ACETATE, 1 MCG	\$1.80
Q2009	INJECTION, FOSPHENYTION, 50 MG PHENYTOIN EQUIVALENT	\$1.41
Q2017	INJECTION, TENIPOSIDE, 50 MG	\$346.95
Q2035	INFLUENZA VIRUS VACCINE, SPLIT VIRUS WHEN ADMINSTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCU	\$11.54
Q2049	IMPORTED LIPODOX INJECTION, 10MG	\$498.26
Q3001	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	\$0.00
Q3021	INJECTION, HEPATITIS B VACCINE, PEDIATRIC OR ADOLESCENT, PER DOSE	\$56.95
Q3022	INJECTION, HEPATITIS B VACCINE, ADULT, PER DOSE	\$56.95
Q3023	INJECTION, HEPATITIS B VACCINE, IMMUNOSUPPRESSED PATIENTS (INCLUDING RENAL DIALYSIS PATIENTS), PER DOSE	\$56.95
Q4001	CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD PLASTER	\$0.00
Q4002	CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, FIBERGLASS	\$0.00
Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	\$0.00

Procedure Code	Description	Rate
Q4004	CAST SUPPLIES, SHOULDER CAST ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4005	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER	\$0.00
Q4006	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4007	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4008	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4009	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER	\$0.00
Q4010	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4011	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4012	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4013	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), PLASTER	\$0.00
Q4014	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4015	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 YEARS +), PLASTER	\$0.00
Q4016	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10 YEARS),FIBERGLASS	\$0.00
Q4017	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	\$0.00
Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4019	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4020	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	\$0.00
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4023	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4024	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4025	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), PLASTER	\$0.00
Q4026	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4027	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4028	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4029	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), PLASTER	\$0.00
Q4030	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4031	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4032	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4033	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), PLASTER	\$0.00
Q4034	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4035	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00

Procedure Code	Description	Rate
Q4036	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	\$0.00
Q4038	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4039	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4040	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4041	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), PLASTER	\$0.00
Q4042	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4043	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4044	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	\$0.00
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4049	FINGER SPLINT, STATIC	\$0.00
Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CAST	\$0.00
Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENERS, PADDING AND OTHER SUPPLIES)	\$0.00
Q4074	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	\$88.06
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	\$1.14
Q4101	SKIN SUBSTITUTE, APLIGRAF, PER SQUARE CENTIMETER	\$33.78
Q4102	SKIN SUBSTITUTE, OASIS WOUND MATRIX, PER SQUARE CENTIMETER	\$8.87
Q4103	SKIN SUBSTITUTE, OASIS BURN MATRIX, PER SQUARE CENTIMETER	\$9.69
Q4104	SKIN SUBSTITUTE, INTEGRA BILAYER MATRIX WOUND DRESSING (BMWWD), PER SQUARE	\$25.34
Q4105	SKIN SUBSTITUTE, INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE	\$14.32
Q4106	SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE CENTIMETER	\$39.82
Q4107	SKIN SUBSTITUTE, GRAFTJACKET, PER SQUARE CENTIMETER	\$97.20
Q4108	SKIN SUBSTITUTE, INTEGRA MATRIX, PER SQUARE CENTIMETER	\$30.29
Q4109	SKIN SUBSTITUTE, TISSUEMEND, PER SQUARE CENTIMETER	\$78.94
Q4110	SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER	\$37.91
Q4111	SKIN SUBSTITUTE, GAMMAGRAFT, PER SQUARE CENTIMETER	\$6.97
Q4112	ALLOGRAFT, CYMETRA, INJECTABLE, 1CC	\$355.20
Q4113	ALLOGRAFT, GRAFTJACKET EXPRESS, INJECTABLE, 1CC	\$355.20
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	\$1,323.42
Q4115	SKIN SUBSTITUTE, ALLOSKIN, PER SQUARE CENTIMETER	\$9.68
Q4116	SKIN SUBSTITUTE, ALLODERM, PER SQUARE CENTIMETER	\$32.73

Procedure Code	Description	Rate
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	\$0.00
Q4118	MATRISTEM MICROMATRIX, 1 MG	\$0.00
Q4119	MATRISTEM WOUND MATRIX, PER SQUARE CENTIMETER	\$0.00
Q4120	MATRISTEM BURN MATRIX, PER SQUARE CENTIMETER	\$0.00
Q4121	THERASKIN,PER SQUARE CENTIMETER	\$21.56
Q4123	ALLOSKIN RT,PER SQUARE CENTIMETER	\$14.01
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX,PER SQUARE CENTIMETER	\$4.76
Q9951	LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9953	INJECTION, IRON BASED MAGNETIC RESONANCE CONTRAST AGENT, PER ML	\$62.05
Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER ML	\$11.66
Q9955	INJECTION, PERFLEXANE LIPID MICROSPHERES, PER ML	\$0.00
Q9956	INJECTION, OCTAFLUOROPROPANE MICROSPHERES, PER ML	\$37.59
Q9957	INJECTION, PERFLUTREN LIPID MICROSHPERES, PER ML	\$56.38
Q9958	HIGH OSMOLAR CONTRAST MATERIAL,UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	\$0.09
Q9959	HIGH OSMOLAR CONTRAST MATERIAL,UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9960	HIGH OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML	\$0.18
Q9961	HIGH OSMOLAR CONTRAST MATERIAL,250-299 MG/ML IODINE CONCENTRATION, PER ML	\$0.18
Q9962	HIGH OSMOLAR CONTRAST MATERIAL,300-349 MG/ML IODINE CONCENTRATION, PER ML	\$0.18
Q9963	HIGH OSMOLAR CONTRAST MATERIAL,350-399 MG/ML IODINE CONCENTRATION, PER ML	\$0.19
Q9964	HIGH OSMOLAR CONTRAST MATERIAL,400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML	\$0.29
Q9965	LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML	\$1.06
Q9966	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	\$0.23
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	\$0.17