

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A4206	SYRINGE WITH NEEDLE, STERILE, 1	#####	\$0.33	3	NO
A	A4207	SYRINGE WITH NEEDLE, STERILE, 2C	10/1/2000	\$0.17	3	NO
A	A4208	SYRINGE WITH NEEDLE, STERILE, 3C	2/15/2000	\$0.10	3	NO
A	A4209	SYRINGE WITH NEEDLE, STERILE, 5C	10/1/2000	\$0.44	3	NO
A	A4210	NEEDLE-FREE INJECTION DEVICE, EA	3/1/2004	\$252.20	3	NO
A	A4211	SUPPLIES FOR SELF-ADMINISTERED I	1/1/2005	NC	9	NO
A	A4212	NON-CORING NEEDLE OR STYLET WITH	1/1/1994	NC	9	NO
A	A4213	SYRINGE, STERILE, 20CC OR GREATE	10/1/2000	\$1.08	3	NO
A	A4214	STERILE SALINE OR WATER, 30 CC V	4/1/2004	INVALID	N	NO
A	A4215	NEEDLE, STERILE, ANY SIZE, EACH	10/1/2003	\$4.00	3	NO
A	A4216	STERILE WATER, SALINE AND/OR DEX	10/1/2005	\$0.38	3	NO
A	A4217	STERILE WATER/SALINE, 500 ML	10/1/2005	\$3.13	3	NO
A	A4218	STERILE SALINE OR WATER, METERED	1/1/2006	NC	9	NO
A	A4221	SUPPLIES FOR MAINTENANCE OF DRUG	10/1/2005	\$21.91	3	YES
A	A4222	INFUSION SUPPLIES FOR EXTERNAL D	1/1/2006	NC	9	NO
A	A4223	INFUSION SUPPLIES NOT USED WITH	1/1/2005	NC	9	NO
A	A4230	INFUSION SET FOR EXTERNAL INSULI	1/1/1996	NC	9	NO
A	A4231	INFUSION SET FOR EXTERNAL INSULI	1/1/1996	NC	9	NO
A	A4232	SYRINGE WITH NEEDLE FOR EXTERNAL	7/1/2006	NC	9	YES
A	A4233	REPLACEMENT BATTERY, ALKALINE (O	1/1/2006	\$0.80	3	NO
A	A4234	REPLACEMENT BATTERY, ALKALINE, J	1/1/2006	\$3.63	3	NO
A	A4235	REPLACEMENT BATTERY, LITHIUM, FO	1/1/2006	\$2.34	3	NO
A	A4236	REPLACEMENT BATTERY, SILVER OXID	1/1/2006	\$1.68	3	NO
A	A4244	ALCOHOL OR PEROXIDE, PER PINT	10/1/2000	\$1.03	3	NO
A	A4245	ALCOHOL WIPES, PER BOX	1/1/2002	\$3.00	3	NO
A	A4246	BETADINE OR PHISOHEX SOLUTION, P	10/1/2000	\$4.33	3	NO
A	A4247	BETADINE OR IODINE SWABS/WIPES,	10/1/2000	\$5.95	3	NO
A	A4248	CHLORHEXIDINE CONTAINING ANTISEP	1/1/2004	NC	9	NO
A	A4250	URINE TEST OR REAGENT STRIPS OR	3/1/2004	\$16.79	3	NO
A	A4253	BLOOD GLUCOSE TEST OR REAGENT ST	10/1/2005	\$36.77	3	NO
A	A4254	REPLACEMENT BATTERY, ANY TYPE, F	1/1/2006	INVALID	N	NO
A	A4255	PLATFORMS FOR HOME BLOOD GLUCOSE	10/1/2005	\$3.92	3	NO
A	A4256	NORMAL, LOW AND HIGH CALIBRATOR	10/1/2005	\$10.93	3	NO
A	A4257	REPLACEMENT LENS SHIELD CARTRIDG	1/1/2002	NC	9	NO
A	A4258	SPRING-POWERED DEVICE FOR LANCET	10/1/2005	\$16.95	3	NO
A	A4259	LANCETS, PER BOX OF 100	10/1/2005	\$12.06	3	NO
A	A4260	LEVONORGESTREL (CONTRACEPTIVE) I	1/1/2006	INVALID	N	NO
A	A4265	PARAFFIN, PER POUND	10/1/2005	\$3.33	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A4270	DISPOSABLE ENDOSCOPE SHEATH, EAC	10/1/2001	NC	9	NO
A	A4280	ADHESIVE SKIN SUPPORT ATTACHMENT	10/1/2005	\$4.72	3	NO
A	A4281	TUBING FOR BREAST PUMP, REPLACEM	4/1/2003	NC	9	NO
A	A4282	ADAPTER FOR BREAST PUMP, REPLACE	4/1/2003	NC	9	NO
A	A4283	CAP FOR BREAST PUMP BOTTLE, REPL	4/1/2003	NC	9	NO
A	A4284	BREAST SHIELD AND SPLASH PROTECT	4/1/2003	NC	9	NO
A	A4285	POLYCARBONATE BOTTLE FOR USE WIT	4/1/2003	NC	9	NO
A	A4286	LOCKING RING FOR BREAST PUMP, RE	4/1/2003	NC	9	NO
A	A4301	IMPLANTABLE ACCESS TOTAL CATHETE	1/1/1996	NC	9	NO
A	A4310	INSERTION TRAY WITHOUT DRAINAGE	10/1/2005	\$6.33	3	NO
A	A4311	INSERTION TRAY WITHOUT DRAINAGE	10/1/2005	\$12.18	3	NO
A	A4312	INSERTION TRAY WITHOUT DRAINAGE	10/1/2005	\$14.79	3	NO
A	A4313	INSERTION TRAY W/O DRAINAGE BAG	10/1/2005	\$15.19	3	NO
A	A4314	INSERTION TRAY W/DRAINAGE BAG W/	10/1/2005	\$20.73	3	NO
A	A4315	INSERTION TRAY WITH DRAINAGE BAG	10/1/2005	\$21.63	3	NO
A	A4316	INSERTION TRAY W/DRAINAGE BAG W/	10/1/2005	\$23.29	3	NO
A	A4319	STERILE WATER IRRIGATION SOLUTIO	4/1/2004	INVALID	N	NO
A	A4320	IRRIGATION TRAY WITH BULB OR PIS	10/1/2005	\$5.14	3	NO
A	A4321	THERAPEUTIC AGENT FOR URINARY CA	3/1/1997	NC	9	NO
A	A4322	IRRIGATION SYRINGE, BULB OR PIST	10/1/2005	\$2.64	3	NO
A	A4323	STERILE SALINE IRRIGATION SOLUTI	4/1/2004	INVALID	N	NO
A	A4324	MALE EXTERNAL CATHETER, WITH ADH	1/1/2005	INVALID	N	NO
A	A4325	MALE EXTERNAL CATHETER, WITH ADH	1/1/2005	INVALID	N	NO
A	A4326	MALE EXTERNAL CATHETER SPECIALTY	10/1/2005	\$10.00	3	NO
A	A4327	FEMALE EXTERNAL URINARY COLLECTI	10/1/2005	\$43.04	3	NO
A	A4328	FEMALE EXTERNAL URINARY COLLECTI	10/1/2005	\$9.53	3	NO
A	A4329	EXTERNAL CATH START SET,MALE/FEM	4/1/2002	INVALID	N	NO
A	A4330	PERIANAL FECAL COLLECTION POUCH	10/1/2005	\$6.82	3	NO
A	A4331	EXTENSION DRAINAGE TUBING, ANY T	10/1/2005	\$3.08	3	NO
A	A4332	LUBRICANT, INDIVIDUAL STERILE PA	10/1/2005	\$0.12	3	NO
A	A4333	URINARY CATHETER ANCHORING DEVIC	10/1/2005	\$2.13	3	NO
A	A4334	URINARY CATHETER ANCHORING DEVIC	10/1/2005	\$4.77	3	NO
A	A4335	INCONTINENCE SUPPLY; MISCELLANEO	7/1/2004	\$1.00	3	YES
A	A4338	INDWELLING CATHETER; FOLEY TYPE;	10/1/2005	\$11.84	3	NO
A	A4340	INDWELLING CATHETER; SPECIALTY T	10/1/2005	\$30.62	3	NO
A	A4344	INDWELLING CATHETER; FOLEY TYPE,	10/1/2005	\$15.45	3	NO
A	A4346	INDWELLING CATHETER; FOLEY TYPE,	10/1/2005	\$18.91	3	NO
A	A4347	MALE EXTERNAL CATHETER WITH OR W	1/1/2005	INVALID	N	NO

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A	A4348	MALE EXTERNAL CATHETER WITH INTE	10/1/2005	\$26.85	3	NO
A	A4349	MALE EXTERNAL CATHETER, WITH OR	10/1/2005	\$2.02	3	NO
A	A4351	INTERMITTENT URINARY CATHETER; S	10/1/2005	\$1.75	3	NO
A	A4352	INTERMITTENT URINARY CATHETER; C	10/1/2005	\$6.19	3	NO
A	A4353	INTERMITTENT URINARY CATHETER, W	10/1/2005	\$6.75	3	NO
A	A4354	INSERTION TRAY WITH DRAINAGE BAG	10/1/2005	\$9.67	3	NO
A	A4355	IRRIGATION TUBING SET FOR CONTIN	10/1/2005	\$8.60	3	NO
A	A4356	EXTERNAL URETHRAL CLAMP OR COMPR	10/1/2005	\$40.92	3	NO
A	A4357	BEDSIDE DRAINAGE BAG, DAY OR NIG	10/1/2005	\$9.35	3	NO
A	A4358	URINARY DRAINAGE BAG, LEG OR ABD	10/1/2005	\$5.65	3	NO
A	A4359	URINARY SUSPENSORY WITHOUT LEG B	10/1/2005	\$25.12	3	NO
A	A4360	ADULT INCONTINENCE GARMENT (EG,	7/1/2003	INVALID	N	NO
A	A4361	OSTOMY FACEPLATE, EACH	10/1/2005	\$18.08	3	NO
A	A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQ	10/1/2005	\$2.94	3	NO
A	A4363	OSTOMY CLAMP, ANY TYPE, REPLACEM	1/1/2006	\$2.36	3	NO
A	A4364	ADHESIVE, LIQUID OR EQUAL, ANY T	10/1/2005	\$2.93	3	NO
A	A4365	ADHESIVE REMOVER WIPES, ANY TYPE	10/1/2005	\$11.15	3	NO
A	A4366	OSTOMY VENT, ANY TYPE, EACH	10/1/2005	\$1.30	3	NO
A	A4367	OSTOMY BELT, EACH	10/1/2005	\$7.23	3	NO
A	A4368	OSTOMY FILTER, ANY TYPE, EACH	7/1/2002	NC	9	NO
A	A4369	OSTOMY SKIN BARRIER, LIQUID (SPR	10/1/2005	\$2.02	3	NO
A	A4370	OSTOMY SKIN BARRIER, PASTE, PER	7/1/2003	INVALID	N	NO
A	A4371	OSTOMY SKIN BARRIER, POWDER, PER	10/1/2005	\$3.54	3	NO
A	A4372	OSTOMY SKIN BARRIER, SOLID 4X4 O	10/1/2005	\$4.11	3	NO
A	A4373	OSTOMY SKIN BARRIER, W/FLANGE (S	10/1/2005	\$6.18	3	NO
A	A4374	OSTOMY SKIN BARRIER, W/FLANGE (S	7/1/2003	INVALID	N	NO
A	A4375	OSTOMY POUCH, DRAINABLE, WITH FA	10/1/2005	\$16.90	3	NO
A	A4376	OSTOMY POUCH, DRAINABLE, WITH FA	10/1/2005	\$46.83	3	NO
A	A4377	OSTOMY POUCH, DRAINABLE, FOR USE	10/1/2005	\$4.22	3	NO
A	A4378	POUCH, DRAINABLE, FOR USE ON FAC	10/1/2005	\$30.33	3	NO
A	A4379	POUCH, URINARY, WITH FACEPLATE A	10/1/2005	\$14.79	3	NO
A	A4380	POUCH, URINARY, WITH FACEPLATE A	10/1/2005	\$36.74	3	NO
A	A4381	OSTOMY POUCH, URINARY, FOR USE O	10/1/2005	\$4.54	3	NO
A	A4382	OSTOMY POUCH, URINARY, FOR USE O	10/1/2005	\$24.23	3	NO
A	A4383	OSTOMY POUCH, URINARY, FOR USE O	10/1/2005	\$27.75	3	NO
A	A4384	OSTOMY FACEPLATE EQUIVALENT, SIL	10/1/2005	\$9.47	3	NO
A	A4385	OSTOMY SKIN BARRIER, SOLID 4X4 O	10/1/2005	\$5.02	3	NO
A	A4386	SKIN BARRIER, WITH FLANGE (SOLID	7/1/2003	INVALID	N	NO

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A	A4387	OSTOMY POUCH, CLOSED, WITH BARRI	10/1/2005	\$3.95	3	NO
A	A4388	OSTOMY POUCH, DRAINABLE, WITH EX	10/1/2005	\$4.29	3	NO
A	A4389	OSTOMY POUCH, DRAINABLE, WITH BA	10/1/2005	\$6.12	3	NO
A	A4390	OSTOMY POUCH, DRAINABLE, W/EXTEN	10/1/2005	\$9.46	3	NO
A	A4391	OSTOMY POUCH, URINARY, WITH EXTE	10/1/2005	\$6.96	3	NO
A	A4392	OSTOMY POUCH, URINARY, W/STANDAR	10/1/2005	\$6.54	3	NO
A	A4393	OSTOMY POUCH, URINARY, W/EXTENDE	10/1/2005	\$9.03	3	NO
A	A4394	OSTOMY DEODORANT FOR USE IN OSTO	10/1/2005	\$2.54	3	NO
A	A4395	OSTOMY DEODORANT FOR USE IN OSTO	10/1/2005	\$0.05	3	NO
A	A4396	OSTOMY BELT WITH PERISTOMAL HERN	10/1/2005	\$39.85	3	NO
A	A4397	IRRIGATION SUPPLY; SLEEVE, EACH	10/1/2005	\$4.00	3	NO
A	A4398	OSTOMY IRRIGATION SUPPLY; BAG, E	10/1/2005	\$13.59	3	NO
A	A4399	OSTOMY IRRIGATION SUPPLY; CONE/C	10/1/2005	\$12.07	3	NO
A	A4400	OSTOMY IRRIGATION SET	9/1/1996	NC	9	NO
A	A4402	LUBRICANT, PER OUNCE	10/1/2005	\$1.57	3	NO
A	A4404	OSTOMY RING, EACH	10/1/2005	\$1.41	3	NO
A	A4405	OSTOMY SKIN BARRIER, NON-PECTIN	10/1/2005	\$3.40	3	NO
A	A4406	OSTOMY SKIN BARRIER, PECTIN-BASE	10/1/2005	\$5.74	3	NO
A	A4407	OSTOMY SKIN BARRIER, WITH FLANGE	10/1/2005	\$8.76	3	NO
A	A4408	OSTOMY SKIN BARRIER, WITH FLANGE	10/1/2005	\$9.87	3	NO
A	A4409	OSTOMY SKIN BARRIER, WITH FLANGE	10/1/2005	\$6.22	3	NO
A	A4410	OSTOMY SKIN BARRIER, WITH FLANGE	10/1/2005	\$9.04	3	NO
A	A4411	OSTOMY SKIN BARRIER, SOLID 4X4 O	1/1/2006	\$5.10	3	NO
A	A4412	OSTOMY POUCH, DRAINABLE, HIGH OU	1/1/2006	\$2.70	3	NO
A	A4413	OSTOMY POUCH, DRAINABLE, HIGH OU	10/1/2005	\$5.50	3	NO
A	A4414	OSTOMY SKIN BARRIER, W/FLANGE, W	10/1/2005	\$4.93	3	NO
A	A4415	OSTOMY SKIN BARRIER, WITH FLANGE	10/1/2005	\$6.00	3	NO
A	A4416	OSTOMY POUCH, CLOSED, WITH BARRI	10/1/2005	\$2.75	3	NO
A	A4417	OSTOMY POUCH, CLOSED, WITH BARRI	10/1/2005	\$3.72	3	NO
A	A4418	OSTOMY POUCH, CLOSED; WITHOUT BA	10/1/2005	\$1.81	3	NO
A	A4419	OSTOMY POUCH, CLOSED; FOR USE ON	10/1/2005	\$1.74	3	NO
A	A4420	OSTOMY POUCH, CLOSED; FOR USE ON	10/1/2005	\$1.79	3	NO
A	A4421	OSTOMY SUPPLY; MISCELLANEOUS	4/1/1988	\$100.00	3	YES
A	A4422	OSTOMY ABOSRBENT MATERIAL FOR US	10/1/2005	\$0.12	3	NO
A	A4423	OSTOMY POUCH, CLOSED; FOR USE ON	10/1/2005	\$1.86	3	NO
A	A4424	OSTOMY POUCH, DRAINABLE, WITH BA	10/1/2005	\$4.75	3	NO
A	A4425	OSTOMY POUCH, DRAINABLE; FOR USE	10/1/2005	\$3.58	3	NO
A	A4426	OSTOMY POUCH, DRAINABLE; FOR USE	10/1/2005	\$2.44	3	NO

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A	A4427	OSTOMY POUCH, DRAINABLE; FOR USE	10/1/2005	\$2.78	3	NO
A	A4428	OSTOMY POUCH, URINARY, W/EXTENDE	10/1/2005	\$6.51	3	NO
A	A4429	OSTOMY POUCH, URINARY, W/BARRIER	10/1/2005	\$7.76	3	NO
A	A4430	OSTOMY POUCH, URINARY, W/EXTENDE	10/1/2005	\$8.52	3	NO
A	A4431	OSTOMY POUCH, URINARY; W/BARRIER	10/1/2005	\$5.24	3	NO
A	A4432	OSTOMY POUCH, URINARY; FOR USE O	10/1/2005	\$3.59	3	NO
A	A4433	OSTOMY POUCH, URINARY; FOR USE O	10/1/2005	\$3.34	3	NO
A	A4434	OSTOMY POUCH, URINARY; FOR USE O	10/1/2005	\$3.76	3	NO
A	A4450	TAPE, NON-WATERPROOF, PER 18 SQU	10/1/2005	\$0.09	3	NO
A	A4452	TAPE, WATERPROOF, PER 18 SQUARE	10/1/2005	\$0.36	3	NO
A	A4454	TAPE, ALL TYPES, ALL SIZES	7/1/2003	INVALID	N	NO
A	A4455	ADHESIVE REMOVER OR SOLVENT (FOR	10/1/2005	\$1.40	3	NO
A	A4458	ENEMA BAG WITH TUBING, REUSABLE	4/1/2003	NC	9	NO
A	A4460	ELASTIC BANDAGE, PER ROLL (EG CO	7/1/2003	INVALID	N	NO
A	A4462	ABDOMINAL DRESSING HOLDER, EACH	10/1/2005	\$3.23	3	NO
A	A4464	JOINT SUPPORTIVE DEVICE/GARMENT,	7/1/2003	INVALID	N	NO
A	A4470	GRAVLEE JET WASHER	10/1/2001	NC	9	NO
A	A4480	VABRA ASPIRATOR	10/1/2001	NC	9	NO
A	A4481	THRACHEOSTOMA FILTER, ANY TYPE,	10/1/2005	\$0.38	3	NO
A	A4483	MOISTURE EXCHANGER, DISPOSABLE,	10/1/2005	\$4.47	3	NO
A	A4490	SURGICAL STOCKINGS ABOVE KNEE LE	4/1/2003	NC	9	NO
A	A4495	SURGICAL STOCKINGS THIGH LENGTH,	4/1/2003	NC	9	NO
A	A4500	SURGICAL STOCKINGS BELOW KNEE LE	1/1/2003	NC	9	NO
A	A4510	SURGICAL STOCKINGS FULL LENGTH,	1/1/2003	NC	9	NO
A	A4520	INCONTINENCE GARMENT, ANY TYPE,	1/1/2005	NC	9	NO
A	A4521	ADULT-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4522	ADULT-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4523	ADULT-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4524	ADULT-SIZED INCONTINCNE PRODUCT,	1/1/2005	INVALID	N	YES
A	A4525	ADULT-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4526	ADULT-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4527	ADULT-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4528	ADULT-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4529	CHILD-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4530	CHILD-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4531	CHILD-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4532	CHILD-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4533	YOUTH-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A4534	YOUTH-SIZED INCONTINENCE PRODUCT	1/1/2005	NC	9	YES
A	A4535	DISPOSABLE LINER/SHIELD FOR INCO	1/1/2005	INVALID	N	YES
A	A4536	PROTECTIVE UNDERWEAR, WASHABLE,	1/1/2005	INVALID	N	YES
A	A4537	UNDER PAD, REUSABLE/WASHABLE, AN	1/1/2005	INVALID	N	YES
A	A4538	DIAPER SERVICE, REUSABLE DIAPER,	1/1/2005	INVALID	N	NO
A	A4554	DISPOSABLE UNDERPADS, ALL SIZES,	1/1/2005	NC	9	YES
A	A4556	ELECTRODES (EG APNEA MONITOR), P	10/1/2005	\$11.66	3	YES
A	A4557	LEAD WIRES, (EG. APNEA MONITOR),	10/1/2005	\$20.77	3	YES
A	A4558	CONDUCTIVE PASTE OR GEL	10/1/2005	\$4.94	3	YES
A	A4565	SLINGS	10/1/2000	\$10.82	3	NO
A	A4570	SPLINT	10/1/2001	NC	9	NO
A	A4572	RIB BELT -H	7/1/2003	INVALID	N	NO
A	A4575	TOPICAL HYPERBARIC OXYGEN CHAMBE	1/1/1996	NC	9	NO
A	A4580	CAST SUPPLIES (EG, PLASTER)	7/1/2002	NC	9	NO
A	A4590	SPECIAL CASTING MATERIAL (EG, FI	7/1/2002	NC	9	NO
A	A4595	ELECTRICAL STIMULATOR SUPPLIES,	10/1/2005	\$27.91	3	YES
A	A4604	TUBING WITH INTEGRATED HEATING E	1/1/2006	\$66.81	3	NO
A	A4605	TRACHEAL SUCTION CATHETER, CLOSE	10/1/2005	\$16.40	3	NO
A	A4606	OXYGEN PROBE FOR USE WITH OXIMET	4/1/2003	\$125.00	3	YES
A	A4608	TRANSTRACHEAL OXYGEN CATHETER, E	10/1/2005	\$58.15	3	NO
A	A4609	TRACHEAL SUCTION CATHETER, CLOSE	1/1/2005	INVALID	N	NO
A	A4610	TRACHEAL SUCTION CATHETER, CLOSE	1/1/2005	INVALID	N	NO
A	A4611	BATTERY, HEAVY DUTY; REPLACEMENT	10/1/2005	\$164.37	3	NO
A	A4612	BATTERY CABLES; REPLACEMENT FOR	10/1/2005	\$78.68	3	NO
A	A4613	BATTERY CHARGER; REPLACEMENT FOR	10/1/2005	\$141.95	3	NO
A	A4614	PEAK EXPIRATORY FLOW RATE METER,	10/1/2005	\$23.41	3	NO
A	A4615	CANNULA, NASAL	10/1/2000	\$4.22	3	NO
A	A4616	TUBING, (OXYGEN), PER FOOT	10/1/2000	\$0.37	3	NO
A	A4617	MOUTHPIECE	10/1/2000	\$3.24	3	NO
A	A4618	BREATHING CIRCUITS	10/1/2005	\$7.54	3	NO
A	A4619	FACE TENT	10/1/2005	\$1.21	3	NO
A	A4620	VARIABLE CONCENTRATION MASK	10/1/2000	\$3.79	3	NO
A	A4621	TRACHEOTOMY MASK OR COLLAR	4/1/2004	INVALID	N	NO
A	A4622	TRACHEOSTOMY OR LARYNGECTOMY TUB	4/1/2004	INVALID	N	NO
A	A4623	TRACHEOSTOMY, INNER CANNULA	10/1/2005	\$5.48	3	NO
A	A4624	TRACHEAL SUCTION CATHETER, ANY T	10/1/2005	\$2.59	3	NO
A	A4625	TRACHEOSTOMY CARE KIT FOR NEW TR	10/1/2005	\$5.80	3	NO
A	A4626	TRACHEOSTOMY CLEANING BRUSH, EAC	10/1/2005	\$2.67	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A4627	SPACER, BAG OR RESERVOIR, W/OR W	10/1/2000	\$26.50	3	NO
A	A4628	OROPHARYNGEAL SUCTION CATHETER,	10/1/2005	\$3.59	3	NO
A	A4629	TRACHEOSTOMY CARE KIT FOR ESTABL	10/1/2005	\$4.54	3	NO
A	A4630	REPLACEMENT BATTERIES, MEDICALLY	5/1/1997	NC	9	NO
A	A4632	REPLACEMENT BATTERY FOR EXTERNAL	4/1/2004	NC	9	NO
A	A4633	REPLACEMENT BULB/LAMP FOR ULTRAV	10/1/2005	\$41.04	3	NO
A	A4634	REPLACEMENT BULB FOR THERAPEUTIC	4/1/2003	NC	9	NO
A	A4635	UNDERARM PAD, CRUTCH, REPLACEMEN	10/1/2005	\$5.04	3	NO
A	A4636	REPLACEMENT, HANDGRIP, CANE, CRU	10/1/2005	\$4.14	3	NO
A	A4637	REPLACEMENT TIP, CANE, CRUTCH, O	10/1/2005	\$2.09	3	NO
A	A4638	REPLACEMENT BATTERY FOR PATIENT-	1/1/2004	NC	9	NO
A	A4639	REPLACEMENT PAD FOR INFRARED HEA	4/1/2003	NC	9	NO
A	A4640	REPLACEMENT PAD FOR USE WITH MED	10/1/2005	\$52.98	3	NO
A	A4649	SURGICAL SUPPLIES; MISCELLANEOUS	3/6/1989	\$200.00	3	YES
A	A4650	CENTRIFUGE (INCLUDES CALIBRATED	4/1/2002	INVALID	N	NO
A	A4651	CALIBRATED MICROCAPILLARY TUBE,	1/1/2002	NC	9	NO
A	A4652	MICROCAPILLARY TUBE SEALANT	1/1/2002	NC	9	NO
A	A4653	PERITONEAL DIALYSIS CATHETER ANC	4/1/2003	NC	9	NO
A	A4655	NEEDLES AND SYRINGES FOR DIALYSI	4/1/2002	INVALID	N	NO
A	A4656	NEEDLE, ANY SIZE, EACH	1/1/2006	INVALID	N	NO
A	A4657	SYRINGE, WITH OR WITHOUT NEEDLE,	1/1/2002	NC	9	NO
A	A4660	SPHYGMOMANOMETER/BLOOD PRESSURE	1/1/2005	\$25.00	3	NO
A	A4663	BLOOD PRESSURE CUFF ONLY	10/1/2000	\$22.71	3	NO
A	A4670	AUTOMATIC BLOOD PRESSURE MONITOR	1/1/2005	\$55.00	3	YES
A	A4671	DISPOSABLE CYCLER SET USED WITH	1/1/2004	NC	9	NO
A	A4672	DRAINAGE EXTENSION LINE, STERILE	1/1/2004	NC	9	NO
A	A4673	EXTENSION LINE WITH EASY LOCK CO	1/1/2004	NC	9	NO
A	A4674	CHEMICALS/ANTISEPTICS SOLUTION U	1/1/2004	NC	9	NO
A	A4680	ACTIVATED CARBON FILTER FOR HEMO	4/1/1990	NC	9	NO
A	A4690	DIALYZER (ARTIFICIAL KIDNEYS), A	4/1/1990	NC	9	NO
A	A4700	STANDARD DIALYSATE SOLUTION, EAC	4/1/2002	INVALID	N	NO
A	A4705	BICARBONATE DIALYSATE SOLUTION,	4/1/2002	INVALID	N	NO
A	A4706	BICARBONATE CONCENTRATE, SOLUTIO	1/1/2002	NC	9	NO
A	A4707	BICARBONATE CONCENTRATE, POWDER,	1/1/2002	NC	9	NO
A	A4708	ACETATE CONCENTRATE SOLUTION, FO	1/1/2002	NC	9	NO
A	A4709	ACID CONCENTRATE, SOLUTION, FOR	1/1/2002	NC	9	NO
A	A4712	WATER, STERILE, FOR INJECTION, P	4/1/2004	INVALID	N	NO
A	A4772	BLOOD GLUCOSE TEST STRIPS, FOR D	1/1/2006	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A4773	OCCULT BLOOD TEST STRIPS, FOR DI	10/1/2000	\$48.67	3	NO
A	A4927	GLOVES, NON-STERILE, PER 100	3/1/2006	\$10.00	3	NO
A	A4928	SURGICAL MASK, PER 20	1/1/2002	NC	9	NO
A	A4929	TOURNIQUET FOR DIALYSIS, EACH	1/1/2002	NC	9	NO
A	A4930	GLOVES,STERILE, PER PAIR	4/1/2003	\$2.00	3	NO
A	A4931	ORAL THERMOMETER, REUSABLE, ANY	4/1/2003	NC	9	NO
A	A4932	RECTAL THERMOMETER, REUSABLE, AN	4/1/2003	NC	9	NO
A	A5051	OSTOMY POUCH, CLOSED; WITH BARRI	10/1/2005	\$2.06	3	NO
A	A5052	OSTOMY POUCH, CLOSED; WITHOUT BA	10/1/2005	\$1.49	3	NO
A	A5053	OSTOMY POUCH, CLOSED; FOR USE ON	10/1/2005	\$1.71	3	NO
A	A5054	OSTOMY POUCH, CLOSED; FOR USE ON	10/1/2005	\$1.66	3	NO
A	A5055	STOMA CAP	10/1/2005	\$1.41	3	NO
A	A5061	OSTOMY POUCH, DRAINABLE; WITH BA	10/1/2005	\$2.53	3	NO
A	A5062	OSTOMY POUCH, DRAINABLE; WITHOUT	10/1/2005	\$2.06	3	NO
A	A5063	OSTOMY POUCH, DRAINABLE; FOR USE	10/1/2005	\$2.14	3	NO
A	A5064	POUCH, DRAINABLE; WITH FACEPLATE	4/1/2002	INVALID	N	NO
A	A5071	OSTOMY POUCH, URINARY; WITH BARR	10/1/2005	\$3.64	3	NO
A	A5072	OSTOMY POUCH, URINARY; WITHOUT B	10/1/2005	\$3.45	3	NO
A	A5073	OSTOMY POUCH, URINARY; FOR USE O	10/1/2005	\$3.14	3	NO
A	A5074	POUCH, URINARY; WITH FACEPLATE A	4/1/2002	INVALID	N	NO
A	A5075	POUCH, URINARY; FOR USE ON FACEP	4/1/2002	INVALID	N	NO
A	A5081	CONTINENT DEVICE; PLUG FOR CONTI	10/1/2005	\$2.76	3	NO
A	A5082	CONTINENT DEVICE; CATHETER FOR C	10/1/2005	\$9.99	3	NO
A	A5093	OSTOMY ACCESSORY; CONVEX INSERT	10/1/2005	\$1.63	3	NO
A	A5102	BEDSIDE DRAINAGE BOTTLE, WITH OR	10/1/2005	\$21.78	3	NO
A	A5105	URINARY SUSPENSORY; WITH LEG BAG	10/1/2005	\$33.43	3	NO
A	A5112	URINARY LEG BAG; LATEX	10/1/2005	\$33.40	3	NO
A	A5113	LEG STRAP; LATEX, REPLACEMENT ON	10/1/2005	\$3.85	3	NO
A	A5114	LEG STRAP; FOAM OR FABRIC, REPLA	10/1/2005	\$7.33	3	NO
A	A5119	SKIN BARRIER; WIPES OR SWABS, PE	1/1/2006	INVALID	N	NO
A	A5120	SKIN BARRIER, WIPES OR SWABS, EA	1/1/2006	\$0.21	3	NO
A	A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQ	10/1/2005	\$7.35	3	NO
A	A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQ	10/1/2005	\$10.75	3	NO
A	A5123	SKIN BARRIER; WITH FLANGE (SOLID	7/1/2003	INVALID	N	NO
A	A5126	ADHESIVE OR NON-ADHESIVE, DISK O	10/1/2005	\$1.10	3	NO
A	A5131	APPLIANCE CLEANER, INCONTINENCE	10/1/2005	\$13.00	3	NO
A	A5200	PERCUTANEOUS CATHETER/TUBE ANCHO	10/1/2005	\$10.89	3	NO
A	A5500	FOR DIABETICS ONLY, FITTING (INC	10/1/2005	\$57.87	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A5501	FOR DIABETICS ONLY, FITTING (INC	10/1/2005	\$166.04	3	NO
A	A5502	FOR DIABETICS ONLY, MULTIPLE DEN	4/1/2002	INVALID	N	NO
A	A5503	FOR DIABETICS ONLY, MODIFICATION	10/1/2005	\$26.40	3	NO
A	A5504	FOR DIABETICS ONLY, MODIFICATION	10/1/2005	\$26.40	3	NO
A	A5505	FOR DIABETICS ONLY, MODIFICATION	10/1/2005	\$26.40	3	NO
A	A5506	FOR DIABETICS ONLY, MODIFICATION	10/1/2005	\$26.40	3	NO
A	A5507	FOR DIABETICS ONLY, NOT OTHERWIS	10/1/2005	\$26.40	3	NO
A	A5508	FOR DIABETICS ONLY, DELUXE FEATU	1/1/2000	NC	9	NO
A	A5509	FOR DIABETICS ONLY, DIRECT FORME	1/1/2006	INVALID	N	NO
A	A5510	FOR DIABETICS ONLY, DIRECT FORME	4/1/2002	\$33.00	3	NO
A	A5511	FOR DIABETICS ONLY, CUSTOM-MOLDE	1/1/2006	INVALID	N	NO
A	A5512	FOR DIABETICS ONLY, MULT DENSITY	1/1/2006	\$24.22	3	NO
A	A5513	FOR DIABETICS ONLY, MULT DENSITY	1/1/2006	\$36.14	3	NO
A	A6000	NON-CONTACT WOUND WARMING WOUND	1/1/2002	NC	9	NO
A	A6010	COLLAGEN BASED WOUND FILLER, DRY	10/1/2005	\$30.96	3	NO
A	A6011	COLLAGEN BASED WOUND FILLER, GEL	10/1/2005	\$2.28	3	NO
A	A6021	COLLAGEN DRESSING, PAD SIZE 16 S	10/1/2005	\$21.02	3	NO
A	A6022	COLLAGEN DRESSING, PAD SIZE MORE	10/1/2005	\$20.69	3	NO
A	A6023	COLLAGEN DRESSING, PAD SIZE MORE	10/1/2005	\$187.32	3	NO
A	A6024	COLLAGEN DRESSING WOUND FILLER,	10/1/2005	\$6.09	3	NO
A	A6025	GEL SHEET FOR DERMAL OR EPIDERMA	10/1/2000	\$3.19	3	NO
A	A6154	WOUND POUCH, EACH	10/1/2005	\$14.13	3	NO
A	A6196	ALGINATE OR OTHER FIBER GELLING	10/1/2005	\$7.23	3	NO
A	A6197	ALGINATE OR OTHER FIBER GELLING	10/1/2005	\$16.18	3	NO
A	A6198	ALGINATE OR OTHER FIBER GELLING	10/1/2000	\$115.61	3	NO
A	A6199	ALGIANTE OR OTHER FIBER GELLING	10/1/2005	\$5.20	3	NO
A	A6200	COMPOSITE DRESSING, PAD SIZE 16	10/1/2005	\$9.35	3	NO
A	A6201	COMPOSITE DRESSING PAD SIZE MORE	10/1/2005	\$20.47	3	NO
A	A6202	COMPOSITE DRESSING, PAD SIZE MOR	10/1/2005	\$34.33	3	NO
A	A6203	COMPOSITE DRESSING, PAD SIZE 16	10/1/2005	\$3.29	3	NO
A	A6204	COMPOSITE DRESSING, PAD SIZE MOR	10/1/2005	\$6.13	3	NO
A	A6205	COMPOSITE DRESSING, PAD SIZE MOR	10/1/2000	\$4.69	3	NO
A	A6206	CONTACT LAYER, 16 SQ IN OR LESS,	10/1/2000	\$1.05	3	NO
A	A6207	CONTACT LAYER, MORE THAN 16 BUT	10/1/2005	\$7.22	3	NO
A	A6208	CONTACT LAYER, MORE THAN 48 SQ I	10/1/2000	\$3.52	3	NO
A	A6209	FOAM DRESSING, WOUND COVER, PAD	10/1/2005	\$7.37	3	NO
A	A6210	FOAM DRESSING, WOUND COVER, PAD	10/1/2005	\$19.61	3	NO
A	A6211	FOAM DRESSING, WOUND COVER, PAD	10/1/2005	\$28.91	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A6212	FOAM DRESSING, WOUND COVER, PAD	10/1/2005	\$9.55	3	NO
A	A6213	FOAM DRESSING, WOUND COVER, PAD	10/1/2000	\$15.41	3	NO
A	A6214	FOAM DRESSING, WOUND COVER, PAD	10/1/2005	\$10.13	3	NO
A	A6215	FOAM DRESSING, WOUND FILLER, PER	10/1/2000	\$2.39	3	NO
A	A6216	GAUZE, NON-IMPREGNATED, NON-STER	10/1/2005	\$0.05	3	NO
A	A6217	GAUZE, NON-IMPREGNATED, NON-STER	10/1/2005	\$0.38	3	NO
A	A6218	GAUZE, NON-IMPREGNATED, NON-STER	10/1/2000	\$0.62	3	NO
A	A6219	GAUZE, NON-IMPREGNATED, PAD SIZE	10/1/2005	\$0.94	3	NO
A	A6220	GAUZE, NON-IMPREGNATED, PAD SIZE	10/1/2005	\$2.54	3	NO
A	A6221	GAUZE, NON-IMPREGNATED, PAD SIZE	10/1/2000	\$6.17	3	NO
A	A6222	GAUZE, IMPREGNATED W/OTHER THAN	10/1/2005	\$2.09	3	NO
A	A6223	GAUZE, IMPREGNATED W/OTHER THAN	10/1/2005	\$2.37	3	NO
A	A6224	GAUZE, IMPREGNATED W/OTHER THAN	10/1/2005	\$3.55	3	NO
A	A6228	GAUZE, IMPREGNATED, WATER OR NOR	10/1/2000	NC	9	NO
A	A6229	GAUZE, IMPREGNATED, WATER OR NOR	10/1/2000	NC	9	NO
A	A6230	GAUZE, IMPREGNATED, WATER OR NOR	10/1/2000	NC	9	NO
A	A6231	GAUZE, IMPREGNATED, HYDROGEL, FO	10/1/2005	\$4.60	3	NO
A	A6232	GAUZE, IMPREGNATED, HYDROGEL, FO	10/1/2005	\$6.78	3	NO
A	A6233	GAUZE, IMPREGNATED, HYDROGEL FOR	10/1/2005	\$18.89	3	NO
A	A6234	HYDROCOLLOID DRESSING, WOUND COV	10/1/2005	\$6.44	3	NO
A	A6235	HYDROCOLLOID DRESSING, WOUND COV	10/1/2005	\$16.56	3	NO
A	A6236	HYDROCOLLOID DRESSING, WOUND COV	10/1/2005	\$26.82	3	NO
A	A6237	HYDROCOLLOID DRESSING, WOUND COV	10/1/2005	\$7.78	3	NO
A	A6238	HYDROCOLLOID DRESSING, WOUND COV	10/1/2005	\$22.44	3	NO
A	A6239	HYDROCOLLOID DRESSING, WOUND COV	10/1/2000	\$18.74	3	NO
A	A6240	HYDROCOLLOID DRESSING, WOUND FIL	10/1/2005	\$12.05	3	NO
A	A6241	HYDROCOLLOID DRESSING, WOUND FIL	10/1/2005	\$2.53	3	NO
A	A6242	HYDROGEL DRESSING, WOUND COVER,	10/1/2005	\$5.98	3	NO
A	A6243	HYDROGEL DRESSING, WOUND COVER,	10/1/2005	\$12.13	3	NO
A	A6244	HYDROGEL DRESSING, WOUND COVER,	10/1/2005	\$38.66	3	NO
A	A6245	HYDROGEL DRESSING, WOUND COVER,	10/1/2005	\$7.15	3	NO
A	A6246	HYDROGEL DRESSING, WOUND COVER,	10/1/2005	\$9.76	3	NO
A	A6247	HYDROGEL DRESSING, WOUND COVER,	10/1/2005	\$23.41	3	NO
A	A6248	HYDROGEL DRESSING, WOUND FILLER,	10/1/2005	\$15.99	3	NO
A	A6250	SKIN SEALANTS, PROTECTANTS, MOIS	3/1/1997	NC	9	NO
A	A6251	SPECIALTY ABSORPTIVE DRESSING, W	10/1/2005	\$1.96	3	NO
A	A6252	SPECIALTY ABSORPTIVE DRESSING, W	10/1/2005	\$3.20	3	NO
A	A6253	SPECIALTY ABSORPTIVE DRESSING, W	10/1/2005	\$6.24	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A6254	SPECIALTY ABSORPTIVE DRESSING, W	10/1/2005	\$1.20	3	NO
A	A6255	SPECIALTY ABSORPTIVE DRESSING, W	10/1/2005	\$2.98	3	NO
A	A6256	SPECIALTY ABSORPTIVE DRESSING, W	10/1/2000	\$8.22	3	NO
A	A6257	TRANSPARENT FILM, 16 SQ IN OR LE	10/1/2005	\$1.51	3	NO
A	A6258	TRANSPARENT FILM, MORE THAN 16 B	10/1/2005	\$4.23	3	NO
A	A6259	TRANSPARENT FILM, MORE THAN 48 S	10/1/2005	\$10.76	3	NO
A	A6260	WOUND CLEANSERS, ANY TYPE, ANY S	10/1/2000	NC	9	NO
A	A6261	WOUND FILLER, GEL/PASTE, PER FLU	10/1/2000	\$30.28	3	YES
A	A6262	WOUND FILLER, DRY FORM, PER GRAM	10/1/2000	\$1.08	3	YES
A	A6263	GAUZE, ELASTIC, NON-STERILE, ALL	7/1/2003	INVALID	N	NO
A	A6264	GAUZE, NON-ELASTIC, NON-STERILE,	7/1/2003	INVALID	N	NO
A	A6265	TAPE, ALL TYPES, PER 18 SQ INCHE	7/1/2003	INVALID	N	NO
A	A6266	GAUZE, IMPREGNATED, OTHER THAN W	10/1/2005	\$1.89	3	NO
A	A6402	GAUZE, NON-IMPREGNATED, STERILE,	10/1/2005	\$0.12	3	NO
A	A6403	GAUZE, NON-IMPREGNATED, STERILE,	10/1/2005	\$0.42	3	NO
A	A6404	GAUZE, NON-IMPREGNATED, STERILE,	10/1/2000	\$0.64	3	NO
A	A6405	GAUZE, ELASTIC, STERILE, ALL TYP	7/1/2003	INVALID	N	NO
A	A6406	GAUZE, NON-ELASTIC, STERILE, ALL	7/1/2003	INVALID	N	NO
A	A6407	PACKING STRIPS, NON-IMPREGNATED,	1/1/2006	\$1.88	3	NO
A	A6410	EYE PAD, STERILE, EACH	10/1/2005	\$0.39	3	NO
A	A6411	EYE PAD, NON-STERILE, EACH	10/1/2005	\$0.26	3	NO
A	A6412	EYE PATCH, OCCLUSIVE, EACH	4/1/2003	\$0.50	3	NO
A	A6421	PADDING BANDAGE, NON-ELASTIC, NO	4/1/2004	INVALID	N	NO
A	A6422	CONFORMING BANDAGE, NON-ELASTIC,	4/1/2004	INVALID	N	NO
A	A6424	CONFORMING BANDAGE, NON-ELASTIC,	4/1/2004	INVALID	N	NO
A	A6426	CONFORMING BANDAGE, NON-ELASTIC,	4/1/2004	INVALID	N	NO
A	A6428	CONFORMING BANDAGE, NON-ELASTIC,	4/1/2004	INVALID	N	NO
A	A6430	LIGHT COMPRESSION BANDAGE, ELAST	4/1/2004	INVALID	N	NO
A	A6432	LIGHT COMPRESSION BANDAGE, ELASTI	4/1/2004	INVALID	N	NO
A	A6434	MODERATE COMPRESSION BANDAGE, EL	4/1/2004	INVALID	N	NO
A	A6436	HIGH COMPRESSION BANDAGE, ELASTI	4/1/2004	INVALID	N	NO
A	A6438	SELF-ADHERENT BANDAGE, ELASTIC,	4/1/2004	INVALID	N	NO
A	A6440	ZINC PASTE IMPREGNATED BANDAGE,	4/1/2004	INVALID	N	NO
A	A6441	PADDING BANDAGE, NON-ELASTIC, NO	10/1/2005	\$0.67	3	NO
A	A6442	CONFORMING BANDAGE, NON-ELASTIC,	10/1/2005	\$0.17	3	NO
A	A6443	CONFORMING BANDAGE, NON-ELASTIC,	10/1/2005	\$0.29	3	NO
A	A6444	CONFORMING BANDAGE, NON-ELASTIC,	10/1/2005	\$0.56	3	NO
A	A6445	CONFORMING BANDAGE, NON-ELASTIC,	10/1/2005	\$0.32	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A6446	CONFORMING BANDAGE, NON-ELASTIC,	10/1/2005	\$0.41	3	NO
A	A6447	CONFORMING BANDAGE, NON-ELASTIC,	10/1/2005	\$0.67	3	NO
A	A6448	LIGHT COMPRESSION BANDAGE, ELAST	10/1/2005	\$1.16	3	NO
A	A6449	LIGHT COMPRESSION BANDAGE, ELAST	10/1/2005	\$1.75	3	NO
A	A6450	LIGHT COMPRESSION BANDAGE, ELAST	1/1/2004	NC	9	NO
A	A6451	MODERATE COMPRESSION BANDAGE, EL	1/1/2004	NC	9	NO
A	A6452	HIGH COMPRESSION BANDAGE, ELASTI	10/1/2005	\$5.91	3	NO
A	A6453	SELF-ADHERENT BANDAGE, ELASTIC,	10/1/2005	\$0.61	3	NO
A	A6454	SELF-ADHERENT BANDAGE, ELASTIC,	10/1/2005	\$0.77	3	NO
A	A6455	SELF-ADHERENT BANDAGE, ELASTIC,	10/1/2005	\$1.39	3	NO
A	A6456	ZINC PASTE IMPREGNATED BANDAGE,	10/1/2005	\$1.28	3	NO
A	A6457	TUBULAR DRESSING WITH OR WITHOUT	1/1/2006	\$1.14	3	NO
A	A6501	COMPRESSION BURN GARMENT, BODYSU	10/1/2005	\$516.00	3	NO
A	A6502	COMPRESSION BURN GARMENT, CHIN S	10/1/2005	\$103.20	3	NO
A	A6503	COMPRESSION BURN GARMENT, FACIAL	10/1/2005	\$103.20	3	NO
A	A6504	COMPRESSION BURN GARMENT, GLOVE	10/1/2005	\$72.24	3	NO
A	A6505	COMPRESSION BURN GARMENT, GLOVE	10/1/2005	\$123.84	3	NO
A	A6506	COMPRESSION BURN GARMENT, GLOVE	10/1/2005	\$103.20	3	NO
A	A6507	COMPRESSION BURN GARMENT, FOOT T	10/1/2005	\$103.20	3	NO
A	A6508	COMPRESSION BURN GARMENT, FOOT T	10/1/2005	\$46.44	3	NO
A	A6509	COMPRESSION BURN GARMENT, UPPER	10/1/2005	\$309.60	3	NO
A	A6510	COMPRESSION BURN GARMENT, TRUNK,	10/1/2005	\$309.60	3	NO
A	A6511	COMPRESSION BURN GARMENT, LOWER	10/1/2005	\$309.60	3	NO
A	A6512	COMPRESSION BURN GARMENT, NOT OT	4/1/2003	\$800.00	3	YES
A	A6513	COMPRESSION BURN MASK, FACE AND/	1/1/2006	\$0.01	3	NO
A	A6530	GRADIENT COMPRESSION STOCKING, B	1/1/2006	\$28.93	3	NO
A	A6531	GRADIENT COMPRESSION STOCKING, B	1/1/2006	\$28.93	3	NO
A	A6532	GRADIENT COMPRESSION STOCKING, B	1/1/2006	\$31.64	3	NO
A	A6533	GRADIENT COMPRESSION STOCKING, T	1/1/2006	\$37.97	3	NO
A	A6534	GRADIENT COMPRESSION STOCKING, T	1/1/2006	\$37.97	3	NO
A	A6535	GRADIENT COMPRESSION STOCKING, T	1/1/2006	\$45.20	3	NO
A	A6536	GRADIENT COMPRESSION STOCKING, F	1/1/2006	\$42.49	3	NO
A	A6537	GRADIENT COMPRESSION STOCKING, F	1/1/2006	\$42.49	3	NO
A	A6538	GRADIENT COMPRESSION STOCKING, F	1/1/2006	\$54.25	3	NO
A	A6539	GRADIENT COMPRESSION STOCKING, W	1/1/2006	\$113.01	3	NO
A	A6540	GRADIENT COMPRESSION STOCKING, W	1/1/2006	\$150.69	3	NO
A	A6541	GRADIENT COMPRESSION STOCKING, W	1/1/2006	\$162.75	3	NO
A	A6542	GRADIENT COMPRESSION STOCKING, C	1/1/2006	\$67.31	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A6543	GRADIENT COMPRESSION STOCKING, L	1/1/2006	\$67.31	3	NO
A	A6544	GRADIENT COMPRESSION STOCKING, G	1/1/2006	\$22.61	3	NO
A	A6549	GRADIENT COMPRESSION STOCKING, N	1/1/2006	\$200.92	3	NO
A	A6550	WOUND CARE SET, FOR NEGATIVE PRE	10/1/2005	\$27.07	3	YES
A	A6551	CANISTER SET FOR NEGATIVE PRESSU	1/1/2006	INVALID	N	YES
A	A7000	CANISTER, DISPOSABLE, USED WITH	10/1/2005	\$9.39	3	NO
A	A7001	CANISTER, NON-DISPOSABLE, USED W	10/1/2005	\$32.56	3	NO
A	A7002	TUBING, USED WITH SUCTION PUMP,	10/1/2005	\$3.77	3	NO
A	A7003	ADMINISTRATION SET, WITH SMALL V	10/1/2005	\$2.69	3	NO
A	A7004	SMALL VOLUME NONFILTERED PNEUMAT	10/1/2005	\$1.78	3	NO
A	A7005	ADMINISTRATION SET, WITH SMALL V	10/1/2005	\$30.34	3	NO
A	A7006	ADMINISTRATION SET, WITH SMALL V	10/1/2005	\$9.39	3	NO
A	A7007	LARGE VOLUME NEBULIZER, DISPOSAB	1/1/2000	NC	9	NO
A	A7008	LARGE VOLUME NEBULIZER, DISPOSAB	1/1/2000	NC	9	NO
A	A7009	RESERVOIR BOTTLE, NON-DISPOSABLE	10/1/2001	NC	9	NO
A	A7010	CORRUGATED TUBING, DISPOSABLE, U	10/1/2005	\$23.22	3	NO
A	A7011	CORRUGATED TUBING, NON-DISPOSABL	10/1/2000	\$1.21	3	NO
A	A7012	WATER COLLECTION DEVICE, USED WI	10/1/2005	\$3.73	3	NO
A	A7013	FILTER, DISPOSABLE, USED WITH AE	10/1/2005	\$0.82	3	NO
A	A7014	FILTER, NON-DISPOSABLE, USED WIT	10/1/2005	\$4.42	3	NO
A	A7015	AEROSOL MASK, USED WITH DME NEBU	10/1/2005	\$1.85	3	NO
A	A7016	DOME AND MOUTHPIECE, USED WITH S	7/1/2006	NC	9	NO
A	A7017	NEBULIZER, DURABLE, GLASS OR AUT	10/1/2005	\$131.94	3	NO
A	A7018	WATER, DISTILLED, USED WITH LARG	10/1/2005	\$0.38	3	NO
A	A7019	SALINE SOLUTION, PER 10 ML, METE	4/1/2004	INVALID	N	NO
A	A7020	STERILE WATER OR STERILE SALINE,	4/1/2004	INVALID	N	NO
A	A7025	HIGH FREQUENCY CHEST WALL OSCILL	4/1/2003	NC	9	NO
A	A7026	HIGH FREQUENCY CHEST WALL OSCILL	4/1/2003	NC	9	NO
A	A7030	FULL FACE MASK USED WITH POSITIV	10/1/2005	\$188.64	3	YES
A	A7031	FACE MASK INTERFACE, REPLACEMENT	10/1/2005	\$69.77	3	YES
A	A7032	CUSHION FOR USE ON NASALMASK INT	10/1/2005	\$40.53	3	YES
A	A7033	PILLOW FOR USE ON NASAL CANNULA	10/1/2005	\$24.24	3	YES
A	A7034	NASAL INTERFACE (MASK OR CANNULA	10/1/2005	\$79.11	3	YES
A	A7035	HEADGEAR USED WITH POSITIVE AIRW	10/1/2005	\$39.13	3	YES
A	A7036	CHINSTRAP USED WITH POSITIVE AIR	10/1/2005	\$17.92	3	YES
A	A7037	TUBING USED WITH POSITIVE AIRWAY	10/1/2005	\$40.37	3	YES
A	A7038	FILTER, DISPOSABLE, USED WITH PO	10/1/2005	\$5.30	3	YES
A	A7039	FILTER, NON DISPOSABLE, USED WITH	10/1/2005	\$15.09	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A7040	ONE WAY CHEST DRAIN VALVE	10/1/2005	\$36.86	3	NO
A	A7041	WATER SEAL DRAINAGE CONTAINER AN	10/1/2005	\$69.26	3	NO
A	A7042	IMPLANTED PLEURAL CATHETER, EACH	4/1/2003	NC	9	NO
A	A7043	VACUUM DRAINAGE BOTTLE AND TUBIN	4/1/2003	NC	9	NO
A	A7044	ORAL INTERFACE USED WITH POSITIV	10/1/2005	\$120.91	3	YES
A	A7045	EXHALATION PORT WITH OR WITHOUT	10/1/2005	\$19.47	3	NO
A	A7046	WATER CHAMBER FOR HUMIDIFIER, US	10/1/2005	\$19.51	3	YES
A	A7501	TRACHEOSTOMA VALVE, INCLUDING DI	10/1/2005	\$103.39	3	NO
A	A7502	REPLACEMENT DIAPHRAGM/FACEPLATE	10/1/2005	\$49.13	3	NO
A	A7503	FILTER HOLDER OR FILTER CAP, REU	10/1/2005	\$11.16	3	NO
A	A7504	FILTER FOR USE IN A TRACHEOSTOMA	10/1/2005	\$0.66	3	NO
A	A7505	HOUSING, REUSABLE W/OUT ADHESIVE	10/1/2005	\$4.60	3	NO
A	A7506	ADHESIVE DISC FOR USE IN A HEAT	10/1/2005	\$0.33	3	NO
A	A7507	FILTER HOLDER AND INTEGRATED FIL	10/1/2005	\$2.45	3	NO
A	A7508	HOUSING AND INTEGRATED ADHESIVE,	10/1/2005	\$2.83	3	NO
A	A7509	FILTER HOLDER AND INTEGRATED FIL	10/1/2005	\$1.38	3	NO
A	A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE,	10/1/2005	\$47.48	3	NO
A	A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE,	10/1/2005	\$47.05	3	NO
A	A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE,	10/1/2005	\$45.16	3	NO
A	A7523	TRACHEOSTOMY SHOWER PROTECTOR, E	1/1/2004	NC	9	NO
A	A7524	TRACHEOSTOMA STENT/STUD/BUTTON,	10/1/2005	\$77.40	3	NO
A	A7525	TRACHEOSTOMY MASK, EACH	10/1/2005	\$1.43	3	NO
A	A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER,	10/1/2005	\$3.37	3	NO
A	A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE P	10/1/2005	\$3.58	3	NO
A	A9150	NON-PRESCRIPTION DRUGS	3/1/1987	NC	9	NO
A	A9270	NON-COVERED ITEM OR SERVICE	1/1/1991	NC	9	NO
A	A9275	HOME GLUCOSE DISPOSABLE MONITOR,	1/1/2006	\$0.01	3	NO
A	A9280	ALERT OR ALARM DEVICE, NOT OTHER	1/1/2004	NC	9	NO
A	A9281	REACHING/GRABBING DEVICE, ANY TY	1/1/2006	NC	9	NO
A	A9282	WIG, ANY TYPE, EACH	1/1/2006	NC	9	NO
A	A9300	EXERCISE EQUIPMENT	4/1/1993	NC	9	NO
A	A9699	RADIOPHARMACEUTICAL, THERAPEUTIC	4/1/2003	NC	9	NO
A	A9900	MISCELLANEOUS DME SUPPLY, ACCESS	10/1/2005	NC	9	YES
A	A9901	DME DELIVERY, SET UP, AND/OR DIS	1/1/2000	NC	9	NO
A	A9999	MISCELLANEOUS DME SUPPLY OR ACCE	1/1/2004	NC	9	NO
A	B4084	GASTROSTOMY/JEJUNOSTOMY TUBING -	4/1/2002	INVALID	N	NO
A	B4085	GASTROSTOMY TUBE, SILICONE WITH	4/1/2002	INVALID	N	NO
A	B4156	ENTERAL FORMULAE; CATEGORY VI; S	1/1/2005	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	B4184	PARENTERAL NUTRITION SOLUTION LI	1/1/2006	INVALID	N	NO
A	B4186	PARENTERAL NUTRITION SOLUTION LI	1/1/2006	INVALID	N	NO
A	DMA68	BRIEF, DISPOSABLE, YOUTH - EACH	7/1/2003	INVALID	N	NO
A	DMA69	BRIEF, DISPOSABLE, ADULT SMALL -	7/1/2003	INVALID	N	NO
A	DMA70	BRIEF, DISPOSABLE, ADULT MEDIUM	7/1/2003	INVALID	N	NO
A	DMA71	BRIEF, DISPOSABLE, ADULT LARGE -	7/1/2003	INVALID	N	NO
A	DMA72	BRIEF, DISPOSABLE, ADULT EXTRA-L	7/1/2003	INVALID	N	NO
A	DMA73	BELTLESS UNDERGARMENT, DISPOSABL	7/1/2003	INVALID	N	NO
A	DMA74	BELTED UNDERGARMENT, DISPOSABLE,	7/1/2003	INVALID	N	NO
A	DMA75	SLIP-ON UNDERGARMENT, DISPOSABLE	7/1/2003	INVALID	N	NO
A	DMA77	PROTECTIVE UNDERWEAR, WASHABLE,	7/1/2003	INVALID	N	NO
A	E0100	CANE, INCLUDES CANES OF ALL MATE	10/1/2005	\$20.39	3	NO
A	E0105	CANE, QUAD OR THREE PRONG, INCLU	10/1/2005	\$48.35	3	NO
A	E0110	CRUTCHES, FOREARM, INC CRUTCHES	10/1/2005	\$76.38	3	NO
A	E0111	CRUTCH, FOREARM, INC CRUTCHES OF	10/1/2005	\$52.43	3	NO
A	E0112	CRUTCHES, UNDERARM, WOOD, ADJUST	10/1/2005	\$36.42	3	NO
A	E0113	CRUTCH, UNDERARM, WOOD, ADJUSTAB	10/1/2005	\$20.79	3	NO
A	E0114	CRUTCHES, UNDERARM, OTHER THAN W	10/1/2005	\$46.45	3	NO
A	E0116	CRUTCH, UNDERARM, OTHER THAN WOO	10/1/2005	\$27.31	3	NO
A	E0117	CRUTCH, UNDERARM, ARTICULATING,	10/1/2005	\$192.71	3	NO
A	E0118	CRUTCH SUBSTITUTE, LOWER LEG PLA	1/1/2004	NC	9	NO
A	E0130	WALKER, RIGID (PICKUP), ADJUSTAB	10/1/2005	\$69.13	3	NO
A	E0135	WALKER, FOLDING (PICKUP), ADJUST	10/1/2005	\$82.02	3	NO
A	E0140	WALKER, WITH TRUNK SUPPORT, ADJU	10/1/2005	\$360.71	3	NO
A	E0141	WALKER, RIGID, WHEELED, ADJUSTAB	10/1/2005	\$113.49	3	NO
A	E0142	RIGID WALKER, WHEELED, WITH SEAT	4/1/2004	INVALID	N	NO
A	E0143	WALKER, FOLDING, WHEELED, ADJUST	10/1/2005	\$118.35	3	NO
A	E0144	WALKER, ENCLOSED, FOUR SIDED FRA	10/1/2005	\$313.47	3	NO
A	E0145	WALKER, WHEELED, WITH SEAT AND C	4/1/2004	INVALID	N	NO
A	E0146	FOLDING WALKER, WHEELED, WITH SE	4/1/2004	INVALID	N	NO
A	E0147	WALKER, HEAVY DUTY, MULTIPLE BRA	10/1/2005	\$565.81	3	NO
A	E0148	WALKER, HEAVY DUTY, WITHOUT WHEE	10/1/2005	\$125.07	3	NO
A	E0149	WALKER, HEAVY DUTY, WHEELED, RIG	10/1/2005	\$219.70	3	NO
A	E0153	PLATFORM ATTACHMENT, FOREARM, CR	10/1/2005	\$68.30	3	NO
A	E0154	PLATFORM ATTACHMENT, WALKER, EAC	10/1/2005	\$69.40	3	NO
A	E0155	WHEEL ATTACHMENT, RIGID PICK-UP	10/1/2005	\$29.15	3	NO
A	E0156	SEAT ATTACHMENT, WALKER	10/1/2005	\$21.71	3	NO
A	E0157	CRUTCH ATTACHMENT, WALKER, EACH	10/1/2005	\$80.64	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E0158	LEG EXTENSIONS FOR WALKER, PER S	10/1/2005	\$30.65	3	NO
A	E0159	BRAKE ATTACHMENT FOR WHEELED WAL	10/1/2005	\$17.60	3	NO
A	E0160	SITZ TYPE BATH OR EQUIPMENT, POR	10/1/2005	\$32.54	3	NO
A	E0161	SITZ TYPE BATH OR EQUIPMENT, POR	10/1/2005	\$25.81	3	NO
A	E0162	SITZ BATH CHAIR	10/1/2005	\$141.35	3	NO
A	E0163	COMMODE CHAIR, STATIONARY, WITH	10/1/2005	\$104.85	3	NO
A	E0164	COMMODE CHAIR, MOBILE, WITH FIXE	10/1/2005	\$178.57	3	NO
A	E0165	COMMODE CHAIR, STATIONARY, WITH	10/1/2005	\$249.27	3	NO
A	E0166	COMMODE CHAIR, MOBILE, WITH DETA	10/1/2005	\$410.84	3	NO
A	E0167	PAIL OR PAN FOR USE WITH COMMODE	10/1/2005	\$11.70	3	NO
A	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR	10/1/2005	\$148.56	3	YES
A	E0169	COMMODE CHAIR WITH SEAT LIFT MEC	1/1/2006	INVALID	N	NO
A	E0170	COMMODE CHAIR WITH INTEGRATED SE	1/1/2006	NC	9	NO
A	E0171	COMMODE CHAIR WITH INTEGRATED SE	1/1/2006	NC	9	NO
A	E0172	SEAT LIFT MECHANISM PLACED OVER	1/1/2006	NC	9	NO
A	E0175	FOOT REST, FOR USE WITH COMMODE	3/1/1995	NC	9	NO
A	E0176	AIR PRESSURE PAD OR CUSHION, NON	1/1/2005	INVALID	N	NO
A	E0177	WATER PRESSURE PAD OR CUSHION, N	1/1/2005	INVALID	N	NO
A	E0178	GEL PRESSURE PAD OR CUSHION, NON	1/1/2005	INVALID	N	NO
A	E0179	DRY PRESSURE PAD OR CUSHION, NON	1/1/2005	INVALID	N	NO
A	E0180	PRESSURE PAD, ALTERNATING WITH P	10/1/2005	\$320.75	3	NO
A	E0181	PRESSURE PAD, ALTERNATING WITH P	12/1/2002	\$344.55	3	NO
A	E0182	PUMP FOR ALTERNATING PRESSURE PA	12/1/2002	\$374.70	3	NO
A	E0184	DRY PRESSURE MATTRESS	10/1/2005	\$175.63	3	YES
A	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR	10/1/2005	\$314.85	3	YES
A	E0186	AIR PRESSURE MATTRESS	10/1/2005	\$299.69	3	YES
A	E0187	HIGH-STRENGTH LIGHTWEIGHT WHEELC	10/1/2005	\$342.73	3	YES
A	E0188	SYNTHETIC SHEEPSKIN PAD	10/1/2005	\$21.89	3	NO
A	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZ	10/1/2005	\$41.14	3	NO
A	E0190	POSITIONING CUSHION/PILLOW/WEDGE	1/1/2004	NC	9	NO
A	E0191	HEEL OR ELBOW PROTECTOR, EACH	10/1/2005	\$8.36	3	NO
A	E0192	LOW PRESSURE AND POSITIONING EQU	1/1/2005	INVALID	N	NO
A	E0194	AIR FLUIDIZED BED	1/1/1991	NC	9	NO
A	E0196	GEL PRESSURE MATTRESS	10/1/2005	\$479.73	3	YES
A	E0197	AIR PRESSURE PAD FOR MATTRESS, S	10/1/2005	\$218.11	3	YES
A	E0198	WATER PRESSURE PAD FOR MATTRESS,	10/1/2005	\$218.11	3	YES
A	E0199	DRY PRESSURE PAD FOR MATTRESS, S	10/1/2005	\$26.81	3	NO
A	E0200	HEAT LAMP, WITHOUT STAND (TABLE	10/1/2005	\$78.04	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10	4/1/2003	NC	9	NO
A	E0205	HEAT LAMP, WITH STAND, INCLUDES	10/1/2005	\$162.37	3	NO
A	E0210	ELECTRIC HEAT PAD, STANDARD	10/1/2005	\$30.14	3	NO
A	E0215	ELECTRIC HEAT PAD, MOIST	10/1/2005	\$59.27	3	NO
A	E0217	WATER CIRCULATING HEAT PAD WITH	10/1/2005	\$488.70	3	NO
A	E0218	WATER CIRCULATING COLD PAD WITH	1/1/1997	NC	9	NO
A	E0220	HOT WATER BOTTLE	10/1/2005	\$7.09	3	NO
A	E0221	INFRARED HEATING PAD SYSTEM	1/1/2002	NC	9	NO
A	E0225	HYDROCOLLATOR UNIT, INCLUDES PAD	1/1/1995	NC	9	NO
A	E0230	ICE CAP OR COLLAR	10/1/2005	\$8.35	3	NO
A	E0231	NON-CONTACT WOUND WARMING DEVICE	1/1/2002	NC	9	NO
A	E0232	WARMING CARD FOR USE WITH THE NO	1/1/2002	NC	9	NO
A	E0235	PARAFFIN BATH UNIT, PORTABLE (SE	10/1/2005	\$254.80	3	NO
A	E0236	PUMP FOR WATER CIRCULATING PAD	10/1/2005	\$555.42	3	NO
A	E0238	NON-ELECTRIC HEAT PAD, MOIST	10/1/2005	\$26.62	3	NO
A	E0239	HYDROCOLLATOR UNIT, PORTABLE	1/1/1995	NC	9	NO
A	E0240	BATH/SHOWER CHAIR, WITH OR WITHO	10/1/2005	\$154.80	3	NO
A	E0241	BATHTUB WALL RAIL, EACH	10/1/2005	\$25.68	3	NO
A	E0242	BATHTUB RAIL, FLOOR BASE	10/1/2005	\$47.44	3	NO
A	E0243	TOILET RAIL, EACH	10/1/2005	\$27.91	3	NO
A	E0244	RAISED TOILET SEAT	10/1/2005	\$22.32	3	NO
A	E0245	TUB STOOL OR BENCH	10/1/2005	\$129.00	3	NO
A	E0246	TRANSFER TUB RAIL ATTACHMENT	10/1/2005	\$47.44	3	NO
A	E0247	TRANSFER BENCH FOR TUB OR TOILET	10/1/2005	\$129.00	3	NO
A	E0248	TRANSFER BENCH, HEAVY DUTY, FOR	10/1/2005	\$154.80	3	NO
A	E0249	PAD FOR WATER CIRCULATING HEAT U	10/1/2005	\$83.33	3	NO
A	E0250	HOSPITAL BED, FIXED HEIGHT, WITH	10/1/2005	\$1,325.24	3	YES
A	E0251	HOSPITAL BED, FIXED HEIGHT, WITH	10/1/2005	\$929.73	3	YES
A	E0255	HOSPITAL BED, VARIABLE HEIGHT, H	10/1/2005	\$1,734.53	3	YES
A	E0256	HOSPITAL BED, VARIABLE HEIGHT, H	10/1/2005	\$1,230.66	3	YES
A	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEA	10/1/2005	\$2,479.43	3	YES
A	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEA	10/1/2005	\$2,022.00	3	YES
A	E0265	HOSPITAL BED, TOTAL ELECTRIC (HE	3/1/1995	NC	9	NO
A	E0266	HOSPITAL BED, TOTAL ELECTRIC (HE	3/1/1995	NC	9	NO
A	E0270	HOSPITAL BED, INSTITUTIONAL TYPE	3/1/1995	NC	9	NO
A	E0271	MATTRESS, INNER SPRING	10/1/2005	\$218.55	3	NO
A	E0272	MATTRESS, FOAM RUBBER	10/1/2005	\$169.33	3	NO
A	E0273	BED BOARD	4/1/1988	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E0274	OVER-BED TABLE	4/1/1988	NC	9	NO
A	E0275	BED PAN, STANDARD, METAL OR PLAS	10/1/2005	\$15.07	3	NO
A	E0276	BED PAN, FRACTURE, METAL OR PLAS	10/1/2005	\$13.01	3	NO
A	E0280	BED CRADLE, ANY TYPE	3/1/1987	NC	9	NO
A	E0290	HOSPITAL BED, FIXED HEIGHT, WITH	10/1/2005	\$938.09	3	YES
A	E0291	HOSPITAL BED, FIXED HEIGHT, WITH	10/1/2005	\$801.71	3	YES
A	E0292	HOSPITAL BED, VARIABLE HEIGHT, H	10/1/2005	\$1,240.88	3	YES
A	E0293	HOSPITAL BED, VARIABLE HEIGHT, H	10/1/2005	\$1,055.89	3	YES
A	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEA	10/1/2005	\$1,929.12	3	YES
A	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEA	10/1/2005	\$1,880.36	3	YES
A	E0296	HOSPITAL BED, TOTAL ELECTRIC (HE	3/1/1995	NC	9	NO
A	E0297	HOSPITAL BED TOTAL ELECTRIC (HEA	3/1/1995	NC	9	NO
A	E0298	HOSPITAL BED, HEAVY DUTY, EXTRA	4/1/2002	INVALID	N	NO
A	E0300	PEDIATRIC CRIB, HOSPITAL GRADE,	1/1/2004	NC	9	NO
A	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA	10/1/2005	\$4,139.01	3	YES
A	E0302	HOSPITAL BED, EXTRA HEAVY DUTY,	10/1/2005	\$10,938.28	3	YES
A	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA	10/1/2005	\$4,488.27	3	YES
A	E0304	HOSPITAL BED, EXTRA HEAVY DUTY,	10/1/2005	\$12,187.09	3	YES
A	E0305	BED SIDE RAILS, HALF LENGTH	10/1/2005	\$223.22	3	NO
A	E0310	BED SIDE RAILS, FULL LENGTH	10/1/2005	\$191.11	3	NO
A	E0315	BED ACCESSORY: BOARD, TABLE, OR	3/1/1991	NC	9	NO
A	E0316	SAFETY ENCLOSURE FRAME/CANOPY FO	1/1/2002	NC	9	NO
A	E0325	URINAL, MALE, JUG-TYPE, ANY MATE	10/1/2005	\$9.95	3	NO
A	E0326	URINAL, FEMALE, JUG-TYPE, ANY MA	10/1/2005	\$8.79	3	NO
A	E0350	CONTROL UNIT FOR ELECTRONIC BOWE	1/1/1995	NC	9	NO
A	E0352	DISPOSABLE PACK FOR USE WITH THE	1/1/1995	NC	9	NO
A	E0370	AIR PRESSURE ELEVATOR FOR HEEL	10/1/2005	\$23.62	3	NO
A	E0425	STATIONARY COMPRESSED GAS SYSTEM	10/1/2005	\$1,032.00	3	NO
A	E0430	PORTABLE GASEOUS OXYGEN SYSTEM,	10/1/2005	\$1,032.00	3	NO
A	E0435	PORTABLE LIQUID OXYGEN SYSTEM, P	10/1/2005	\$1,032.00	3	NO
A	E0440	STATIONARY LIQ OXYGEN SYSTEM, PU	10/1/2005	\$1,032.00	3	NO
A	E0441	OXYGEN CONTENTS, GASEOUS, ONE MO	10/1/2005	\$162.98	3	NO
A	E0442	OXYGEN CONTENTS, LIQUID, ONE MON	10/1/2005	\$162.98	3	NO
A	E0443	PORTABLE OXYGEN CONTENTS, GASEOU	10/1/2005	\$21.41	3	NO
A	E0444	PORTABLE OXYGEN CONTENTS, LIQUID	10/1/2005	\$21.41	3	NO
A	E0454	PRESSURE VENTILATOR WITH PRESSUR	1/1/2005	INVALID	N	NO
A	E0457	CHEST SHELL (CUIRASS)	10/1/2005	\$604.89	3	YES
A	E0462	ROCKING BED WITH OR WITHOUT SIDE	3/1/1987	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E0470	RESPIRATORY ASSIST DEVICE, BI-LE	10/1/2005	\$3,710.71	3	YES
A	E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC	10/1/2005	\$618.89	3	NO
A	E0481	INTRAPULMONARY PERCUSSIVE VENTIL	1/1/2002	NC	9	NO
A	E0482	COUGH STIMULATING DEVICE, ALTERN	1/1/2002	NC	9	NO
A	E0483	HIGH FREQUENCY CHEST WALL OSCILL	9/24/2005	NC	9	NO
A	E0484	OSCILLATORY POSITIVE EXPIRATORY	4/1/2003	NC	9	NO
A	E0485	ORAL DEVICE/APPLIANCE USED TO RE	1/1/2006	NC	9	NO
A	E0486	ORAL DEVICE/APPLIANCE USED TO RE	1/1/2006	NC	9	NO
A	E0500	IPPB MACHINE, ALL TYPES, W/BUILT	10/1/2005	\$1,501.56	3	NO
A	E0550	HUMIDIFIER, DURABLE FOR EXTENSIV	10/1/2005	\$671.05	3	NO
A	E0555	HUMIDIFIER, DURABLE, GLASS OR AU	10/1/2005	\$4.47	3	NO
A	E0560	HUMIDIFIER, DURABLE FOR SUPPLEME	10/1/2005	\$143.51	3	NO
A	E0561	HUMIDIFIER, NON-HEATED, USED WIT	10/1/2005	\$105.33	3	YES
A	E0562	HUMIDIFIER, HEATED, USED WITH PO	10/1/2005	\$296.50	3	YES
A	E0565	COMPRESSOR, AIR POWER SOURCE FOR	10/1/2005	\$900.94	3	NO
A	E0570	NEBULIZER WITH COMPRESSOR	10/1/2005	\$139.32	3	NO
A	E0571	AEROSOL COMPRESSOR, BATTERY POWE	10/1/2005	\$442.42	3	NO
A	E0572	AEROSOL COMPRESSOR, ADJUSTABLE P	10/1/2005	\$562.54	3	NO
A	E0574	ULTRASONIC/ELECTRONIC AEROSOL GE	10/1/2001	NC	9	NO
A	E0575	NEBULIZER, ULTRASONIC, LARGE VOL	6/1/1997	NC	9	NO
A	E0580	NEBULIZER, DURABLE, GLASS OR AUT	10/1/2005	\$131.94	3	NO
A	E0585	NEBULIZER, WITH COMPRESSOR AND H	10/1/2005	\$517.81	3	NO
A	E0590	DISPENSING FEE COVERED DRUG ADMI	1/1/2006	INVALID	N	NO
A	E0600	RESPIRATORY SUCTION PUMP, HOME M	10/1/2005	\$589.48	3	NO
A	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP	10/1/2005	\$1,238.40	3	YES
A	E0602	BREAST PUMP, MANUAL, ANY TYPE	10/1/2005	\$15.48	3	NO
A	E0604	BREAST PUMP, HEAVY DUTY, HOSP GR	1/1/2002	NC	9	NO
A	E0605	VAPORIZER, ROOM TYPE	10/1/2005	\$26.02	3	NO
A	E0606	POSTURAL DRAINAGE BOARD	10/1/2005	\$328.02	3	NO
A	E0607	HOME BLOOD GLUCOSE MONITOR	10/1/2005	\$63.80	3	NO
A	E0609	BLOOD GLUCOSE MONITOR WITH SPECI	4/1/2002	INVALID	N	NO
A	E0610	PACEMAKER MONITOR, SELF-CONTAINE	10/1/2005	\$199.02	3	NO
A	E0615	PACEMAKER MONITOR, SELF CONTAINE	10/1/2005	\$400.62	3	NO
A	E0620	SKIN PIERCING DEVICE FOR COLLECT	1/1/2002	NC	9	NO
A	E0621	SLING OR SEAT, PATIENT LIFT, CAN	10/1/2005	\$94.49	3	YES
A	E0625	PATIENT LIFT, BATHROOM OR TOILET	3/1/1995	NC	9	NO
A	E0627	SEAT LIFT MECHANISM INCORPORATED	4/1/1992	NC	9	NO
A	E0628	SEPARATE SEAT LIFT MECHANISM FOR	4/1/1992	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E0629	SEPARATE SEAT LIFT MECHANISM FOR	4/1/1992	NC	9	NO
A	E0630	PATIENT LIFT, HYDRAULIC, WITH SE	10/1/2005	\$1,341.60	3	YES
A	E0635	PATIENT LIFT, ELECTRIC, WITH SEA	5/1/2005	NC	9	NO
A	E0636	MULTIPOSITIONAL PATIENT SUPPORT	4/1/2003	NC	9	NO
A	E0637	COMBINATION SIT TO STAND SYSTEM,	6/1/2004	\$2,104.97	3	YES
A	E0638	STANDING FRAME SYSTEM, ONE POSIT	1/1/2004	\$853.57	3	YES
A	E0639	PATIENT LIFT, MOVEABLE FROM ROOM	1/1/2005	NC	9	YES
A	E0640	PATIENT LIFT, FIXED SYSTEM, INCL	1/1/2006	NC	9	NO
A	E0641	STANDING FRAME SYSTEM, MULTI-POS	1/1/2006	\$0.01	3	YES
A	E0642	STANDING FRAME SYSTEM, MOBILE (D	1/1/2006	\$0.01	3	YES
A	E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL	10/1/2005	\$708.94	3	NO
A	E0651	PNEUMATIC COMPRESSOR, SEGMENTAL	10/1/2005	\$904.05	3	NO
A	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL	10/1/2005	\$5,218.48	3	NO
A	E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE	10/1/2005	\$106.23	3	NO
A	E0660	NON-SEGMENTAL PNEUMATIC APPLIANCE	10/1/2005	\$157.25	3	NO
A	E0665	NON-SEGMENTAL PNEUMATIC APPLIANCE	10/1/2005	\$134.85	3	NO
A	E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE	10/1/2005	\$135.92	3	NO
A	E0667	SEGMENTAL PNEUMATIC APPLIANCE FOR	10/1/2005	\$318.70	3	NO
A	E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR	10/1/2005	\$434.97	3	NO
A	E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR	10/1/2005	\$180.45	3	NO
A	E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC	10/1/2005	\$408.85	3	NO
A	E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC	10/1/2005	\$317.68	3	NO
A	E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC	10/1/2005	\$263.98	3	NO
A	E0675	PNEUMATIC COMPRESSION DEVICE, HIGH	1/1/2004	NC	9	NO
A	E0690	ULTRAVIOLET CABINET, APPROPRIATE	7/1/2003	INVALID	N	NO
A	E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM	10/1/2005	\$898.59	3	YES
A	E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM	10/1/2005	\$1,164.48	3	YES
A	E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM	1/1/2006	\$1,390.98	3	YES
A	E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT	1/1/2006	\$4,427.34	3	YES
A	E0700	SAFETY EQUIPMENT (E.G. BELT, HARNESS)	4/1/1988	NC	9	NO
A	E0701	HELMET WITH FACE GUARD AND SOFT	10/1/2005	\$153.35	3	NO
A	E0705	TRANSFER BOARD OR DEVICE, ANY TYPE	1/1/2006	\$0.01	3	NO
A	E0710	RESTRAINT, ANY TYPE (BODY, CHEST)	3/1/1987	NC	9	NO
A	E0720	TENS, TWO LEAD, LOCALIZED STIMULATION	10/1/2005	\$307.56	3	YES
A	E0730	TENS DEVICE, FOUR OR MORE LEADS,	10/1/2005	\$335.97	3	YES
A	E0731	FORM FITTING CONDUCTIVE GARMENT	3/1/1989	NC	9	NO
A	E0740	INCONTINENCE TREATMENT SYSTEM, PUMP	4/1/1995	NC	9	NO
A	E0744	NEUROMUSCULAR STIMULATOR FOR SCOTT	3/1/1989	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E0746	ELECTROMYOGRAPHY (EMG), BIOFEEDB	3/1/1989	NC	9	NO
A	E0747	OSTEOGENESIS STIMULATOR, ELECTRI	10/1/2005	\$3,472.01	3	YES
A	E0748	OSTEOGENIC STIMUALTOR, ELECTRICA	10/1/2005	\$3,449.51	3	YES
A	E0749	OSTEOGENESIS STIMULATOR, ELECTRI	4/1/1988	NC	9	NO
A	E0752	IMPLANTABLE NEUROSTIMULATOR ELEC	1/1/2006	INVALID	N	NO
A	E0754	PATIENT PROGRAMMER (EXTERNAL) FO	1/1/2006	INVALID	N	NO
A	E0755	ELECTRONIC SALIVARY REFLEX STIMU	3/1/1987	NC	9	NO
A	E0759	RADIOFREQUENCY TRANSMITTER (EXTE	1/1/2006	INVALID	N	NO
A	E0760	OSTOGENESIS STIMUALTOR, LOW INTE	10/1/2005	\$2,875.08	3	YES
A	E0761	NON-THERMAL PULSED HIGH FREQUENC	1/1/2003	NC	9	NO
A	E0762	TRANSCUTANEOUS ELECTRICAL JOINT	1/1/2006	NC	9	NO
A	E0764	FUNCTIONAL NEUROMUSCULAR STIMULA	1/1/2006	NC	9	NO
A	E0769	ELECTRICAL STIMULATION OR ELECTR	1/1/2005	NC	9	NO
A	E0776	IV POLE	10/1/2005	\$140.92	3	NO
A	E0782	INFUSION PUMP, IMPLANTABLE, NON-	5/1/1997	NC	9	NO
A	E0783	INFUSION PUMP, IMPLATABLE, PROGR	5/1/1997	NC	9	NO
A	E0784	EXTERNAL AMBULATORY INFUSION PUM	10/1/2005	\$6,164.45	3	YES
A	E0785	IMPLANTABLE INTRASPINAL CATHETER	1/1/1999	NC	9	NO
A	E0830	AMBULATORY TRACTION DEVICE, ALL	1/1/2001	NC	9	NO
A	E0840	TRACTION FRAME, ATTACHED TO HEAD	10/1/2005	\$72.13	3	NO
A	E0849	TRACTION EQUIPMENT, CERVICAL, FR	10/1/2005	\$515.31	3	YES
A	E0850	TRACTION STAND, FREE STANDING, C	10/1/2005	\$103.42	3	NO
A	E0855	CERVICAL TRACTION EQUIPMENT NOT	10/1/2005	\$486.48	3	NO
A	E0860	TRACTION EQUIPMENT, OVERDOOR, CE	10/1/2005	\$32.24	3	NO
A	E0870	TRACTION FRAME, ATTACHED TO FOOT	10/1/2005	\$114.49	3	NO
A	E0880	TRACTION STAND, FREE STANDING EX	10/1/2005	\$123.57	3	NO
A	E0890	TRACTION FRAME, ATTACHED TO FOOT	10/1/2005	\$117.00	3	NO
A	E0900	TRACTION STAND, FREE STANDING, P	10/1/2005	\$126.12	3	NO
A	E0910	TRAPEZE BARS, AKA PATIENT HELPER	10/1/2005	\$295.20	3	NO
A	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PAT	1/1/2006	\$0.01	3	NO
A	E0920	FRACTURE FRAME, ATTACHED TO BED,	10/1/2005	\$642.42	3	NO
A	E0930	FRACTURE FRAME, FREE STANDING, I	10/1/2005	\$573.38	3	NO
A	E0935	CONTINUOUS PASSIVE MOTION EXERCI	3/1/1987	NC	9	NO
A	E0940	TRAPEZE BAR, FREE STANDING, COMP	10/1/2005	\$513.32	3	NO
A	E0941	GRAVITY ASSISTED TRACTION DEVICE	10/1/2005	\$641.03	3	NO
A	E0942	CERVICAL HEAD HARNESS/HALTER	10/1/2005	\$19.54	3	NO
A	E0943	CERVICAL PILLOW -H	4/1/2004	INVALID	N	NO
A	E0944	PELVIC BELT/HARNESS/BOOT	10/1/2005	\$45.16	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E0945	EXTREMITY BELT/HARNESS	10/1/2005	\$43.63	3	NO
A	E0946	FRACTURE, FRAME, DUAL WITH CROSS	10/1/2005	\$873.54	3	NO
A	E0947	FRACTURE FRAME, ATTACHMENTS FOR	10/1/2005	\$596.97	3	NO
A	E0948	FRACTURE FRAME, ATTACHMENTS FOR	10/1/2005	\$560.38	3	NO
A	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	10/1/2005	\$103.95	3	NO
A	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH	10/1/2005	\$18.55	3	NO
A	E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	10/1/2005	\$18.55	3	NO
A	E0953	PNEUMATIC TIRE, EACH	1/1/2006	INVALID	N	NO
A	E0954	SEMI-PNEUMATIC CASTER, EACH	1/1/2006	INVALID	N	NO
A	E0955	WHEELCHAIR ACCESSORY, HEADREST,	10/1/2005	\$202.18	3	NO
A	E0956	WHEELCHAIR ACCESSORY, LATERAL TR	10/1/2005	\$98.58	3	NO
A	E0957	WHEELCHAIR ACCESSORY, MEDIAL THI	10/1/2005	\$137.93	3	NO
A	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE	10/1/2005	\$644.28	3	NO
A	E0959	MANUAL WHEELCHAIR ACCESSORY, ADA	10/1/2005	\$43.52	3	NO
A	E0960	WHEELCHAIR ACCESSORY, SHOULDER H	10/1/2005	\$90.98	3	NO
A	E0961	MANUAL WHEELCHAIR ACCESSORY, WHE	10/1/2005	\$25.62	3	NO
A	E0962	1" CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
A	E0963	2" CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
A	E0964	3" CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
A	E0965	4" INCH CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
A	E0966	MANUAL WHEELCHAIR ACCESSORY, HEA	10/1/2005	\$70.25	3	YES
A	E0967	MANUAL WHEELCHAIR ACCESSORY, HAN	10/1/2005	\$64.59	3	NO
A	E0968	COMMODE SEAT, WHEELCHAIR	6/1/1998	NC	9	NO
A	E0969	NARROWING DEVICE, WHEELCHAIR	3/1/1995	NC	9	NO
A	E0970	NO.2 FOOTPLATES, EXCEPT FOR ELEV	3/1/1995	NC	9	NO
A	E0971	MANUAL WHEELCHAIR ACCESSORY, ANT	10/1/2005	\$43.39	3	NO
A	E0972	WHEELCHAIR ACCESSORY, TRANSFER B	1/1/2006	INVALID	N	NO
A	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE	10/1/2005	\$113.17	3	NO
A	E0974	MANUAL WHEELCHAIR ACCESSORY, ANT	10/1/2005	\$77.18	3	NO
A	E0975	REINFORCED SEAT, UPHOLSTERY WHEE	4/1/2004	INVALID	N	NO
A	E0976	REINFORCED BACK WHEELCHAIR, UPHO	4/1/2004	INVALID	N	NO
A	E0977	WEDGE CUSHION, WHEELCHAIR	3/1/1995	NC	9	NO
A	E0978	WHEELCHAIR ACCESSORY, POSITIONIN	10/1/2005	\$35.73	3	NO
A	E0979	BELT, SAFETY WITH VELCRO CLOSURE	4/1/2004	INVALID	N	NO
A	E0980	SAFETY VEST, WHEELCHAIR	3/1/1995	NC	9	NO
A	E0981	WHEELCHAIR ACCESSORY, SEAT UPHOL	10/1/2005	\$47.15	3	NO
A	E0982	WHEELCHAIR ACCESSORY, BACK UPHOL	10/1/2005	\$51.53	3	NO
A	E0983	MANUAL WHEELCHAIR ACCESSORY, POW	1/1/2006	NC	9	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E0984	MANUAL WHEELCHAIR ACCESSORY, POW	1/1/2006	NC	9	YES
A	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT	10/1/2005	\$202.85	3	NO
A	E0986	MANUAL WHEELCHAIR ACCESSORY, PUS	1/1/2006	NC	9	YES
A	E0990	WHEELCHAIR ACCESSORY, ELEVATING	10/1/2005	\$98.74	3	NO
A	E0991	UPHOLSTERY SEAT	4/1/2004	INVALID	N	NO
A	E0992	MANUAL WHEELCHAIR ACCESSORY, SOL	10/1/2005	\$93.65	3	NO
A	E0993	BACK, UPHOLSTERY -H	4/1/2004	INVALID	N	NO
A	E0994	ARMREST, EACH	3/1/1995	NC	9	NO
A	E0995	WHEELCHAIR ACCESSORY, CALF REST/	10/1/2005	\$29.93	3	NO
A	E0996	TIRE, SOLID, EACH	1/1/2006	INVALID	N	NO
A	E0997	CASTER WITH FORK	3/1/1995	NC	9	NO
A	E0998	CASTER WITHOUT FORK	3/1/1995	NC	9	NO
A	E0999	PNEUMATIC TIRE WITH WHEEL	3/1/1995	NC	9	NO
A	E1000	TIRE, PNEUMATIC CASTER	1/1/2006	INVALID	N	NO
A	E1001	WHEEL, SINGLE	1/1/2006	INVALID	N	NO
A	E1002	WHEELCHAIR ACCESSORY, POWER SEAT	10/1/2005	\$4,113.02	3	YES
A	E1003	WHEELCHAIR ACCESSORY, POWER SEAT	10/1/2005	\$4,391.30	3	YES
A	E1004	WHEELCHAIR ACCESSORY, POWER SEAT	10/1/2005	\$4,869.05	3	YES
A	E1005	WHEELCHAIR ACCESSORY, POWER SEAT	10/1/2005	\$5,270.36	3	YES
A	E1006	WHEELCHAIR ACCESSORY, POWER SEAT	10/1/2005	\$6,455.70	3	YES
A	E1007	WHEELCHAIR ACCESSORY, POWER SEAT	10/1/2005	\$8,741.27	3	YES
A	E1008	WHEELCHAIR ACCESSORY, POWER SEAT	10/1/2005	\$8,742.05	3	YES
A	E1009	WHEELCHAIR ACCESSORY, ADD TO POW	1/1/2004	NC	9	NO
A	E1010	WHEELCHAIR ACCESSORY, ADD TO POW	10/1/2005	\$1,143.79	3	YES
A	E1011	MODIFICATION TO PEDIATRIC WHEELC	10/1/2005	\$154.80	3	YES
A	E1012	INTEGRATED SEATING SYSTEM, PLANA	1/1/2005	INVALID	N	NO
A	E1013	INTEGRATED SEATING SYSTEM, CONTO	1/1/2005	INVALID	N	NO
A	E1014	RECLINING BACK, ADDITION TO PEDI	10/1/2005	\$365.14	3	YES
A	E1015	SHOCK ABSORBER FOR MANUAL WHEELC	10/1/2005	\$114.70	3	YES
A	E1016	SHOCK ABSORBER FOR POWER WHEELCH	10/1/2005	\$131.31	3	YES
A	E1017	HEAVY DUTY SHOCK ABSORBER FOR HE	10/1/2005	\$103.20	3	YES
A	E1018	HEAVY DUTY SHOCK ABSORBER FOR HE	10/1/2005	\$154.80	3	YES
A	E1019	WHEELCHAIR ACCESSORY, POWER SEAT	1/1/2006	INVALID	N	NO
A	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR	10/1/2005	\$243.41	3	NO
A	E1021	WHEELCHAIR ACCESSORY, POWER SEAT	1/1/2006	INVALID	N	NO
A	E1025	LATERAL THORACIC SUPPORT, NON-CO	1/1/2006	INVALID	N	YES
A	E1026	LATERAL THORACIC SUPPORT, CONTOU	1/1/2006	INVALID	N	YES
A	E1027	LATERAL/ANTERIOR SUPPORT, FOR PE	1/1/2006	INVALID	N	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E1028	WHEELCHAIR ACCESSORY, MANUAL SWI	10/1/2005	\$206.54	3	NO
A	E1029	WHEELCHAIR ACCESSORY, VENTILATOR	10/1/2005	\$369.54	3	NO
A	E1030	WHEELCHAIR ACCESSORY, VENTILATOR	10/1/2005	\$1,165.27	3	YES
A	E1031	ROLLABOUT CHAIR, ANY AND ALL TYP	3/1/1987	NC	9	NO
A	E1035	MULTI-POSITIONAL PATIENT TRANSFE	1/1/2001	NC	9	NO
A	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	4/1/2003	NC	9	NO
A	E1038	TRANSPORT CHAIR, ADULT SIZE, PAT	4/1/2003	NC	9	NO
A	E1039	TRANSPORT CHAIR, ADULT SIZE, HEA	1/1/2005	NC	9	NO
A	E1065	POWER ATTACHMENT (TO CONVERT ANY	1/1/2004	INVALID	N	NO
A	E1066	BATTERY CHARGER -H	4/1/2004	INVALID	N	NO
A	E1069	DEEP CYCLE BATTERY	4/1/2004	INVALID	N	NO
A	E1089	HIGH-STRENGTH LIGHTWEIGHT WHEELC	8/1/2004	NC	9	NO
A	E1090	HIGH-STRENGTH LIGHTWEIGHT WHEELC	8/1/2004	NC	9	NO
A	E1161	MANUAL ADULT SIZE WHEELCHAIR, IN	10/1/2005	\$2,366.09	3	YES
A	E1210	MOTORIZED WHEELCHAIR; FIXED FULL	1/1/2006	INVALID	N	NO
A	E1211	MOTORIZED WHEELCHAIR; DETACHABLE	1/1/2006	INVALID	N	NO
A	E1212	MOTORIZED WHEELCHAIR; FIXED FULL	1/1/2006	INVALID	N	NO
A	E1213	MOTORIZED WHEELCHAIR; DETACHABLE	1/1/2006	INVALID	N	NO
A	E1220	WHEELCHAIR; SPECIALLY SIZED OR C	3/1/1995	NC	9	NO
A	E1225	WHEELCHAIR ACCESSORY, MANUAL SEM	1/1/1995	NC	9	NO
A	E1226	WHEELCHAIR ACCESSORY, MANUAL FUL	10/1/2005	\$537.10	3	NO
A	E1227	SPECIAL HEIGHT ARMS FOR WHEELCHA	3/1/1995	NC	9	NO
A	E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT	1/1/2005	\$0.01	3	YES
A	E1230	POWER OPERATED VEHICLE (3 OR 4 W	10/1/2005	\$2,115.07	3	YES
A	E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT	10/1/2005	\$3,715.20	3	YES
A	E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT	10/1/2005	\$2,138.41	3	YES
A	E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT	10/1/2005	\$2,215.73	3	YES
A	E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT	10/1/2005	\$1,928.95	3	YES
A	E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGI	10/1/2005	\$1,857.43	3	YES
A	E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLD	10/1/2005	\$1,638.73	3	YES
A	E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGI	10/1/2005	\$1,653.05	3	YES
A	E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLD	10/1/2005	\$1,638.73	3	YES
A	E1239	POWER WHEELCHAIR, PEDIATRIC SIZE	10/1/2005	\$5,286.73	3	YES
A	E1296	SPECIAL WHEELCHAIR SEAT HEIGHT F	3/1/1995	NC	9	NO
A	E1297	SPECIAL WHEELCHAIR SEAT DEPTH, B	3/1/1995	NC	9	NO
A	E1298	SPECIAL WHEELCHAIR SEAT DEPTH AN	3/1/1995	NC	9	NO
A	E1300	WHIRLPOOL, PORTABLE (OVERTUB TYP	10/1/2000	NC	9	NO
A	E1310	WHIRLPOOL, NON-PORTABLE (BUILT-I	4/1/1988	NC	9	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E1353	REGULATOR	10/1/2005	\$108.86	3	NO
A	E1355	STAND/RACK	10/1/2005	\$37.45	3	NO
A	E1372	IMMERSION EXTERNAL HEATER FOR NE	10/1/2005	\$160.49	3	NO
A	E1392	PORTABLE OXYGEN CONCENTRATOR, RE	1/1/2006	\$0.01	3	NO
A	E1399	DURABLE MEDICAL EQUIPMENT, MISCE	#####	\$6,000.00	3	YES
A	E1500	CENTRIFUGE, FOR DIALYSIS	1/1/2002	NC	9	NO
A	E1510	KIDNEY, DIALYSATE DELIVERY SYST	4/1/1990	NC	9	NO
A	E1530	AIR BUBBLE DETECTOR FOR HEMODIAL	4/1/1990	NC	9	NO
A	E1540	PRESSURE ALARM FOR HEMODIALYSIS,	4/1/1990	NC	9	NO
A	E1550	BATH CONDUCTIVITY METER FOR HEMO	4/1/1990	NC	9	NO
A	E1560	BLOOD LEAK DETECTOR FOR HEMODIAL	4/1/1990	NC	9	NO
A	E1570	ADJUSTABLE CHAIR, FOR ESRD PATIE	4/1/1990	NC	9	NO
A	E1575	TRANSDUCER PROTECTORS/FLUID BARR	4/1/1990	NC	9	NO
A	E1580	UNIPUNCTURE CONTROL SYSTEM FOR H	4/1/1990	NC	9	NO
A	E1590	HEMODIALYSIS MACHINE	4/1/1990	NC	9	NO
A	E1592	AUTOMATIC INTERMITTENT PERITONEA	4/1/1990	NC	9	NO
A	E1594	CYCLER DIALYSIS MACHINE FOR PERI	4/1/1990	NC	9	NO
A	E1600	DELIVERY AND/OR INSTALLATION CHA	4/1/1988	NC	9	NO
A	E1610	REVERSE OSMOSIS WATER PURIFICATI	4/1/1990	NC	9	NO
A	E1615	DEIONIZER WATER PURIFICATION SYS	4/1/1990	NC	9	NO
A	E1620	BLOOD PUMP FOR HEMODIALYSIS, REP	4/1/1990	NC	9	NO
A	E1625	WATER SOFTENING SYSTEM, FOR HEMO	4/1/1990	NC	9	NO
A	E1630	RECIPROCATING PERITONEAL DIALYSI	4/1/1990	NC	9	NO
A	E1632	WEARABLE ARTIFICIAL KIDNEY, EACH	4/1/1990	NC	9	NO
A	E1634	PERITONEAL DIALYSIS CLAMPS, EACH	1/1/2004	NC	9	NO
A	E1635	COMPACT (PORTABLE) TRAVEL HEMODI	4/1/1990	NC	9	NO
A	E1636	SORBENT CARTRIDGES, FOR HEMODIAL	4/1/1990	NC	9	NO
A	E1637	HEMOSTATS, EACH	1/1/2002	NC	9	NO
A	E1638	HEATING PAD, FOR PERITONEAL DIAL	7/1/2003	INVALID	N	NO
A	E1639	SCALE, EACH	1/1/2002	NC	9	NO
A	E1640	REPLACEMENT COMPONENTS FOR HEMOD	4/1/2002	INVALID	N	NO
A	E1699	DIALYSIS EQUIPMENT, NOT OTHERWIS	10/1/1993	NC	9	NO
A	E1700	JAW MOTION REHABILITATION SYSTEM	4/1/1993	NC	9	NO
A	E1701	REPLACEMENT CUSHIONS FOR JAW MOT	4/1/1993	NC	9	NO
A	E1702	REPLACEMENT MEASURING SCALES FOR	4/1/1993	NC	9	NO
A	E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSI	10/1/2005	\$1,720.91	3	NO
A	E1801	BI-DIRECTIONAL STATIC PROGRESSIV	1/1/2002	NC	9	NO
A	E1802	DYNAMIC ADJUSTABLE FOREARM PRONA	4/1/2003	\$4,902.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E1805	DYNAMIC ADJUSTABLE WRIST EXTENSI	10/1/2005	\$1,765.49	3	NO
A	E1806	BI-DIRECTIONAL STATIC PROGRESSIV	1/1/2002	NC	9	NO
A	E1810	DYNAMIC ADJUSTABLE KNEE EXTENSIO	10/1/2005	\$1,723.23	3	NO
A	E1811	BI-DIRECTIONAL STATIC PROGRESSIV	1/1/2002	NC	9	NO
A	E1812	DYNAMIC KNEE, EXTENSION/FLEXION	1/1/2006	\$0.01	3	NO
A	E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSI	10/1/2005	\$1,765.49	3	NO
A	E1816	BI-DIRECTIONAL STATIC PROGRESSIV	1/1/2002	NC	9	NO
A	E1818	BI-DIRECTIONAL STATIC PROGRESSIV	1/1/2002	NC	9	NO
A	E1820	REPLACEMENT SOFT INTERFACE MATER	10/1/2005	\$75.90	3	NO
A	E1821	REPLACEMENT SOFT INTERFACE MATER	1/1/2002	NC	9	NO
A	E1825	DYNAMIC ADJUSTABLE FINGER EXTENS	10/1/2005	\$1,766.11	3	NO
A	E1830	DYNAMIC ADJUSTABLE TOE EXTENSION	10/1/2005	\$1,765.49	3	NO
A	E1840	DYNAMIC ADJUSTABLE SHOULDER FLEX	10/1/2005	\$5,895.09	3	NO
A	E1902	COMMUNICATION BOARD, NON-ELECTRO	1/1/2002	NC	9	NO
A	E2000	GASTRIC SUCTION PUMP, HOME MODEL	10/1/2005	\$802.59	3	NO
A	E2100	BLOOD GLUCOSE MONITOR WITH INTEG	10/1/2005	\$527.39	3	NO
A	E2101	BLOOD GLUCOSE MONITOR WITH INTEG	10/1/2005	\$187.82	3	NO
A	E2120	PULSE GENERATOR SYSTEM FOR TYMPA	1/1/2004	NC	9	NO
A	E2201	MANUAL WHEELCHAIR ACCESSORY, NON	10/1/2005	\$373.10	3	NO
A	E2202	MANUAL WHEELCHAIR ACCESSORY, NON	10/1/2005	\$473.98	3	NO
A	E2203	MANUAL WHEELCHAIR ACCESSORY, NON	10/1/2005	\$479.05	3	NO
A	E2204	MANUAL WHEELCHAIR ACCESSORY, NON	10/1/2005	\$813.40	3	NO
A	E2205	MANUAL WHEELCHAIR ACCESSORY, HAN	10/1/2005	\$30.96	3	NO
A	E2206	MANUAL WHEELCHAIR ACCESSORY, WHE	10/1/2005	\$40.01	3	YES
A	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND	1/1/2006	\$42.62	3	NO
A	E2208	WHEELCHAIR ACCESSORY, CYLINDER T	1/1/2006	\$116.80	3	NO
A	E2209	WHEELCHAIR ACCESSORY, ARM TROUGH	1/1/2006	\$105.39	3	NO
A	E2210	WHEELCHAIR ACCESSORY, BEARINGS,	1/1/2006	\$6.55	3	NO
A	E2211	MANUAL WHEELCHAIR ACCESSORY, PNE	1/1/2006	\$39.09	3	NO
A	E2212	MANUAL WHEELCHAIR ACCESSORY, TUB	1/1/2006	\$5.78	3	NO
A	E2213	MANUAL WHEELCHAIR ACCESSORY, INS	1/1/2006	\$29.91	3	NO
A	E2214	MANUAL WHEELCHAIR ACCESSORY, PNE	1/1/2006	\$30.60	3	NO
A	E2215	MANUAL WHEELCHAIR ACCESSORY, TUB	1/1/2006	\$9.45	3	NO
A	E2216	MANUAL WHEELCHAIR ACCESSORY, FOA	1/1/2006	\$0.01	3	NO
A	E2217	MANUAL WHEELCHAIR ACCESSORY, FOA	1/1/2006	\$0.01	3	NO
A	E2218	MANUAL WHEELCHAIR ACCESSORY, FOA	1/1/2006	\$0.01	3	NO
A	E2219	MANUAL WHEELCHAIR ACCESSORY, FOA	1/1/2006	\$41.85	3	NO
A	E2220	MANUAL WHEELCHAIR ACCESSORY, SOL	1/1/2006	\$24.24	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E2221	MANUAL WHEELCHAIR ACCESSORY, SOL	1/1/2006	\$25.12	3	NO
A	E2222	MANUAL WHEELCHAIR ACCESSORY, SOL	1/1/2006	\$21.06	3	NO
A	E2223	MANUAL WHEELCHAIR ACCESSORY, VAL	1/1/2006	\$5.61	3	NO
A	E2224	MANUAL WHEELCHAIR ACCESSORY, PRO	1/1/2006	\$98.06	3	NO
A	E2225	MANUAL WHEELCHAIR ACCESSORY, CAS	1/1/2006	\$17.40	3	NO
A	E2226	MANUAL WHEELCHAIR ACCESSORY, CAS	1/1/2006	\$37.94	3	NO
A	E2291	BACK, PLANAR, FOR PEDIATRIC SIZE	10/1/2005	\$261.63	3	YES
A	E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE	10/1/2005	\$261.63	3	YES
A	E2293	BACK, CONTOURED, FOR PEDIATRIC S	10/1/2005	\$432.37	3	YES
A	E2294	SEAT, CONTOURED, FOR PEDIATRIC S	10/1/2005	\$432.37	3	YES
A	E2300	POWER WHEELCHAIR ACCESSORY, POWE	1/1/2004	NC	9	NO
A	E2301	POWER WHEELCHAIR ACCESSORY, POWE	1/1/2004	NC	9	NO
A	E2310	POWER WHEELCHAIR ACCESSORY, ELEC	10/1/2005	\$1,170.24	3	YES
A	E2311	POWER WHEELCHAIR ACCESSORY, ELEC	10/1/2005	\$2,369.20	3	YES
A	E2320	POWER WHEELCHAIR ACCESSORY, HAND	10/1/2005	\$1,025.90	3	YES
A	E2321	POWER WHEELCHAIR ACCESSORY, HAND	10/1/2005	\$1,581.95	3	YES
A	E2322	POWER WHEELCHAIR ACCESSORY, HAND	10/1/2005	\$1,455.49	3	YES
A	E2323	POWER WHEELCHAIR ACCESSORY, SPEC	10/1/2005	\$66.71	3	NO
A	E2324	POWER WHEELCHAIR ACCESSORY, CHIN	10/1/2005	\$43.82	3	NO
A	E2325	POWER WHEELCHAIR ACCESSORY, SIP	10/1/2005	\$1,346.83	3	YES
A	E2326	POWER WHEELCHAIR ACCESSORY, BREA	10/1/2005	\$329.83	3	NO
A	E2327	POWER WHEELCHAIR ACCESSORY, HEAD	10/1/2005	\$2,379.94	3	YES
A	E2328	POWER WHEELCHAIR ACCESSORY, HEAD	10/1/2005	\$4,001.39	3	YES
A	E2329	POWER WHEELCHAIR ACCESSORY, HEAD	10/1/2005	\$1,766.13	3	YES
A	E2330	POWER WHEELCHAIR ACCESSORY, HEAD	10/1/2005	\$3,422.09	3	YES
A	E2331	POWER WHEELCHAIR ACCESSORY, ATTE	1/1/2004	NC	9	NO
A	E2340	POWER WHEELCHAIR ACCESSORY, NONS	10/1/2005	\$358.36	3	NO
A	E2341	POWER WHEELCHAIR ACCESSORY, NONS	10/1/2005	\$537.58	3	NO
A	E2342	POWER WHEELCHAIR ACCESSORY, NONS	10/1/2005	\$447.98	3	NO
A	E2343	POWER WHEELCHAIR ACCESSORY, NONS	10/1/2005	\$716.78	3	NO
A	E2351	POWER WHEELCHAIR ACCESSORY, ELEC	10/1/2005	\$576.78	3	YES
A	E2360	POWER WHEELCHAIR ACCESSORY, 22 N	10/1/2005	\$94.00	3	NO
A	E2361	POWER WHEELCHAIR ACCESSORY, 22NF	10/1/2005	\$135.01	3	NO
A	E2362	POWER WHEELCHAIR ACCESSORY, GROU	10/1/2005	\$89.03	3	NO
A	E2363	POWER WHEELCHAIR ACCESSORY, GROU	10/1/2005	\$180.03	3	NO
A	E2364	POWER WHEELCHAIR ACCESSORY, U-1	10/1/2005	\$94.00	3	NO
A	E2365	POWER WHEELCHAIR ACCESSORY, U-1	10/1/2005	\$108.59	3	NO
A	E2366	POWER WHEELCHAIR ACCESSORY, BATT	10/1/2005	\$259.50	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E2367	POWER WHEELCHAIR ACCESSORY, BATT	1/1/2004	NC	9	NO
A	E2368	POWER WHEELCHAIR COMPONENT, MOTO	10/1/2005	\$516.57	3	YES
A	E2369	POWER WHEELCHAIR COMPONENT, GEAR	10/1/2005	\$449.94	3	YES
A	E2370	POWER WHEELCHAIR COMPONENT, MOTO	10/1/2005	\$802.84	3	YES
A	E2371	POWER WHEELCHAIR ACCESSORY, GROU	1/1/2006	\$150.74	3	NO
A	E2372	POWER WHEELCHAIR ACCESSORY, GROU	1/1/2006	\$0.01	3	NO
A	E2399	POWER WHEELCHAIR ACCESSORY, NOT	10/1/2005	\$0.01	5	YES
A	E2601	GENERAL USE WHEELCHAIR SEAT CUSH	10/1/2005	\$88.65	3	YES
A	E2602	GENERAL USE WHEELCHAIR SEAT CUSH	10/1/2005	\$161.88	3	YES
A	E2603	SKIN PROTECTION WHEELCHAIR SEAT	10/1/2005	\$223.04	3	YES
A	E2604	SKIN PROTECTION WHEELCHAIR SEAT	10/1/2005	\$315.76	3	YES
A	E2605	POSITIONING WHEELCHAIR SEAT CUSH	10/1/2005	\$321.69	3	YES
A	E2606	POSITIONING WHEELCHAIR SEAT CUSH	10/1/2005	\$436.07	3	YES
A	E2607	SKIN PROTECTION AND POSITIONING	10/1/2005	\$295.60	3	YES
A	E2608	SKIN PROTECTION AND POSITIONING	10/1/2005	\$354.00	3	YES
A	E2609	CUSTOM FABRICATED WHEELCHAIR SEA	10/1/2005	\$660.05	3	YES
A	E2610	WHEELCHAIR SEAT CUSHION, POWERED	1/1/2005	NC	9	NO
A	E2611	GENERAL USE WHEELCHAIR BACK CUSH	10/1/2005	\$312.35	3	YES
A	E2612	GENERAL USE WHEELCHAIR BACK CUSH	10/1/2005	\$422.54	3	YES
A	E2613	POSITIONING WHEELCHAIR BACK CUSH	10/1/2005	\$393.04	3	YES
A	E2614	POSITIONING WHEELCHAIR BACK CUSH	10/1/2005	\$543.93	3	YES
A	E2615	POSITIONING WHEELCHAIR BACK CUSH	10/1/2005	\$452.32	3	YES
A	E2616	POSITIONING WHEELCHAIR BACK CUSH	10/1/2005	\$608.58	3	YES
A	E2617	CUSTOM FABRICATED WHEELCHAIR BAC	10/1/2005	\$653.39	3	YES
A	E2618	WHEELCHAIR ACCESSORY, SOLID SEAT	10/1/2005	\$153.68	3	YES
A	E2619	REPLACEMENT COVER FOR WHEELCHAIR	10/1/2005	\$51.32	3	YES
A	E2620	POSITIONING WHEELCHAIR BACK CUSH	10/1/2005	\$574.76	3	YES
A	E2621	POSITIONING WHEELCHAIR BACK CUSH	10/1/2005	\$547.70	3	YES
A	E8000	GAIT TRAINER, PEDIATRIC SIZE, PO	10/1/2005	\$1,599.60	3	YES
A	E8001	GAIT TRAINER, PEDIATRIC SIZE, UP	10/1/2005	\$1,599.60	3	YES
A	E8002	GAIT TRAINER, PEDIATRIC SIZE, AN	10/1/2005	\$1,599.60	3	YES
A	G0109	DIABETES SELF-MANAGEMENT TRAININ	#####	NC	9	NO
A	G0369	PHARMACY SUPPLY FEE FOR INITIAL	1/1/2006	INVALID	N	NO
A	G0370	PHARMACY SUPPLY FEE FOR ORAL ANT	1/1/2006	INVALID	N	NO
A	G0371	PHARMACY DISPENSING FEE FOR INHA	1/1/2006	INVALID	N	NO
A	G0374	PHARMACY DISPENSING FEE FOR INHA	1/1/2006	INVALID	N	NO
A	J0151	INJECTION, ADENOSINE, 90 MG (NOT	4/1/2004	INVALID	N	NO
A	J1056	INJECTION, MEDROXYPROGESTERONE A	#####	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	J1565	INJECTION, RESPIRATORY SYNCYTIAL	1/1/2002	NC	9	NO
A	J1750	INJECTION, IRON DEXTRAN, 50 MG	1/1/2006	INVALID	N	NO
A	J1910	INJECTION, KUTAPRESSIN, UP TO 2	4/1/2004	INVALID	N	NO
A	J2000	INJECTION, LIDOCAINE HCL, 50 CC	4/1/2004	INVALID	N	NO
A	J2352	INJECTION, OCTREOTIDE ACETATE, 1	4/1/2004	INVALID	N	NO
A	J3245	INJECTION, TIROFIBAN HYDROCHLORI	1/1/2005	INVALID	N	NO
A	J3395	INJECTION, VERTEPORFIN, 15 MG	1/1/2005	INVALID	N	NO
A	J3530	NASAL VACCINE INHALATION	1/17/2005	NC	9	NO
A	J7051	STERILE SALINE OR WATER, UP TO 5	1/1/2006	INVALID	N	NO
A	J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING	#####	NC	9	NO
A	J7340	DERMAL AND EPIDERMAL, TISSUE OF	1/1/2003	NC	9	NO
A	J7508	TACROLIMUS, ORAL, PER 5 MG	4/1/2004	INVALID	N	NO
A	J7520	SIROLIMUS, ORAL, 1 MG	1/1/2005	NC	9	NO
A	J7618	ALBUTEROL, ALL FORMULATIONS INCL	1/1/2005	INVALID	N	NO
A	J7619	ALBUTEROL, ALL FORMULATIONS INCL	1/1/2005	INVALID	N	NO
A	J7633	BUDESONIDE, INHALATION SOLUTION	4/1/2003	NC	9	NO
A	J9180	EPIRUBICIN HYDROCHLORIDE, 50 MG	4/1/2004	INVALID	N	NO
A	K0001	STANDARD WHEELCHAIR	10/1/2005	\$806.51	3	YES
A	K0002	STANDARD HEMI (LOW SEAT) WHEELCH	10/1/2005	\$1,191.96	3	YES
A	K0003	LIGHTWEIGHT WHEELCHAIR	10/1/2005	\$1,278.03	3	YES
A	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEEL	10/1/2005	\$1,677.26	3	YES
A	K0005	ULTRALIGHTWEIGHT WHEELCHAIR	10/1/2005	\$1,789.40	3	YES
A	K0006	HEAVY-DUTY WHEELCHAIR	10/1/2005	\$1,851.72	3	YES
A	K0007	EXTRA HEAVY-DUTY WHEELCHAIR	10/1/2005	\$2,635.62	3	YES
A	K0008	CUSTOM MANUAL WHEELCHAIR/BASE	1/1/2002	INVALID	N	NO
A	K0009	OTHER MANUAL WHEELCHAIR/BASE	10/1/2005	\$6,192.00	3	YES
A	K0010	STANDARD-WEIGHT FRAME MOTORIZED/	10/1/2005	\$4,396.22	3	YES
A	K0011	STANDARD-WEIGHT FRAME MOTORIZED/	8/1/2005	\$5,122.80	3	YES
A	K0012	LIGHTWEIGHT PORTABLE MOTORIZED/P	10/1/2005	\$3,353.17	3	YES
A	K0013	CUSTOM MOTORIZED/POWER WHEELCHAI	4/1/2002	INVALID	N	NO
A	K0014	OTHER MOTORIZED/POWER WHEELCHAIR	10/1/2005	\$14,448.00	3	YES
A	K0015	DETACHABLE, NONADJUSTABLE HEIGHT	10/1/2005	\$175.87	3	NO
A	K0016	DETACHABLE, ADJUSTABLE HEIGHT AR	4/1/2004	INVALID	N	NO
A	K0017	DETACHABLE, ADJUSTABLE HEIGHT AR	10/1/2005	\$49.46	3	NO
A	K0018	DETACHABLE, ADJUSTABLE HEIGHT AR	10/1/2005	\$27.65	3	NO
A	K0019	ARM PAD, EACH	10/1/2005	\$16.97	3	NO
A	K0020	FIXED, ADJUSTABLE HEIGHT ARMREST	10/1/2005	\$44.95	3	NO
A	K0021	ANTITIPPING DEVICE, EACH	7/1/2003	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	K0022	REINFORCED BACK UPHOLSTERY	4/1/2004	INVALID	N	NO
A	K0023	SOLID BACK INSERT, PLANAR BACK,	1/1/2005	INVALID	N	NO
A	K0024	SOLID BACK INSERT, PLANAR BACK,	1/1/2005	INVALID	N	NO
A	K0025	HOOK-ON HEADREST EXTENSION	4/1/2004	INVALID	N	NO
A	K0026	BACK UPHOLSTERY FOR ULTRALIGHTWE	4/1/2004	INVALID	N	NO
A	K0027	BACK UPHOLSTERY FOR WHEELCHAIR T	4/1/2004	INVALID	N	NO
A	K0028	FULLY RECLINING BACK	4/1/2004	INVALID	N	NO
A	K0029	REINFORCED SEAT UPHOLSTERY	4/1/2004	INVALID	N	NO
A	K0030	SOLID SEAT INSERT, PLANAR SEAT,	4/1/2004	INVALID	N	NO
A	K0031	SAFETY BELT/PELVIC STRAP	4/1/2004	INVALID	N	NO
A	K0032	SEAT UPHOLSTERY FOR ULTRALIGHTWE	4/1/2004	INVALID	N	NO
A	K0033	SEAT UPHOLSTERY FOR WHEELCHAIR T	4/1/2004	INVALID	N	NO
A	K0034	HEEL LOOP, EACH	7/1/2003	INVALID	N	NO
A	K0035	HEEL LOOP WITH ANKLE STRAP, EACH	4/1/2004	INVALID	N	NO
A	K0036	TOE LOOP, EACH	4/1/2004	INVALID	N	NO
A	K0037	HIGH MOUNT FLIP-UP FOOTREST, EAC	10/1/2005	\$47.41	3	NO
A	K0038	LEG STRAP, EACH	10/1/2005	\$23.47	3	NO
A	K0039	LEG STRAP, H STYLE, EACH	10/1/2005	\$52.16	3	NO
A	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	10/1/2005	\$72.26	3	NO
A	K0041	LARGE SIZE FOOTPLATE, EACH	10/1/2005	\$51.23	3	NO
A	K0042	STANDARD SIZE FOOTPLATE, EACH	10/1/2005	\$30.47	3	NO
A	K0043	FOOTREST, LOWER EXTENSION TUBE,	10/1/2005	\$18.90	3	NO
A	K0044	FOOTREST, UPPER HANGER BRACKET,	10/1/2005	\$16.11	3	NO
A	K0045	FOOTREST, COMPLETE ASSEMBLY	10/1/2005	\$55.73	3	NO
A	K0046	ELEVATING LEGREST, LOWER EXTENSI	10/1/2005	\$18.90	3	NO
A	K0047	ELEVATING LEGREST, UPPER HANGER	10/1/2005	\$74.00	3	NO
A	K0048	ELEVATING LEGREST, COMPLETE ASSE	4/1/2004	INVALID	N	NO
A	K0049	CALF PAD, EACH	4/1/2004	INVALID	N	NO
A	K0050	RATCHET ASSEMBLY	10/1/2005	\$31.46	3	NO
A	K0051	CAM RELEASE ASSEMBLY, FOOTREST O	10/1/2005	\$50.91	3	NO
A	K0052	SWINGAWAY, DETACHABLE FOOTRESTS,	10/1/2005	\$89.47	3	NO
A	K0053	ELEVATING FOOTRESTS, ARTICULATIN	10/1/2005	\$98.74	3	NO
A	K0054	SEAT WIDTH OF 10, 11, 12, 15, 17	4/1/2004	INVALID	N	NO
A	K0055	SEAT DEPTH OF 15, 17, OR 18" FOR	4/1/2004	INVALID	N	NO
A	K0056	SEAT HEIGHT <17" OR >= TO 21" FO	10/1/2005	\$92.04	3	NO
A	K0057	SEAT WIDTH 19 OR 20 INCHES FOR H	4/1/2004	INVALID	N	NO
A	K0058	SEAT DEPTH 17 OR 18 INCHES FOR A	4/1/2004	INVALID	N	NO
A	K0059	PLASTIC COATED HANDRIM, EACH	1/1/2005	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	K0060	STEEL HANDRIM, EACH	1/1/2005	INVALID	N	NO
A	K0061	ALUMINUM HANDRIM, EACH	1/1/2005	INVALID	N	NO
A	K0062	HANDRIM WITH 8 TO 10 VERTICAL OR	4/1/2004	INVALID	N	NO
A	K0063	HANDRIM WITH 12 TO 16 VERTICAL O	4/1/2004	INVALID	N	NO
A	K0064	ZERO PRESSURE TUBE (FLAT FREE IN	1/1/2006	INVALID	N	NO
A	K0065	SPOKE PROTECTORS, EACH	10/1/2005	\$43.02	3	NO
A	K0066	SOLID TIRE, ANY SIZE, EACH	1/1/2006	INVALID	N	NO
A	K0067	PNEUMATIC TIRE, ANY SIZE, EACH	1/1/2006	INVALID	N	NO
A	K0068	PNEUMATIC TIRE TUBE, EACH	1/1/2006	INVALID	N	NO
A	K0069	REAR WHEEL ASSEMBLY, COMPLETE, W	10/1/2005	\$96.69	3	NO
A	K0070	REAR WHEEL ASSEMBLY, COMPLETE, W	10/1/2005	\$177.29	3	NO
A	K0071	FRONT CASTER ASSEMBLY, COMPLETE,	10/1/2005	\$105.73	3	NO
A	K0072	FRONT CASTER ASSEMBLY, COMPLETE,	10/1/2005	\$59.81	3	NO
A	K0073	CASTER PIN LOCK, EACH	10/1/2005	\$32.38	3	NO
A	K0074	PNEUMATIC CASTER TIRE, ANY SIZE,	1/1/2006	INVALID	N	NO
A	K0075	SEMI-PNEUMATIC CASTER TIRE, ANY	1/1/2006	INVALID	N	NO
A	K0076	SOLID CASTER TIRE, ANY SIZE, EAC	1/1/2006	INVALID	N	NO
A	K0077	FRONT CASTER ASSEMBLY, COMPLETE,	10/1/2005	\$56.94	3	NO
A	K0078	PNEUMATIC CASTER TIRE TUBE, EACH	1/1/2006	INVALID	N	NO
A	K0079	WHEEL LOCK EXTENSION, PAIR	4/1/2004	INVALID	N	NO
A	K0080	ANTI-ROLLBACK DEVICE, PAIR	4/1/2004	INVALID	N	NO
A	K0081	WHEEL LOCK ASSEMBLY, COMPLETE, E	1/1/2005	INVALID	N	NO
A	K0082	22 NF NON-SEALED LEAD ACID BATTE	4/1/2004	INVALID	N	NO
A	K0083	22 NF SEALED LEAD ACID BATTERY,	4/1/2004	INVALID	N	NO
A	K0084	GROUP 24 NON-SEALED LEAD ACID BA	4/1/2004	INVALID	N	NO
A	K0085	GROUP 24 SEALED LEAD ACID BATTER	4/1/2004	INVALID	N	NO
A	K0086	U-1 NON-SEALED LEAD ACID BATTERY	4/1/2004	INVALID	N	NO
A	K0087	U-1 SEALED LEAD ACID BATTERY, EA	4/1/2004	INVALID	N	NO
A	K0088	BATTERY CHARGER, SINGLE MODE, FO	4/1/2004	INVALID	N	NO
A	K0089	BATTERY CHARGER, DUAL MODE, FOR	4/1/2004	INVALID	N	NO
A	K0090	REAR WHEEL TIRE FOR POWER WHEELC	10/1/2005	\$73.74	3	NO
A	K0091	REAR WHEEL TIRE TUBE OTHER THAN	10/1/2005	\$20.09	3	NO
A	K0092	REAR WHEEL ASSEMBLY FOR POWER WH	10/1/2005	\$235.32	3	NO
A	K0093	REAR WHEEL, ZERO PRESSURE TIRE T	10/1/2005	\$147.01	3	NO
A	K0094	WHEEL TIRE FOR POWER BASE, ANY S	10/1/2005	\$47.91	3	NO
A	K0095	WHEEL TIRE TUBE OTHER THAN ZERO	10/1/2005	\$47.91	3	NO
A	K0096	WHEEL ASSEMBLY FOR POWER BASE, C	10/1/2005	\$265.48	3	NO
A	K0097	WHEEL ZERO PRESSURE TIRE TUBE (F	10/1/2005	\$58.71	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	K0098	DRIVE BELT FOR POWER WHEELCHAIR	10/1/2005	\$25.55	3	NO
A	K0099	FRONT CASTER FOR POWER WHEELCHAI	10/1/2005	\$78.32	3	NO
A	K0100	AMPUTEE ADAPTER, PART	4/1/2004	INVALID	N	NO
A	K0101	ONE-ARM DRIVE ATTACHMENT	7/1/2003	INVALID	N	NO
A	K0102	CRUTCH AND CANE HOLDER, EACH	1/1/2006	INVALID	N	NO
A	K0103	TRANSFER BOARD, LESS THAN 25 INC	4/1/2004	INVALID	N	NO
A	K0104	CYLINDER TANK CARRIER, EACH	1/1/2006	INVALID	N	NO
A	K0105	IV HANGER, EACH	10/1/2005	\$96.23	3	NO
A	K0106	ARM TROUGH, EACH	1/1/2006	INVALID	N	NO
A	K0107	WHEELCHAIR TRAY	4/1/2004	INVALID	N	NO
A	K0108	OTHER WHEELCHAIR ACCESSORIES	10/1/2005	\$12,384.00	3	YES
A	K0112	TRUNK SUPPORT DEVICE, VEST TYPE,	4/1/2004	INVALID	N	NO
A	K0113	TRUNK SUPPORT DEVICE, VEST TYPE,	4/1/2004	INVALID	N	NO
A	K0114	BACK SUPPORT SYSTEM FOR USE WITH	1/1/2005	INVALID	N	NO
A	K0115	ORTHOTIC SEATING SYSTEM, BACK MO	1/1/2005	INVALID	N	YES
A	K0116	ORTHOTIC SEATING SYSTEM, COMBINE	1/1/2005	INVALID	N	YES
A	K0183	NASAL APPLICATION DEVICE, USED W	7/1/2003	INVALID	N	NO
A	K0184	NASAL SINGLE PIECE INTERFACE, RE	7/1/2003	INVALID	N	NO
A	K0185	HEADGEAR, USED WITH POSITIVE AIR	7/1/2003	INVALID	N	NO
A	K0186	CHIN STRAP, USED WITH POSITIVE A	7/1/2003	INVALID	N	NO
A	K0187	TUBING, USED WITH POSITIVE AIRWA	7/1/2003	INVALID	N	NO
A	K0188	FILTER, DISPOSABLE, USED WITH PO	7/1/2003	INVALID	N	NO
A	K0189	FILTER, NON-DISPOSABLE, USED WIT	7/1/2003	INVALID	N	NO
A	K0268	HUMIDIFIER, NON-HEATED, USED WIT	4/1/2004	INVALID	N	NO
A	K0452	WHEELCHAIR BEARINGS, ANY TYPE	1/1/2006	INVALID	N	NO
A	K0460	POWER ADD-ON, TO CONVERT MANUAL	4/1/2004	INVALID	N	YES
A	K0461	POWER ADD-ON, TO CONVERT MANUAL	4/1/2004	INVALID	N	YES
A	K0531	HUMIDIFIER, HEATED, USED WITH PO	4/1/2004	INVALID	N	NO
A	K0532	RESPIRATORY ASSIST DEVICE, BI-LE	4/1/2004	INVALID	N	NO
A	K0533	RESPIRATORY ASSIST DEVICE, BI-LE	4/1/2004	INVALID	N	NO
A	K0534	RESPIRATORY ASSIST DEVICE, BI-LE	4/1/2004	INVALID	N	NO
A	K0539	DRESSING SET FOR NEGATIVE PRESSU	4/1/2004	INVALID	N	NO
A	K0540	CANISTER SET FOR NEGATIVE PRESSU	4/1/2004	INVALID	N	NO
A	K0549	HOSPITAL BED, HEAVY DUTY, EXTRA	4/1/2004	INVALID	N	NO
A	K0550	HOSPITAL BED, EXTRA HEAVY DUTY,	4/1/2004	INVALID	N	NO
A	K0551	RESIDUAL LIMB SUPPORT SYSTEM, SO	7/1/2003	INVALID	N	NO
A	K0552	SUPPLIES FOR EXTERNAL DRUG INFUS	7/1/2006	\$2.49	3	YES
A	K0556	ADD TO LOWER EXTREMITY, BELOW KN	4/1/2004	INVALID	N	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	K0557	ADD TO LOWER EXTREMITY, BELOW KN	4/1/2004	INVALID	N	NO
A	K0558	ADD TO LOWER EXTREMITY, BELOW/AB	4/1/2004	INVALID	N	NO
A	K0559	ADD TO LOWER EXTREMITY, BELOW/AB	4/1/2004	INVALID	N	NO
A	K0561	OSTOMY SKIN BARRIER, NON-PECTIN	7/1/2003	INVALID	N	NO
A	K0562	OSTOMY SKIN BARRIER, PECTIN-BASE	7/1/2003	INVALID	N	NO
A	K0563	OSTOMY SKIN BARRIER, WITH FLANGE	7/1/2003	INVALID	N	NO
A	K0564	OSTOMY SKIN BARRIER, WITH FLANGE	7/1/2003	INVALID	N	NO
A	K0565	OSTOMY SKIN BARRIER, WITH FLANGE	7/1/2003	INVALID	N	NO
A	K0566	OSTOMY SKIN BARRIER, WITH FLANGE	7/1/2003	INVALID	N	NO
A	K0567	OSTOMY POUCH, DRAINABLE, WITH KA	7/1/2003	INVALID	N	NO
A	K0568	OSTOMY POUCH, DRAINABLE, WITH ST	7/1/2003	INVALID	N	NO
A	K0569	OSTOMY POUCH, DRAINABLE, HIGH OU	7/1/2003	INVALID	N	NO
A	K0570	OSTOMY SKIN BARRIER, WITH FLANGE	7/1/2003	INVALID	N	NO
A	K0571	OSTOMY SKIN BARRIER, WITH FLANGE	7/1/2003	INVALID	N	NO
A	K0572	TAPE, NON-WATERPROOF, PER 18 SQU	7/1/2003	INVALID	N	NO
A	K0573	TAPE, WATERPROOF, PER 18 SQUARE	7/1/2003	INVALID	N	NO
A	K0574	ADDITION TO OSTOMY POUCH, FILTER	7/1/2003	INVALID	N	NO
A	K0575	ADDITION TO OSTOMY POUCH, RUSTLE	7/1/2003	INVALID	N	NO
A	K0576	ADDITION TO OSTOMY POUCH, FRICTI	7/1/2003	INVALID	N	NO
A	K0577	ADDITION TO OSTOMY POUCH, ODOR B	7/1/2003	INVALID	N	NO
A	K0578	ADDITION TO OSTOMY POUCH, FAUCET	7/1/2003	INVALID	N	NO
A	K0579	ADDITION TO OSTOMY POUCH, ABSORB	7/1/2003	INVALID	N	NO
A	K0580	ADDITION TO OSTOMY POUCH, FLANGE	7/1/2003	INVALID	N	NO
A	K0581	OSTOMY POUCH, CLOSED,WITH BARRIE	4/1/2004	INVALID	N	NO
A	K0582	OSTOMY POUCH, CLOSED,WITH BARRIE	4/1/2004	INVALID	N	NO
A	K0583	OSTOMY POUCH, CLOSED; WITHOUT BA	4/1/2004	INVALID	N	NO
A	K0584	OSTOMY POUCH, CLOSED; FOR USE ON	4/1/2004	INVALID	N	NO
A	K0585	OSTOMY POUCH, CLOSED; FOR USE ON	4/1/2004	INVALID	N	NO
A	K0586	OSTOMY POUCH, CLOSED; FOR USE ON	4/1/2004	NC	9	NO
A	K0587	OSTOMY POUCH, DRAINABLE, WITH BA	4/1/2004	INVALID	N	NO
A	K0588	OSTOMY POUCH, DRAINABLE; FOR USE	4/1/2004	INVALID	N	NO
A	K0589	OSTOMY POUCH, DRAINABLE; FOR USE	4/1/2004	INVALID	N	NO
A	K0590	OSTOMY POUCH, DRAINABLE; FOR USE	4/1/2004	INVALID	N	NO
A	K0591	OSTOMY POUCH, URINARY, WITH EXTE	4/1/2004	INVALID	N	NO
A	K0592	OSTOMY POUCH, URINARY, W/BARRIER	4/1/2004	INVALID	N	NO
A	K0593	OSTOMY POUCH, URINARY, WITH EXTE	4/1/2004	INVALID	N	NO
A	K0594	OSTOMY POUCH, URINARY; W/BARRIER	4/1/2004	INVALID	N	NO
A	K0595	OSTOMY POUCH, URINARY; FOR USE O	4/1/2004	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	K0596	OSTOMY POUCH, URINARY; FOR USE O	4/1/2004	INVALID	N	NO
A	K0597	OSTOMY POUCH, URINARY; FOR USE O	4/1/2004	INVALID	N	NO
A	K0600	FUNCTIONAL NEUROMUSCULAR STIMULA	1/1/2006	INVALID	N	NO
A	K0601	REPLACEMENT BATTERY FOR EXTERNAL	10/1/2005	\$1.10	3	NO
A	K0602	REPLACEMENT BATTERY FOR EXTERNAL	10/1/2005	\$6.36	3	NO
A	K0603	REPLACEMENT BATTERY FOR EXTERNAL	10/1/2005	\$0.57	3	NO
A	K0604	REPLACEMENT BATTERY FOR EXTERNAL	10/1/2005	\$6.09	3	NO
A	K0605	REPLACEMENT BATTERY FOR EXTERNAL	10/1/2005	\$14.60	3	NO
A	K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR	1/1/2004	NC	9	NO
A	K0607	REPLACEMENT BATTERY FOR AUTOMATE	1/1/2004	NC	9	NO
A	K0608	REPLACEMENT GARMENT FOR USE WITH	1/1/2004	NC	9	NO
A	K0609	REPLACEMENT ELECTRODES FOR USE W	1/1/2004	NC	9	NO
A	K0618	TLSO, SAGITTAL-CORONAL CONTROL,	1/1/2006	INVALID	N	NO
A	K0619	TLSO, SAGITTAL-CORONAL, MODULAR	1/1/2006	INVALID	N	NO
A	K0620	TUBULAR ELASTIC DRESSING, ANY WI	1/1/2006	INVALID	N	NO
A	K0628	FOR DIABETICS ONLY, MULTIPLE DEN	1/1/2006	INVALID	N	NO
A	K0629	FOR DIABETICS ONLY, MULT DENSITY	1/1/2006	INVALID	N	NO
A	K0630	SACROILIAC ORTHOSIS, FLEXIBLE, P	1/1/2006	INVALID	N	NO
A	K0631	SACROILIAC ORTHOSIS, FLEXIBLE, P	1/1/2006	INVALID	N	NO
A	K0632	SACROILIAC ORTHOSIS, PROVIDES PE	1/1/2006	INVALID	N	NO
A	K0633	SACROILIAC ORTHOSIS, PROVIDES PE	1/1/2006	INVALID	N	NO
A	K0634	LUMBAR ORTHOSIS, FLEXIBLE, PROVI	1/1/2006	INVALID	N	NO
A	K0635	LUMBAR ORTHOSIS, SAGITTAL CONTRO	1/1/2006	INVALID	N	NO
A	K0636	LUMBAR ORTHOSIS, SAGITTAL CONTRO	1/1/2006	INVALID	N	NO
A	K0637	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE	1/1/2006	INVALID	N	NO
A	K0638	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE	1/1/2006	INVALID	N	NO
A	K0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	INVALID	N	NO
A	K0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	INVALID	N	NO
A	K0641	LSO, SAGITTAL CONTROL, W/RIGID A	1/1/2006	INVALID	N	NO
A	K0642	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	INVALID	N	NO
A	K0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	INVALID	N	NO
A	K0644	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	INVALID	N	NO
A	K0645	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	INVALID	N	NO
A	K0646	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	10/1/2005	\$820.27	3	NO
A	K0647	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	INVALID	N	NO
A	K0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	INVALID	N	NO
A	K0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	INVALID	N	NO
A	K0650	GENERAL USE WHEELCHAIR SEAT CUSH	1/1/2005	INVALID	N	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	K0651	GENERAL USE WHEELCHAIR SEAT CUSH	1/1/2005	INVALID	N	YES
A	K0652	SKIN PROTECTION WHEELCHAIR SEAT	1/1/2005	INVALID	N	YES
A	K0653	SKIN PROTECTION WHEELCHAIR SEAT	1/1/2005	INVALID	N	YES
A	K0654	POSITIONING WHEELCHAIR SEAT CUSH	1/1/2005	INVALID	N	YES
A	K0655	POSITIONING WHEELCHAIR SEAT CUSH	1/1/2005	INVALID	N	YES
A	K0656	SKIN PROTECTION AND POSITIONING	1/1/2005	INVALID	N	YES
A	K0657	SKIN PROTECTION AND POSITIONING	1/1/2005	INVALID	N	YES
A	K0658	CUSTOM FABRICATED WHEELCHAIR SEA	1/1/2005	INVALID	N	YES
A	K0659	WHEELCHAIR SEAT CUSHION POWERED	1/1/2005	INVALID	N	NO
A	K0660	GENERAL USE WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
A	K0661	GENERAL USE WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
A	K0662	POSITIONING WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
A	K0663	POSITIONING WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
A	K0664	POSITIONING WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
A	K0665	POSITIONING WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
A	K0666	CUSTOM FABRICATED WHEELCHAIR BAC	1/1/2005	INVALID	N	YES
A	K0667	MOUNTING HARDWARE, ANY TYPE, FOR	1/1/2005	INVALID	N	NO
A	K0668	REPLACEMENT COVER FOR WHEELCHAIR	1/1/2005	INVALID	N	YES
A	K0669	WHEELCHAIR ACCESSORY, WHEELCHAIR	7/1/2004	NC	9	NO
A	K0730	CONTROLLED DOSE INHALATION DRUG	7/1/2005	NC	9	NO
A	K0731	LITHIUM ION BATTERY FOR USE WITH	1/1/2006	INVALID	N	NO
A	K0732	LITHIUM ION BATTERY FOR USE W/CO	1/1/2006	INVALID	N	NO
A	L0100	CRANIAL ORTHOSIS (HELMET), WITH	10/1/2005	\$378.38	3	NO
A	L0110	CRANIAL ORTHOSIS (HELMET), WITH	10/1/2005	\$101.84	3	NO
A	L0112	CRANIAL CERVICAL ORTHOSIS, CONGE	10/1/2005	\$1,021.46	3	NO
A	L0120	CERVICAL, FLEXIBLE, NONADJUSTABL	10/1/2005	\$23.13	3	NO
A	L0130	CERVICAL, FLEXIBLE, THERMOPLASTI	10/1/2005	\$128.68	3	NO
A	L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE	10/1/2005	\$55.80	3	NO
A	L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE	10/1/2005	\$74.31	3	NO
A	L0160	CERVICAL, SEMI-RIGID, WIRE FRAME	10/1/2005	\$102.40	3	NO
A	L0170	CERVICAL, COLLAR, MOLDED TO PATI	10/1/2005	\$496.66	3	NO
A	L0172	CERVICAL, COLLAR, SEMI-RIGID THE	10/1/2005	\$89.63	3	NO
A	L0174	CERVICAL, COLLAR, SEMI-RIGID THE	10/1/2005	\$188.72	3	NO
A	L0180	CERVICAL, MULTIPLE POST COLLAR,	10/1/2005	\$275.16	3	NO
A	L0190	CERVICAL, MULTIPLE POST COLLAR,	10/1/2005	\$387.11	3	NO
A	L0200	CERVICAL, MULTIPLE POST COLLAR,	10/1/2005	\$432.27	3	NO
A	L0210	THORACIC, RIB BELT	10/1/2005	\$28.94	3	NO
A	L0220	THORACIC, RIB BELT, CUSTOM FABRI	10/1/2005	\$86.13	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L0300	THORACIC-LUMBAR-SACRAL-ORTHOSES	7/1/2003	INVALID	N	NO
A	L0310	TLSO, FLEXIBLE, (DORSO-LUMBAR SU	7/1/2003	INVALID	N	NO
A	L0315	TLSO, FLEXIBLE DORSO-LUMBAR SURG	7/1/2003	INVALID	N	NO
A	L0317	TLSO, FLEXIBLE DORSO-LUMBAR SURG	7/1/2003	INVALID	N	NO
A	L0320	TLSO, ANTERIOR-POSTERIOR CONTROL	7/1/2003	INVALID	N	NO
A	L0321	TLSO, ANTERIOR-POSTERIOR CONTROL	7/1/2003	INVALID	N	NO
A	L0330	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0331	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0340	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0350	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0360	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0370	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0380	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0390	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0391	TLSO, ANTERIOR-POSTERIOR-LATREAL	7/1/2003	INVALID	N	NO
A	L0400	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0410	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0420	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0430	SPINAL ORTHOSIS, ANTERIOR-POSTER	10/1/2005	\$875.97	3	NO
A	L0440	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0450	TLSO, FLEXIBLE, PROVIDES TRUNK S	10/1/2005	\$160.47	3	NO
A	L0452	TLSO, FLEXIBLE, PROVIDES TRUNK S	10/1/2005	\$266.75	3	NO
A	L0454	TLSO FLEXIBLE, PROVIDES TRUNK SU	10/1/2005	\$272.52	3	NO
A	L0456	TLSO, FLEXIBLE, PROVIDES TRUNK S	10/1/2005	\$340.71	3	NO
A	L0458	TLSO, TRIPLANAR CONTROL, MODULAR	10/1/2005	\$518.00	3	NO
A	L0460	TLSO, TRIPLANAR CONTROL, MODULAR	10/1/2005	\$518.00	3	NO
A	L0462	TLSO, TRIPLANAR CONTROL, MODULAR	10/1/2005	\$518.00	3	NO
A	L0464	TLSO, TRIPLANAR CONTROL, MODULAR	10/1/2005	\$518.00	3	NO
A	L0466	TLSO, SAGITTAL CONTROL, RIGID PO	10/1/2005	\$329.86	3	NO
A	L0468	TLSO, SAGITTAL-CORONAL CONTROL,	10/1/2005	\$395.94	3	NO
A	L0470	TLSO, TRIPLANAR CONTROL, RIGID P	10/1/2005	\$475.23	3	NO
A	L0472	TLSO, TRIPLANAR CONTROL, HYPEREX	10/1/2005	\$337.47	3	NO
A	L0474	TLSO, TRIPLANAR CONTROL, RIGID P	4/1/2004	NC	9	NO
A	L0476	TLSO, SAGITTAL-CORONAL CONTROL,	1/1/2005	INVALID	N	NO
A	L0478	TLSO, SAGITTAL-CORONAL CONTROL,	1/1/2005	INVALID	N	NO
A	L0480	TLSO, TRIPLANAR CONTROL, ONE PIE	10/1/2005	\$1,163.65	3	NO
A	L0482	TLSO, TRIPLANAR CONTROL, ONE PIE	10/1/2005	\$1,185.94	3	NO
A	L0484	TLSO, TRIPLANAR CONTROL, TWO PIE	10/1/2005	\$1,242.50	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L0486	TLSO, TRIPLANAR CONTROL, TWO PIE	10/1/2005	\$1,318.23	3	NO
A	L0488	TLSO, TRIPLANAR CONTROL, ONE PIE	10/1/2005	\$788.75	3	NO
A	L0490	TLSO, SAGITTAL-CORONAL CONTROL,	10/1/2005	\$222.28	3	NO
A	L0491	TLSO, SAGITTAL-CORONAL CONTROL,	1/1/2006	\$603.47	3	NO
A	L0492	TLSO, SAGITTAL-CORONAL CONTROL,	1/1/2006	\$396.93	3	NO
A	L0500	LUMBAR-SACRAL-ORTHOSIS (LSO), FL	1/1/2005	INVALID	N	NO
A	L0510	LSO, FLEXIBLE (LUMBO-SACRAL SUPP	1/1/2005	INVALID	N	NO
A	L0515	LSO, ANTERIOR-POSTERIOR CONTROL,	1/1/2005	INVALID	N	NO
A	L0520	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
A	L0530	LSO, ANTERIOR-POSTERIOR CONTROL	1/1/2005	INVALID	N	NO
A	L0540	LSO, LUMBAR FLEXION (WILLIAMS FL	1/1/2005	INVALID	N	NO
A	L0550	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
A	L0560	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
A	L0561	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
A	L0565	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
A	L0600	SACROILIAC, FLEXIBLE (SACROILIAC	1/1/2005	INVALID	N	NO
A	L0610	SACROILIAC, FLEXIBLE (SACROILIAC	1/1/2005	INVALID	N	NO
A	L0620	SACROILIAC, SEMI-RIGID (GOLDTHWA	1/1/2005	INVALID	N	NO
A	L0621	SACROILIAC ORTHOSIS, FLEXIBLE, P	1/1/2006	\$90.97	3	NO
A	L0622	SACROILIAC ORTHOSIS, FLEXIBLE, P	1/1/2006	\$241.43	3	NO
A	L0623	SACROILIAC ORTHOSIS, PROVIDES PE	1/1/2006	\$0.01	3	NO
A	L0624	SACROILIAC ORTHOSIS, PROVIDES PE	1/1/2006	\$0.01	3	NO
A	L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVI	1/1/2006	\$43.27	3	NO
A	L0626	LUMBAR ORTHOSIS, SAGITTAL CONTRO	1/1/2006	\$61.25	3	NO
A	L0627	LUMBAR ORTHOSIS, SAGITTAL CONTRO	1/1/2006	\$322.98	3	NO
A	L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE	1/1/2006	\$65.92	3	NO
A	L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE	1/1/2006	\$0.01	3	NO
A	L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	\$127.26	3	NO
A	L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	\$806.64	3	NO
A	L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	\$0.01	3	NO
A	L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	\$225.31	3	NO
A	L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	\$0.01	3	NO
A	L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	\$830.31	3	NO
A	L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL	1/1/2006	\$1,082.60	3	YES
A	L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	\$65.92	3	YES
A	L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	\$1,036.35	3	YES
A	L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	\$883.16	3	YES
A	L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	\$822.21	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-O	10/1/2005	\$1,321.66	3	NO
A	L0710	CTL SO, ANTERIOR-POSTERIOR-LATERA	10/1/2005	\$1,492.81	3	NO
A	L0810	HALO PROCEDURE, CERVICAL HALO IN	10/1/2005	\$1,797.44	3	NO
A	L0820	HALO PROCEDURE, CERVICAL HALO IN	10/1/2005	\$1,765.23	3	NO
A	L0830	HALO PROCEDURE, CERVICAL HALO IN	10/1/2005	\$2,475.97	3	NO
A	L0859	ADDITION TO HALO PROC, MAGNETIC	1/1/2006	\$917.03	3	YES
A	L0860	ADDITION TO HALO PROCEDURES, MAG	1/1/2006	INVALID	N	NO
A	L0861	ADDITION TO HALO PROCEDURE, REPL	10/1/2005	\$157.30	3	NO
A	L0900	TORSO SUPPORT, PTOSIS SUPPORT	7/1/2003	INVALID	N	NO
A	L0910	TORSO SUPPORT, PTOSIS SUPPORT, C	7/1/2003	INVALID	N	NO
A	L0920	TORSO SUPPORT, PENDULOUS ABDOMEN	7/1/2003	INVALID	N	NO
A	L0930	TORSO SUPPORT, PENDULOUS ABDOMEN	7/1/2003	INVALID	N	NO
A	L0940	TORSO SUPPORT, POSTSURGICAL SUPP	7/1/2003	INVALID	N	NO
A	L0950	TORSO SUPPORT, POST SURGICAL SUP	7/1/2003	INVALID	N	NO
A	L0960	TORSO SUPPORT, POST SURGICAL SUP	10/1/2005	\$46.63	3	NO
A	L0970	TL SO CORSET FRONT -H	10/1/2005	\$74.72	3	NO
A	L0972	LSO CORSET FRONT -H	10/1/2005	\$67.29	3	NO
A	L0974	TL SO FULL CORSET -H	10/1/2005	\$121.09	3	NO
A	L0976	LSO FULL CORSET -H	10/1/2005	\$127.98	3	NO
A	L0978	AXILLARY CRUTCH EXTENSION -H	10/1/2005	\$134.15	3	NO
A	L0980	PERITONEAL STRAPS PAIR -H	10/1/2005	\$12.14	3	NO
A	L0982	STOCKING SUPPORTER GRIPS SET OF	10/1/2005	\$11.32	3	NO
A	L0984	PROTECTIVE BODY SOCK, EACH	10/1/2005	\$44.70	3	NO
A	L0986	ADDITION TO SPINAL ORTHOSIS, RIG	7/1/2003	INVALID	N	NO
A	L0999	ADDITION TO SPINAL ORTHOSIS, NOT	4/1/1998	\$1,000.00	3	YES
A	L1000	CERVICAL-THORACIC-LUMBAR-SACRAL	10/1/2005	\$1,589.62	3	NO
A	L1005	TENSION BASED SCOLIOSIS ORTHOSIS	10/1/2005	\$2,335.87	3	NO
A	L1010	ADDITION TO CERVICAL-THORACIC-LU	10/1/2005	\$45.51	3	NO
A	L1020	ADDITION TO CTL SO OR SCOLIOSIS O	10/1/2005	\$66.73	3	NO
A	L1025	ADDITION TO CTL SO OR SCOLIOSIS O	10/1/2005	\$81.52	3	NO
A	L1030	ADDITION TO CTL SO OR SCOLIOSIS O	10/1/2005	\$42.71	3	NO
A	L1040	ADDITION TO CTL SO OR SCOLIOSIS O	10/1/2005	\$63.09	3	NO
A	L1050	ADDITION TO CTL SO OR SCOLIOSIS O	10/1/2005	\$67.00	3	NO
A	L1060	ADDITION TO CTL SO OR SCOLIOSIS O	10/1/2005	\$73.68	3	NO
A	L1070	ADDITION TO CTL SO OR SCOLIOSIS O	10/1/2005	\$66.57	3	NO
A	L1080	ADDITION TO CTL SO OR SCOLIOSIS O	10/1/2005	\$41.16	3	NO
A	L1085	ADDITION TO CTL SO OR SCOLIOSIS O	10/1/2005	\$107.43	3	NO
A	L1090	ADDITION TO CTL SO OR SCOLIOSIS O	10/1/2005	\$64.97	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L1100	ADDITION TO CTLSO OR SCOLIOSIS O	10/1/2005	\$118.08	3	NO
A	L1110	ADDITION TO CTLSO OR SCOLIOSIS O	10/1/2005	\$195.40	3	NO
A	L1120	ADDITION TO CTLSO SCOLIOSIS ORTH	10/1/2005	\$32.14	3	NO
A	L1200	THORACIC-LUMBAR-SACRAL-ORTHOSES	10/1/2005	\$1,365.73	3	NO
A	L1210	ADDITION TO TLSO (LOW PROFILE),	10/1/2005	\$171.05	3	NO
A	L1220	ADDITION TO TLSO (LOW PROFILE),	10/1/2005	\$177.16	3	NO
A	L1230	ADDITION TO TLSO (LOW PROFILE),	10/1/2005	\$371.62	3	NO
A	L1240	ADDITION TO TLSO (LOW PROFILE) L	10/1/2005	\$54.26	3	NO
A	L1250	ADDITION TO TLSO (LOW PROFILE) A	10/1/2005	\$49.63	3	NO
A	L1260	ADDITION TO TLSO (LOW PROFILE) A	10/1/2005	\$52.38	3	NO
A	L1270	ADDITION TO TLSO (LOW PROFILE) A	10/1/2005	\$50.66	3	NO
A	L1280	ADDITION TO TLSO (LOW PROFILE) R	10/1/2005	\$58.67	3	NO
A	L1290	ADDITION TO TLSO (LOW PROFILE) L	10/1/2005	\$52.49	3	NO
A	L1300	OTHER SCOLIOSIS PROCEDURE, BODY	10/1/2005	\$1,104.35	3	NO
A	L1310	OTHER SCOLIOSIS PROCEDURE, POST-	10/1/2005	\$1,046.80	3	NO
A	L1499	UNLISTED PROCEDURE FOR SPINAL OR	3/1/2004	\$900.00	3	YES
A	L1500	THORACIC-HIP-KNEE-ANKLE ORTHOSES	10/1/2005	\$1,450.48	3	NO
A	L1510	THKAO, STANDING FRAME, WITH OR W	10/1/2005	\$923.98	3	NO
A	L1520	THKAO SWIVEL WALKER -H	10/1/2005	\$1,803.75	3	NO
A	L1600	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$84.24	3	NO
A	L1610	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$28.70	3	NO
A	L1620	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$92.28	3	NO
A	L1630	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$119.65	3	NO
A	L1640	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$315.56	3	NO
A	L1650	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$151.35	3	NO
A	L1652	HIP ORTHOSIS, BILATERAL THIGH CU	10/1/2005	\$260.16	3	NO
A	L1660	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$121.24	3	NO
A	L1680	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$1,062.04	3	NO
A	L1685	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$777.61	3	NO
A	L1686	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$604.69	3	NO
A	L1690	COMBINATION, BILATERAL, LUMBO-SA	10/1/2005	\$1,319.59	3	NO
A	L1700	LEGG PERTHES ORTHOSIS, (TORONTO	10/1/2005	\$1,073.69	3	NO
A	L1710	LEGG PERTHES ORTHOSIS, (NEWINGTO	10/1/2005	\$1,299.06	3	NO
A	L1720	LEGG PERTHES ORTHOSIS, TRILATERA	10/1/2005	\$906.21	3	NO
A	L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH	10/1/2005	\$773.20	3	NO
A	L1750	LEGG PERTHES ORTHOSIS, LEGG PERT	1/1/2006	INVALID	N	NO
A	L1755	LEGG PERTHES ORTHOSIS, (PATTEN B	10/1/2005	\$1,035.02	3	NO
A	L1800	KNEE ORTHOSIS, ELASTIC WITH STAY	10/1/2005	\$44.14	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L1810	KNEE ORTHOSIS, ELASTIC WITH JOIN	10/1/2005	\$74.53	3	NO
A	L1815	KNEE ORTHOSIS, ELASTIC OR OTHER	10/1/2005	\$76.84	3	NO
A	L1820	KO, ELASTIC W/CONDYLAR PADS AND	10/1/2005	\$94.30	3	NO
A	L1825	KNEE ORTHOSIS, ELASTIC KNEE CAP,	10/1/2005	\$41.99	3	NO
A	L1830	KNEE ORTHOSIS, IMMOBILIZER, CANV	10/1/2005	\$73.09	3	NO
A	L1831	KNEE ORTHOSIS, LOCKING KNEE JOIN	10/1/2005	\$214.79	3	NO
A	L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE J	10/1/2005	\$397.45	3	NO
A	L1834	KNEE ORTHOSIS, WITHOUT KNEE JOIN	10/1/2005	\$507.47	3	NO
A	L1836	KNEE ORTHOSIS, RIGID, W/OUT JOIN	10/1/2005	\$97.38	3	NO
A	L1840	KNEE ORTHOSIS, DEROTATION, MEDIA	10/1/2005	\$695.32	3	NO
A	L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, T	10/1/2005	\$612.30	3	NO
A	L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, T	4/1/1993	NC	9	NO
A	L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, T	10/1/2005	\$554.93	3	NO
A	L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, T	10/1/2005	\$862.06	3	NO
A	L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WI	10/1/2005	\$392.48	3	NO
A	L1850	KNEE ORTHOSIS, SWEDISH TYPE, PRE	10/1/2005	\$210.14	3	NO
A	L1855	KNEE ORTHOSIS, MOLDED PLASTIC, T	10/1/2005	\$750.40	3	NO
A	L1858	KNEE ORTHOSIS, MOLDED PLASTIC, P	10/1/2005	\$868.10	3	NO
A	L1860	KNEE ORTHOSIS, MODIFICATION OF S	10/1/2005	\$857.68	3	NO
A	L1870	KNEE ORTHOSIS, DOUBLE UPRIGHT, T	10/1/2005	\$761.01	3	NO
A	L1880	KNEE ORTHOSIS, DOUBLE UPRIGHT, N	10/1/2005	\$616.95	3	NO
A	L1885	KNEE ORTHOSIS, SINGLE OR DOUBLE	4/1/2004	INVALID	N	NO
A	L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE	10/1/2005	\$194.44	3	NO
A	L1901	ANKLE ORTHOSIS, ELASTIC, PREFABR	10/1/2005	\$12.92	3	NO
A	L1902	ANKLE FOOT ORTHOSIS, ANKLE GAUNT	10/1/2005	\$63.99	3	NO
A	L1904	ANKLE FOOT ORTHOSIS, MOLDED ANKL	10/1/2005	\$307.42	3	NO
A	L1906	ANKLE FOOT ORTHOSIS, MULTILIGAME	10/1/2005	\$78.62	3	NO
A	L1907	AFO, SUPRAMALLEOLAR WITH STRAPS,	10/1/2005	\$410.66	3	NO
A	L1910	ANKLE FOOT ORTHOSIS, POSTERIOR,	10/1/2005	\$221.14	3	NO
A	L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRI	10/1/2005	\$292.93	3	NO
A	L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR	10/1/2005	\$180.61	3	NO
A	L1932	AFO, RIGID ANTERIOR TIBIAL SECTI	10/1/2005	\$651.25	3	NO
A	L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR	10/1/2005	\$347.31	3	NO
A	L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RI	10/1/2005	\$682.87	3	NO
A	L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (IR	10/1/2005	\$649.25	3	NO
A	L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (IN	10/1/2005	\$612.93	3	NO
A	L1960	ANKLE FOOT ORTHOSIS, POSTERIOR S	10/1/2005	\$362.37	3	NO
A	L1970	ANKLE FOOT ORTHOSIS, PLASTIC WIT	10/1/2005	\$483.57	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR	10/1/2005	\$342.08	3	NO
A	L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRI	10/1/2005	\$306.85	3	NO
A	L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRI	10/1/2005	\$370.78	3	NO
A	L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE	10/1/2005	\$911.96	3	NO
A	L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MA	10/1/2005	\$2,627.08	3	NO
A	L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE	10/1/2005	\$798.09	3	NO
A	L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE	10/1/2005	\$1,017.78	3	NO
A	L2030	KNEE ANKLE FOOT ORTHOSIS, DOUBLE	10/1/2005	\$876.53	3	NO
A	L2034	KNEE ANKLE FOOT ORTHOSIS, FULL P	1/1/2006	\$0.01	3	NO
A	L2035	KAFO, FULL PLASTIC, STATIC (PED	10/1/2005	\$122.81	3	NO
A	L2036	KNEE ANKLE FOOT ORTHOSIS, FULL P	10/1/2005	\$1,564.70	3	NO
A	L2037	KNEE ANKLE FOOT ORTHOSIS, FULL P	10/1/2005	\$1,290.86	3	NO
A	L2038	KNEE ANKLE FOOT ORTHOSIS, FULL P	10/1/2005	\$1,087.43	3	NO
A	L2039	KAFO, FULL PLASTIC, SINGLE UPRIG	1/1/2006	INVALID	N	NO
A	L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TO	10/1/2005	\$149.37	3	NO
A	L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TO	10/1/2005	\$315.83	3	NO
A	L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TO	10/1/2005	\$447.18	3	NO
A	L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TO	10/1/2005	\$87.92	3	NO
A	L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TO	10/1/2005	\$271.05	3	NO
A	L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TO	10/1/2005	\$382.21	3	NO
A	L2102	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2004	INVALID	N	NO
A	L2104	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2004	INVALID	N	NO
A	L2106	ANKLE FOOT ORTHOSIS, FRACTURE OR	10/1/2005	\$458.16	3	NO
A	L2108	ANKLE FOOT ORTHOSIS, FRACTURE OR	10/1/2005	\$783.42	3	NO
A	L2112	ANKLE FOOT ORTHOSIS, FRACTURE OR	10/1/2005	\$316.24	3	NO
A	L2114	ANKLE FOOT ORTHOSIS, FRACTURE OR	10/1/2005	\$388.05	3	NO
A	L2116	ANKLE FOOT ORTHOSIS, FRACTURE OR	10/1/2005	\$465.40	3	NO
A	L2122	KNEE ANKLE FOOT ORTHOSIS, FRACTU	4/1/2004	INVALID	N	NO
A	L2124	KNEE ANKLE FOOT ORTHOSIS, FRACTU	4/1/2004	INVALID	N	NO
A	L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTU	10/1/2005	\$782.83	3	NO
A	L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTU	10/1/2005	\$1,494.65	3	NO
A	L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL	10/1/2005	\$527.35	3	NO
A	L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL	10/1/2005	\$661.20	3	NO
A	L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL	10/1/2005	\$773.10	3	NO
A	L2180	ADDITION TO LOWER EXTREMITY FRAC	10/1/2005	\$76.56	3	NO
A	L2182	ADDITION TO LOWER EXTREMITY FRAC	10/1/2005	\$70.45	3	NO
A	L2184	ADDITION TO LOWER EXTREMITY FRAC	10/1/2005	\$80.98	3	NO
A	L2186	ADDITION TO LOWER EXTREMITY FRAC	10/1/2005	\$113.31	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L2188	ADDITION TO LOWER EXTREMITY FRAC	10/1/2005	\$212.15	3	NO
A	L2190	ADDITION TO LOWER EXTREMITY FRAC	10/1/2005	\$57.09	3	NO
A	L2192	ADDITION TO LOWER EXTREMITY FRAC	10/1/2005	\$233.10	3	NO
A	L2200	ADDITIONS TO LOWER EXTREMITY LIM	10/1/2005	\$41.45	3	NO
A	L2210	ADDITIONS TO LOWER EXTREMITY DOR	10/1/2005	\$46.06	3	NO
A	L2220	ADDITIONS TO LOWER EXTREMITY DOR	10/1/2005	\$63.28	3	NO
A	L2230	ADDITIONS TO LOWER EXTREMITY SPL	10/1/2005	\$61.59	3	NO
A	L2232	ADDITION TO LOWER EXTREMITY ORTH	1/1/2005	NC	9	NO
A	L2240	ADDITIONS TO LOWER EXTREMITY ROU	10/1/2005	\$55.20	3	NO
A	L2250	ADDITIONS TO LOWER EXTREMITY FOO	10/1/2005	\$309.72	3	NO
A	L2260	ADDITIONS TO LOWER EXTREMITY REI	10/1/2005	\$131.04	3	NO
A	L2265	ADDITION TO LOWER EXTREMITY, LON	10/1/2005	\$76.99	3	NO
A	L2270	ADDITIONS TO LOWER EXTREMITY VAR	10/1/2005	\$46.81	3	NO
A	L2275	ADDITION TO LOWER EXTREMITY, VAR	10/1/2005	\$102.25	3	NO
A	L2280	ADDITIONS TO LOWER EXTREMITY MOL	10/1/2005	\$296.47	3	NO
A	L2300	ADDITIONS TO LOWER EXTREMITY ABD	10/1/2005	\$219.45	3	NO
A	L2310	ADDITIONS TO LOWER EXTREMITY ABD	10/1/2005	\$107.22	3	NO
A	L2320	ADDITION TO LOWER EXTREMITY, NON	10/1/2005	\$171.83	3	NO
A	L2330	ADDITION TO LOWER EXTREMITY, LAC	10/1/2005	\$303.69	3	NO
A	L2335	ADDITION TO LOWER EXTREMITY, ANT	10/1/2005	\$162.59	3	NO
A	L2340	ADDITIONS TO LOWER EXTREMITY PRE	10/1/2005	\$360.80	3	NO
A	L2350	ADDITIONS TO LOWER EXTREMITY PRO	10/1/2005	\$657.17	3	NO
A	L2360	ADDITIONS TO LOWER EXTREMITY EXT	10/1/2005	\$45.10	3	NO
A	L2370	ADDITION TO LOWER EXTREMITY, PAT	10/1/2005	\$179.32	3	NO
A	L2375	ADDITION TO LOWER EXTREMITY, TOR	10/1/2005	\$73.87	3	NO
A	L2380	ADDITION TO LOWER EXTREMITY, TOR	10/1/2005	\$81.94	3	NO
A	L2385	ADDITION TO LOWER EXTREMITY, STR	10/1/2005	\$87.55	3	NO
A	L2387	ADDITION TO LOWER EXTREMITY, POL	1/1/2006	\$0.01	3	NO
A	L2390	ADDITION TO LOWER EXTREMITY, OFF	10/1/2005	\$71.56	3	NO
A	L2395	ADDITION TO LOWER EXTREMITY, OFF	10/1/2005	\$102.28	3	NO
A	L2397	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$86.40	3	NO
A	L2405	ADDITION TO KNEE JOINT, DROP LOC	10/1/2005	\$36.04	3	NO
A	L2415	ADDITION TO KNEE LOCK W/INTEGRAT	10/1/2005	\$95.43	3	NO
A	L2425	ADDITION TO KNEE JOINT, DISC OR	10/1/2005	\$112.64	3	NO
A	L2430	ADDITION TO KNEE JOINT, RATCHET	10/1/2005	\$67.09	3	NO
A	L2435	ADDITION TO KNEE JOINT, POLYCENT	1/1/2005	INVALID	N	NO
A	L2492	ADDITION TO KNEE JOINT, LIFT LOO	10/1/2005	\$69.13	3	NO
A	L2500	ADDITION TO LOWER EXTREMITY, THI	10/1/2005	\$221.44	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L2510	ADDITIONS TO LOWER EXTREMITY THI	10/1/2005	\$540.16	3	NO
A	L2520	ADDITIONS TO LOWER EXTREMITY THI	10/1/2005	\$318.23	3	NO
A	L2525	ADD TO LOWER EXTREM, THIGH/WGHT	10/1/2005	\$848.30	3	NO
A	L2526	ADD TO LOWER EXTREMITY, THIGH/WE	10/1/2005	\$597.03	3	NO
A	L2530	ADDITIONS TO LOWER EXTREMITY THI	10/1/2005	\$160.38	3	NO
A	L2540	ADDITIONS TO LOWER EXTREMITY THI	10/1/2005	\$348.62	3	NO
A	L2550	ADDITIONS TO LOWER EXTREMITY THI	10/1/2005	\$204.86	3	NO
A	L2570	ADDITION TO LOWER EXTREMITY, PEL	10/1/2005	\$320.78	3	NO
A	L2580	ADDITION TO LOWER EXTREMITY, PEL	10/1/2005	\$358.58	3	NO
A	L2600	ADDITIONS TO LOWER EXTREMITY PEL	10/1/2005	\$155.52	3	NO
A	L2610	ADDITIONS TO LOWER EXTREMITY PEL	10/1/2005	\$187.42	3	NO
A	L2620	ADDITIONS TO LOWER EXTREMITY PEL	10/1/2005	\$205.61	3	NO
A	L2622	ADDITION TO LOWER EXTREMITY, PEL	10/1/2005	\$200.48	3	NO
A	L2624	ADD. TO LOWER EXTREMITY, PELVIC	10/1/2005	\$216.48	3	NO
A	L2627	ADD TO LOWER EXTREM, PELVIC CNTR	10/1/2005	\$1,120.70	3	NO
A	L2628	ADDITION TO LOWER EXTREMITY, PEL	10/1/2005	\$1,460.35	3	NO
A	L2630	ADDITIONS TO LOWER EXTREMITY PEL	10/1/2005	\$171.00	3	NO
A	L2640	ADDITIONS TO LOWER EXTREMITY PEL	10/1/2005	\$266.50	3	NO
A	L2650	ADDITIONS TO LOWER EXTREMITY PEL	10/1/2005	\$104.61	3	NO
A	L2660	ADDITIONS TO LOWER EXTREMITY THO	10/1/2005	\$121.84	3	NO
A	L2670	ADDITIONS TO LOWER EXTREMITY THO	10/1/2005	\$115.30	3	NO
A	L2680	ADDITIONS TO LOWER EXTREMITY THO	10/1/2005	\$102.30	3	NO
A	L2750	ADDITION TO LOWER EXTREMITY ORTH	5/1/1997	NC	9	NO
A	L2755	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$89.16	3	NO
A	L2760	ADDITIONS TO LOWER EXTREMITY ORT	10/1/2005	\$40.55	3	NO
A	L2768	ORTHOTIC SIDE BAR DISCONNECT DEV	10/1/2005	\$102.38	3	NO
A	L2770	ADDITIONS TO LOWER EXTREMITY ORT	10/1/2005	\$40.36	3	NO
A	L2780	ADDITION TO LOWER EXTREMITY ORTH	5/1/1997	NC	9	NO
A	L2785	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$22.87	3	NO
A	L2795	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$68.87	3	NO
A	L2800	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$79.93	3	NO
A	L2810	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$51.05	3	NO
A	L2820	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$56.77	3	NO
A	L2830	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$61.42	3	NO
A	L2840	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$28.56	3	NO
A	L2850	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$40.48	3	NO
A	L2860	ADDITION TO LOWER EXTREMITY JOIN	3/1/2004	\$212.94	3	NO
A	L2999	LOWER LIMB ORTHOSES, NOT OTHERWI	3/1/2004	\$5,400.00	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L3000	FOOT INSERT REMOVABLE MOLDED TO	10/1/2005	\$193.65	3	NO
A	L3001	FOOT INSERT REMOVABLE MOLDED TO	10/1/2005	\$81.55	3	NO
A	L3002	FOOT INSERT REMOVABLE MOLDED TO	10/1/2005	\$99.57	3	NO
A	L3003	FOOT INSERT REMOVABLE MOLDED TO	10/1/2005	\$107.41	3	NO
A	L3010	FOOT INSERT REMOVABLE MOLDED TO	10/1/2005	\$107.41	3	NO
A	L3020	FOOT INSERT REMOVABLE MOLDED TO	10/1/2005	\$122.30	3	NO
A	L3030	FOOT INSERT REMOVABLE FORMED TO	10/1/2005	\$47.04	3	NO
A	L3031	FOOT, INSERT/PLATE, REMOVABLE, A	1/1/2004	NC	9	NO
A	L3040	FOOT ARCH SUPPORT REMOVABLE PREM	10/1/2005	\$29.00	3	NO
A	L3050	FOOT ARCH SUPPORT REMOVABLE PREM	10/1/2005	\$29.00	3	NO
A	L3060	FOOT ARCH SUPPORT REMOVABLE PREM	10/1/2005	\$45.46	3	NO
A	L3070	FOOT ARCH SUPPORT NONREMOVABLE A	10/1/2005	\$19.61	3	NO
A	L3080	FOOT ARCH SUPPORT NONREMOVABLE A	10/1/2005	\$19.61	3	NO
A	L3090	FOOT ARCH SUPPORT NONREMOVABLE A	10/1/2005	\$25.10	3	NO
A	L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLI	10/1/2005	\$26.66	3	NO
A	L3140	FOOT, ABDUCTION ROTATION BAR, IN	10/1/2005	\$54.88	3	NO
A	L3150	FOOT, ABDUCTION ROTATION BAR, WI	10/1/2005	\$50.19	3	NO
A	L3160	FOOT, ADJUSTABLE SHOE-STYLED POS	10/1/2005	\$20.09	3	NO
A	L3170	FOOT, PLASTIC, SILICONE OR EQUAL	10/1/2005	\$31.36	3	NO
A	L3201	ORTHOPEDIC SHOE, OXFORD WITH SUP	10/1/2005	\$45.20	3	NO
A	L3202	ORTHOPEDIC SHOE, OXFORD WITH SUP	10/1/2005	\$45.20	3	NO
A	L3203	ORTHOPEDIC SHOE OXFORD WITH SUPI	10/1/2005	\$50.23	3	NO
A	L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SU	10/1/2005	\$45.20	3	NO
A	L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SU	10/1/2005	\$50.23	3	NO
A	L3207	ORTHOPEDIC SHOE HIGHTOP WITH SUP	10/1/2005	\$50.23	3	NO
A	L3208	SURGICAL BOOT EACH-INFANT -H	10/1/2005	\$35.16	3	NO
A	L3209	SURGICAL BOOT EACH-CHILD -H	10/1/2005	\$35.16	3	NO
A	L3211	SURGICAL BOOT EACH-JUNIOR -H	10/1/2005	\$40.18	3	NO
A	L3212	BENESCH BOOT PAIR-INFANT -H	10/1/2005	\$45.20	3	NO
A	L3213	BENESCH BOOT PAIR-CHILD -H	10/1/2005	\$45.20	3	NO
A	L3214	BENESCH BOOT PAIR-JUNIOR -H	10/1/2005	\$50.23	3	NO
A	L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE	10/1/2005	\$67.40	3	NO
A	L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE	10/1/2005	\$107.30	3	NO
A	L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE	10/1/2005	\$83.55	3	NO
A	L3218	ORTHOPEDIC FOOTWEAR LADIES SURGI	7/1/2003	INVALID	N	NO
A	L3219	ORHTOPEDIC FOOTWEAR, MENS SHOE,	10/1/2005	\$78.46	3	NO
A	L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE,	10/1/2005	\$137.20	3	NO
A	L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE,	10/1/2005	\$101.15	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L3223	ORTHOPEDIC FOOTWEAR MENS SURGICA	7/1/2003	INVALID	N	NO
A	L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHO	10/1/2005	\$38.44	3	NO
A	L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE,	10/1/2005	\$37.43	3	NO
A	L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE	10/1/2005	\$241.49	3	NO
A	L3250	ORTHOPEDIC FOOTWEAR CUSTOM MOLDE	10/1/2005	\$203.84	3	NO
A	L3251	FOOT-SHOE MOLDED TO PATIENT MODE	7/1/1993	NC	9	NO
A	L3252	FOOT-SHOE MOLDED TO PATIENT MODE	10/1/2005	\$164.66	3	NO
A	L3253	FOOT-MOLDED SHOE PLASTAZOTE (OR	10/1/2005	\$78.28	3	NO
A	L3254	NON-STANDARD SIZE OR WIDTH -H	10/1/2005	\$16.08	3	NO
A	L3255	NON-STANDARD SIZE OR LENGTH -H	10/1/2005	\$16.08	3	NO
A	L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL	10/1/2005	\$45.20	3	NO
A	L3260	SURGICAL BOOT/SHOE, EACH	10/1/2005	\$100.45	3	NO
A	L3265	PLASTAZOTE SANDAL EACH -H	10/1/2005	\$45.20	3	NO
A	L3300	LIFTS-ELEVATION HEEL TAPERED TO	10/1/2005	\$32.15	3	NO
A	L3310	LIFTS-ELEVATION HEEL AND SOLE NE	10/1/2005	\$49.92	3	NO
A	L3320	LIFTS-ELEVATION HEEL AND SOLE CO	10/1/2005	\$52.78	3	NO
A	L3330	LIFTS-ELEVATION METAL EXTENSION	10/1/2005	\$348.89	3	NO
A	L3332	LIFTS-ELEVATION INSIDE SHOE TAPE	10/1/2005	\$45.46	3	NO
A	L3334	LIFTS-ELEVATION HEEL PER INCH -H	10/1/2005	\$23.52	3	NO
A	L3340	HEEL WEDGE SACH -H	10/1/2005	\$52.53	3	NO
A	L3350	HEEL WEDGE -H	10/1/2005	\$14.11	3	NO
A	L3360	SOLE WEDGE-OUTSIDE SOLE -H	10/1/2005	\$21.95	3	NO
A	L3370	SOLE WEDGE-BETWEEN SOLE -H	10/1/2005	\$30.59	3	NO
A	L3380	CLUBFOOT WEDGE -H	10/1/2005	\$30.59	3	NO
A	L3390	OUTFLARE WEDGE -H	10/1/2005	\$30.59	3	NO
A	L3400	METATARSAL BAR WEDGE-ROCKER	10/1/2005	\$25.10	3	NO
A	L3410	METATARSAL BAR WEDGE-BETWEEN SOL	10/1/2005	\$57.23	3	NO
A	L3420	FULL SOLE AND HEEL WEDGE BETWEEN	10/1/2005	\$33.72	3	NO
A	L3430	HEEL COUNTER PLASTIC REINFORCED	10/1/2005	\$98.78	3	NO
A	L3440	HEEL-COUNTER LEATHER REINFORCED	10/1/2005	\$47.04	3	NO
A	L3450	HEEL-SACH CUSHION TYPE -H	10/1/2005	\$65.07	3	NO
A	L3455	HEEL-NEW LEATHER STANDARD -H	10/1/2005	\$25.10	3	NO
A	L3460	HEEL-NEW RUBBER STANDARD -H	10/1/2005	\$21.17	3	NO
A	L3465	HEEL-THOMAS WITH WEDGE -H	10/1/2005	\$36.07	3	NO
A	L3470	HEEL-THOMAS EXTENDED TO BALL -H	10/1/2005	\$38.41	3	NO
A	L3480	HEEL-PAD AND DEPRESSION FOR SPUR	10/1/2005	\$38.41	3	NO
A	L3485	HEEL-PAD REMOVABLE FOR SPUR -H	10/1/2005	\$16.71	3	NO
A	L3500	ORTHOPEDIC SHOE ADDITION, INSOLE	10/1/2005	\$18.04	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L3510	ORTHOPEDIC SHOE ADDITION, INSOLE	10/1/2005	\$18.04	3	NO
A	L3520	ORTHOPEDIC SHOE ADDITION, INSOLE	10/1/2005	\$19.61	3	NO
A	L3530	ORTHOPEDIC SHOE ADDITION, SOLE,	10/1/2005	\$19.61	3	NO
A	L3540	ORTHOPEDIC SHOE ADDITION, SOLE,	10/1/2005	\$31.36	3	NO
A	L3550	ORTHOPEDIC SHOE ADDITION, TOE TA	10/1/2005	\$5.50	3	NO
A	L3560	ORTHOPEDIC SHOE ADDITION, TOE TA	10/1/2005	\$14.11	3	NO
A	L3570	ORTHOPEDIC SHOE ADDITION, SPECIA	10/1/2005	\$52.53	3	NO
A	L3580	ORTHOPEDIC SHOE ADDITION, CONVER	10/1/2005	\$16.27	3	NO
A	L3590	ORTHOPEDIC SHOE ADDITION, CONVER	10/1/2005	\$31.64	3	NO
A	L3595	ORTHOPEDIC SHOE ADDITION, MARCH	10/1/2005	\$18.08	3	NO
A	L3600	TRANSFERS OF AN ORTHOSIS FROM ON	10/1/2005	\$47.04	3	NO
A	L3610	TRANSFERS OF AN ORTHOSIS FROM ON	10/1/2005	\$61.93	3	NO
A	L3620	TRANSFERS OF AN ORTHOSIS FROM ON	10/1/2005	\$47.04	3	NO
A	L3630	TRANSFERS OF AN ORTHOSIS FROM ON	10/1/2005	\$61.93	3	NO
A	L3640	TRANSFERS OF AN ORTHOSIS FROM ON	10/1/2005	\$26.66	3	NO
A	L3649	ORTHOPEDIC SHOE, MODIFICATION, A	10/1/2005	\$928.80	3	YES
A	L3650	SHOULDER ORTHOSIS, FIGURE OF "8"	10/1/2005	\$40.42	3	NO
A	L3651	SHOULDER ORTHOSIS, SINGLE SHOULD	10/1/2005	\$43.74	3	NO
A	L3652	SHOULDER ORTHOSIS, DOUBLE SHOULD	10/1/2005	\$131.80	3	NO
A	L3660	SHOULDER ORTHOSIS, FIGURE OF "8"	10/1/2005	\$65.75	3	NO
A	L3670	SHOULDER ORHTOSIS, ACROMIO/CLAVI	10/1/2005	\$75.18	3	NO
A	L3671	SHOULDER ORTHOSIS, SHOULDER CAP	1/1/2006	\$0.01	3	NO
A	L3672	SHOULDER ORTHOSIS, ABDUCTION PIS	1/1/2006	\$0.01	3	NO
A	L3673	SHOULDER ORTHOSIS, THORACIC COMP	1/1/2006	\$0.01	3	NO
A	L3675	SHOULDER ORTHOSIS, VEST TYPE ABD	10/1/2005	\$108.99	3	NO
A	L3677	SHOULDER ORTHOSIS, HARD PLASTIC,	10/1/2005	\$206.40	3	NO
A	L3700	ELBOW ORTHOSIS, ELASTIC WITH STA	10/1/2005	\$50.42	3	NO
A	L3701	ELBOW ORTHOSIS, ELASTIC, PREFABR	10/1/2005	\$13.52	3	NO
A	L3702	ELBOW ORTHOSIS, W/OUT JOINTS, CU	1/1/2006	\$0.01	3	NO
A	L3710	ELBOW ORTHOSIS, ELASTIC WITH MET	10/1/2005	\$79.08	3	NO
A	L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT W	10/1/2005	\$499.78	3	NO
A	L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT W	10/1/2005	\$672.40	3	NO
A	L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT W	10/1/2005	\$686.39	3	NO
A	L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE	10/1/2005	\$316.82	3	NO
A	L3762	ELBOW ORTHOSIS, RIGID, WITHOUT J	10/1/2005	\$71.41	3	NO
A	L3763	ELBOW WRIST HAND ORTHOSIS, RIGID	1/1/2006	\$0.01	3	NO
A	L3764	ELBOW WRIST HAND ORTHOSIS, INC O	1/1/2006	\$0.01	3	NO
A	L3765	ELBOW WRIST HAND FINGER ORTHOSIS	1/1/2006	\$0.01	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L3766	ELBOW WRIST HAND FINGER ORTHOSIS	1/1/2006	\$0.01	3	NO
A	L3800	WRIST HAND FINGER ORTHOSIS, SHOR	10/1/2005	\$170.07	3	NO
A	L3805	WRIST HAND FINGER ORTHOSIS, LONG	10/1/2005	\$209.75	3	NO
A	L3807	WRIST HAND FINGER ORTHOSIS, WITH	10/1/2005	\$156.83	3	NO
A	L3810	WHFO ADDITIONS TO SHORT AND LONG	10/1/2005	\$41.46	3	NO
A	L3815	WHFO ADDITIONS TO SHORT AND LONG	10/1/2005	\$38.49	3	NO
A	L3820	WHFO ADDITIONS TO SHORT AND LONG	10/1/2005	\$66.10	3	NO
A	L3825	WHFO ADDITIONS TO SHORT AND LONG	10/1/2005	\$42.92	3	NO
A	L3830	WHFO ADDITIONS TO SHORT AND LONG	10/1/2005	\$55.40	3	NO
A	L3835	WHFO ADDITIONS TO SHORT ANDLONG	10/1/2005	\$78.28	3	NO
A	L3840	WHFO ADDITIONS TO SHORT AND LONG	10/1/2005	\$40.21	3	NO
A	L3845	WHFO ADDITIONS TO SHORT AND LONG	10/1/2005	\$59.03	3	NO
A	L3850	WHFO ADDITIONS TO SHORT AND LONG	10/1/2005	\$74.18	3	NO
A	L3855	WHFO ADDITIONS TO SHORT AND LONG	10/1/2005	\$74.78	3	NO
A	L3860	WHFO ADDITIONS TO SHORT AND LONG	10/1/2005	\$102.35	3	NO
A	L3890	ADDITION TO UPPER EXTREMITY JOIN	10/1/2005	\$219.75	3	NO
A	L3900	WRIST HAND FINGER ORTHOSIS, DYNA	10/1/2005	\$931.63	3	NO
A	L3901	WRIST HAND FINGER ORTHOSIS, DYNA	10/1/2005	\$1,151.77	3	NO
A	L3902	WRIST HAND FINGER ORTHOSIS, EXTE	10/1/2005	\$1,607.87	3	NO
A	L3904	WRIST HAND FINGER ORTHOSIS, EXTE	10/1/2005	\$1,873.37	3	NO
A	L3905	WRIST HAND ORTHOSIS, INC ONE OR	1/1/2006	\$0.01	3	NO
A	L3906	WRIST HAND ORTHOSIS, W/OUT JOINT	10/1/2005	\$265.11	3	NO
A	L3907	WRIST HAND FINGER ORTHOSIS, WRIS	10/1/2005	\$324.96	3	NO
A	L3908	WRIST HAND ORTHOSIS, WRIST EXTEN	10/1/2005	\$51.10	3	NO
A	L3909	WRIST ORTHOSIS, ELASTIC, PREFAB,	10/1/2005	\$9.37	3	NO
A	L3910	WRIST HAND FINGER ORTHOSIS, SWAN	10/1/2005	\$239.95	3	NO
A	L3911	WRIST HAND FINGER ORTHOSIS, ELAS	10/1/2005	\$17.71	3	NO
A	L3912	HAND FINGER ORTHOSIS, FLEXION GL	10/1/2005	\$80.89	3	NO
A	L3913	HAND FINGER ORTHOSIS, W/OUT JOIN	1/1/2006	\$0.01	3	NO
A	L3914	WRIST HAND ORTHOSIS, WRIST EXTEN	10/1/2005	\$63.58	3	NO
A	L3916	WRIST HAND FINGER ORTHOSIS, WRIS	10/1/2005	\$86.14	3	NO
A	L3917	HAND ORTHOSIS, METACARPAL FRACTU	10/1/2005	\$70.17	3	NO
A	L3918	HAND FINGER ORTHOSIS, KNUCKLE BE	10/1/2005	\$54.49	3	NO
A	L3919	HAND ORTHOSIS, W/OUT JOINTS, MAY	1/1/2006	\$0.01	3	NO
A	L3920	HAND FINGER ORTHOSIS, KNUCKLE BE	10/1/2005	\$71.54	3	NO
A	L3921	HAND FINGER ORTHOSIS, INC ONE OR	1/1/2006	\$0.01	3	NO
A	L3922	HAND FINGER ORTHOSIS, KNUCKLE BE	10/1/2005	\$83.41	3	NO
A	L3923	HAND FINGER ORTHOSIS, W/OUT JOIN	10/1/2005	\$24.65	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L3924	WRIST HAND FINGER ORTHOSIS, OPPE	10/1/2005	\$90.95	3	NO
A	L3926	WRIST HAND FINGER ORTHOSIS, THOM	10/1/2005	\$63.12	3	NO
A	L3928	HAND FINGER ORTHOSIS, FINGER EXT	10/1/2005	\$40.60	3	NO
A	L3930	WRIST HAND FINGER ORTHOSIS, FING	10/1/2005	\$39.36	3	NO
A	L3932	FINGER ORTHOSIS, SAFETY PIN, SPR	10/1/2005	\$34.74	3	NO
A	L3933	FINGER ORTHOSIS, W/OUT JOINTS, M	1/1/2006	\$0.01	3	NO
A	L3934	FINGER ORTHOSIS, SAFETY PIN, MOD	10/1/2005	\$41.09	3	NO
A	L3935	FINGER ORTHOSIS, NONTORSION JOIN	1/1/2006	\$0.01	3	NO
A	L3936	WRIST HAND FINGER ORTHOSIS, PALM	10/1/2005	\$75.98	3	NO
A	L3938	WRIST HAND FINGER ORTHOSIS, DORS	10/1/2005	\$78.19	3	NO
A	L3940	WRIST HAND FINGER ORTHOSIS, DORS	10/1/2005	\$91.69	3	NO
A	L3942	HAND FINGER ORTHOSIS, REVERSE KN	10/1/2005	\$49.71	3	NO
A	L3944	HAND FINGER ORTHOSIS, REVERSE KN	10/1/2005	\$67.27	3	NO
A	L3946	HAND FINGER ORTHOSIS, COMPOSITE	10/1/2005	\$75.59	3	NO
A	L3948	FINGER ORTHOSIS, FINGER KNUCKLE	10/1/2005	\$35.56	3	NO
A	L3950	WRIST HAND FINGER ORTHOSIS, COMB	10/1/2005	\$112.59	3	NO
A	L3952	WRIST HAND FINGER ORTHOSIS, COMB	10/1/2005	\$141.96	3	NO
A	L3954	HAND FINGER ORTHOSIS, SPREADING	10/1/2005	\$77.69	3	NO
A	L3956	ADDITION TO JOINT TO UPPER EXTRE	10/1/2005	\$150.69	3	NO
A	L3960	SHOULDER ELBOW WRIST HAND ORTHOS	10/1/2005	\$528.65	3	NO
A	L3961	SHOULDER ELBOW WRIST HAND ORTHOS	1/1/2006	\$0.01	3	NO
A	L3962	SHOULDER ELBOW WRIST HAND ORTHOS	10/1/2005	\$571.27	3	NO
A	L3963	SHOULDER ELBOW WRIST HAND ORTHOS	1/1/2006	INVALID	N	NO
A	L3964	SHOULDER ELBOW ORTHOSIS, MOBILE	10/1/2005	\$550.25	3	NO
A	L3965	SHOULDER ELBOW ORTHOSIS, MOBILE	10/1/2005	\$878.04	3	NO
A	L3966	SHOULDER ELBOW ORTHOSIS, MOBILE	10/1/2005	\$661.46	3	NO
A	L3967	SHOULDER ELBOW WRIST HAND ORTHOS	1/1/2006	\$0.01	3	NO
A	L3968	SHOULDER ELBOW ORTHOSIS, MOBILE	10/1/2005	\$837.07	3	NO
A	L3969	SHOULDER ELBOW ORTHOSIS, MOBILE	10/1/2005	\$585.36	3	NO
A	L3970	SEWHO ADDITIONS TO MOBILE ARM SU	10/1/2005	\$199.03	3	NO
A	L3971	SHOULDER ELBOW WRIST HAND ORTHOS	1/1/2006	\$0.01	3	NO
A	L3972	SEWHO ADDITIONS TO MOBILE ARM SU	10/1/2005	\$126.55	3	NO
A	L3973	SHOULDER ELBOW WRIST HAND ORTHOS	1/1/2006	\$0.01	3	NO
A	L3974	SEWHO ADDITIONS TO MOBILE ARM SU	10/1/2005	\$126.29	3	NO
A	L3975	SHOULDER ELBOW WRIST HAND FINGER	1/1/2006	\$0.01	3	NO
A	L3976	SHOULDER ELBOW WRIST HAND FINGER	1/1/2006	\$0.01	3	NO
A	L3977	SHOULDER ELBOW WRIST HAND FINGER	1/1/2006	\$0.01	3	NO
A	L3978	SHOULDER ELBOW WRIST HAND FINGER	1/1/2006	\$0.01	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L3980	UPPER EXTREMITY FRACTURE OTHROSI	10/1/2005	\$197.77	3	NO
A	L3982	UPPER EXTREMITY FRACTURE ORTHOSI	10/1/2005	\$238.82	3	NO
A	L3984	UPPER EXTREMITY FRACTURE ORTHOSI	10/1/2005	\$229.82	3	NO
A	L3985	UPPER EXTREMITY FRACTURE ORTHOSI	10/1/2005	\$407.39	3	NO
A	L3986	UPPER EXTREMITY FRACTURE ORTHOSI	10/1/2005	\$394.07	3	NO
A	L3995	ADDITION TO UPPER EXTREMITY ORTH	10/1/2005	\$23.23	3	NO
A	L3999	UNLISTED PROCEDURES FOR UPPER LI	10/1/2005	\$928.80	3	YES
A	L4000	REPLACE GIRDLE FOR SPINAL ORTHOS	10/1/2005	\$946.95	3	NO
A	L4002	REPLACEMENT STRAP, ANY ORTHOSIS,	1/1/2005	NC	9	NO
A	L4010	REPLACE TRILATERAL SOCKET BRIM -	10/1/2005	\$523.22	3	NO
A	L4020	REPLACE QUADRILATERAL SOCKET BRI	10/1/2005	\$626.44	3	NO
A	L4030	REPLACE QUADRILATERAL SOCKET BRI	10/1/2005	\$431.95	3	NO
A	L4040	REPLACE MOLDED THIGH LACER -H	10/1/2005	\$355.80	3	NO
A	L4045	REPLACE NON-MOLDED THIGH LACER -	10/1/2005	\$216.33	3	NO
A	L4050	REPLACE MOLDED CALF LACER -H	10/1/2005	\$325.18	3	NO
A	L4055	REPLACE NON-MOLDED CALF LACER -H	10/1/2005	\$177.29	3	NO
A	L4060	REPLACE HIGH ROLL CUFF -H	10/1/2005	\$264.15	3	NO
A	L4070	REPLACE PROXIMAL AND DISTAL UPRI	10/1/2005	\$217.76	3	NO
A	L4080	REPLACE METAL BANDS KAFO, PROXIM	10/1/2005	\$78.32	3	NO
A	L4090	REPLACE METAL BANDS KAFO-AFO CAL	10/1/2005	\$78.64	3	NO
A	L4100	REPLACE LEATHER CUFF KAFO, PROXI	10/1/2005	\$90.91	3	NO
A	L4110	REPLACE LEATHER CUFF KAFO-AFO CA	10/1/2005	\$73.92	3	NO
A	L4130	REPLACE PRETIBIAL SHELL -H	10/1/2005	\$432.46	3	NO
A	L4210	REPAIR OF ORTHOTIC DEVICE REPAIR	10/1/2005	\$200.92	3	NO
A	L4350	PNEUMATIC ANKLE CONTROL SPLINT,	10/1/2005	\$64.35	3	NO
A	L4360	PNEUMATIC ANKLE FOOT ORTHOSIS, W	10/1/2005	\$241.34	3	NO
A	L4370	PNEUMATIC FULL LEG SPLINT, PREFA	10/1/2005	\$164.55	3	NO
A	L4380	PNEUMATIC KNEE SPLINT, PREFABRIC	10/1/2005	\$90.05	3	NO
A	L4386	NON-PNEUMATIC WALKING SPLINT,WIT	10/1/2005	\$115.71	3	NO
A	L4392	REPLACEMENT, SOFT INTERFACE MATE	10/1/2005	\$15.79	3	NO
A	L4394	REPLACE SOFT INTERFACE MATERIAL,	10/1/2005	\$11.52	3	NO
A	L4396	STATIC ANKLE FOOT ORTHOSIS, INCL	10/1/2005	\$112.61	3	NO
A	L4398	FOOT DROP SPLINT, RECUMBENT POSI	10/1/2005	\$51.84	3	NO
A	L5000	PARTIAL FOOT SHOE INSERT WITH LO	10/1/2005	\$351.90	3	NO
A	L5010	PARTIAL FOOT MOLDED SOCKET ANKLE	10/1/2005	\$847.92	3	NO
A	L5020	PARTIAL FOOT MOLDED SOCKET TIBIA	10/1/2005	\$1,572.48	3	NO
A	L5050	ANKLE SYMES MOLDED SOCKET SACH F	10/1/2005	\$1,877.44	3	NO
A	L5060	ANKLE SYMES METAL FRAME MOLDED L	10/1/2005	\$2,491.32	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L5100	BELOW KNEE MOLDED SOCKET SHIN SA	10/1/2005	\$1,945.98	3	NO
A	L5105	BELOW KNEE, PLASTIC SOCKET, JOIN	10/1/2005	\$2,746.43	3	NO
A	L5150	KNEE DISARTICULATION (OR THROUGH	10/1/2005	\$2,839.79	3	NO
A	L5160	KNEE DISARTICULATION (OR THROUGH	10/1/2005	\$3,464.62	3	NO
A	L5200	ABOVE KNEE MOLDED SOCKET SINGLE	10/1/2005	\$2,837.06	3	NO
A	L5210	ABOVE KNEE SHORT PROSTHESIS NO K	10/1/2005	\$2,253.40	3	NO
A	L5220	ABOVE KNEE SHORT PROSTHESIS NO K	10/1/2005	\$2,561.40	3	NO
A	L5230	ABOVE KNEE FOR PROXIMAL FEMORAL	10/1/2005	\$3,425.73	3	NO
A	L5250	HIP DISARTICULATION CANADIAN TYP	10/1/2005	\$4,457.90	3	NO
A	L5270	HIP DISARTICULATION TILT TABLE T	10/1/2005	\$4,776.07	3	NO
A	L5280	HEMIPELVECTOMY CANADIAN TYPE MOL	10/1/2005	\$4,728.30	3	NO
A	L5300	BELOW KNEE MOLDED SOCKET SACH FO	4/1/2002	INVALID	N	NO
A	L5301	BELOW KNEE, MOLDED SOCKET, SHIN,	10/1/2005	\$2,064.10	3	NO
A	L5310	KNEE DISARTICULATION (OR THROUGH	4/1/2002	INVALID	N	NO
A	L5311	KNEE DISARTICULATION (OR THRU KN	10/1/2005	\$3,240.27	3	NO
A	L5320	ABOVE KNEE MOLDED SOCKET OPEN EN	4/1/2002	INVALID	N	NO
A	L5321	ABOVE KNEE, MOLDED SOCKET, OPEN	10/1/2005	\$3,188.69	3	NO
A	L5330	HIP DISARTICULATION CANADIAN TYP	4/1/2002	INVALID	N	NO
A	L5331	HIP DISARTICULATION, CANADIAN TY	10/1/2005	\$4,524.37	3	NO
A	L5340	HEMIPELVECTOMY CANADIAN TYPE MOL	4/1/2002	INVALID	N	NO
A	L5341	HEMIPELVECTOMY, CANADIAN TYPE, M	10/1/2005	\$4,722.20	3	NO
A	L5400	IMMEDIATE POST SURGICAL OR EARLY	10/1/2005	\$931.40	3	NO
A	L5410	IMMEDIATE POST SURGICAL OR EARLY	10/1/2005	\$358.02	3	NO
A	L5420	IMMEDIATE POST SURGICAL OR EARLY	10/1/2005	\$1,125.00	3	NO
A	L5430	IMMEDIATE POST SURGICAL OR EARLY	10/1/2005	\$351.14	3	NO
A	L5450	IMMEDIATE POST SURGICAL OR EARLY	10/1/2005	\$307.29	3	NO
A	L5460	IMMEDIATE POST SURGICAL OR EARLY	10/1/2005	\$406.88	3	NO
A	L5500	INITIAL,BELOW KNEE "PTB" TYPE SO	10/1/2005	\$894.51	3	NO
A	L5505	INITIAL,ABOVE KNEE-KNEE DISARTIC	10/1/2005	\$1,211.39	3	NO
A	L5510	PREP,BELOW KNEE PTB TYPE SOCKET,	10/1/2005	\$1,098.72	3	NO
A	L5520	PREP,BELOW KNEE PTB TYPE SOCK,US	10/1/2005	\$1,001.57	3	NO
A	L5530	PREP,BELOW KNEE PTB TYPE SOCK,US	10/1/2005	\$1,397.70	3	NO
A	L5535	PREP,BELOW KNEE PTB TYPE SOCKET,	10/1/2005	\$1,443.73	3	NO
A	L5540	PREP,BELOW KNEE PTB TYPE SOCKET,	10/1/2005	\$1,540.98	3	NO
A	L5560	PREP,ABOVE KNEE-KNEE DISARTICULA	10/1/2005	\$1,505.46	3	NO
A	L5570	PREP,ABOVE KNEE-KNEE DISARTICULA	10/1/2005	\$1,583.45	3	NO
A	L5580	PREP,ABOVE KNEE-KNEE DISARTICULA	10/1/2005	\$1,813.96	3	NO
A	L5585	PREP,ABOVE KNEE-KNEE DISARTICULA	10/1/2005	\$2,010.47	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L5590	PREP,ABOVE KNEE-KNEE DISARTICULA	10/1/2005	\$1,760.09	3	NO
A	L5595	PREP,HIP DISARTICULATION-HEMIPEL	10/1/2005	\$3,144.05	3	NO
A	L5600	PREP,HIP DISARTICULATION-HEMIPEL	10/1/2005	\$3,962.85	3	NO
A	L5610	ADDITIONS TO LOWER EXTREMITY ABO	1/1/1994	NC	9	NO
A	L5611	ADD TO LOWER EXTREM, ABOVE KNEE-	10/1/2005	\$1,228.78	3	NO
A	L5613	ADD TO LOWER EXTREM, ABOVE KNEE-	1/1/1994	NC	9	NO
A	L5614	ADDITION TO LOWER EXTREMITY, END	5/1/1999	NC	9	NO
A	L5616	ADDITIONS TO LOWER EXTREMITY ABO	10/1/2005	\$945.93	3	NO
A	L5617	ADDITION TO LOWER EXTREMITY, QUI	10/1/2005	\$382.56	3	NO
A	L5618	ADDITIONS TO LOWER EXTREMITY TES	10/1/2005	\$217.57	3	NO
A	L5620	ADDITIONS TO LOWER EXTREMITY TES	10/1/2005	\$206.61	3	NO
A	L5622	ADDITIONS TO LOWER EXTREMITY TES	10/1/2005	\$291.36	3	NO
A	L5624	ADDITIONS TO LOWER EXTREMITY TES	10/1/2005	\$262.32	3	NO
A	L5626	ADDITIONS TO LOWER EXTREMITY TES	10/1/2005	\$380.85	3	NO
A	L5628	ADDITIONS TO LOWER EXTREMITY TES	10/1/2005	\$421.10	3	NO
A	L5629	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$221.34	3	NO
A	L5630	ADDITIONS TO LOWER EXTREMITY SYM	10/1/2005	\$352.73	3	NO
A	L5631	ADDITION TO LOWER EXTREMITY, ABO	10/1/2005	\$306.02	3	NO
A	L5632	ADDITIONS TO LOWER EXTREMITY SYM	10/1/2005	\$206.19	3	NO
A	L5634	ADDITIONS TO LOWER EXTREMITY SYM	10/1/2005	\$245.65	3	NO
A	L5636	ADDITIONS TO LOWER EXTREMITY SYM	10/1/2005	\$218.93	3	NO
A	L5637	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$207.35	3	NO
A	L5638	ADDITIONS TO LOWER EXTREMITY BEL	10/1/2005	\$384.23	3	NO
A	L5639	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$880.10	3	NO
A	L5640	ADDITIONS TO LOWER EXTREMITY KNE	10/1/2005	\$582.89	3	NO
A	L5642	ADDITIONS TO LOWER EXTREMITY ABO	10/1/2005	\$575.34	3	NO
A	L5643	ADDITION TO LOWER EXTREMITY, HIP	10/1/2005	\$1,244.44	3	NO
A	L5644	ADDITIONS TO LOWER EXTREMITY ABO	10/1/2005	\$459.30	3	NO
A	L5645	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$555.71	3	NO
A	L5646	ADDITIONS TO LOWER EXTREMITY BEL	10/1/2005	\$408.49	3	NO
A	L5647	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$554.02	3	NO
A	L5648	ADDITIONS TO LOWER EXTREMITY ABO	10/1/2005	\$458.54	3	NO
A	L5649	ADDITION TO LOWER EXTREMITY, ISC	10/1/2005	\$1,401.69	3	NO
A	L5650	ADDITIONS TO LOWER EXTREMITY TOT	10/1/2005	\$399.70	3	NO
A	L5651	ADDITION TO LOWER EXTREMITY, ABO	10/1/2005	\$836.42	3	NO
A	L5652	ADDITIONS TO LOWER EXTREMITY SUC	10/1/2005	\$303.66	3	NO
A	L5653	ADDITIONS TO LOWER EXTREMITY KNE	10/1/2005	\$498.20	3	NO
A	L5654	ADDITIONS TO LOWER EXTREMITY SOC	10/1/2005	\$269.83	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L5655	ADDITIONS TO LOWER EXTREMITY SOC	10/1/2005	\$241.78	3	NO
A	L5656	ADDITIONS TO LOWER EXTREMITY SOC	10/1/2005	\$344.47	3	NO
A	L5658	ADDITIONS TO LOWER EXTREMITY SOC	10/1/2005	\$337.65	3	NO
A	L5660	ADDITIONS TO LOWER EXTREMITY SOC	7/1/2003	INVALID	N	NO
A	L5661	ADDITION TO LOWER EXTREMITY, SOC	10/1/2005	\$423.83	3	NO
A	L5662	ADDITIONS TO LOWER EXTREMITY SOC	7/1/2003	INVALID	N	NO
A	L5663	ADDITIONS TO LOWER EXTREMITY SOC	7/1/2003	INVALID	N	NO
A	L5664	ADDITIONS TO LOWER EXTREMITY SOC	7/1/2003	INVALID	N	NO
A	L5665	ADDITION TO LOWER EXTREMITY, SOC	10/1/2005	\$356.61	3	NO
A	L5666	ADDITIONS TO LOWER EXTREMITY BEL	10/1/2005	\$49.47	3	NO
A	L5667	ADDITION TO LOWER EXTREMITY, ABO	4/1/2002	INVALID	N	NO
A	L5668	ADDITIONS TO LOWER EXTREMITY BEL	10/1/2005	\$78.15	3	NO
A	L5669	ADDITION TO LOWER EXTREMITY, ABO	4/1/2002	INVALID	N	NO
A	L5670	ADDITIONS TO LOWER EXTREMITY BEL	10/1/2005	\$206.29	3	NO
A	L5671	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$488.63	3	NO
A	L5672	ADDITIONS TO LOWER EXTREMITY BEL	10/1/2005	\$224.74	3	NO
A	L5673	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$533.55	3	NO
A	L5674	ADDITION TO LOWER EXTREMITY, BEL	1/1/2005	INVALID	N	NO
A	L5675	ADDITION TO LOWER EXTREMITY, BEL	1/1/2005	INVALID	N	NO
A	L5676	ADDITIONS TO LOWER EXTREMITY, BE	10/1/2005	\$294.01	3	NO
A	L5677	ADDITIONS TO LOWER EXTREMITY, BE	10/1/2005	\$374.27	3	NO
A	L5678	ADDITIONS TO LOWER EXTREMITY BEL	10/1/2005	\$32.96	3	NO
A	L5679	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$444.64	3	NO
A	L5680	ADDITIONS TO LOWER EXTREMITY BEL	10/1/2005	\$246.93	3	NO
A	L5681	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$961.85	3	NO
A	L5682	ADDITIONS TO LOWER EXTREMITY BEL	10/1/2005	\$440.35	3	NO
A	L5683	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$961.85	3	NO
A	L5684	ADDITIONS TO LOWER EXTREMITY BEL	10/1/2005	\$44.70	3	NO
A	L5685	ADDITION TO LOWER EXTREMITY PROS	10/1/2005	\$52.43	3	NO
A	L5686	ADDITIONS TO LOWER EXTREMITY BEL	10/1/2005	\$44.39	3	NO
A	L5688	ADDITIONS TO LOWER EXTREMITY BEL	10/1/2005	\$48.60	3	NO
A	L5690	ADDITIONS TO LOWER EXTREMITY BEL	10/1/2005	\$73.91	3	NO
A	L5692	ADDITIONS TO LOWER EXTREMITY ABO	10/1/2005	\$108.62	3	NO
A	L5694	ADDITIONS TO LOWER EXTREMITY ABO	10/1/2005	\$167.81	3	NO
A	L5695	ADDITION TO LOWER EXTREMITY, ABO	10/1/2005	\$113.58	3	NO
A	L5696	ADDITIONS TO LOWER EXTREMITY ABO	10/1/2005	\$171.82	3	NO
A	L5697	ADDITIONS TO LOWER EXTREMITY ABO	10/1/2005	\$74.54	3	NO
A	L5698	ADDITIONS TO LOWER EXTREMITY ABO	10/1/2005	\$87.10	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L5699	ALL LOWER EXTREMITY PROSTHESIS S	10/1/2005	\$171.21	3	NO
A	L5700	REPLACEMENT, SOCKET, BELOW KNEE,	10/1/2005	\$2,543.11	3	NO
A	L5701	REPLACEMENT SOCKET, ABOVE KNEE/K	10/1/2005	\$3,090.42	3	NO
A	L5702	REPLACEMENT, SOCKET, HIP DISARTI	10/1/2005	\$3,700.50	3	NO
A	L5703	ANKLE, SYMES, MOLDED TO PATIENT	1/1/2006	\$0.01	3	NO
A	L5704	CUSTOM SHAPED PROTECTIVE COVER,	10/1/2005	\$424.72	3	NO
A	L5705	CUSTOM SHAPED PROTECTIVE COVER,	10/1/2005	\$697.25	3	NO
A	L5706	CUSTOM SHAPED PROTECTIVE COVER,	10/1/2005	\$691.07	3	NO
A	L5707	CUSTOM SHAPED PROTECTIVE COVER,	10/1/2005	\$982.37	3	NO
A	L5710	ADDITION, EXOSKELETAL KNEE-SHIN	10/1/2005	\$316.91	3	NO
A	L5711	ADDITIONS EXOSKELETAL KNEE-SHIN	10/1/2005	\$429.01	3	NO
A	L5712	ADDITION EXOSKELETAL KNEE-SHIN S	10/1/2005	\$385.12	3	NO
A	L5714	ADDITION EXOSKELETAL KNEE-SHIN S	10/1/2005	\$291.31	3	NO
A	L5716	ADDITION, EXOSKELETAL KNEE-SHIN	10/1/2005	\$507.62	3	NO
A	L5718	ADDITION, EXOSKELETAL KNEE-SHIN	10/1/2005	\$634.46	3	NO
A	L5722	ADDITION, EXOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
A	L5724	ADDITION, EXOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
A	L5726	ADDITION, EXOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
A	L5728	ADDITION EXOSKELETAL KNEE-SHIN S	1/1/1994	NC	9	NO
A	L5780	ADDITION EXOSKELETAL KNEE-SHIN S	1/1/1994	NC	9	NO
A	L5781	ADD TO LOWER LIMB PROSTHESIS, VA	4/1/2003	NC	9	NO
A	L5782	ADD TO LOWER LIMB PROSTHESIS, VA	4/1/2003	NC	9	NO
A	L5785	ADDITION, EXOSKELETAL SYSTEM, BE	10/1/2005	\$432.28	3	NO
A	L5790	ADDITION, EXOSKELETAL SYSTEM, AB	10/1/2005	\$520.48	3	NO
A	L5795	ADDITION, EXOSKELETAL SYSTEM, HI	10/1/2005	\$747.81	3	NO
A	L5810	ADDITION, ENDOSKELETAL KNEE-SHIN	10/1/2005	\$387.23	3	NO
A	L5811	ADDITION, ENDOSKELETAL KNEE-SHIN	10/1/2005	\$507.95	3	NO
A	L5812	ADDITION, ENDOSKELETAL KNEE-SHIN	10/1/2005	\$439.60	3	NO
A	L5814	ADDITION, ENDOSKELETAL KNEE-SHIN	10/1/2005	\$2,539.30	3	NO
A	L5816	ADDITION, ENDOSKELETAL KNEE-SHIN	10/1/2005	\$592.32	3	NO
A	L5818	ADDITION, ENDOSKELETAL KNEE-SHIN	10/1/2005	\$668.85	3	NO
A	L5822	ADDITION, ENDOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
A	L5824	ADDITION, ENDOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
A	L5826	ADDITION, ENDOSKELETAL KNEE-SHIN	10/1/2005	\$2,218.09	3	NO
A	L5828	ADDITION, ENDOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
A	L5830	ADDITION, ENDOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
A	L5840	ENDOSKELETAL KNEE/SHIN SYSTEM, M	10/1/2005	\$2,811.11	3	NO
A	L5845	ADDITION, ENDOSKELETAL, KNEE-SHI	10/1/2005	\$1,225.50	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L5846	ADDITION, ENDOSKELETAL, KNEE-SHI	1/1/2005	INVALID	N	NO
A	L5847	ADDITION, ENDOSKELETAL KNEE-SHIN	1/1/2005	INVALID	N	NO
A	L5848	ADD TO ENDOSKELETAL, KNEE-SHIN S	4/1/2003	NC	9	NO
A	L5850	ADDITION, ENDOSKELETAL SYSTEM, A	10/1/2005	\$89.10	3	NO
A	L5855	ADDITION, ENDOSKELETAL SYSTEM, H	10/1/2005	\$286.78	3	NO
A	L5856	ADDITION TO LOWER EXTREMITY PROS	1/1/2005	NC	9	NO
A	L5857	ADDITION TO LOWER EXTREMITY PROS	1/1/2005	NC	9	NO
A	L5858	ADDITION TO LOWER EXTREMITY PROS	1/1/2006	NC	9	NO
A	L5910	ADDITION, ENDOSKELETAL SYSTEM, B	10/1/2005	\$252.24	3	NO
A	L5920	ADDITION, ENDOSKELETAL SYSTEM, A	10/1/2005	\$369.54	3	NO
A	L5925	ADDITION, ENDOSKELETAL SYSTEM, A	10/1/2005	\$303.75	3	NO
A	L5930	ADDITION, ENDOSKELETAL SYSTEM, H	10/1/2005	\$2,301.37	3	NO
A	L5940	ADDITION, ENDOSKELETAL SYSTEM, B	10/1/2005	\$434.35	3	NO
A	L5950	ADDITION, ENDOSKELETAL SYSTEM, A	10/1/2005	\$624.35	3	NO
A	L5960	ADDITION, ENDOSKELETAL SYSTEM, H	10/1/2005	\$713.60	3	NO
A	L5962	ADDITION, ENDOSKELETAL SYSTEM, B	10/1/2005	\$545.85	3	NO
A	L5964	ADDITION, ENDOSKELETAL SYSTEM, A	10/1/2005	\$785.79	3	NO
A	L5966	ADDITION, ENDOSKELETAL SYSTEM, H	10/1/2005	\$1,018.74	3	NO
A	L5968	ALL LOWER EXTREMITY PROSTHESIS,	10/1/2005	\$2,484.62	3	NO
A	L5970	ALL LOWER EXTREMITY PROSTHESES,	10/1/2005	\$170.85	3	NO
A	L5971	ALL LOWER EXTREMITY PROSTHESIS,	1/1/2006	NC	9	NO
A	L5972	ALL LOWER EXTREMITY PROSTHESES,	10/1/2005	\$273.03	3	NO
A	L5974	ALL LOWER EXTREMITY PROSTHESES,	10/1/2005	\$216.40	3	NO
A	L5975	ALL LOWER EXTREMITY PROSTHESIS,	10/1/2005	\$316.98	3	NO
A	L5976	ALL LOWER EXTREMITY PROSTHESES,	10/1/2005	\$436.02	3	NO
A	L5978	ALL LOWER EXTREMITY PROSTHESES,	10/1/2005	\$246.43	3	NO
A	L5979	ALL LOWER EXTREMITY PROSTHESIS,	10/1/2005	\$2,099.36	3	NO
A	L5980	ALL LOWER EXTREMITY PROSTHESES,	1/1/1994	NC	9	NO
A	L5981	ALL LOWER EXTREMITY PROSTHESES,	10/1/2005	\$2,281.39	3	NO
A	L5982	ALL EXOSKELETAL LOWER EXTREMITY	10/1/2005	\$532.22	3	NO
A	L5984	ALL ENDOSKELETAL LOWER EXTREMITY	10/1/2005	\$503.16	3	NO
A	L5985	ALL ENDOSKELETAL LOWER EXTREMITY	10/1/2005	\$193.07	3	NO
A	L5986	ALL LOWER EXTREMITY PROSTHESES,	10/1/2005	\$532.53	3	NO
A	L5987	ALL LOWER EXTREMITY PROSTHESIS,	10/1/2005	\$4,918.58	3	NO
A	L5988	ALL LOWER EXTREMITY PROSTHESIS,	10/1/2005	\$1,365.89	3	NO
A	L5989	ADDITION TO LOWER EXTREMITY PROS	1/1/2005	INVALID	N	NO
A	L5990	ADDITION TO LOWER EXTREMITY PROS	10/1/2005	\$1,312.18	3	NO
A	L5995	ADD TO LOWER EXTREMITY PROSTHESI	10/1/2005	\$928.80	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L5999	UNLISTED PROCEDURES FOR LOWER EX	3/1/2004	\$900.00	3	YES
A	L6000	PARTIAL HAND ROBIN-AIDS THUMB RE	10/1/2005	\$1,233.86	3	NO
A	L6010	PARTIAL HAND ROBIN-AIDS LITTLE A	10/1/2005	\$1,373.09	3	NO
A	L6020	PARTIAL HAND ROBIN-AIDS NO FINGE	10/1/2005	\$1,280.20	3	NO
A	L6025	TRANSCARPAL/METACARPAL OR PARTIA	4/1/2003	NC	9	NO
A	L6050	WRIST DISARTICULATION MOLDED SOC	10/1/2005	\$1,512.13	3	NO
A	L6055	WRIST DISARTICULATION, MOLDED SO	10/1/2005	\$2,257.82	3	NO
A	L6100	BELOW ELBOW MOLDED SOCKET FLEXIB	10/1/2005	\$1,628.74	3	NO
A	L6110	BELOW ELBOW MOLDED SOCKET (MUENS	10/1/2005	\$1,661.20	3	NO
A	L6120	BELOW ELBOW MOLDED DOUBLE WALL S	10/1/2005	\$2,088.91	3	NO
A	L6130	BELOW ELBOW MOLDED DOUBLE WALL S	10/1/2005	\$2,403.97	3	NO
A	L6200	ELBOW DISARTICULATION MOLDED SOC	10/1/2005	\$2,467.13	3	NO
A	L6205	ELBOW DISARTICULATION, MOLDED SO	10/1/2005	\$3,090.94	3	NO
A	L6250	ABOVE ELBOW MOLDED DOUBLE WALL S	10/1/2005	\$2,300.77	3	NO
A	L6300	SHOULDER DISARTICULATION MOLDED	10/1/2005	\$3,236.33	3	NO
A	L6310	SHOULDER DISARTICULATION, PASSIV	5/1/1997	NC	9	NO
A	L6320	SHOULDER DISARTICULATION PASSIVE	10/1/2005	\$1,190.24	3	NO
A	L6350	INTERSCAPULAR THORACIC MOLDED SO	10/1/2005	\$3,637.40	3	NO
A	L6360	INTERSCAPULAR THORACIC, PASSIVE	5/1/1997	NC	9	NO
A	L6370	INTERSCAPULAR THORACIC PASSIVE R	10/1/2005	\$1,414.60	3	NO
A	L6380	IMM POST SURG/EARLY FIT, APP OF	10/1/2005	\$952.41	3	NO
A	L6382	IMM POST SURG/EARLY FIT, APP OF	10/1/2005	\$1,121.21	3	NO
A	L6384	IMM POST SUR/EARLY FIT, APP OF I	10/1/2005	\$1,419.44	3	NO
A	L6386	IMMEDIATE POST SURGICAL OR EARLY	10/1/2005	\$321.50	3	NO
A	L6388	IMMEDIATE POST SURGICAL OR EARLY	10/1/2005	\$353.37	3	NO
A	L6400	BELOW ELBOW MOLDED SOCKET ENDOSK	10/1/2005	\$1,803.17	3	NO
A	L6450	ELBOW DISARTICULATION MOLDED SOC	10/1/2005	\$2,447.77	3	NO
A	L6500	ABOVE ELBOW MOLDED SOCKET ENDOSK	10/1/2005	\$2,475.74	3	NO
A	L6550	SHOULDER DISARTICULATION MOLDED	10/1/2005	\$3,311.84	3	NO
A	L6570	INTERSCAPULAR THORACIC MOLDED SO	10/1/2005	\$3,691.74	3	NO
A	L6580	PREP, WRIST DISART/BELOW ELB, SI	10/1/2005	\$1,254.58	3	NO
A	L6582	PREP, WRIST DISART/BELOW ELBOW/S	10/1/2005	\$997.00	3	NO
A	L6584	PREP, ELB DISART/ABOVE ELB/SIN W	10/1/2005	\$1,693.95	3	NO
A	L6586	PREP, ELB DISART/ABOVE ELB/SIN W	10/1/2005	\$1,447.73	3	NO
A	L6588	PREP, SHOULDER DISART/INTERSCAPU	10/1/2005	\$2,451.31	3	NO
A	L6590	PREP, SHOULDER DISART/INTERSCAPU	10/1/2005	\$2,258.69	3	NO
A	L6600	UPPER EXTREMITY ADDITIONS POLYCE	10/1/2005	\$141.55	3	NO
A	L6605	UPPER EXTREMITY ADDITIONS SINGLE	10/1/2005	\$133.54	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L6610	UPPER EXTREMITY ADDITIONS FLEXIB	10/1/2005	\$121.81	3	NO
A	L6615	UPPER EXTREMITY ADDITIONS DISCON	10/1/2005	\$148.85	3	NO
A	L6616	UPPER EXTREMITY ADDITION, ADDITI	10/1/2005	\$54.25	3	NO
A	L6620	UPPER EXTREMITY ADDITIONS FLEXIO	10/1/2005	\$233.14	3	NO
A	L6621	UPPER EXTREMITY PROSTHESIS ADDIT	1/1/2006	NC	9	NO
A	L6623	UPPER EXTREMITY ADDITION, SPRING	10/1/2005	\$501.53	3	NO
A	L6625	UPPER EXTREMITY ADDITIONS ROTATI	10/1/2005	\$428.92	3	NO
A	L6628	UPPER EXTREMITY ADDITION, QUICK	10/1/2005	\$402.80	3	NO
A	L6629	UPPER EXTREMITY ADDITION, QUICK	10/1/2005	\$102.09	3	NO
A	L6630	UPPER EXTREMITY ADDITIONS STAINL	10/1/2005	\$150.10	3	NO
A	L6632	UPPER EXTREMITY ADDITION, LATEX	10/1/2005	\$45.25	3	NO
A	L6635	UPPER EXTREMITY ADDITIONS LIFT A	10/1/2005	\$131.59	3	NO
A	L6637	UPPER EXTREMITY ADDITION, NUDGE	10/1/2005	\$302.62	3	NO
A	L6638	UPPER EXTREMITY ADD TO PROSTHESI	4/1/2003	NC	9	NO
A	L6640	UPPER EXTREMITY ADDITIONS SHOULD	10/1/2005	\$239.95	3	NO
A	L6641	UPPER EXTREMITY ADDITION, EXCURS	10/1/2005	\$119.59	3	NO
A	L6642	UPPER EXTREMITY ADDITION, EXCURS	10/1/2005	\$161.76	3	NO
A	L6645	UPPER EXTREMITY ADDITIONS SHOULD	10/1/2005	\$276.11	3	NO
A	L6646	UPPER EXTREMITY ADD, SHOULDER JO	4/1/2003	NC	9	NO
A	L6647	UPPER EXTREMITY ADD, SHOULDER LO	10/1/2005	\$379.68	3	NO
A	L6648	UPPER EXTRMITY ADDITION, SHOULDE	4/1/2003	NC	9	NO
A	L6650	UPPER EXTREMITY ADDITIONS SHOULD	10/1/2005	\$238.13	3	NO
A	L6655	UPPER EXTREMITY ADDITIONS STANDA	10/1/2005	\$69.75	3	NO
A	L6660	UPPER EXTREMITY ADDITIONS HEAVY	10/1/2005	\$73.85	3	NO
A	L6665	UPPER EXTREMITY ADDITIONS TEFLON	10/1/2005	\$34.33	3	NO
A	L6670	UPPER EXTREMITY ADDITIONS HOOK T	10/1/2005	\$35.52	3	NO
A	L6672	UPPER EXTREMTIY ADDITIONS HARNES	10/1/2005	\$134.82	3	NO
A	L6675	UPPER EXTREMITY ADDITIONS HARNES	10/1/2005	\$83.63	3	NO
A	L6676	UPPER EXTREMITY ADDITIONS HARNES	10/1/2005	\$102.83	3	NO
A	L6677	UPPER EXTREMITY ADDITION, HARNES	1/1/2006	NC	9	NO
A	L6680	UPPER EXTREMITY ADDITIONS TEST S	10/1/2005	\$165.69	3	NO
A	L6682	UPPER EXTREMITY ADDITIONS TEST S	10/1/2005	\$210.79	3	NO
A	L6684	UPPER EXTREMITY ADDITIONS TEST S	10/1/2005	\$323.00	3	NO
A	L6686	UPPER EXTREMITY ADDITION, SUCTIO	10/1/2005	\$463.05	3	NO
A	L6687	UPPER EXTREMITY ADDITION, FRAME	10/1/2005	\$401.74	3	NO
A	L6688	UPPER EXTREMITY ADDITION, FRAME	10/1/2005	\$491.93	3	NO
A	L6689	UPPER EXTREMITY ADDITION, FRAME	10/1/2005	\$602.10	3	NO
A	L6690	UPPER EXTREMITY ADDITION, FRAME	10/1/2005	\$638.54	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L6691	UPPER EXTREMITY ADDITION, REMOVA	10/1/2005	\$276.25	3	NO
A	L6692	UPPER EXTREMITY ADDITION, SILICO	10/1/2005	\$389.49	3	NO
A	L6693	UPPER EXTREMITY ADDITION, EXTERN	10/1/2005	\$1,941.12	3	NO
A	L6694	ADDITION TO UPPER EXTREMITY PROS	1/1/2005	NC	9	NO
A	L6695	ADDITION TO UPPER EXTREMITY PROS	1/1/2005	NC	9	NO
A	L6696	ADDITION TO UPPER EXTREMITY PROS	1/1/2005	NC	9	NO
A	L6697	ADDITION TO UPPER EXTREMITY PROS	1/1/2005	NC	9	NO
A	L6698	ADDITION TO UPPER EXTREMITY PROS	1/1/2005	NC	9	NO
A	L6700	TERMINAL DEVICE, HOOK, DORRANCE,	10/1/2005	\$411.48	3	NO
A	L6705	TERMINAL DEVICE, HOOK, DORRANCE,	10/1/2005	\$230.63	3	NO
A	L6710	TERMINAL DEVICE, HOOK, DORRANCE,	10/1/2005	\$276.68	3	NO
A	L6715	TERMINAL DEVICE, HOOK, DORRANCE,	10/1/2005	\$273.70	3	NO
A	L6720	TERMINAL DEVICE, HOOK, DORRANCE,	10/1/2005	\$594.17	3	NO
A	L6725	TERMINAL DEVICE, HOOK, DORRANCE,	10/1/2005	\$304.87	3	NO
A	L6730	TERMINAL DEVICE, HOOK, DORRANCE,	10/1/2005	\$489.49	3	NO
A	L6735	TERMINAL DEVICE, HOOK, DORRANCE,	10/1/2005	\$259.29	3	NO
A	L6740	TERMINAL DEVICE, HOOK, DORRANCE,	10/1/2005	\$307.24	3	NO
A	L6745	TERMINAL DEVICE, HOOK, DORRANCE,	10/1/2005	\$281.37	3	NO
A	L6750	TERMINAL DEVICE, HOOK, DORRANCE,	10/1/2005	\$292.08	3	NO
A	L6755	TERMINAL DEVICE, HOOK, DORRANCE,	10/1/2005	\$292.01	3	NO
A	L6765	TERMINAL DEVICE, HOOK, DORRANCE,	10/1/2005	\$299.11	3	NO
A	L6770	TERMINAL DEVICE, HOOK, DORRANCE,	10/1/2005	\$292.40	3	NO
A	L6775	TERMINAL DEVICE, HOOK, DORRANCE,	10/1/2005	\$317.68	3	NO
A	L6780	TERMINAL DEVICE, HOOK, DORRANCE,	10/1/2005	\$352.83	3	NO
A	L6790	TERMINAL DEVICE, HOOK-ACCU HOOK,	10/1/2005	\$314.72	3	NO
A	L6795	TERMINAL DEVICE, HOOK-2 LOAD, OR	10/1/2005	\$991.46	3	NO
A	L6800	TERMINAL DEVICE, HOOK-APRL VC, O	10/1/2005	\$783.30	3	NO
A	L6805	TERMINAL DEVICE, MODIFIER WRIST	10/1/2005	\$294.57	3	NO
A	L6806	TERMINAL DEVICE, HOOK, TRS GRIP,	10/1/2005	\$1,105.81	3	NO
A	L6807	TERMINAL DEVICE, HOOK, GRIP I, G	10/1/2005	\$989.55	3	NO
A	L6808	TERMINAL DEVICE, HOOK, TRS ADEPT	10/1/2005	\$852.31	3	NO
A	L6809	TERMINAL DEVICE, HOOK, TRS SUPER	10/1/2005	\$258.42	3	NO
A	L6810	TERMINAL DEVICE, PINCHER TOOL, O	10/1/2005	\$139.38	3	NO
A	L6825	TERMINAL DEVICE, HAND, DORRANCE,	5/1/1997	NC	9	NO
A	L6830	TERMINAL DEVICE, HAND, APRL, VC	10/1/2005	\$1,087.58	3	NO
A	L6835	TERMINAL DEVICE, HAND, SIERRA, V	10/1/2005	\$986.59	3	NO
A	L6840	TERMINAL DEVICE, HAND, BECKER IM	10/1/2005	\$650.99	3	NO
A	L6845	TERMINAL DEVICE, HAND, BECKER LO	10/1/2005	\$616.37	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L6850	TERMINAL DEVICE, HAND, BECKER PL	10/1/2005	\$543.78	3	NO
A	L6855	TERMINAL DEVICE, HAND, ROBIN-AID	10/1/2005	\$632.39	3	NO
A	L6860	TERMINAL DEVICE, HAND, ROBIN-AID	10/1/2005	\$517.25	3	NO
A	L6865	TERMINAL DEVICE, HAND, PASSIVE H	10/1/2005	\$230.20	3	NO
A	L6867	TERMINAL DEVICE, HAND, DETROLT I	10/1/2005	\$855.66	3	NO
A	L6868	TERMINAL DEVICE, HAND, PASSIVE I	10/1/2005	\$192.87	3	NO
A	L6870	TERMINAL DEVICE, HAND, CHILD MIT	10/1/2005	\$187.04	3	NO
A	L6872	TERMINAL DEVICE, HAND, NYU CHILD	10/1/2005	\$711.49	3	NO
A	L6873	TERMINAL DEVICE, HAND, MECHANICA	10/1/2005	\$325.80	3	NO
A	L6875	TERMINAL DEVICE, HAND, BOCK, VC	5/1/1997	NC	9	NO
A	L6880	TERMINAL DEVICE, HAND, BOCK, VO	10/1/2005	\$412.88	3	NO
A	L6881	AUTOMATIC GRASP FEATURE, ADDITIO	1/1/2002	NC	9	NO
A	L6882	MICROPROCESSOR CONTROL FEATURE,	1/1/2002	NC	9	NO
A	L6883	REPLACEMENT SOCKET, BELOW ELBOW/	1/1/2006	NC	9	NO
A	L6884	REPLACEMENT SOCKET, ABOVE ELBOW	1/1/2006	NC	9	NO
A	L6885	REPLACEMENT SOCKET, SHOULDER DIS	1/1/2006	NC	9	NO
A	L6890	ADDITION TO UPPER EXTREMITY PROS	10/1/2005	\$129.33	3	NO
A	L6895	ADDITION TO UPPER EXTREMITY PROS	10/1/2005	\$431.78	3	NO
A	L6900	HAND RESTORATION (CASTS SHADING	10/1/2005	\$1,352.37	3	NO
A	L6905	HAND RESTORATION (CASTS SHADING	10/1/2005	\$1,363.43	3	NO
A	L6910	HAND RESTORATION (CASTS SHADING	10/1/2005	\$1,119.02	3	NO
A	L6915	HAND RESTORATION (SHADING AND ME	10/1/2005	\$505.72	3	NO
A	L6920	WRIST DISARTICULATION, EXTERNAL	5/1/1997	NC	9	NO
A	L6925	WRIST DISARTICULATION, EXTERNAL	5/1/1997	NC	9	NO
A	L6930	BELOW ELBOW, EXTERNAL POWER, SEL	5/1/1997	NC	9	NO
A	L6935	BELOW ELBOW, EXTERNAL POWER, SEL	5/1/1997	NC	9	NO
A	L6940	ELBOW DISARTICULATION, EXTERNAL	5/1/1997	NC	9	NO
A	L6945	ELBOW DISARTICULATION, EXTERNAL	5/1/1997	NC	9	NO
A	L6950	ABOVE ELBOW, EXTERNAL POWER, MOL	5/1/1997	NC	9	NO
A	L6955	ABOVE ELBOW, EXTERNAL POWER, MOL	5/1/1997	NC	9	NO
A	L6960	SHOULDER DISARTICULATION, EXTERN	5/1/1997	NC	9	NO
A	L6965	SHOULDER DISARTICULATION, EXTERN	5/1/1997	NC	9	NO
A	L6970	INTERSCAPULAR-THORACIC, EXTERNAL	5/1/1997	NC	9	NO
A	L6975	INTERSCAPULAR-THORACIC, EXTERNAL	5/1/1997	NC	9	NO
A	L7010	ELECTRONIC HAND, OTTO BOCK, STEE	5/1/1997	NC	9	NO
A	L7015	ELECTRONIC HAND, SYSTEM TEKNIK,	5/1/1997	NC	9	NO
A	L7020	ELECTRONIC GREIFER, OTTO BOCK OR	5/1/1997	NC	9	NO
A	L7025	ELECTRONIC HAND, OTTO BOCK OR EQ	5/1/1997	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L7030	ELECTRONIC HAND, SYSTEM TEKNIK,	5/1/1997	NC	9	NO
A	L7035	ELECTRONIC GREIFER, OTTO BOCK OR	5/1/1997	NC	9	NO
A	L7040	PREHENSILE ACTUATOR, HOSMER OR E	5/1/1997	NC	9	NO
A	L7045	ELECTRONIC HOOK, CHILD, MICHIGAN	5/1/1997	NC	9	NO
A	L7170	ELECTRONIC ELBOW, HOSMER OR EQUA	5/1/1997	NC	9	NO
A	L7180	ELECTRONIC ELBOW, MICROPROCESSOR	1/1/1997	NC	9	NO
A	L7181	ELECTRONIC ELBOW, MICROPROCESSOR	1/1/2005	NC	9	NO
A	L7185	ELECTRONIC ELBOW, ADOLESCENT, VA	5/1/1997	NC	9	NO
A	L7186	ELECTRONIC ELBOW, CHILD, VARIETY	5/1/1997	NC	9	NO
A	L7190	ELECTRONIC ELBOW, ADOLESCENT, VA	5/1/1997	NC	9	NO
A	L7191	ELECTRONIC ELBOW, CHILD, VARIETY	5/1/1997	NC	9	NO
A	L7260	ELECTRONIC WRIST ROTATOR, OTTO B	5/1/1997	NC	9	NO
A	L7261	ELECTRONIC WRIST ROTATOR, FOR UT	5/1/1997	NC	9	NO
A	L7266	SERVO CONTROL, STEEPER OR EQUAL	5/1/1997	NC	9	NO
A	L7272	ANALOGUE CONTROL, UNB OR EQUAL	5/1/1997	NC	9	NO
A	L7274	PROPORTIONAL CONTROL, 6-12 VOLT,	1/1/1997	NC	9	NO
A	L7360	SIX VOLT BATTERY, OTTO BOCK OR E	5/1/1997	NC	9	NO
A	L7362	BATTERY CHARGER, SIX VOLT, OTTO	5/1/1997	NC	9	NO
A	L7364	TWELVE VOLT BATTERY, UTAH OR EQU	5/1/1997	NC	9	NO
A	L7366	BATTERY CHARGER, TWELVE VOLT, UT	5/1/1997	NC	9	NO
A	L7367	LITHIUM ION BATTERY, REPLACEMENT	4/1/2003	NC	9	NO
A	L7368	LITHIUM ION BATTERY CHARGER	4/1/2003	NC	9	NO
A	L7400	ADDITION TO UPPER EXTREMITY PROS	1/1/2006	NC	9	NO
A	L7401	ADDITION TO UPPER EXTREMITY PROS	1/1/2006	NC	9	NO
A	L7402	ADDITION TO UPPER EXTREMITY PROS	1/1/2006	NC	9	NO
A	L7403	ADDITION TO UPPER EXTREMITY PROS	1/1/2006	\$0.01	3	NO
A	L7404	ADDITION TO UPPER EXTREMITY PROS	1/1/2006	\$0.01	3	NO
A	L7405	ADDITION TO UPPER EXTREMITY PROS	1/1/2006	\$0.01	3	NO
A	L7499	UNLISTED PROCEDURES FOR UPPER EX	10/1/2005	\$928.80	3	YES
A	L7500	REPAIR OF PROSTHETIC DEVICE, HRL	5/9/2005	NC	9	NO
A	L7503	ANKLE, SYMES, MOLDED TO PT MODEL	1/1/2006	\$0.01	3	NO
A	L7510	REPAIR OF PROSTHETIC DEVICE, REP	10/1/2005	\$200.92	3	NO
A	L7600	PROSTHETIC DORNING SLEEVE, ANY M	1/1/2006	\$0.01	3	NO
A	L7900	VACUUM ERECTION SYSTEM	3/1/1997	NC	9	NO
A	L8000	BREAST PROSTHESIS, MASTECTOMY BR	10/1/2005	\$28.77	3	NO
A	L8001	BREAST PROSTHESIS, MASTECTOMY BR	10/1/2005	\$90.71	3	NO
A	L8002	BREAST PROSTHESIS, MASTECTOMY BR	10/1/2005	\$119.32	3	NO
A	L8010	BREAST PROSTHESIS, MASTECTOMY SL	6/16/2002	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L8015	EXTERNAL BREAST PROSTHESIS GARME	10/1/2005	\$42.57	3	NO
A	L8020	BREAST PROSTHESIS, MASTECTOMY FO	10/1/2005	\$167.80	3	NO
A	L8030	BREAST PROSTHESIS, SILICONE OR E	10/1/2005	\$219.72	3	NO
A	L8035	CUSTOM BREAST PROSTHESIS, POST M	10/1/2005	\$2,504.93	3	NO
A	L8039	BREAST PROSTHESIS, NOT OTHERWISE	3/1/2004	\$900.00	3	YES
A	L8040	NASAL PROSTHESIS, PROVIDED BY A	10/1/2005	\$1,375.04	3	YES
A	L8041	MIDFACIAL PROSTHESIS, PROVIDED B	10/1/2005	\$1,657.46	3	YES
A	L8042	ORBITAL PROSTHESIS, PROVIDED BY	10/1/2005	\$1,862.33	3	YES
A	L8043	UPPER FACIAL PROSTHESIS, PROVIDE	10/1/2005	\$2,085.82	3	YES
A	L8044	HEMI-FACIAL PROSTHESIS, PROVIDED	10/1/2005	\$2,309.29	3	YES
A	L8045	AURICULAR PROSTHESIS, PROVIDED B	10/1/2005	\$1,449.62	3	YES
A	L8046	PARTIAL FACIAL PROSTHESIS, PROVI	10/1/2005	\$1,489.86	3	YES
A	L8047	NASAL SEPTAL PROSTHESIS, PROVIDE	10/1/2005	\$763.56	3	YES
A	L8048	UNSPECIFIED MAXILLOFACIAL PROSTH	10/1/2005	\$4,644.00	3	YES
A	L8100	GRADIENT COMPRESSION STOCKING, B	1/1/2006	INVALID	N	NO
A	L8110	GRADIENT COMPRESSION STOCKING, B	1/1/2006	INVALID	N	NO
A	L8120	GRADIENT COMPRESSION STOCKING, B	1/1/2006	INVALID	N	NO
A	L8130	GRADIENT COMPRESSION STOCKING, T	1/1/2006	INVALID	N	NO
A	L8140	GRADIENT COMPRESSION STOCKING, T	1/1/2006	INVALID	N	NO
A	L8150	GRADIENT COMPRESSION STOCKING, T	1/1/2006	INVALID	N	NO
A	L8160	GRADIENT COMPRESSION STOCKING, F	1/1/2006	INVALID	N	NO
A	L8170	GRADIENT COMPRESSION STOCKING, F	1/1/2006	INVALID	N	NO
A	L8180	GRADIENT COMPRESSION STOCKING, F	1/1/2006	INVALID	N	NO
A	L8190	GRADIENT COMPRESSION STOCKING, W	1/1/2006	INVALID	N	NO
A	L8195	GRADIENT COMPRESSION STOCKING, W	1/1/2006	INVALID	N	NO
A	L8200	GRADIENT COMPRESSION STOCKING, W	1/1/2006	INVALID	N	NO
A	L8210	GRADIENT COMPRESSION STOCKING, C	1/1/2006	INVALID	N	NO
A	L8220	GRADIENT COMPRESSION STOCKING, L	1/1/2006	INVALID	N	NO
A	L8230	GRADIENT COMPRESSION STOCKING, G	1/1/2006	INVALID	N	NO
A	L8239	GRADIENT COMPRESSION STOCKING, N	1/1/2006	INVALID	N	YES
A	L8300	TRUSSES SINGLE WITH STANDARD PAD	10/1/2005	\$72.99	3	NO
A	L8310	TRUSSES DOUBLE WITH STANDARD PAD	10/1/2005	\$102.24	3	NO
A	L8320	TRUSSES ADDITION TO STANDARD PAD	10/1/2005	\$38.92	3	NO
A	L8330	TRUSSES ADDITION TO STANDARD PAD	10/1/2005	\$34.39	3	NO
A	L8400	PROSTHETIC SHEATH BELOW KNEE EAC	10/1/2005	\$12.92	3	NO
A	L8410	PROSTHETIC SHEATH ABOVE KNEE EAC	10/1/2005	\$18.41	3	NO
A	L8415	PROSTHETIC SHEATH, UPPER LIMB, E	10/1/2005	\$18.91	3	NO
A	L8417	PROSTHETIC SHEATH/SOCK, INCLUDIN	10/1/2005	\$51.41	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L8420	PROSTHETIC SOCK, MULTIPLE PLY, B	10/1/2005	\$13.97	3	NO
A	L8430	PROSTHETIC SOCK, MULTIPLE PLY, A	10/1/2005	\$15.97	3	NO
A	L8435	PROSTHETIC SOCK, MULTI PLY, UPPE	10/1/2005	\$19.53	3	NO
A	L8440	PROSTHETIC SHRINKER BELOW KNEE E	10/1/2005	\$29.12	3	NO
A	L8460	PROSTHETIC SHRINKER ABOVE KNEE E	10/1/2005	\$60.78	3	NO
A	L8465	PROSTHETIC SHRINKER UPPER LIMB E	10/1/2005	\$33.97	3	NO
A	L8470	STUMP SOCK, SINGLE PLY, FITTING,	10/1/2005	\$4.65	3	NO
A	L8480	PROSTHETIC SOCK, SINGLE PLY, FIT	10/1/2005	\$8.54	3	NO
A	L8485	PROSTHETIC SOCK, SINGLE PLY, FIT	10/1/2005	\$10.01	3	NO
A	L8490	ADDITION TO PROSTHETIC SHEATH/SO	1/1/2005	INVALID	N	NO
A	L8499	UNLISTED PROCEDURE FOR MISCELLAN	10/1/2005	\$928.80	3	YES
A	L8509	TRACHO-ESOPHAGEAL VOICE PROSTHES	10/1/2005	\$78.99	3	NO
A	L8510	VOICE AMPLIFIER	10/1/2005	\$198.94	3	NO
A	L8511	INSERT FOR INDWELLING TRACHEOESO	1/1/2004	NC	9	NO
A	L8512	GELATIN CAPSULES OR EQUIVALENT,	1/1/2004	NC	9	NO
A	L8513	CLEANING DEVICE USED WITH TRACHE	1/1/2004	NC	9	NO
A	L8514	TRACHEOESOPHAGEAL PUNCTURE DILAT	1/1/2004	NC	9	NO
A	L8614	COCHLEAR DEVICE/SYSTEM	1/1/1994	NC	9	NO
A	L8620	LITHIUM ION BATTERY FOR USE WITH	1/1/2006	INVALID	N	NO
A	L8631	METACARPAL PHALANGEAL JOINT REPL	1/1/2004	NC	9	NO
A	L8659	INTERPHALANGEAL FINGER JOINT REP	1/1/2004	NC	9	NO
A	L8699	PROSTHETIC IMPLANT, NOS	1/1/2002	NC	9	NO
A	L9900	ORTHOTIC AND PROSTHETIC SUPPLY,	3/1/2004	\$900.00	3	YES
A	Q0480	DRIVER FOR USE WITH PNEUMATIC VE	10/1/2005	NC	9	NO
A	Q0481	MICROPROCESSOR CONTROL UNIT FOR	10/1/2005	NC	9	NO
A	Q0482	MICROPROCESSOR CONTROL UNIT FOR	10/1/2005	NC	9	NO
A	Q0483	MONITOR/DISPLAY MODULE FOR USE W	10/1/2005	NC	9	NO
A	Q0484	MONITOR/DISPLAY MODULE FOR USE W	10/1/2005	NC	9	NO
A	Q0485	MONITOR CONTROL CABLE FOR USE WI	10/1/2005	NC	9	NO
A	Q0486	MONITOR CONTROL CABLE FOR USE WI	10/1/2005	NC	9	NO
A	Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR	10/1/2005	NC	9	NO
A	Q0488	POWER PACK BASE FOR USE WITH ELE	10/1/2005	NC	9	NO
A	Q0489	POWER PACK BASE FOR USE WITH ELE	10/1/2005	NC	9	NO
A	Q0490	EMERGENCY POWER SOURCE FOR USE W	10/1/2005	NC	9	NO
A	Q0491	EMERGENCY POWER SOURCE FOR USE W	10/1/2005	NC	9	NO
A	Q0492	EMERGENCY POWER SUPPLY CABLE FOR	10/1/2005	NC	9	NO
A	Q0493	EMERGENCY POWER SUPPLY CABLE FOR	10/1/2005	NC	9	NO
A	Q0494	EMERGENCY HAND PUMP FOR USE WITH	10/1/2005	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	Q0495	BATTERY/POWER PACK CHARGER FOR U	10/1/2005	NC	9	NO
A	Q0496	BATTERY FOR USE WITH ELECTRIC OR	10/1/2005	NC	9	NO
A	Q0497	BATTERY CLIPS FOR USE WITH ELECT	10/1/2005	NC	9	NO
A	Q0498	HOLSTER FOR USE WITH ELECTRIC OR	10/1/2005	NC	9	NO
A	Q0499	BELT/VEST FOR USE WITH ELECTRIC	10/1/2005	NC	9	NO
A	Q0500	FILTERS FOR USE WITH ELECTRIC OR	10/1/2005	NC	9	NO
A	Q0501	SHOWER COVER FOR USE WITH ELECTR	10/1/2005	NC	9	NO
A	Q0502	MOBILITY CART FOR PNEUMATIC VENT	10/1/2005	NC	9	NO
A	Q0503	BATTERY FOR PNEUMATIC VENTRICULA	10/1/2005	NC	9	NO
A	Q0504	POWER ADAPTER FOR PNEUMATIC VENT	10/1/2005	NC	9	NO
A	Q0505	MISCELLANEOUS SUPPLY OR ACCESSOR	10/1/2005	NC	9	NO
A	S1001	DELUXE ITEM, PATIENT AWARE (LIST	1/1/2002	NC	9	NO
A	S1002	CUSTOMIZED ITEM (LIST IN ADDITIO	1/1/2002	NC	9	NO
A	S1030	CONTINUOUS NONINVASIVE GLUCOSE M	1/1/2002	NC	9	NO
A	S1031	CONTINUOUS NONINVASIVE GLUCOSE M	1/1/2002	NC	9	NO
A	S1040	CRANIAL REMOLDING ORTHOSIS, RIGI	4/1/2003	\$500.00	3	NO
A	S5165	HOME MODIFICATIONS; PER SERVICE	1/1/2006	NC	9	NO
A	S5560	INSULIN DELIVERY DEVICE, REUSABL	1/1/2004	NC	9	NO
A	S5561	INSULIN DELIVERY DEVICE, REUSABL	1/1/2004	NC	9	NO
A	S5565	INSULIN CARTRIDGE FOR USE IN INS	1/1/2004	NC	9	NO
A	S5566	INSULIN CARTRIDGE FOR USE IN INS	1/1/2004	NC	9	NO
A	S8097	ASTHMA KIT (INCL BUT NOT LIMITED	1/1/2002	NC	9	NO
A	S8100	HOLDING CHAMBER OR SPACER FOR US	1/1/2002	NC	9	NO
A	S8101	HOLDING CHAMBER OR SPACER FOR US	1/1/2002	NC	9	NO
A	S8120	OXYGEN CONTENTS, GASEOUS, 1 UNIT	1/1/2004	NC	9	NO
A	S8121	OXYGEN CONTENTS, LIQUID, 1 UNIT	1/1/2004	NC	9	NO
A	S8182	HUMIDIFIER, HEATED, USED WITH VE	1/1/2005	INVALID	N	NO
A	S8183	HUMIDIFIER, HEATED, USED WITH VE	1/1/2005	INVALID	N	NO
A	S8185	FLUTTER DEVICE	4/1/2002	\$44.34	3	NO
A	S8186	SWIVEL ADAPTOR	4/1/2002	\$8.00	3	NO
A	S8189	TRACHEOSTOMY SUPPLY, NOT OTHERWI	4/1/2002	\$100.00	3	YES
A	S8190	ELECTRONIC SPIROMETER (OR MICROS	1/1/2002	NC	9	NO
A	S8210	MUCUS TRAP	1/1/2001	\$6.00	3	YES
A	S8262	MANDIBULAR ORTHOPEDIC REPOSITION	4/1/2003	NC	9	NO
A	S8265	HABERMAN FEEDER FOR CLEFT LIP/PA	4/1/2003	\$15.00	3	NO
A	S8270	ENURESIS ALARM, USING AUDITORY B	1/1/2005	NC	9	NO
A	S8420	GRADIENT PRESSURE AID (SLEEVE AN	4/1/2002	\$128.18	3	NO
A	S8421	GRADIENT PRESSURE AID (SLEEVE AN	4/1/2002	\$90.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	S8422	GRADIENT PRESSURE AID (SLEEVE),	4/1/2002	\$62.58	3	NO
A	S8423	GRADIENT PRESSURE AID (SLEEVE),	4/1/2002	\$62.58	3	NO
A	S8424	GRADIENT PRESSURE AID (SLEEVE),	1/1/2006	\$74.40	3	NO
A	S8425	GRADIENT PRESSURE AID (GLOVE), C	1/1/2002	NC	9	NO
A	S8426	GRADIENT PRESSURE AID (GLOVE), C	1/1/2002	NC	9	NO
A	S8427	GRADIENT PRESSURE AID (GLOVE), R	1/1/2002	NC	9	NO
A	S8428	GRADIENT PRESSURE AID (GAUNTLET)	1/1/2002	NC	9	NO
A	S8429	GRADIENT PRESSURE EXTERIOR WRAP	1/1/2002	NC	9	NO
A	S8430	PADDING FOR COMPRESSION BANDAGE,	1/1/2002	NC	9	NO
A	S8431	COMPRESSION BANDAGE, ROLL	1/1/2002	NC	9	NO
A	S8450	SPLINT, PREFABRICATED, DIGIT (SP	1/1/2002	NC	9	NO
A	S8451	SPLINT, PREFABRICATED, WRIST OR	1/1/2002	NC	9	NO
A	S8452	SPLINT, PREFABRICATED, ELBOW	1/1/2002	NC	9	NO
A	S8460	CAMISOLE, POST MASTECTOMY	4/1/2003	NC	9	NO
A	S8490	INSULIN SYRINGES (100 SYRINGES,	3/1/2004	\$21.34	3	NO
A	S8999	RESUSCITATION BAG (FOR USE BY PA	10/1/2001	\$30.00	3	NO
A	T1500	DIAPER/INCONTINENT PANT, REUSABL	1/1/2005	INVALID	N	NO
A	T1999	MISC THERAPEUTIC ITEMS AND SUPPL	4/1/2003	NC	9	NO
A	T4521	ADULT-SIZED DISPOSABLE INCONTINE	1/1/2005	\$0.50	3	YES
A	T4522	ADULT-SIZED DISPOSABLE INCONTINE	1/1/2005	\$0.68	3	YES
A	T4523	ADULT-SIZED DISPOSABLE INCONTINE	1/1/2005	\$0.75	3	YES
A	T4524	ADULT-SIZED DISPOSABLE INCONTINE	1/1/2005	\$0.80	3	YES
A	T4525	ADULT-SIZED DISPOSABLE INCONTINE	10/1/2005	\$0.50	3	YES
A	T4526	ADULT-SIZED DISPOSABLE INCONTINE	10/1/2005	\$0.68	3	YES
A	T4527	ADULT-SIZED DISPOSABLE INCONTINE	10/1/2005	\$0.75	3	YES
A	T4528	ADULT-SIZED DISPOSABLE INCONTINE	10/1/2005	\$0.80	3	YES
A	T4529	PEDIATRIC-SIZED DISPOSABLE INCON	1/1/2005	\$0.50	3	YES
A	T4530	PEDIATRIC-SIZED DISPOSABLE INCON	1/1/2005	\$0.50	3	YES
A	T4531	PEDIATRIC-SIZED DISPOSABLE INCON	1/1/2005	\$0.50	3	YES
A	T4532	PEDIATRIC-SIZED DISPOSABLE INCON	1/1/2005	\$0.50	3	YES
A	T4533	YOUTH-SIZED DISPOSABLE INCONTINE	1/1/2005	\$0.50	3	YES
A	T4534	YOUTH-SIZED DISPOSABLE INCONTINE	10/1/2005	\$0.50	3	YES
A	T4535	DISPOSABLE LINER/SHIELD/GUARD/PA	1/1/2005	\$0.68	3	YES
A	T4536	INCONTINENCE PRODUCT, PROTECTIVE	1/1/2005	\$12.00	3	YES
A	T4537	INCONTINENCE PRODUCT, PROTECTIVE	1/1/2005	\$16.00	3	YES
A	T4539	INCONTINENCE PRODUCT, DIAPER/BRI	1/1/2005	NC	9	NO
A	T4540	INCONTINENCE PRODUCT, PROTECTIVE	1/1/2005	\$16.00	3	YES
A	T4541	INCONTINENCE PRODUCT, DISPOSABLE	1/1/2005	\$0.25	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	T4542	INCONTINENCE PRODUCT, DISPOSABLE	1/1/2005	\$0.25	3	YES
A	T5001	POSITIONING SEAT FOR PERSONS WIT	1/1/2004	NC	9	NO
A	V2623	PROSTHETIC EYE PLASTIC CUSTOM	12/1/2002	\$806.74	3	NO
A	V2624	POLISHING/RESURFACING OF OCULAR	12/1/2002	\$60.86	3	NO
A	V2625	ENLARGEMENT OF OCULAR PROSTHESIS	12/1/2002	\$370.05	3	NO
A	V2626	REDUCTION OF OCULAR PROSTHESIS	12/1/2003	\$199.48	3	NO
A	V2627	SCLERAL COVER SHELL	12/1/2002	\$1,239.94	3	NO
A	V2628	FABRICATION AND FITTING OF OCULA	12/1/2002	\$304.19	3	NO
A	V2629	PROSTHETIC EYE, OTHER TYPE	4/1/1993	\$1,000.00	3	NO
A	V5266	BATTERY FOR USE IN HEARING DEVIC	4/1/2002	\$2.00	3	NO
B	A4232	SYRINGE WITH NEEDLE FOR EXTERNAL	7/1/2006	NC	9	NO
B	A4254	REPLACEMENT BATTERY, ANY TYPE, F	1/1/2006	INVALID	N	NO
B	A4335	INCONTINENCE SUPPLY; MISCELLANEO	4/1/2003	\$12.00	3	YES
B	A4400	OSTOMY IRRIGATION SET	6/1/1996	NC	9	NO
B	A4538	DIAPER SERVICE, REUSABLE DIAPER,	1/1/2005	INVALID	N	YES
B	A4611	BATTERY, HEAVY DUTY; REPLACEMENT	10/1/2005	\$17.05	3	NO
B	A4612	BATTERY CABLES; REPLACEMENT FOR	10/1/2005	\$8.01	3	NO
B	A4613	BATTERY CHARGER; REPLACEMENT FOR	10/1/2005	\$14.20	3	NO
B	A4618	BREATHING CIRCUITS	10/1/2005	\$0.85	3	NO
B	A4635	UNDERARM PAD, CRUTCH, REPLACEMEN	10/1/2005	\$0.68	3	NO
B	A4636	REPLACEMENT, HANDGRIP, CANE, CRU	10/1/2005	\$0.30	3	NO
B	A4637	REPLACEMENT TIP, CANE, CRUTCH, O	10/1/2005	\$0.30	3	NO
B	A4640	REPLACEMENT PAD FOR USE WITH MED	10/1/2005	\$5.40	3	NO
B	A7017	NEBULIZER, DURABLE, GLASS OR AUT	10/1/2005	\$13.19	3	NO
B	A7045	EXHALATION PORT WITH OR WITHOUT	10/1/2005	\$1.95	3	NO
B	A9270	NON-COVERED ITEM OR SERVICE	1/1/1991	NC	9	NO
B	A9300	EXERCISE EQUIPMENT	4/1/1993	NC	9	NO
B	B4084	GASTROSTOMY/JEJUNOSTOMY TUBING -	4/1/2002	INVALID	N	NO
B	B4085	GASTROSTOMY TUBE, SILICONE WITH	4/1/2002	INVALID	N	NO
B	E0100	CANE, INCLUDES CANES OF ALL MATE	10/1/2005	\$5.85	3	NO
B	E0105	CANE, QUAD OR THREE PRONG, INCLU	10/1/2005	\$8.72	3	NO
B	E0110	CRUTCHES, FOREARM, INC CRUTCHES	10/1/2005	\$15.75	3	NO
B	E0111	CRUTCH, FOREARM, INC CRUTCHES OF	10/1/2005	\$8.43	3	NO
B	E0112	CRUTCHES, UNDERARM, WOOD, ADJUST	10/1/2005	\$9.77	3	NO
B	E0113	CRUTCH, UNDERARM, WOOD, ADJUSTAB	10/1/2005	\$4.30	3	NO
B	E0114	CRUTCHES, UNDERARM, OTHER THAN W	10/1/2005	\$8.44	3	NO
B	E0116	CRUTCH, UNDERARM, OTHER THAN WOO	10/1/2005	\$5.31	3	NO
B	E0117	CRUTCH, UNDERARM, ARTICULATING,	10/1/2005	\$19.26	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E0130	WALKER, RIGID (PICKUP), ADJUSTAB	10/1/2005	\$16.00	3	NO
B	E0135	WALKER, FOLDING (PICKUP), ADJUST	10/1/2005	\$16.99	3	NO
B	E0140	WALKER, WITH TRUNK SUPPORT, ADJU	10/1/2005	\$36.08	3	NO
B	E0141	WALKER, RIGID, WHEELED, ADJUSTAB	10/1/2005	\$22.01	3	NO
B	E0142	RIGID WALKER, WHEELED, WITH SEAT	4/1/2004	INVALID	N	NO
B	E0143	WALKER, FOLDING, WHEELED, ADJUST	10/1/2005	\$21.26	3	NO
B	E0144	WALKER, ENCLOSED, FOUR SIDED FRA	10/1/2005	\$31.36	3	NO
B	E0145	WALKER, WHEELED, WITH SEAT AND C	4/1/2004	INVALID	N	NO
B	E0146	FOLDING WALKER, WHEELED, WITH SE	4/1/2004	INVALID	N	NO
B	E0147	WALKER, HEAVY DUTY, MULTIPLE BRA	10/1/2005	\$56.57	3	NO
B	E0148	WALKER, HEAVY DUTY, WITHOUT WHEE	10/1/2005	\$12.52	3	NO
B	E0149	WALKER, HEAVY DUTY, WHEELED, RIG	10/1/2005	\$21.97	3	NO
B	E0153	PLATFORM ATTACHMENT, FOREARM, CR	10/1/2005	\$7.71	3	NO
B	E0154	PLATFORM ATTACHMENT, WALKER, EAC	10/1/2005	\$8.43	3	NO
B	E0155	WHEEL ATTACHMENT, RIGID PICK-UP	10/1/2005	\$3.20	3	NO
B	E0156	SEAT ATTACHMENT, WALKER	10/1/2005	\$3.09	3	NO
B	E0157	CRUTCH ATTACHMENT, WALKER, EACH	10/1/2005	\$8.84	3	NO
B	E0158	LEG EXTENSIONS FOR WALKER, PER S	10/1/2005	\$3.05	3	NO
B	E0159	BRAKE ATTACHMENT FOR WHEELED WAL	10/1/2005	\$1.78	3	NO
B	E0160	SITZ TYPE BATH OR EQUIPMENT, POR	10/1/2005	\$4.26	3	NO
B	E0161	SITZ TYPE BATH OR EQUIPMENT, POR	10/1/2005	\$3.51	3	NO
B	E0162	SITZ BATH CHAIR	10/1/2005	\$15.05	3	NO
B	E0163	COMMODE CHAIR, STATIONARY, WITH	10/1/2005	\$22.66	3	NO
B	E0164	COMMODE CHAIR, MOBILE, WITH FIXE	10/1/2005	\$25.08	3	NO
B	E0165	COMMODE CHAIR, STATIONARY, WITH	10/1/2005	\$18.29	3	NO
B	E0166	COMMODE CHAIR, MOBILE, WITH DETA	10/1/2005	\$27.39	3	NO
B	E0167	PAIL OR PAN FOR USE WITH COMMODOE	10/1/2005	\$1.19	3	NO
B	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR	10/1/2005	\$14.86	3	YES
B	E0175	FOOT REST, FOR USE WITH COMMODOE	3/1/1989	NC	9	NO
B	E0176	AIR PRESSURE PAD OR CUSHION, NON	1/1/2005	INVALID	N	NO
B	E0177	WATER PRESSURE PAD OR CUSHION, N	1/1/2005	INVALID	N	NO
B	E0178	GEL PRESSURE PAD OR CUSHION, NON	1/1/2005	INVALID	N	NO
B	E0179	DRY PRESSURE PAD OR CUSHION, NON	1/1/2005	INVALID	N	NO
B	E0180	PRESSURE PAD, ALTERNATING WITH P	10/1/2005	\$21.38	3	NO
B	E0181	PRESSURE PAD, ALTERNATING WITH P	10/1/2005	\$23.71	3	NO
B	E0182	PUMP FOR ALTERNATING PRESSURE PA	10/1/2005	\$25.78	3	NO
B	E0184	DRY PRESSURE MATTRESS	10/1/2005	\$20.56	3	YES
B	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR	10/1/2005	\$44.23	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E0186	AIR PRESSURE MATTRESS	10/1/2005	\$19.98	3	YES
B	E0187	HIGH-STRENGTH LIGHTWEIGHT WHEELC	10/1/2005	\$22.85	3	YES
B	E0191	HEEL OR ELBOW PROTECTOR, EACH	10/1/2005	\$0.85	3	NO
B	E0192	LOW PRESSURE AND POSITIONING EQU	1/1/2005	INVALID	N	NO
B	E0193	POWERED AIR FLOTATION BED (LOW A	10/1/2005	\$889.33	3	YES
B	E0194	AIR FLUIDIZED BED	1/1/1991	NC	9	NO
B	E0196	GEL PRESSURE MATTRESS	10/1/2005	\$31.98	3	YES
B	E0197	AIR PRESSURE PAD FOR MATTRESS, S	10/1/2005	\$30.09	3	YES
B	E0198	WATER PRESSURE PAD FOR MATTRESS,	10/1/2005	\$22.59	3	YES
B	E0199	DRY PRESSURE PAD FOR MATTRESS, S	10/1/2005	\$2.67	3	NO
B	E0200	HEAT LAMP, WITHOUT STAND (TABLE	10/1/2005	\$10.59	3	NO
B	E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT W	7/1/2006	\$50.76	3	NO
B	E0205	HEAT LAMP, WITH STAND, INCLUDES	10/1/2005	\$17.86	3	NO
B	E0210	ELECTRIC HEAT PAD, STANDARD	10/1/2005	\$3.02	3	NO
B	E0215	ELECTRIC HEAT PAD, MOIST	10/1/2005	\$6.20	3	NO
B	E0217	WATER CIRCULATING HEAT PAD WITH	10/1/2005	\$54.42	3	NO
B	E0220	HOT WATER BOTTLE	10/1/2005	\$0.88	3	NO
B	E0225	HYDROCOLLATOR UNIT, INCLUDES PAD	5/1/1997	NC	9	NO
B	E0230	ICE CAP OR COLLAR	10/1/2005	\$0.94	3	NO
B	E0235	PARAFFIN BATH UNIT, PORTABLE (SE	10/1/2005	\$16.99	3	NO
B	E0236	PUMP FOR WATER CIRCULATING PAD	10/1/2005	\$37.03	3	NO
B	E0238	NON-ELECTRIC HEAT PAD, MOIST	10/1/2005	\$2.67	3	NO
B	E0239	HYDROCOLLATOR UNIT, PORTABLE	5/1/1997	NC	9	NO
B	E0240	BATH/SHOWER CHAIR, WITH OR WITHO	10/1/2005	\$9.68	3	NO
B	E0249	PAD FOR WATER CIRCULATING HEAT U	10/1/2005	\$9.15	3	NO
B	E0250	HOSPITAL BED, FIXED HEIGHT, WITH	10/1/2005	\$82.17	3	NO
B	E0251	HOSPITAL BED, FIXED HEIGHT, WITH	10/1/2005	\$57.65	3	NO
B	E0255	HOSPITAL BED, VARIABLE HEIGHT, H	10/1/2005	\$107.54	3	NO
B	E0256	HOSPITAL BED, VARIABLE HEIGHT, H	10/1/2005	\$76.30	3	NO
B	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEA	10/1/2005	\$134.81	3	NO
B	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEA	10/1/2005	\$125.37	3	NO
B	E0265	HOSPITAL BED, TOTAL ELECTRIC (HE	8/1/1999	NC	9	NO
B	E0266	HOSPITAL BED, TOTAL ELECTRIC (HE	3/1/1995	NC	9	NO
B	E0270	HOSPITAL BED, INSTITUTIONAL TYPE	3/1/1995	NC	9	NO
B	E0271	MATTRESS, INNER SPRING	10/1/2005	\$21.87	3	NO
B	E0272	MATTRESS, FOAM RUBBER	10/1/2005	\$17.68	3	NO
B	E0273	BED BOARD	4/1/1988	NC	9	NO
B	E0274	OVER-BED TABLE	4/1/1988	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E0275	BED PAN, STANDARD, METAL OR PLAS	10/1/2005	\$1.57	3	NO
B	E0276	BED PAN, FRACTURE, METAL OR PLAS	10/1/2005	\$1.31	3	NO
B	E0277	POWERED PRESSURE-REDUCING AIR MA	10/1/2005	\$703.47	3	YES
B	E0280	BED CRADLE, ANY TYPE	3/1/1987	NC	9	NO
B	E0290	HOSPITAL BED, FIXED HEIGHT, WITH	10/1/2005	\$58.16	3	NO
B	E0291	HOSPITAL BED, FIXED HEIGHT, WITH	10/1/2005	\$49.70	3	NO
B	E0292	HOSPITAL BED, VARIABLE HEIGHT, H	10/1/2005	\$76.94	3	NO
B	E0293	HOSPITAL BED, VARIABLE HEIGHT, H	10/1/2005	\$65.47	3	NO
B	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEA	10/1/2005	\$119.61	3	NO
B	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEA	10/1/2005	\$116.59	3	NO
B	E0296	HOSPITAL BED, TOTAL ELECTRIC (HE	3/1/1995	NC	9	NO
B	E0297	HOSPITAL BED TOTAL ELECTRIC (HEA	3/1/1995	NC	9	NO
B	E0298	HOSPITAL BED, HEAVY DUTY, EXTRA	4/1/2002	INVALID	N	NO
B	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA	10/1/2005	\$259.83	3	NO
B	E0302	HOSPITAL BED, EXTRA HEAVY DUTY,	10/1/2005	\$686.65	3	NO
B	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA	10/1/2005	\$278.27	3	NO
B	E0304	HOSPITAL BED, EXTRA HEAVY DUTY,	10/1/2005	\$755.60	3	NO
B	E0305	BED SIDE RAILS, HALF LENGTH	10/1/2005	\$14.88	3	NO
B	E0310	BED SIDE RAILS, FULL LENGTH	10/1/2005	\$22.34	3	NO
B	E0315	BED ACCESSORY: BOARD, TABLE, OR	3/1/1991	NC	9	NO
B	E0325	URINAL, MALE, JUG-TYPE, ANY MATE	10/1/2005	\$1.49	3	NO
B	E0326	URINAL, FEMALE, JUG-TYPE, ANY MA	10/1/2005	\$1.00	3	NO
B	E0370	AIR PRESSURE ELEVATOR FOR HEEL	10/1/2005	\$2.38	3	NO
B	E0371	NONPOWERED ADVANCED PRESSURE RED	10/1/2005	\$437.52	3	YES
B	E0372	POWERED AIR OVERLAY FOR MATTRESS	10/1/2005	\$530.90	3	YES
B	E0373	NONPOWERED ADVANCED PRESSURE RED	10/1/2005	\$604.84	3	YES
B	E0424	STATIONARY COMPRESSED GASEOUS OX	10/1/2005	\$180.63	3	NO
B	E0431	PORTABLE GASEOUS OXYGEN SYSTEM,	10/1/2005	\$32.08	3	NO
B	E0434	PORTABLE LIQUID OXYGEN SYSTEM, R	10/1/2005	\$32.08	3	NO
B	E0439	STATIONARY LIQUID OXYGEN SYSTEM,	10/1/2005	\$180.63	3	NO
B	E0445	OXIMETER DEVICE FOR MEASURING BL	10/1/2005	\$371.52	3	YES
B	E0450	VOLUME CONTROL VENTILATOR, W/OUT	10/1/2005	\$828.73	3	YES
B	E0454	PRESSURE VENTILATOR WITH PRESSUR	1/1/2005	INVALID	N	YES
B	E0455	OXYGEN TENT, EXCLUDING CROUP OR	10/1/2005	\$4.76	3	NO
B	E0457	CHEST SHELL (CUIRASS)	10/1/2005	\$54.44	3	YES
B	E0459	CHEST WRAP	10/1/2005	\$45.09	3	YES
B	E0460	NEGATIVE PRESSURE VENTILATOR; PO	10/1/2005	\$649.88	3	YES
B	E0461	VOLUME CONTROL VENTILATOR, W/OUT	10/1/2005	\$930.70	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E0462	ROCKING BED WITH OR WITHOUT SIDE	3/1/1987	NC	9	NO
B	E0463	PRESSURE SUPPORT VENTILATOR WITH	10/1/2005	\$1,300.45	3	YES
B	E0464	PRESSURE SUPPORT VENTILATOR WITH	10/1/2005	\$1,300.45	3	YES
B	E0470	RESPIRATORY ASSIST DEVICE, BI-LE	10/1/2005	\$222.64	3	YES
B	E0471	RESPIRATORY ASSIST DEVICE, BI-LE	10/1/2005	\$568.91	3	YES
B	E0472	RESPIRATORY ASSIST DEVICE, BI-LE	10/1/2005	\$568.91	3	YES
B	E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC	10/1/2005	\$37.13	3	NO
B	E0500	IPPB MACHINE, ALL TYPES, W/BUILT	10/1/2005	\$90.51	3	NO
B	E0550	HUMIDIFIER, DURABLE FOR EXTENSIV	10/1/2005	\$37.75	3	NO
B	E0560	HUMIDIFIER, DURABLE FOR SUPPLEME	10/1/2005	\$15.13	3	NO
B	E0561	HUMIDIFIER, NON-HEATED, USED WIT	10/1/2005	\$10.52	3	YES
B	E0562	HUMIDIFIER, HEATED, USED WITH PO	10/1/2005	\$29.64	3	YES
B	E0565	COMPRESSOR, AIR POWER SOURCE FOR	10/1/2005	\$54.06	3	NO
B	E0570	NEBULIZER WITH COMPRESSOR	10/1/2005	\$14.86	3	NO
B	E0571	AEROSOL COMPRESSOR, BATTERY POWE	10/1/2005	\$26.54	3	NO
B	E0572	AEROSOL COMPRESSOR, ADJUSTABLE P	10/1/2005	\$33.76	3	NO
B	E0574	ULTRASONIC/ELECTRONIC AEROSOL GE	10/1/2001	NC	9	NO
B	E0575	NEBULIZER, ULTRASONIC, LARGE VOL	6/1/1997	NC	9	NO
B	E0580	NEBULIZER, DURABLE, GLASS OR AUT	10/1/2005	\$11.87	3	NO
B	E0585	NEBULIZER, WITH COMPRESSOR AND H	10/1/2005	\$31.06	3	NO
B	E0600	RESPIRATORY SUCTION PUMP, HOME M	10/1/2005	\$35.37	3	NO
B	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP	10/1/2005	\$95.26	3	YES
B	E0603	BREAST PUMP, ELECTRIC (AC AND/OR	10/1/2005	\$2.79	3	YES
B	E0605	VAPORIZER, ROOM TYPE	10/1/2005	\$2.72	3	NO
B	E0606	POSTURAL DRAINAGE BOARD	10/1/2005	\$19.68	3	NO
B	E0607	HOME BLOOD GLUCOSE MONITOR	10/1/2005	\$6.38	3	NO
B	E0608	APNEA MONITOR	7/1/2003	INVALID	N	NO
B	E0609	BLOOD GLUCOSE MONITOR WITH SPECI	4/1/2002	INVALID	N	NO
B	E0610	PACEMAKER MONITOR, SELF-CONTAINE	10/1/2005	\$20.99	3	NO
B	E0615	PACEMAKER MONITOR, SELF CONTAINE	10/1/2005	\$48.95	3	NO
B	E0617	EXTERNAL DEFIBRILLATOR WITH INTE	1/1/2005	NC	9	NO
B	E0618	APNEA MONITOR, WITHOUT RECORDING	10/1/2005	\$280.35	3	YES
B	E0619	APNEA MONITOR, WITH RECORDING FE	10/1/2005	\$307.95	3	YES
B	E0621	SLING OR SEAT, PATIENT LIFT, CAN	10/1/2005	\$9.10	3	YES
B	E0625	PATIENT LIFT, BATHROOM OR TOILET	3/1/1995	NC	9	NO
B	E0627	SEAT LIFT MECHANISM INCORPORATED	4/1/1992	NC	9	NO
B	E0628	SEPARATE SEAT LIFT MECHANISM FOR	4/1/1992	NC	9	NO
B	E0629	SEPARATE SEAT LIFT MECHANISM FOR	4/1/1992	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E0630	PATIENT LIFT, HYDRAULIC, WITH SE	10/1/2005	\$100.29	3	YES
B	E0635	PATIENT LIFT, ELECTRIC, WITH SEA	5/1/2005	NC	9	NO
B	E0637	COMBINATION SIT TO STAND SYSTEM,	6/1/2004	\$210.51	3	YES
B	E0638	STANDING FRAME SYSTEM, ONE POSIT	1/1/2004	\$85.36	3	YES
B	E0639	PATIENT LIFT, MOVEABLE FROM ROOM	1/1/2005	NC	9	YES
B	E0640	PATIENT LIFT, FIXED SYSTEM, INCL	1/1/2006	NC	9	NO
B	E0641	STANDING FRAME SYSTEM, MULTI-POS	1/1/2006	\$0.01	3	YES
B	E0642	STANDING FRAME SYSTEM, MOBILE (D	1/1/2006	\$0.01	3	YES
B	E0650	PNEUMATIC COMPRESSOR, NON-SEGMENT	10/1/2005	\$87.47	3	NO
B	E0651	PNEUMATIC COMPRESSOR, SEGMENTAL	10/1/2005	\$90.41	3	NO
B	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL	10/1/2005	\$515.75	3	NO
B	E0655	NON-SEGMENTAL PNEUMATIC APPLIANC	10/1/2005	\$12.48	3	NO
B	E0660	NON-SEGMENTAL PNEUMATIC APPLIANC	10/1/2005	\$16.37	3	NO
B	E0665	NON-SEGMENTAL PNEUMATIC APPLIANC	10/1/2005	\$13.85	3	NO
B	E0666	NON-SEGMENTAL PNEUMATIC APPLIANC	10/1/2005	\$14.01	3	NO
B	E0667	SEGMENTAL PNEUMATIC APPLIANCE FO	10/1/2005	\$35.99	3	NO
B	E0668	SEGMENTAL PNEUMATIC APPLIANCE FO	10/1/2005	\$42.93	3	NO
B	E0669	SEGMENTAL PNEUMATIC APPLIANCE FO	10/1/2005	\$18.05	3	NO
B	E0671	SEGMENTAL GRADIENT PRESSURE PNEU	10/1/2005	\$40.89	3	NO
B	E0672	SEGMENTAL GRADIENT PRESSURE PNEU	10/1/2005	\$31.78	3	NO
B	E0673	SEGMENTAL GRADIENT PRESSURE PNEU	10/1/2005	\$26.40	3	NO
B	E0690	ULTRAVIOLET CABINET, APPROPRIATE	7/1/2003	INVALID	N	NO
B	E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM	10/1/2005	\$89.86	3	YES
B	E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM	10/1/2005	\$112.83	3	YES
B	E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM	10/1/2005	\$139.10	3	YES
B	E0694	ULTRAVIOLET MULTIDIRECTIONAL LIG	10/1/2005	\$442.73	3	YES
B	E0700	SAFETY EQUIPMENT (E.G., HARNESS	4/1/1988	NC	9	NO
B	E0705	TRANSFER BOARD OR DEVICE, ANY TY	1/1/2006	\$0.01	3	NO
B	E0710	RESTRAINT, ANY TYPE (BODY, CHEST	3/1/1987	NC	9	NO
B	E0720	TENS, TWO LEAD, LOCALIZED STIMUL	10/1/2005	\$20.51	3	YES
B	E0730	TENS DEVICE, FOUR OR MORE LEADS,	10/1/2005	\$22.39	3	YES
B	E0731	FORM FITTING CONDUCTIVE GARMENT	10/1/1993	NC	9	NO
B	E0744	NEUROMUSCULAR STIMULATOR FOR SCO	3/1/1989	NC	9	NO
B	E0745	NEUROMUSCULAR STIMULATOR, ELECTR	10/1/2005	\$88.11	3	YES
B	E0746	ELECTROMYOGRAPHY (EMG), BIOFEEDB	3/1/1989	NC	9	NO
B	E0747	OSTEOGENESIS STIMULATOR, ELECTRI	1/1/2006	\$347.20	3	YES
B	E0748	OSTEOGENIC STIMULATOR, ELECTRICA	10/1/2005	\$344.95	3	YES
B	E0749	OSTEOGENESIS STIMULATOR, ELECTRI	4/1/1988	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E0755	ELECTRONIC SALIVARY REFLEX STIMU	3/1/1987	NC	9	NO
B	E0760	OSTOGENESIS STIMUALTOR, LOW INTE	1/1/2006	\$287.51	3	YES
B	E0761	NON-THERMAL PULSED HIGH FREQUENC	1/1/2003	NC	9	NO
B	E0776	IV POLE	10/1/2005	\$15.60	3	NO
B	E0784	EXTERNAL AMBULATORY INFUSION PUM	10/1/2005	\$410.96	3	YES
B	E0840	TRACTION FRAME, ATTACHED TO HEAD	10/1/2005	\$16.06	3	NO
B	E0849	TRACTION EQUIPMENT, CERVICAL, FR	10/1/2005	\$51.53	3	YES
B	E0850	TRACTION STAND, FREE STANDING, C	10/1/2005	\$14.20	3	NO
B	E0855	CERVICAL TRACTION EQUIPMENT NOT	10/1/2005	\$48.67	3	NO
B	E0860	TRACTION EQUIPMENT, OVERDOOR, CE	10/1/2005	\$5.45	3	NO
B	E0870	TRACTION FRAME, ATTACHED TO FOOT	10/1/2005	\$13.19	3	NO
B	E0880	TRACTION STAND, FREE STANDING EX	10/1/2005	\$18.63	3	NO
B	E0890	TRACTION FRAME, ATTACHED TO FOOT	10/1/2005	\$32.31	3	NO
B	E0900	TRACTION STAND, FREE STANDING PE	10/1/2005	\$27.19	3	NO
B	E0910	TRAPEZE BARS, AKA PATIENT HELPER	10/1/2005	\$19.68	3	NO
B	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PAT	1/1/2006	\$0.01	3	NO
B	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PT	1/1/2006	\$114.47	3	NO
B	E0920	FRACTURE FRAME, ATTACHED TO BED,	10/1/2005	\$42.83	3	NO
B	E0930	FRACTURE FRAME, FREE STANDING, I	10/1/2005	\$38.23	3	NO
B	E0935	CONTINUOUS PASSIVE MOTION EXERCI	3/1/1987	NC	9	NO
B	E0940	TRAPEZE BAR, FREE STANDING, COMP	10/1/2005	\$34.22	3	NO
B	E0941	GRAVITY ASSISTED TRACTION DEVICE	10/1/2005	\$42.74	3	NO
B	E0942	CERVICAL HEAD HARNESS/HALTER	10/1/2005	\$2.30	3	NO
B	E0943	CERVICAL PILLOW	4/1/2004	INVALID	N	NO
B	E0944	PELVIC BELT/HARNESS/BOOT	10/1/2005	\$4.53	3	NO
B	E0945	EXTREMITY BELT/HARNESS	10/1/2005	\$4.37	3	NO
B	E0946	FRACTURE, FRAME, DUAL WITH CROSS	10/1/2005	\$58.24	3	NO
B	E0947	FRACTURE FRAME, ATTACHMENTS FOR	10/1/2005	\$59.70	3	NO
B	E0948	FRACTURE FRAME, ATTACHMENTS FOR	10/1/2005	\$56.04	3	NO
B	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	10/1/2005	\$10.25	3	NO
B	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH	10/1/2005	\$1.92	3	NO
B	E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	10/1/2005	\$1.93	3	NO
B	E0953	PNEUMATIC TIRE, EACH	1/1/2006	INVALID	N	NO
B	E0954	SEMI-PNEUMATIC CASTER, EACH	1/1/2006	INVALID	N	NO
B	E0955	WHEELCHAIR ACCESSORY, HEADREST,	10/1/2005	\$20.23	3	NO
B	E0956	WHEELCHAIR ACCESSORY, LATERAL TR	10/1/2005	\$9.87	3	NO
B	E0957	WHEELCHAIR ACCESSORY, MEDIAL THI	10/1/2005	\$13.79	3	NO
B	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE	10/1/2005	\$42.95	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E0959	MANUAL WHEELCHAIR ACCESSORY, ADA	10/1/2005	\$4.38	3	NO
B	E0960	WHEELCHAIR ACCESSORY, SHOULDER H	10/1/2005	\$9.10	3	NO
B	E0961	MANUAL WHEELCHAIR ACCESSORY, WHE	10/1/2005	\$2.60	3	NO
B	E0962	1" CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
B	E0963	2" CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
B	E0964	3" CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
B	E0965	4" CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
B	E0966	MANUAL WHEELCHAIR ACCESSORY, HEA	10/1/2005	\$6.92	3	YES
B	E0967	MANUAL WHEELCHAIR ACCESSORY, HAN	10/1/2005	\$6.46	3	NO
B	E0968	COMMUNE SEAT, WHEELCHAIR	3/1/1989	NC	9	NO
B	E0969	NARROWING DEVICE, WHEELCHAIR	3/1/1989	NC	9	NO
B	E0970	NO.2 FOOTPLATES, EXCEPT FOR ELEV	3/1/1989	NC	9	NO
B	E0971	MANUAL WHEELCHAIR ACCESSORY, ANT	10/1/2005	\$4.34	3	NO
B	E0972	WHEELCHAIR ACCESSORY, TRANSFER B	1/1/2006	INVALID	N	NO
B	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE	10/1/2005	\$10.77	3	NO
B	E0974	MANUAL WHEELCHAIR ACCESSORY, ANT	10/1/2005	\$8.19	3	NO
B	E0975	REINFORCED SEAT, UPHOLSTERY WHEE	4/1/2004	INVALID	N	NO
B	E0976	REINFORCED BACK WHEELCHAIR, UPHO	4/1/2004	INVALID	N	NO
B	E0977	WEDGE CUSHION, WHEELCHAIR	3/1/1989	NC	9	NO
B	E0978	WHEELCHAIR ACCESSORY, POSITIONIN	10/1/2005	\$3.58	3	NO
B	E0979	BELT, SAFETY WITH VELCRO CLOSURE	4/1/2004	INVALID	N	NO
B	E0980	SAFETY VEST, WHEELCHAIR	3/1/1989	NC	9	NO
B	E0981	WHEELCHAIR ACCESSORY, SEAT UPHOL	10/1/2005	\$4.80	3	NO
B	E0982	WHEELCHAIR ACCESSORY, BACK UPHOL	10/1/2005	\$4.92	3	NO
B	E0983	MANUAL WHEELCHAIR ACCESSORY, POW	1/1/2006	NC	9	YES
B	E0984	MANUAL WHEELCHAIR ACCESSORY, POW	1/1/2006	NC	9	YES
B	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT	10/1/2005	\$16.10	3	NO
B	E0986	MANUAL WHEELCHAIR ACCESSORY, PUS	1/1/2006	NC	9	YES
B	E0990	WHEELCHAIR ACCESSORY, ELEVATING	10/1/2005	\$11.09	3	NO
B	E0991	UPHOLSTERY SEAT	4/1/2004	INVALID	N	NO
B	E0992	MANUAL WHEELCHAIR ACCESSORY, SOL	10/1/2005	\$9.10	3	NO
B	E0993	BACK, UPHOLSTERY -H	4/1/2004	INVALID	N	NO
B	E0994	ARMREST, EACH	3/1/1989	NC	9	NO
B	E0995	WHEELCHAIR ACCESSORY, CALF REST/	10/1/2005	\$3.00	3	NO
B	E0996	TIRE, SOLID, EACH	1/1/2006	INVALID	N	NO
B	E0997	CASTER WITH FORK	3/1/1989	NC	9	NO
B	E0998	CASTER WITHOUT FORK	3/1/1989	NC	9	NO
B	E0999	PNEUMATIC TIRE WITH WHEEL	3/1/1989	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E1000	TIRE, PNEUMATIC CASTER	1/1/2006	INVALID	N	NO
B	E1001	WHEEL, SINGLE	1/1/2006	INVALID	N	NO
B	E1002	WHEELCHAIR ACCESSORY, POWER SEAT	10/1/2005	\$411.33	3	YES
B	E1003	WHEELCHAIR ACCESSORY, POWER SEAT	10/1/2005	\$439.14	3	NO
B	E1004	WHEELCHAIR ACCESSORY, POWER SEAT	10/1/2005	\$486.90	3	YES
B	E1005	WHEELCHAIR ACCESSORY, POWER SEAT	10/1/2005	\$527.03	3	YES
B	E1006	WHEELCHAIR ACCESSORY, POWER SEAT	10/1/2005	\$645.55	3	YES
B	E1007	WHEELCHAIR ACCESSORY, POWER SEAT	10/1/2005	\$874.13	3	YES
B	E1008	WHEELCHAIR ACCESSORY, POWER SEAT	10/1/2005	\$874.20	3	YES
B	E1010	WHEELCHAIR ACCESSORY, ADD TO POW	10/1/2005	\$114.38	3	YES
B	E1011	MODIFICATION TO PEDIATRIC WHEELC	10/1/2005	\$15.48	3	YES
B	E1012	INTEGRATED SEATING SYSTEM, PLANA	1/1/2005	INVALID	N	NO
B	E1013	INTEGRATED SEATING SYSTEM, CONTO	1/1/2005	INVALID	N	NO
B	E1014	RECLINING BACK, ADDITION TO PEDI	10/1/2005	\$36.52	3	YES
B	E1015	SHOCK ABSORBER FOR MANUAL WHEELC	10/1/2005	\$11.46	3	YES
B	E1016	SHOCK ABSORBER FOR POWER WHEELCH	10/1/2005	\$13.14	3	YES
B	E1017	HEAVY DUTY SHOCK ABSORBER FOR HE	10/1/2005	\$10.32	3	YES
B	E1018	HEAVY DUTY SHOCK ABSORBER FOR HE	10/1/2005	\$15.48	3	YES
B	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR	10/1/2005	\$24.32	3	NO
B	E1025	LATERAL THORACIC SUPPORT, NON-CO	1/1/2006	INVALID	N	YES
B	E1026	LATERAL THORACIC SUPPORT, CONTOU	1/1/2006	INVALID	N	YES
B	E1027	LATERAL/ANTERIOR SUPPORT, FOR PE	1/1/2006	INVALID	N	YES
B	E1028	WHEELCHAIR ACCESSORY, MANUAL SWI	10/1/2005	\$20.65	3	NO
B	E1029	WHEELCHAIR ACCESSORY, VENTILATOR	10/1/2005	\$36.95	3	NO
B	E1030	WHEELCHAIR ACCESSORY, VENTILATOR	10/1/2005	\$116.53	3	YES
B	E1031	ROLLABOUT CHAIR, ANY AND ALL TYP	3/1/1987	NC	9	NO
B	E1035	MULTI-POSITIONAL PATIENT TRANSFE	1/1/2001	NC	9	NO
B	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	4/1/2003	NC	9	NO
B	E1038	TRANSPORT CHAIR, ADULT SIZE, PAT	4/1/2003	NC	9	NO
B	E1050	FULLY-RECLINING WHEELCHAIR; FIXE	10/1/2005	\$67.92	3	NO
B	E1060	FULLY-RECLINING WHEELCHAIR; DETA	10/1/2005	\$77.31	3	NO
B	E1065	POWER ATTACHMENT (TO CONVERT ANY	1/1/2004	INVALID	N	NO
B	E1066	BATTERY CHARGER -H	4/1/2004	INVALID	N	NO
B	E1069	DEEP CYCLE BATTERY	4/1/2004	INVALID	N	NO
B	E1070	FULLY-RECLINING WHEELCHAIR; DETA	10/1/2005	\$60.56	3	NO
B	E1083	HEMI-WHEELCHAIR; FIXED FULL-LENG	10/1/2005	\$42.81	3	NO
B	E1084	HEMI-WHEELCHAIR; DETACHABLE ARMS	10/1/2005	\$57.25	3	NO
B	E1085	HEMI-WHEELCHAIR; FIXED FULL-LENG	10/1/2005	\$39.40	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E1086	HEMI-WHEELCHAIR; DETACHABLE ARMS	10/1/2005	\$54.96	3	NO
B	E1087	HIGH STRENGTH LIGHTWEIGHT WHEELC	10/1/2005	\$80.52	3	NO
B	E1088	HIGH-STRENGTH LIGHTWEIGHT WHEELC	10/1/2005	\$85.53	3	NO
B	E1089	HIGH-STRENGTH LIGHTWEIGHT WHEELC	8/1/2004	NC	9	NO
B	E1090	HIGH-STRENGTH LIGHTWEIGHT WHEELC	8/1/2004	NC	9	NO
B	E1091	YOUTH WHEELCHAIR, ANY TYPE	4/1/1993	\$49.48	3	NO
B	E1092	WIDE, HEAVY-DUTY WHEELCHAIR; DET	10/1/2005	\$83.02	3	NO
B	E1093	WIDE, HEAVY-DUTY WHEELCHAIR; DET	10/1/2005	\$70.12	3	NO
B	E1100	SEMI-RECLINING WHEELCHAIR; FIXED	10/1/2005	\$64.06	3	NO
B	E1110	SEMI-RECLINING WHEELCHAIR; DETAC	10/1/2005	\$69.23	3	NO
B	E1130	STANDARD WHEELCHAIR; FIXED FULL-	10/1/2005	\$31.53	3	NO
B	E1140	WHEELCHAIR; DETACHABLE ARMS, DES	10/1/2005	\$47.17	3	NO
B	E1150	WHEELCHAIR; DETACHABLE ARMS, DES	10/1/2005	\$52.57	3	NO
B	E1160	WHEELCHAIR; FIXED FULL-LENGTH AR	10/1/2005	\$41.54	3	NO
B	E1161	MANUAL ADULT SIZE WHEELCHAIR, IN	10/1/2005	\$226.43	3	YES
B	E1170	AMPUTEE WHEELCHAIR; FIXED FULL-L	10/1/2005	\$54.29	3	NO
B	E1171	AMPUTEE WHEELCHAIR; FIXED FULL-L	10/1/2005	\$52.26	3	NO
B	E1172	AMPUTEE WHEELCHAIR; DETACHABLE A	10/1/2005	\$62.49	3	NO
B	E1180	AMPUTEE WHEELCHAIR; DETACHABLE A	10/1/2005	\$63.01	3	NO
B	E1190	AMPUTEE WHEELCHAIR; DETACHABLE A	10/1/2005	\$63.01	3	NO
B	E1195	HEAVY DUTY WHEELCHAIR; FIXED FUL	10/1/2005	\$69.72	3	NO
B	E1200	AMPUTEE WHEELCHAIR; FIXED FULL-L	10/1/2005	\$55.41	3	NO
B	E1210	MOTORIZED WHEELCHAIR; FIXED FULL	1/1/2006	INVALID	N	NO
B	E1211	MOTORIZED WHEELCHAIR; DETACHABLE	1/1/2006	INVALID	N	NO
B	E1212	MOTORIZED WHEELCHAIR; FIXED FULL	1/1/2006	INVALID	N	NO
B	E1213	MOTORIZED WHEELCHAIR; DETACHABLE	1/1/2006	INVALID	N	NO
B	E1220	WHEELCHAIR; SPECIALLY SIZED OR C	3/1/1995	NC	9	NO
B	E1221	WHEELCHAIR WITH FIXED ARM, FOOTR	10/1/2005	\$31.14	3	NO
B	E1222	WHEELCHAIR WITH FIXED ARM, ELEVA	10/1/2005	\$48.98	3	NO
B	E1223	WHEELCHAIR WITH DETACHABLE ARMS,	10/1/2005	\$41.05	3	NO
B	E1224	WHEELCHAIR WITH DETACHABLE ARMS,	10/1/2005	\$46.46	3	NO
B	E1225	WHEELCHAIR ACCESSORY, MANUAL SEM	3/1/1989	NC	9	NO
B	E1226	WHEELCHAIR ACCESSORY, MANUAL FUL	10/1/2005	\$55.28	3	NO
B	E1227	SPECIAL HEIGHT ARMS FOR WHEELCHA	3/1/1989	NC	9	NO
B	E1228	SPECIAL BACK HEIGHT FOR WHEELCHA	10/1/2005	\$25.41	3	NO
B	E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT	1/1/2005	\$0.01	3	YES
B	E1230	POWER OPERATED VEHICLE (3 OR 4 W	10/1/2005	\$218.09	3	YES
B	E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT	10/1/2005	\$230.34	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT	10/1/2005	\$213.85	3	YES
B	E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT	10/1/2005	\$206.35	3	YES
B	E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT	10/1/2005	\$192.91	3	YES
B	E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGI	10/1/2005	\$185.75	3	NO
B	E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLD	10/1/2005	\$163.87	3	YES
B	E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGI	10/1/2005	\$153.56	3	YES
B	E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLD	10/1/2005	\$148.76	3	YES
B	E1239	POWER WHEELCHAIR, PEDIATRIC SIZE	10/1/2005	\$406.67	3	YES
B	E1240	LIGHTWEIGHT WHEELCHAIR; DETACH A	10/1/2005	\$59.39	3	NO
B	E1250	LIGHTWEIGHT WHEELCHAIR; FIXED FU	10/1/2005	\$42.81	3	NO
B	E1260	LIGHTWEIGHT WHEELCHAIR; DETACHAB	10/1/2005	\$54.94	3	NO
B	E1270	LIGHTWEIGHT WHEELCHAIR; FIXED FU	10/1/2005	\$44.98	3	NO
B	E1280	HEAVY DUTY WHEELCHAIR; DETACHABL	10/1/2005	\$79.32	3	NO
B	E1285	HEAVY-DUTY WHEELCHAIR; FIXED FUL	10/1/2005	\$59.78	3	NO
B	E1290	HEAVY-DUTY WHEELCHAIR; DETACHABL	10/1/2005	\$77.47	3	NO
B	E1295	HEAVY DUTY WHEELCHAIR; FIXED FUL	10/1/2005	\$75.46	3	NO
B	E1296	SPECIAL WHEELCHAIR SEAT HEIGHT F	3/1/1989	NC	9	NO
B	E1297	SPECIAL WHEELCHAIR SEAT DEPTH, B	3/1/1989	NC	9	NO
B	E1298	SPECIAL WHEELCHAIR SEAT DEPTH AN	3/1/1989	NC	9	NO
B	E1300	WHIRLPOOL, PORTABLE (OVERTUB TYP	10/1/2000	NC	9	NO
B	E1310	WHIRLPOOL, NON-PORTABLE (BUILT-I	4/1/1988	NC	9	NO
B	E1372	IMMERSION EXTERNAL HEATER FOR NE	10/1/2005	\$17.83	3	NO
B	E1390	OXYGEN CONCENTRATOR, SINGLE DELI	10/1/2005	\$180.63	3	NO
B	E1391	OXYGEN CONCENTRATOR, DUAL DELIVE	10/1/2005	\$180.63	3	NO
B	E1392	PORTABLE OXYGEN CONCENTRATOR, RE	1/1/2006	\$32.08	3	NO
B	E1399	DURABLE MEDICAL EQUIPMENT, MISCE	10/1/2003	\$200.00	3	YES
B	E1405	OXYGEN AND WATER VAPOR ENRICHING	10/1/2005	\$211.70	3	NO
B	E1406	OXYGEN AND WATER VAPOR ENRICHIN	10/1/2005	\$175.30	3	NO
B	E1510	KIDNEY, DIALYSATE DELIVERY SYST	4/1/1990	NC	9	NO
B	E1530	AIR BUBBLE DETECTOR FOR HEMODIAL	4/1/1990	NC	9	NO
B	E1540	PRESSURE ALARM FOR HEMODIALYSIS,	4/1/1990	NC	9	NO
B	E1550	BATH CONDUCTIVITY METER FOR HEMO	4/1/1990	NC	9	NO
B	E1560	BLOOD LEAK DETECTOR FOR HEMODIAL	4/1/1990	NC	9	NO
B	E1570	ADJUSTABLE CHAIR, FOR ESRD PATIE	4/1/1990	NC	9	NO
B	E1575	TRANSDUCER PROTECTORS/FLUID BARR	4/1/1990	NC	9	NO
B	E1580	UNIPUNCTURE CONTROL SYSTEM FOR H	4/1/1990	NC	9	NO
B	E1590	HEMODIALYSIS MACHINE	4/1/1990	NC	9	NO
B	E1592	AUTOMATIC INTERMITTENT PERITONEA	4/1/1990	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E1594	CYCLER DIALYSIS MACHINE FOR PERI	4/1/1990	NC	9	NO
B	E1600	DELIVERY AND/OR INSTALLATION CHA	4/1/1988	NC	9	NO
B	E1610	REVERSE OSMOSIS WATER PURIFICATI	4/1/1990	NC	9	NO
B	E1615	DEIONIZER WATER PURIFICATION SYS	4/1/1990	NC	9	NO
B	E1620	BLOOD PUMP FOR HEMODIALYSIS, REP	4/1/1990	NC	9	NO
B	E1625	WATER SOFTENING SYSTEM, FOR HEMO	4/1/1990	NC	9	NO
B	E1630	RECIPROCATING PERITONEAL DIALYSI	4/1/1990	NC	9	NO
B	E1632	WEARABLE ARTIFICIAL KIDNEY, EACH	4/1/1990	NC	9	NO
B	E1635	COMPACT (PORTABLE) TRAVEL HEMODI	4/1/1990	NC	9	NO
B	E1636	SORBENT CARTRIDGES, FOR HEMODIAL	4/1/1990	NC	9	NO
B	E1640	REPLACEMENT COMPONENTS FOR HEMOD	4/1/2002	INVALID	N	NO
B	E1699	DIALYSIS EQUIPMENT, NOT OTHERWIS	10/1/1993	NC	9	NO
B	E1700	JAW MOTION REHABILITATION SYSTEM	4/1/1993	NC	9	NO
B	E1701	REPLACEMENT CUSHIONS FOR JAW MOT	4/1/1993	NC	9	NO
B	E1702	REPLACEMENT MEASURING SCALES FOR	4/1/1993	NC	9	NO
B	E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSI	10/1/2005	\$114.73	3	NO
B	E1802	DYNAMIC ADJUSTABLE FOREARM PRONA	10/1/2005	\$326.80	3	NO
B	E1805	DYNAMIC ADJUSTABLE WRIST EXTENSI	10/1/2005	\$117.74	3	NO
B	E1810	DYNAMIC ADJUSTABLE KNEE EXTENSIO	10/1/2005	\$114.88	3	NO
B	E1812	DYNAMIC KNEE, EXTENSION/FLEXION	1/1/2006	\$0.01	3	NO
B	E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSI	10/1/2005	\$117.74	3	NO
B	E1820	REPLACEMENT SOFT INTERFACE MATER	10/1/2005	\$7.61	3	NO
B	E1825	DYNAMIC ADJUSTABLE FINGER EXTENS	10/1/2005	\$117.74	3	NO
B	E1830	DYNAMIC ADJUSTABLE TOE EXTENSION	10/1/2005	\$117.74	3	NO
B	E1840	DYNAMIC ADJUSTABLE SHOULDER FLEX	10/1/2005	\$382.71	3	NO
B	E1841	MULTI-DIRECTIONAL STATIC PROGRES	1/1/2005	NC	9	NO
B	E2000	GASTRIC SUCTION PUMP, HOME MODEL	10/1/2005	\$51.83	3	NO
B	E2201	MANUAL WHEELCHAIR ACCESSORY, NON	10/1/2005	\$37.31	3	NO
B	E2202	MANUAL WHEELCHAIR ACCESSORY, NON	10/1/2005	\$47.40	3	NO
B	E2203	MANUAL WHEELCHAIR ACCESSORY, NON	10/1/2005	\$47.89	3	NO
B	E2204	MANUAL WHEELCHAIR ACCESSORY, NON	10/1/2005	\$81.35	3	NO
B	E2205	MANUAL WHEELCHAIR ACCESSORY, HAN	10/1/2005	\$3.10	3	NO
B	E2206	MANUAL WHEELCHAIR ACCESSORY, WHE	10/1/2005	\$3.99	3	NO
B	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND	1/1/2006	\$4.27	3	NO
B	E2208	WHEELCHAIR ACCESSORY, CYLINDER T	1/1/2006	\$11.68	3	NO
B	E2209	WHEELCHAIR ACCESSORY, ARM TROUGH	1/1/2006	\$10.52	3	NO
B	E2210	WHEELCHAIR ACCESSORY, BEARINGS,	1/1/2006	\$0.66	3	NO
B	E2211	MANUAL WHEELCHAIR ACCESSORY, PNE	1/1/2006	\$3.92	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E2212	MANUAL WHEELCHAIR ACCESSORY, TUB	1/1/2006	\$0.61	3	NO
B	E2213	MANUAL WHEELCHAIR ACCESSORY, INS	1/1/2006	\$3.01	3	NO
B	E2214	MANUAL WHEELCHAIR ACCESSORY, PNE	1/1/2006	\$3.37	3	NO
B	E2215	MANUAL WHEELCHAIR ACCESSORY, TUB	1/1/2006	\$0.94	3	NO
B	E2216	MANUAL WHEELCHAIR ACCESSORY, FOA	1/1/2006	\$0.01	3	NO
B	E2217	MANUAL WHEELCHAIR ACCESSORY, FOA	1/1/2006	\$0.01	3	NO
B	E2218	MANUAL WHEELCHAIR ACCESSORY, FOA	1/1/2006	\$0.01	3	NO
B	E2219	MANUAL WHEELCHAIR ACCESSORY, FOA	1/1/2006	\$4.72	3	NO
B	E2220	MANUAL WHEELCHAIR ACCESSORY, SOL	1/1/2006	\$2.34	3	NO
B	E2221	MANUAL WHEELCHAIR ACCESSORY, SOL	1/1/2006	\$2.49	3	NO
B	E2222	MANUAL WHEELCHAIR ACCESSORY, SOL	1/1/2006	\$2.09	3	NO
B	E2223	MANUAL WHEELCHAIR ACCESSORY, VAL	1/1/2006	\$0.56	3	NO
B	E2224	MANUAL WHEELCHAIR ACCESSORY, PRO	1/1/2006	\$10.29	3	NO
B	E2225	MANUAL WHEELCHAIR ACCESSORY, CAS	1/1/2006	\$1.74	3	NO
B	E2226	MANUAL WHEELCHAIR ACCESSORY, CAS	1/1/2006	\$3.79	3	NO
B	E2291	BACK, PLANAR, FOR PEDIATRIC SIZE	10/1/2005	\$26.16	3	YES
B	E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE	10/1/2005	\$26.16	3	YES
B	E2293	BACK, CONTOURED, FOR PEDIATRIC S	10/1/2005	\$43.24	3	YES
B	E2294	SEAT, CONTOURED, FOR PEDIATRIC S	10/1/2005	\$43.24	3	YES
B	E2310	POWER WHEELCHAIR ACCESSORY, ELEC	10/1/2005	\$117.02	3	YES
B	E2311	POWER WHEELCHAIR ACCESSORY, ELEC	10/1/2005	\$236.93	3	YES
B	E2320	POWER WHEELCHAIR ACCESSORY, HAND	10/1/2005	\$102.59	3	YES
B	E2321	POWER WHEELCHAIR ACCESSORY, HAND	10/1/2005	\$158.18	3	YES
B	E2322	POWER WHEELCHAIR ACCESSORY, HAND	10/1/2005	\$141.03	3	YES
B	E2323	POWER WHEELCHAIR ACCESSORY, SPEC	10/1/2005	\$6.68	3	NO
B	E2324	POWER WHEELCHAIR ACCESSORY, CHIN	10/1/2005	\$4.37	3	NO
B	E2325	POWER WHEELCHAIR ACCESSORY, SIP	10/1/2005	\$134.70	3	YES
B	E2326	POWER WHEELCHAIR ACCESSORY, BREA	10/1/2005	\$32.98	3	NO
B	E2327	POWER WHEELCHAIR ACCESSORY, HEAD	10/1/2005	\$238.00	3	YES
B	E2328	POWER WHEELCHAIR ACCESSORY, HEAD	10/1/2005	\$400.15	3	YES
B	E2329	POWER WHEELCHAIR ACCESSORY, HEAD	10/1/2005	\$176.61	3	YES
B	E2330	POWER WHEELCHAIR ACCESSORY, HEAD	10/1/2005	\$342.20	3	YES
B	E2340	POWER WHEELCHAIR ACCESSORY, NONS	10/1/2005	\$35.85	3	NO
B	E2341	POWER WHEELCHAIR ACCESSORY, NONS	10/1/2005	\$53.76	3	NO
B	E2342	POWER WHEELCHAIR ACCESSORY, NONS	10/1/2005	\$44.80	3	NO
B	E2343	POWER WHEELCHAIR ACCESSORY, NONS	10/1/2005	\$71.67	3	NO
B	E2351	POWER WHEELCHAIR ACCESSORY, ELEC	10/1/2005	\$57.69	3	YES
B	E2360	POWER WHEELCHAIR ACCESSORY, 22 N	10/1/2005	\$9.44	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E2361	POWER WHEELCHAIR ACCESSORY, 22NF	10/1/2005	\$13.51	3	NO
B	E2362	POWER WHEELCHAIR ACCESSORY, GROU	10/1/2005	\$8.90	3	NO
B	E2363	POWER WHEELCHAIR ACCESSORY, GROU	10/1/2005	\$18.30	3	NO
B	E2364	POWER WHEELCHAIR ACCESSORY, U-1	10/1/2005	\$9.44	3	NO
B	E2365	POWER WHEELCHAIR ACCESSORY, U-1	10/1/2005	\$10.86	3	NO
B	E2366	POWER WHEELCHAIR ACCESSORY, BATT	10/1/2005	\$26.02	3	NO
B	E2368	POWER WHEELCHAIR COMPONENT, MOTO	10/1/2005	\$51.67	3	YES
B	E2369	POWER WHEELCHAIR COMPONENT, GEAR	10/1/2005	\$45.00	3	YES
B	E2370	POWER WHEELCHAIR COMPONENT, MOTO	10/1/2005	\$80.29	3	YES
B	E2371	POWER WHEELCHAIR ACCESSORY, GROU	1/1/2006	\$15.08	3	NO
B	E2372	POWER WHEELCHAIR ACCESSORY, GROU	1/1/2006	\$0.01	3	NO
B	E2399	POWER WHEELCHAIR ACCESSORY, NOT	10/1/2005	\$0.01	5	YES
B	E2402	NEGATIVE PRESSURE WOUND THERAPY	10/1/2005	\$1,694.66	3	YES
B	E2601	GENERAL USE WHEELCHAIR SEAT CUSH	10/1/2005	\$8.86	3	YES
B	E2602	GENERAL USE WHEELCHAIR SEAT CUSH	10/1/2005	\$16.20	3	YES
B	E2603	SKIN PROTECTION WHEELCHAIR SEAT	10/1/2005	\$22.31	3	YES
B	E2604	SKIN PROTECTION WHEELCHAIR SEAT	10/1/2005	\$31.56	3	YES
B	E2605	POSITIONING WHEELCHAIR SEAT CUSH	10/1/2005	\$32.19	3	YES
B	E2606	POSITIONING WHEELCHAIR SEAT CUSH	10/1/2005	\$43.61	3	YES
B	E2607	SKIN PROTECTION AND POSITIONING	10/1/2005	\$29.56	3	YES
B	E2608	SKIN PROTECTION AND POSITIONING	10/1/2005	\$35.42	3	YES
B	E2609	CUSTOM FABRICATED WHEELCHAIR SEA	10/1/2005	\$66.01	3	YES
B	E2611	GENERAL USE WHEELCHAIR BACK CUSH	10/1/2005	\$31.23	3	YES
B	E2612	GENERAL USE WHEELCHAIR BACK CUSH	10/1/2005	\$42.25	3	YES
B	E2613	POSITIONING WHEELCHAIR BACK CUSH	10/1/2005	\$39.31	3	YES
B	E2614	POSITIONING WHEELCHAIR BACK CUSH	10/1/2005	\$54.40	3	YES
B	E2615	POSITIONING WHEELCHAIR BACK CUSH	10/1/2005	\$45.24	3	YES
B	E2616	POSITIONING WHEELCHAIR BACK CUSH	10/1/2005	\$60.86	3	YES
B	E2617	CUSTOM FABRICATED WHEELCHAIR BAC	10/1/2005	\$65.34	3	YES
B	E2618	WHEELCHAIR ACCESSORY, SOLID SEAT	10/1/2005	\$15.37	3	YES
B	E2619	REPLACEMENT COVER FOR WHEELCHAIR	10/1/2005	\$5.13	3	YES
B	E2620	POSITIONING WHEELCHAIR BACK CUSH	10/1/2005	\$57.47	3	YES
B	E2621	POSITIONING WHEELCHAIR BACK CUSH	10/1/2005	\$54.77	3	YES
B	E8000	GAIT TRAINER, PEDIATRIC SIZE, PO	10/1/2005	\$99.98	3	YES
B	E8001	GAIT TRAINER, PEDIATRIC SIZE, UP	10/1/2005	\$99.98	3	YES
B	E8002	GAIT TRAINER, PEDIATRIC SIZE, AN	10/1/2005	\$99.98	3	YES
B	G0249	PROVISION OF TEST MATERIALS AND	7/1/2002	NC	9	NO
B	K0001	STANDARD WHEELCHAIR	10/1/2005	\$50.00	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	K0002	STANDARD HEMI (LOW SEAT) WHEELCH	10/1/2005	\$74.10	3	YES
B	K0003	LIGHTWEIGHT WHEELCHAIR	10/1/2005	\$79.24	3	YES
B	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEEL	10/1/2005	\$103.99	3	YES
B	K0005	ULTRALIGHTWEIGHT WHEELCHAIR	10/1/2005	\$166.40	3	YES
B	K0006	HEAVY-DUTY WHEELCHAIR	10/1/2005	\$114.81	3	YES
B	K0007	EXTRA HEAVY-DUTY WHEELCHAIR	10/1/2005	\$163.41	3	YES
B	K0008	CUSTOM MANUAL WHEELCHAIR/BASE	1/1/2002	INVALID	N	NO
B	K0009	OTHER MANUAL WHEELCHAIR/BASE	10/1/2005	\$959.76	3	YES
B	K0010	STANDARD-WEIGHT FRAME MOTORIZED/	10/1/2005	\$338.17	3	YES
B	K0011	STANDARD-WEIGHT FRAME MOTORIZED/	10/1/2005	\$406.67	3	YES
B	K0012	LIGHTWEIGHT PORTABLE MOTORIZED/P	10/1/2005	\$257.94	3	YES
B	K0013	CUSTOM MOTORIZED/POWER WHEELCHAI	4/1/2002	INVALID	N	NO
B	K0015	DETACHABLE, NONADJUSTABLE HEIGHT	10/1/2005	\$17.59	3	NO
B	K0016	DETACHABLE, ADJUSTABLE HEIGHT AR	4/1/2004	INVALID	N	NO
B	K0017	DETACHABLE, ADJUSTABLE HEIGHT AR	10/1/2005	\$4.95	3	NO
B	K0018	DETACHABLE, ADJUSTABLE HEIGHT AR	10/1/2005	\$2.76	3	NO
B	K0019	ARM PAD, EACH	10/1/2005	\$1.69	3	NO
B	K0020	FIXED, ADJSUTABLE HEIGHT ARMREST	10/1/2005	\$4.51	3	NO
B	K0021	ANTITIPPING DEVICE, EACH	7/1/2003	INVALID	N	NO
B	K0022	REINFORCED BACK UPHOLSTERY	4/1/2004	INVALID	N	NO
B	K0023	SOLID BACK INSERT, PLANAR BACK,	1/1/2005	INVALID	N	NO
B	K0024	SOLID BACK INSERT, PLANAR BACK,	1/1/2005	INVALID	N	NO
B	K0025	HOOK-ON HEADREST EXTENSION	4/1/2004	INVALID	N	NO
B	K0026	BACK UPHOLSTERY FOR ULTRALIGHTWE	4/1/2004	INVALID	N	NO
B	K0027	BACK UPHOLSTERY FOR WHEELCHAIR T	4/1/2004	INVALID	N	NO
B	K0028	FULLY RECLINING BACK	4/1/2004	INVALID	N	NO
B	K0029	REINFORCED SEAT UPHOLSTERY	4/1/2004	INVALID	N	NO
B	K0030	SOLID SEAT INSERT, PLANAR SEAT,	4/1/2004	INVALID	N	NO
B	K0031	SAFETY BELT/PELVIC STRAP	4/1/2004	INVALID	N	NO
B	K0032	SEAT UPHOLSTERY FOR ULTRALIGHTWE	4/1/2004	INVALID	N	NO
B	K0033	SEAT UPHOLSTERY FOR WHEELCHAIR T	4/1/2004	INVALID	N	NO
B	K0034	HEEL LOOP, EACH	7/1/2003	INVALID	N	NO
B	K0035	HEEL LOOP WITH ANKLE STRAP, EACH	4/1/2004	INVALID	N	NO
B	K0036	TOE LOOP, EACH	4/1/2004	INVALID	N	NO
B	K0037	HIGH MOUNT FLIP-UP FOOTREST, EAC	10/1/2005	\$4.23	3	NO
B	K0038	LEG STRAP, EACH	10/1/2005	\$2.34	3	NO
B	K0039	LEG STRAP, H STYLE, EACH	10/1/2005	\$5.23	3	NO
B	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	10/1/2005	\$7.23	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	K0041	LARGE SIZE FOOTPLATE, EACH	10/1/2005	\$5.11	3	NO
B	K0042	STANDARD SIZE FOOTPLATE, EACH	10/1/2005	\$3.03	3	NO
B	K0043	FOOTREST, LOWER EXTENSION TUBE,	10/1/2005	\$1.89	3	NO
B	K0044	FOOTREST, UPPER HANGER BRACKET,	10/1/2005	\$1.61	3	NO
B	K0045	FOOTREST, COMPLETE ASSEMBLY	10/1/2005	\$5.75	3	NO
B	K0046	ELEVATING LEGREST, LOWER EXTENSI	10/1/2005	\$1.89	3	NO
B	K0047	ELEVATING LEGREST, UPPER HANGER	10/1/2005	\$7.40	3	NO
B	K0048	ELEVATING LEGREST, COMPLETE ASSE	4/1/2004	INVALID	N	NO
B	K0049	CALF PAD, EACH	4/1/2004	INVALID	N	NO
B	K0050	RATCHET ASSEMBLY	10/1/2005	\$3.14	3	NO
B	K0051	CAM RELEASE ASSEMBLY, FOOTREST O	10/1/2005	\$5.08	3	NO
B	K0052	SWINGAWAY, DETACHABLE FOOTRESTS,	10/1/2005	\$8.96	3	NO
B	K0053	ELEVATING FOOTRESTS, ARTICULATIN	10/1/2005	\$9.89	3	NO
B	K0054	SEAT WIDTH OF 10, 11, 12, 15, 17	4/1/2004	INVALID	N	NO
B	K0055	SEAT DEPTH OF 15, 17, OR 18 INCH	4/1/2004	INVALID	N	NO
B	K0056	SEAT HEIGHT <17" OR >= TO 21" FO	10/1/2005	\$9.22	3	NO
B	K0057	SEAT WIDTH 19 OR 20 INCHES FOR H	4/1/2004	INVALID	N	NO
B	K0058	SEAT DEPTH 17 OR 18 INCHES FOR A	4/1/2004	INVALID	N	NO
B	K0059	PLASTIC COATED HANDRIM, EACH	1/1/2005	INVALID	N	NO
B	K0060	STEEL HANDRIM, EACH	1/1/2005	INVALID	N	NO
B	K0061	ALUMINUM HANDRIM, EACH	1/1/2005	INVALID	N	NO
B	K0062	HANDRIM WITH 8 TO 10 VERTICAL OR	4/1/2004	INVALID	N	NO
B	K0063	HANDRIM WITH 12 TO 16 VERTICAL O	4/1/2004	INVALID	N	NO
B	K0064	ZERO PRESSURE TUBE (FLAT FREE IN	1/1/2006	INVALID	N	NO
B	K0065	SPOKE PROTECTORS, EACH	10/1/2005	\$4.29	3	NO
B	K0066	SOLID TIRE, ANY SIZE, EACH	1/1/2006	INVALID	N	NO
B	K0067	PNEUMATIC TIRE, ANY SIZE, EACH	1/1/2006	INVALID	N	NO
B	K0068	PNEUMATIC TIRE TUBE, EACH	1/1/2006	INVALID	N	NO
B	K0069	REAR WHEEL ASSEMBLY, COMPLETE, W	10/1/2005	\$9.68	3	NO
B	K0070	REAR WHEEL ASSEMBLY, COMPLETE, W	10/1/2005	\$17.73	3	NO
B	K0071	FRONT CASTER ASSEMBLY, COMPLETE,	10/1/2005	\$10.60	3	NO
B	K0072	FRONT CASTER ASSEMBLY, COMPLETE,	10/1/2005	\$5.99	3	NO
B	K0073	CASTER PIN LOCK, EACH	10/1/2005	\$3.23	3	NO
B	K0074	PNEUAMTIC CASTER TIRE, ANY SIZE,	1/1/2006	INVALID	N	NO
B	K0075	SEMI-PNEUMATIC CASTER TIRE, ANY	1/1/2006	INVALID	N	NO
B	K0076	SOLID CASTER TIRE, ANY SIZE, EAC	1/1/2006	INVALID	N	NO
B	K0077	FRONT CASTER ASSEMBLY, COMPLETE,	10/1/2005	\$5.70	3	NO
B	K0078	PNEUMATIC CASTER TIRE TUBE, EACH	1/1/2006	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	K0079	WHEEL LOCK EXTENSION, PAIR	4/1/2004	INVALID	N	NO
B	K0080	ANTI-ROLLBACK DEVICE, PAIR	4/1/2004	INVALID	N	NO
B	K0081	WHEEL LOCK ASSEMBLY, COMPLETE, E	1/1/2005	INVALID	N	NO
B	K0082	22 NF NON-SEALED LEAD ACID BATTE	4/1/2004	INVALID	N	NO
B	K0083	22 NF SEALED LEAD ACID BATTERY,	4/1/2004	INVALID	N	NO
B	K0084	GROUP 24 NON-SEALED LEAD ACID BA	4/1/2004	INVALID	N	NO
B	K0085	GROUP 24 SEALED LEAD ACID BATTER	4/1/2004	INVALID	N	NO
B	K0086	U-1 NON-SEALED LEAD ACID BATTERY	4/1/2004	INVALID	N	NO
B	K0087	U-1 SEALED LEAD ACID BATTERY, EA	4/1/2004	INVALID	N	NO
B	K0088	BATTERY CHARGER, SINGLE MODE, FO	4/1/2004	INVALID	N	NO
B	K0089	BATTERY CHARGER, DUAL MODE, FOR	4/1/2004	INVALID	N	NO
B	K0090	REAR WHEEL TIRE FOR POWER WHEELC	10/1/2005	\$7.36	3	NO
B	K0091	REAR WHEEL TIRE TUBE OTHER THAN	10/1/2005	\$1.99	3	NO
B	K0092	REAR WHEEL ASSEMBLY FOR POWER WH	10/1/2005	\$23.54	3	NO
B	K0093	REAR WHEEL, ZERO PRESSURE TIRE T	10/1/2005	\$14.70	3	NO
B	K0094	WHEEL TIRE FOR POWER BASE, ANY S	10/1/2005	\$4.78	3	NO
B	K0095	WHEEL TIRE TUBE OTHER THAN ZERO	10/1/2005	\$4.78	3	NO
B	K0096	WHEEL ASSEMBLY FOR POWER BASE, C	10/1/2005	\$26.55	3	NO
B	K0097	WHEEL ZERO PRESSURE TIRE TUBE (F	10/1/2005	\$5.86	3	NO
B	K0098	DRIVE BELT FOR POWER WHEELCHAIR	10/1/2005	\$2.57	3	NO
B	K0099	FRONT CASTER FOR POWER WHEELCHAI	10/1/2005	\$7.81	3	NO
B	K0100	AMPUTEE ADAPTER, PART	4/1/2004	INVALID	N	NO
B	K0101	ONE-ARM DRIVE ATTACHMENT	7/1/2003	INVALID	N	NO
B	K0102	CRUTCH AND CANE HOLDER, EACH	1/1/2006	INVALID	N	NO
B	K0103	TRANSFER BOARD, LESS THAN 25 INC	4/1/2004	INVALID	N	NO
B	K0104	CYLINDER TANK CARRIER, EACH	1/1/2006	INVALID	N	NO
B	K0105	IV HANGER, EACH	10/1/2005	\$9.61	3	NO
B	K0106	ARM TROUGH, EACH	1/1/2006	INVALID	N	NO
B	K0107	WHEELCHAIR TRAY	4/1/2004	INVALID	N	NO
B	K0108	OTHER WHEELCHAIR ACCESSORIES	10/1/2005	\$103.20	3	YES
B	K0112	TRUNK SUPPORT DEVICE, VEST TYPE,	4/1/2004	INVALID	N	NO
B	K0113	TRUNK SUPPORT DEVICE, VEST TYPE,	4/1/2004	INVALID	N	NO
B	K0114	BACK SUPPORT SYSTEM FOR USE WITH	1/1/2005	INVALID	N	NO
B	K0115	ORTHOTIC SEATING SYSTEM, BACK MO	1/1/2005	INVALID	N	YES
B	K0116	ORTHOTIC SEATING SYSTEM, COMBINE	1/1/2005	INVALID	N	YES
B	K0195	ELEVATING LEG RESTS, PAIR (FOR U	10/1/2005	\$20.74	3	NO
B	K0268	HUMIDIFIER, USED WITH CPAP DEVIC	4/1/2004	INVALID	N	NO
B	K0452	WHEELCHAIR BEARINGS, ANY TYPE	1/1/2006	INVALID	N	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	K0460	POWER ADD-ON, TO CONVERT MANUAL	4/1/2004	INVALID	N	YES
B	K0461	POWER ADD-ON, TO CONVERT MANUAL	4/1/2004	INVALID	N	YES
B	K0462	TEMPORARY REPLACEMENT FOR PATIEN	10/1/2005	\$619.20	3	YES
B	K0531	HUMIDIFIER, HEATED, USED WITH PO	4/1/2004	INVALID	N	NO
B	K0532	RESPIRATORY ASSIST DEVICE, BI-LE	4/1/2004	INVALID	N	NO
B	K0533	RESPIRATORY ASSIST DEVICE, BI-LE	4/1/2004	INVALID	N	NO
B	K0534	RESPIRATORY ASSIST DEVICE, BI-LE	4/1/2004	INVALID	N	NO
B	K0538	NEGATIVE PRESSURE WOUND THERAPY	4/1/2004	INVALID	N	NO
B	K0549	HOSPITAL BED, HEAVY DUTY, EXTRA	4/1/2004	NC	9	NO
B	K0550	HOSPITAL BED, EXTRA HEAVY DUTY,	4/1/2004	INVALID	N	NO
B	K0551	RESIDUAL LIMB SUPPORT SYSTEM, SO	7/1/2003	INVALID	N	NO
B	K0650	GENERAL USE WHEELCHAIR SEAT CUSH	1/1/2005	INVALID	N	YES
B	K0651	GENERAL USE WHEELCHAIR SEAT CUSH	1/1/2005	INVALID	N	YES
B	K0652	SKIN PROTECTION WHEELCHAIR SEAT	1/1/2005	INVALID	N	YES
B	K0653	SKIN PROTECTION WHEELCHAIR SEAT	1/1/2005	INVALID	N	YES
B	K0654	POSITIONING WHEELCHAIR SEAT CUSH	1/1/2005	INVALID	N	YES
B	K0655	POSITIONING WHEELCHAIR SEAT CUSH	1/1/2005	INVALID	N	YES
B	K0656	SKIN PROTECTION AND POSITIONING	1/1/2005	INVALID	N	YES
B	K0657	SKIN PROTECTION AND POSITIONING	1/1/2005	INVALID	N	YES
B	K0658	CUSTOM FABRICATED WHEELCHAIR SEA	1/1/2005	INVALID	N	YES
B	K0659	WHEELCHAIR SEAT CUSHION POWERED	1/1/2005	INVALID	N	NO
B	K0660	GENERAL USE WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
B	K0661	GENERAL USE WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
B	K0662	POSITIONING WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
B	K0663	POSITIONING WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
B	K0664	POSITIONING WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
B	K0665	POSITIONING WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
B	K0666	CUSTOM FABRICATED WHEELCHAIR BAC	1/1/2005	INVALID	N	YES
B	K0668	REPLACEMENT COVER FOR WHEELCHAIR	1/1/2005	INVALID	N	YES
B	K0669	WHEELCHAIR ACCESSORY, WHEELCHAIR	7/1/2004	NC	9	NO
B	K0671	PORTABLE OXYGEN CONCENTRATOR, RE	1/1/2006	INVALID	N	NO
B	L0560	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
B	L0600	SACROILIAC, FLEXIBLE (SACROILIAC	1/1/2005	INVALID	N	NO
B	L0610	SACROILIAC, FLEXIBLE (SACROILIAC	1/1/2005	INVALID	N	NO
B	L0620	SACROILIAC, SEMI-RIGID (GOLDTHWA	1/1/2005	INVALID	N	NO
B	L0860	ADDITION TO HALO PROCEDURES, MAG	1/1/2006	INVALID	N	NO
B	L1750	LEGG PERTHES ORTHOSIS, LEGG PERT	1/1/2006	INVALID	N	NO
B	L2435	ADDITION TO KNEE JOINT, POLYCENT	1/1/2005	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	L3963	SHOULDER ELBOW WRIST HAND ORTHOS	1/1/2006	INVALID	N	NO
B	L3964	SHOULDER ELBOW ORTHOSIS, MOBILE	10/1/2005	\$55.02	3	NO
B	L3965	SHOULDER ELBOW ORTHOSIS, MOBILE	10/1/2005	\$87.81	3	NO
B	L3966	SHOULDER ELBOW ORTHOSIS, MOBILE	10/1/2005	\$66.15	3	NO
B	L3968	SHOULDER ELBOW ORTHOSIS, MOBILE	10/1/2005	\$83.71	3	NO
B	L3969	SHOULDER ELBOW ORTHOSIS, MOBILE	10/1/2005	\$58.55	3	NO
B	L3970	SEWHO ADDITIONS TO MOBILE ARM SU	10/1/2005	\$19.91	3	NO
B	L3972	SEWHO ADDITIONS TO MOBILE ARM SU	10/1/2005	\$12.66	3	NO
B	L3974	SEWHO ADDITIONS TO MOBILE ARM SU	10/1/2005	\$12.64	3	NO
B	L5674	ADDITION TO LOWER EXTREMITY, BEL	1/1/2005	INVALID	N	NO
B	L5675	ADDITION TO LOWER EXTREMITY, BEL	1/1/2005	INVALID	N	NO
B	L7500	REPAIR OF PROSTHETIC DEVICE, HRL	5/9/2005	NC	9	NO
B	L8190	ELASTIC SUPPORTS ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
B	L8200	ELASTIC SUPPORTS ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
B	L8210	GRADIENT COMPRESSION STOCKING, C	1/1/2006	INVALID	N	NO
B	L8220	GRADIENT COMPRESSION STOCKING, L	1/1/2006	INVALID	N	NO
B	L8230	GRADIENT COMPRESSION STOCKING, G	1/1/2006	INVALID	N	NO
B	S8105	OXIMETER FOR MEASURING BLOOD OXY	7/1/2003	INVALID	N	NO
B	S9001	HOME UTERINE MONITOR WITH OR WIT	1/1/2000	\$75.00	3	YES
B	S9098	HOME VISIT, PHOTOTHERAPY SERVICE	7/1/2006	NC	9	NO
B	S9145	INSULIN PUMP INITIATION, INSTRUC	7/1/2002	NC	9	NO
B	T4538	DIAPER SERVICE, REUSABLE DIAPER,	1/1/2005	\$0.70	3	YES
C	E1340	REPAIR OR NONROUTINE SERVICE FOR	10/1/2005	\$7.43	3	NO
C	L4205	REPAIR OF ORTHOTIC DEVICE, LABOR	10/1/2005	\$6.71	3	NO
C	L7520	REPAIR PROSTHETIC DEVICE, LABOR	10/1/2005	\$20.64	3	NO
C	L8049	REPAIR OR MODIFICATION OF MAXILL	10/1/2005	\$17.32	3	YES
D	A0021	AMBULANCE SERVICE, OUTSIDE STATE	1/1/1988	NC	9	NO
D	A0080	NON-EMERGENCY TRANSPORT, PER MIL	1/1/1988	NC	9	NO
D	A0090	NON-EMERGENCY TRANSPORT, PER MIL	1/1/1999	\$0.25	3	NO
D	A0100	NON-EMERGENCY TRANSPORTATION; TA	3/17/2003	\$999.00	1	NO
D	A0110	NONEMERGENCY TRANSPORTATION AND	2/15/1987	\$0.01	5	NO
D	A0120	NON-EMERGENCY TRANSPORT: MINI-BU	4/1/1988	NC	9	NO
D	A0130	NONEMERGENCY TRANSPORTATION: WHE	10/1/2000	\$17.72	1	NO
D	A0140	NONEMERGENCY TRANSPORTATION AND	2/15/1987	\$0.01	5	NO
D	A0160	NONEMERGENCY TRANSPORTATION: PER	1/1/1988	NC	9	NO
D	A0170	TRANSPORTATION ANCILLARY: PARKIN	10/1/2000	\$2.00	1	NO
D	A0180	NONEMERGENCY TRANSPORTATION: ANC	1/1/1999	\$40.00	3	NO
D	A0190	NONEMERGENCY TRANSPORTATION: ANC	1/1/1999	\$12.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
D	A0200	NONEMERGENCY TRANSPORTATION: ANC	1/1/1999	\$40.00	3	NO
D	A0210	NONEMERGENCY TRANSPORTATION: ANC	1/1/1999	\$12.00	3	NO
D	A0368	AMBULANCE SERVICE ALS EMERGENCY	4/1/2002	INVALID	N	NO
D	A0380	BLS MILEAGE (PER MILE)	2/1/2003	INVALID	N	NO
D	A0382	BLS ROUTINE DISPOSABLE SUPPLIES	1/1/1995	NC	9	NO
D	A0384	BLS SPECIALIZED SERVICE DISPOSAB	1/1/1995	NC	9	NO
D	A0390	ALS MILEAGE (PER MILE)	2/1/2003	INVALID	N	NO
D	A0392	ALS SPECIALIZED SERVICE DISPOSAB	1/1/1995	NC	9	NO
D	A0394	ALS SPECIALIZED SERVICE DISPOSAB	1/1/1995	NC	9	NO
D	A0396	ALS SPECIALIZED SERVICE DISPOSAB	1/1/1995	NC	9	NO
D	A0398	ALS ROUTINE DISPOSABLE SUPPLIES	1/1/1995	NC	9	NO
D	A0420	AMBULANCE WAITING TIME (ALS OR B	1/1/1995	NC	9	NO
D	A0422	AMBULANCE (ALS OR BLS) OXYGEN AN	1/1/1995	NC	9	NO
D	A0424	EXTRA AMBULANCE ATTENDANT, GROUN	10/1/2000	\$17.72	3	NO
D	A0426	AMBULANCE SERVICE, ADVANCED LIFE	1/1/2001	\$141.73	3	NO
D	A0428	AMBULANCE SERVICE, BASIC LIFE SU	1/1/2001	\$141.73	3	NO
D	A0430	AMBULANCE SERVICE, CONVENTIONAL	1/1/2001	\$2,945.40	3	NO
D	A0431	AMBULANCE SERVICE, CONVENTIONAL	1/1/2001	\$2,945.40	3	NO
D	A0432	PARAMEDIC INTERCEPT (PI), RURAL	1/1/2001	NC	9	NO
D	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (	10/1/2001	\$345.00	3	NO
D	A0434	SPECIALTY CARE TRANSPORT (SCT) -	10/1/2004	\$3,000.00	3	NO
D	A0435	FIXED WING AIR MILEAGE, PER STAT	1/1/2001	NC	9	NO
D	A0436	ROTARY WING AIR MILEAGE, PER STA	1/1/2001	NC	9	NO
D	A0800	AMBULANCE TRANSPORT PROVIDED BET	1/1/2004	NC	9	NO
D	A0888	NONCOVERED AMBULANCE MILEAGE PER	1/1/1995	NC	9	NO
D	A0999	UNLISTED AMBULANCE SERVICE	4/1/2003	\$0.01	1	NO
D	A4214	STERILE SALINE OR WATER 30 CC VI	4/1/2004	INVALID	N	NO
D	A9150	NON-PRESCRIPTION DRUGS	3/1/1987	NC	9	NO
D	J2000	INJECTION, LIDOCAINE HCL, 50 CC	4/1/2004	INVALID	N	NO
D	Q3020	ALS VEHICLE USED, NON-EMERGENCY	4/1/2002	NC	9	NO
D	S0209	WHEELCHAIR VAN, MILEAGE, PER MIL	10/1/2004	\$1.19	1	NO
D	S0215	NON-EMERGENCY TRANSPORTATION; MI	10/1/2004	\$1.77	3	NO
D	T2001	EXTRA ATTENDANT	10/1/2002	\$17.72	3	NO
D	T2002	MILEAGE - ONE WAY	12/9/2002	\$1.19	1	NO
D	T2003	NON-EMERGENCY TRANSPORTATION/STR	10/1/2004	\$70.86	3	NO
D	T2004	NON-EMERGENCY TRANSPORT; COMMERC	1/1/2003	NC	9	NO
D	T2005	NON-EMERGENCY TRANSPORTATION; ST	10/1/2002	\$53.14	3	NO
D	T2007	TRANSPORTATION WAITING TIME, AIR	1/1/2003	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
D	T2049	NON-EMERGENCY TRANSPORTATION; ST	10/1/2004	\$1.77	3	NO
D	90799	UNLISTED THERAPEUTIC OR DIAGNOST	1/1/2006	INVALID	N	NO
D	99002	HANDLING, CONVEYANCE AND/OR ANY	3/1/1987	NC	9	NO
E	A0021	AMBULANCE SERVICE, OUTSIDE STATE	3/1/1989	NC	9	NO
E	A0080	NON-EMERGENCY TRANSPORT, PER MIL	3/1/1989	NC	9	NO
E	A0120	NON-EMERGENCY TRANSPORT: MINI-BU	3/1/1989	NC	9	NO
E	A0160	NONEMERGENCY TRANSPORTATION: PER	3/1/1989	NC	9	NO
E	A0225	AMBULANCE SERVICE, NEONATAL TRAN	10/1/2005	\$319.31	3	NO
E	A0368	AMBULANCE SERVICE ALS EMERGENCY	4/1/2002	INVALID	N	NO
E	A0380	BLS MILEAGE (PER MILE)	2/1/2003	INVALID	N	NO
E	A0382	BLS ROUTINE DISPOSABLE SUPPLIES	1/1/1995	NC	9	NO
E	A0384	BLS SPECIALIZED SERVICE DISPOSAB	1/1/1995	NC	9	NO
E	A0390	ALS MILEAGE (PER MILE)	2/1/2003	INVALID	N	NO
E	A0392	ALS SPECIALIZED SERVICE DISPOSAB	1/1/1995	NC	9	NO
E	A0394	ALS SPECIALIZED SERVICE DISPOSAB	1/1/1995	NC	9	NO
E	A0396	ALS SPECIALIZED SERVICE DISPOSAB	1/1/1995	NC	9	NO
E	A0398	ALS ROUTINE DISPOSABLE SUPPLIES	1/1/1995	NC	9	NO
E	A0420	AMBULANCE WAITING TIME (ALS OR B	1/1/1995	NC	9	NO
E	A0422	AMBULANCE (ALS OR BLS) OXYGEN AN	1/1/1995	NC	9	NO
E	A0424	EXTRA AMBULANCE ATTENDANT, GROUN	10/1/2005	\$18.29	3	NO
E	A0425	GROUND MILEAGE, PER STATUTE MILE	10/1/2005	\$3.55	3	NO
E	A0427	AMBULANCE SERVICE, ADVANCED LIFE	10/1/2005	\$356.04	3	NO
E	A0429	AMBULANCE SERVICE, BASIC LIFE SU	10/1/2005	\$196.08	3	NO
E	A0430	AMBULANCE SERVICE, CONVENTIONAL	1/1/2001	\$2,945.40	3	NO
E	A0431	AMBULANCE SERVICE, CONVENTIONAL	1/1/2001	\$2,945.40	3	NO
E	A0432	PARAMEDIC INTERCEPT (PI), RURAL	1/1/2001	NC	9	NO
E	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (	10/1/2005	\$356.04	3	NO
E	A0435	FIXED WING AIR MILEAGE, PER STAT	1/1/2001	NC	9	NO
E	A0436	ROTARY WING AIR MILEAGE, PER STA	1/1/2001	NC	9	NO
E	A0800	AMBULANCE TRANSPORT PROVIDED BET	1/1/2004	NC	9	NO
E	A0888	NONCOVERED AMBULANCE MILEAGE PER	1/1/1995	NC	9	NO
E	A0998	AMBULANCE RESPONSE AND TREATMENT	1/1/2006	\$51.60	3	NO
E	A4214	STERILE SALINE OR WATER 30 CC VI	4/1/2004	INVALID	N	NO
E	A9150	NON-PRESCRIPTION DRUGS	3/1/1987	NC	9	NO
E	J2000	INJECTION, LIDOCAINE HCL, 50 CC	4/1/2004	INVALID	N	NO
E	Q3019	ALS VEHICLE USED, EMERGENCY TRAN	4/1/2002	NC	9	NO
E	T2006	AMBULANCE RESPONSE AND TREATMENT	1/1/2006	INVALID	N	NO
E	90799	UNLISTED THERAPEUTIC OR DIAGNOST	1/1/2006	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
E	99002	HANDLING, CONVEYANCE AND/OR ANY	3/1/1987	NC	9	NO
F	A4262	TEMPORARY, ABSORBABLE LACRIMAL D	10/1/2000	\$1.08	3	NO
F	A4263	PERMANENT, LONG-TERM, NONDISSOLV	10/1/2000	\$46.51	3	NO
F	G0117	GLAUCOMA SCREENING FOR HIGH RISK	10/1/2005	\$30.62	3	NO
F	G0167	HYPERBARIC OXYGEN TREATMENT NOT	4/1/2004	INVALID	N	NO
F	Q1001	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2006	INVALID	N	NO
F	Q1002	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2006	INVALID	N	NO
F	Q1003	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2000	NC	9	NO
F	Q1004	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2000	NC	9	NO
F	Q1005	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2000	NC	9	NO
F	S0515	SCLERAL LENS, LIQUID BANDAGE DEV	1/1/2005	NC	9	NO
F	S9981	COPIES OF ALL EXISTING OFFICE RE	4/1/2002	\$18.00	3	NO
F	V2100	SPHERE, SINGLE VISION, PLANO TO	11/1/2003	\$7.10	3	YES
F	V2101	SPHERE, SINGLE VISION, PLUS OR M	11/1/2003	\$8.58	3	YES
F	V2102	SPHERE, SINGLE VISION, PLUS OR M	11/1/2003	\$13.71	3	YES
F	V2103	SPHEROCYLINDER, SINGLE VISION, P	11/1/2003	\$7.10	3	YES
F	V2104	SPHEROCYLINDER, SINGLE VISION, P	11/1/2003	\$8.53	3	YES
F	V2105	SPHEROCYLINDER, SINGLE VISION, P	11/1/2003	\$11.75	3	YES
F	V2106	SPHEROCYLINDER, SINGLE VISION, P	11/1/2003	\$14.75	3	YES
F	V2107	SPHEROCYLINDER, SINGLE VISION, P	11/1/2003	\$8.69	3	YES
F	V2108	SPHEROCYLINDER, SINGLE VISION, P	11/1/2003	\$10.30	3	YES
F	V2109	SPHEROCYLINDER, SINGLE VISION, P	11/1/2003	\$13.30	3	YES
F	V2110	SPHEROCYLINDER, SINGLE VISION, P	11/1/2003	\$16.30	3	YES
F	V2111	SPHEROCYLINDER, SINGLE VISION, P	11/1/2003	\$15.95	3	YES
F	V2112	SPHEROCYLINDER, SINGLE VISION, P	11/1/2003	\$16.55	3	YES
F	V2113	SPHEROCYLINDER, SGL VISION, + OR	11/1/2003	\$19.47	3	YES
F	V2114	SPHEROCYLINDER, SINGLE VISION, S	11/1/2003	\$26.22	3	YES
F	V2115	LENTICULAR, (MYODISC), PER LENS,	11/1/2003	\$22.04	3	YES
F	V2116	LENTICULAR LENS, NONASPHERIC, PE	4/1/2004	INVALID	N	NO
F	V2117	LENTICULAR, ASPHERIC, PER LENS,	4/1/2004	INVALID	N	NO
F	V2199	NOC SINGLE VISION LENS (PER LENS	7/1/2002	\$175.00	3	YES
F	V2200	SPHERE, BIFOCAL, PLANO TO PLUS O	11/1/2003	\$9.30	3	YES
F	V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4	11/1/2003	\$11.27	3	YES
F	V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7	11/1/2003	\$16.00	3	YES
F	V2203	SPHEROCYLINDER, BIFOCAL, PLANO T	11/1/2003	\$9.30	3	YES
F	V2204	SPHEROCYLINDER, BIFOCAL, PLANO T	11/1/2003	\$10.80	3	YES
F	V2205	SPHEROCYLINDER, BIFOCAL, PLANO T	11/1/2003	\$13.80	3	YES
F	V2206	SPHEROCYLINDER, BIFOCAL, PLANO T	11/1/2003	\$16.91	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
F	V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR	11/1/2003	\$10.86	3	YES
F	V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR	11/1/2003	\$12.36	3	YES
F	V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR	11/1/2003	\$15.48	3	YES
F	V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR	11/1/2003	\$18.48	3	YES
F	V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR	11/1/2003	\$11.33	3	YES
F	V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR	11/1/2003	\$12.83	3	YES
F	V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR	11/1/2003	\$15.83	3	YES
F	V2214	SPHEROCYLINDER, BIFOCAL, SPHERE	11/1/2003	\$11.33	3	YES
F	V2216	LENTICULAR, NONASPHERIC, PER LEN	4/1/2004	INVALID	N	NO
F	V2217	LENTICULAR, ASPHERIC LENS, BIFOC	4/1/2004	INVALID	N	NO
F	V2219	BIFOCAL SEG WIDTH OVER 28MM	6/18/1993	NC	9	NO
F	V2220	BIFOCAL ADD OVER 3.25D	11/1/2003	\$5.25	3	YES
F	V2299	SPECIALTY BIFOCAL (PER LENS), GL	1/1/2005	NC	9	NO
F	V2300	SPHERE, TRIFOCAL, PLANO TO PLUS	11/1/2003	\$13.81	3	YES
F	V2301	SPHERE, TRIFOCAL, PLUS OR MINUS	11/1/2003	\$15.31	3	YES
F	V2302	SPHERE, TRIFOCAL, PLUS OR MINUS	11/1/2003	\$38.92	3	YES
F	V2303	SPHEROCYLINDER, TRIFOCAL, PLANO	11/1/2003	\$13.81	3	YES
F	V2304	SPHEROCYLINDER, TRIFOCAL, PLANO	11/1/2003	\$15.31	3	YES
F	V2305	SPHEROCYLINDER, TRIFOCAL, PLANO	11/1/2003	\$18.31	3	YES
F	V2306	SPHEROCYLINDER, TRIFOCAL, PLANO	11/1/2003	\$21.31	3	YES
F	V2307	SPHEROCYLINDER, TRIFOCAL, PLUS/M	11/1/2003	\$15.31	3	YES
F	V2308	SPHEROCYLINDER, TRIFOCAL, PLUS/M	11/1/2003	\$16.81	3	YES
F	V2309	SPHEROCYLINDER, TRIFOCAL, PLUS/M	11/1/2003	\$19.81	3	YES
F	V2310	SPHEROCYLINDER, TRIFOCAL, PLUS/M	11/1/2003	\$22.81	3	YES
F	V2311	SPHEROCYLINDER, TRIFOCAL, PLUS/M	11/1/2003	\$34.42	3	YES
F	V2312	SPHEROCYLINDER, TRIFOCAL, PLUS/M	11/1/2003	\$35.92	3	YES
F	V2313	SPHEROCYLINDER, TRIFOCAL, PLUS/M	11/1/2003	\$38.92	3	YES
F	V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE	11/1/2003	\$11.66	3	YES
F	V2315	LENTICULAR, (MYODISC), PER LENS,	6/18/1993	NC	9	NO
F	V2316	LENTICULAR, NONASPHERIC, PER LEN	4/1/2004	INVALID	N	NO
F	V2317	LENTICULAR, ASPHERIC LENS, TRIFO	4/1/2004	INVALID	N	NO
F	V2319	TRIFOCAL SEG WIDTH OVER 28MM	6/18/1993	NC	9	NO
F	V2320	TRIFOCAL ADD OVER 3.25D	11/1/2003	\$5.25	3	YES
F	V2399	SPECIALTY TRIFOCAL (PER LENS), G	7/15/1996	\$170.00	3	YES
F	V2500	CONTACT LENS, PMA, SPHERICAL, PE	1/1/2005	\$150.00	3	YES
F	V2510	GAS PERMEABLE, SPERICAL, PER LEN	2/1/2002	\$150.00	3	YES
F	V2511	GAS PERMEABLE, TORIC, PRISM BALL	7/1/2004	\$150.00	3	YES
F	V2520	HYDROPHILIC, SPERICAL, PER LENS	7/1/2004	\$180.00	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
F	V2521	HYDROPHILIC, TORIC OR PRISM BALL	7/1/2004	\$150.00	3	NO
F	15823	BLEPHAROPLASTY, UPPER EYELID; WI	10/1/2004	\$78.99	3	NO
F	65205	REMOVAL OF FOREIGN BODY, EXTERNA	10/1/2005	\$36.07	3	NO
F	65210	REMOVAL OF FOREIGN BODY EXTERNAL	10/1/2005	\$43.86	3	NO
F	65220	REMOVAL OF FOREIGN BODY EXTERNAL	10/1/2005	\$36.33	3	NO
F	65222	REMOVAL OF FOREIGN BODY EXTERNAL	10/1/2005	\$48.53	3	NO
F	65430	SCRAPING OF CORNEA, DIAGNOSTIC,	10/1/2005	\$73.44	3	NO
F	65435	REMOVAL OF CORNEAL EPITHELIUM; W	10/1/2005	\$51.12	3	NO
F	66820	DISCISSION OF SECONDARY MEMBRANE	10/1/2005	\$51.28	3	NO
F	66821	DISCISSION OF SECONDARY MEMBRANO	10/1/2005	\$33.99	3	NO
F	66840	REMOVAL OF LENS MATERIAL; ASPIRA	10/1/2005	\$78.58	3	NO
F	66983	INTRACAPSULAR CATARACT EXTRACTIO	10/1/2005	\$79.46	3	NO
F	66984	EXTRACAPSULAR CATARACT REM W/INS	10/1/2005	\$93.68	3	NO
F	67311	STRABISMUS SURG, RECESSION OR RES	10/1/2005	\$67.63	3	NO
F	67312	STRABISMUS SURG, RECESSION OR RES	10/1/2005	\$81.53	3	NO
F	67314	STRABISMUS SURGERY, RECESSION OR	10/1/2005	\$75.00	3	NO
F	67316	STRABISMUS SURGERY, RECESSION OR	10/1/2005	\$91.55	3	NO
F	67318	STRABISMUS SURGERY, ANY PROC (PA	10/1/2005	\$78.78	3	NO
F	67320	TRANSPOSITION PROC(EG, FOR PARETI	10/1/2005	\$33.74	3	NO
F	67331	STRABISMUS SURG ON PATIENT W/PRE	10/1/2005	\$31.61	3	NO
F	67332	STRABISMUS SURG ON PATIENT W/SCA	10/1/2005	\$34.98	3	NO
F	67334	STRABISMUS SURGERY BY POSTERIOR	10/1/2005	\$30.93	3	NO
F	67340	STRABISMUS SURGERY INVOLVING EXP	10/1/2005	\$38.25	3	NO
F	67343	RELEASE OF EXTENSIVE SCAR TISSUE	10/1/2005	\$73.80	3	NO
F	67820	CORRECTION OF TRICHIASIS; EPILAT	10/1/2005	\$39.70	3	NO
F	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO	10/1/2005	\$84.55	3	NO
F	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	10/1/2005	\$96.02	3	NO
F	92002	OPHTHALMOLOGICAL SERVICES MEDICA	10/1/2005	\$48.53	3	NO
F	92004	COMPREHENSIVE NEW PATIENT ONE OR	10/1/2005	\$88.49	3	NO
F	92012	OPHTHALMOLOGICAL SERVICES MEDICA	10/1/2005	\$44.63	3	NO
F	92014	COMPREHENSIVE ESTABLISHED PATIEN	10/1/2005	\$65.91	3	NO
F	92015	DETERMINATION OF REFRACTIVE STAT	10/1/2005	\$48.79	3	NO
F	92020	GONIOSCOPY (SEPARATE PROCEDURE)	10/1/2005	\$18.68	3	NO
F	92060	SENSORIMOTOR EXAM W/MULTIPLE MEA	10/1/2005	\$37.63	3	NO
F	92065	ORTHOPTIC AND/OR PLEOPTIC TRAINI	10/1/2005	\$23.87	3	NO
F	92070	FITTING OF CONTACT LENS FOR TREA	10/1/2005	\$46.45	3	YES
F	92081	VISUAL FIELD EXAM, UNILATERAL OR	10/1/2005	\$34.25	3	NO
F	92082	VISUAL FIELD EXAM, UNILATERAL OR	10/1/2005	\$43.86	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
F	92083	VISUAL FIELD EXAM,UNILATERAL OR	10/1/2005	\$50.60	3	NO
F	92100	SERIAL TONOMETRY W/MULTIPLE MEAS	10/1/2005	\$59.43	3	NO
F	92120	TONOGRAPHY W/INTERPRETATION AND	10/1/2005	\$49.31	3	NO
F	92130	TONOGRAPHY WITH WATER PROVOCATIO	10/1/2005	\$54.75	3	NO
F	92135	SCANNING COMPUTERIZED OPHTHALMIC	10/1/2005	\$30.10	3	NO
F	92140	PROVOCATIVE TESTS FOR GLAUCOMA,	10/1/2005	\$38.93	3	NO
F	92225	OPHTHALMOSCOPY, EXTENDED, W/RETI	10/1/2005	\$15.83	3	NO
F	92226	SUBSEQUENT	10/1/2005	\$14.27	3	NO
F	92235	FLUORESCEIN ANGIOGRAPHY (INCLUDE	1/1/2004	\$99.13	3	NO
F	92250	FUNDUS PHOTOGRAPHY WITH INTERPRE	10/1/2005	\$51.64	3	NO
F	92260	WITH OPHTHALMODYNAMOMETRY	10/1/2005	\$12.20	3	NO
F	92265	OCULOELECTROMYOGRAPHY ONE OR MOR	10/1/2005	\$61.24	3	NO
F	92270	ELECTRO-OCULOGRAPHY WITH MEDICAL	10/1/2005	\$62.02	3	NO
F	92275	ELECTRORETINOGRAPHY WITH MEDICAL	10/1/2005	\$77.85	3	NO
F	92283	COLOR VISION EXAMINATION EXTENDE	10/1/2005	\$26.73	3	NO
F	92284	DARK ADAPTATION EXAMINATION WITH	10/1/2005	\$55.53	3	NO
F	92285	EXTERNAL OCULAR PHOTOGRAPHY W/IN	10/1/2005	\$31.40	3	NO
F	92286	SPECIAL ANTERIOR SEGMENT PHOTOGR	10/1/2005	\$97.31	3	NO
F	92310	PRESCRIPTION OF OPTICAL AND PHYS	10/1/2005	\$60.46	3	NO
F	92311	CORNEAL LENS FOR APHAKIA ONE EYE	10/1/2005	\$57.09	3	NO
F	92312	CORNEAL LENS FOR APHAKIA BOTH EY	10/1/2005	\$61.50	3	NO
F	92313	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
F	92314	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
F	92315	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
F	92316	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
F	92317	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
F	92325	MODIFICATION OF CONTACT LENS (SE	10/1/2005	\$10.64	3	NO
F	92330	PRESCRIPTION FITTING AND SUPPLY	1/1/2006	INVALID	N	NO
F	92335	PRESCRIPTION OF OCULAR PROSTHESI	1/1/2006	INVALID	N	NO
F	92340	FITTING OF SPECTACLES, EXCEPT FO	2/1/2001	\$25.00	3	NO
F	92341	FITTING OF SPECTACLES, EXCEPT FO	2/1/2001	\$25.00	3	NO
F	92342	FITTING OF SPECTACLES, EXCEPT FO	2/1/2001	\$25.00	3	NO
F	92352	FITTING OF SPECTACLE PROSTHESIS	2/1/2001	\$25.00	3	NO
F	92353	FITTING OF SPECTACLE PROSTHESIS	2/1/2001	\$25.00	3	NO
F	92354	FITTING OF SPECTACLE MOUNTED LOW	#####	NC	9	NO
F	92355	FITTING OF SPECTACLE MOUNTED LOW	#####	NC	9	NO
F	92358	PROSTHESIS SERVICE FOR APHAKIA T	10/1/2005	\$26.47	3	NO
F	92370	REPAIR AND REFITTING SPECTACLES	10/1/2005	\$23.10	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
F	92371	SPECTACLE PROSTHESIS FOR APHAKIA	10/1/2005	\$16.61	3	NO
F	92390	SUPPLY OF SPECTACLES EXCEPT PROS	1/1/2006	INVALID	N	NO
F	92391	SUPPLY OF CONTACT LENSES EXCEPT	1/1/2006	INVALID	N	NO
F	92392	SUPPLY OF LOW VISION AIDS (A LOW	1/1/2006	INVALID	N	NO
F	92393	SUPPLY OF OCULAR PROSTHESIS (ART	1/1/2006	INVALID	N	NO
F	92395	SUPPLY OF PERMANENT PROSTHESIS F	1/1/2006	INVALID	N	NO
F	92396	SUPPLY OF PERMANENT PROSTHESIS F	1/1/2006	INVALID	N	NO
F	92499	UNLISTED OPHTHALMOLOGICAL SERVIC	2/1/1994	\$0.01	5	NO
F	92504	BINOCULAR MICROSCOPY (SEPARATE D	10/1/2005	\$17.91	3	NO
F	95930	VISUAL EVOKED POTENTIAL (VEP) TE	10/1/2005	\$67.99	3	NO
F	99000	HANDLING AND/OR CONVEYANCE OF SP	8/1/1989	NC	9	NO
F	99001	HANDLING AND/OR CONVEYANCE OF SP	8/1/1989	NC	9	NO
F	99002	HANDLING, CONVEYANCE, AND/OR ANY	4/1/1982	NC	9	NO
F	99024	POSTOPERATIVE FOLLOWUP CARE	4/1/1982	NC	9	NO
F	99025	INITIAL (NEW PATIENT) VISIT WHEN	4/1/2004	INVALID	N	NO
F	99050	SERVICES PROVIDED IN THE OFFICE	10/1/2000	\$11.71	3	NO
F	99052	SERVICES REQUESTED BETWEEN 10:00	1/1/2006	INVALID	N	NO
F	99054	SERVICES REQUESTED ON SUNDAYS AN	1/1/2006	INVALID	N	NO
F	99056	SVCS TYPICALLY PROVIDED IN THE O	7/1/1989	NC	9	NO
F	99058	SVCS PROVIDED ON AN EMERGENCY BA	10/1/2000	\$4.71	3	NO
F	99071	EDUCATIONAL SUPPLIES SUCH AS BOO	10/1/2004	NC	9	NO
F	99075	MEDICAL TESTIMONY	10/1/2004	NC	9	NO
F	99078	PHYSICIAN EDUCATIONAL SERVICES R	10/1/2005	NC	9	NO
F	99082	UNUSUAL TRAVEL (EG TRANSPORTATIO	8/1/1989	NC	9	NO
F	99090	ANALYSIS OF CLINICAL DATA STORED	8/1/1989	NC	9	NO
F	99172	VISUAL FUNCTION SCREENING, AUTOM	10/1/2002	\$85.64	3	NO
F	99173	SCREENING TEST OF VISUAL ACUITY,	1/1/2004	\$7.27	3	NO
F	99201	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$25.17	3	NO
F	99202	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$44.63	3	NO
F	99203	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$66.43	3	NO
F	99204	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$93.94	3	NO
F	99205	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$118.85	3	NO
F	99211	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$14.79	3	NO
F	99212	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$26.47	3	NO
F	99213	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$36.07	3	NO
F	99214	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$56.57	3	NO
F	99215	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$82.26	3	NO
F	99241	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$34.51	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
F	99242	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$63.06	3	NO
F	99243	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$84.08	3	NO
F	99244	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$118.33	3	NO
F	99245	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$153.11	3	NO
F	99251	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$24.65	3	NO
F	99252	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$49.56	3	NO
F	99253	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$67.73	3	NO
F	99254	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$97.31	3	NO
F	99255	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$134.16	3	NO
F	99261	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
F	99262	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
F	99263	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
F	99271	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
F	99272	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
F	99273	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
F	99274	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
F	99275	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
F	99301	E/M OF NEW OR EST PT INVOLVING A	1/1/2006	INVALID	N	NO
F	99302	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
F	99303	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
F	99311	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
F	99312	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
F	99313	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
F	99321	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
F	99322	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
F	99323	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
F	99331	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
F	99332	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
F	99333	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
F	99341	HOME VISIT FOR E/M OF NEW PT, WH	10/1/2005	\$39.96	3	NO
F	99342	HOME VISIT FOR E/M OF NEW PT, WH	10/1/2005	\$58.91	3	NO
F	99343	HOME VISIT FOR E/M OF NEW PT, WH	10/1/2005	\$85.89	3	NO
F	99455	WORK RELATED OR MEDICAL DISABILI	4/1/2003	\$151.02	3	NO
F	99456	WORK RELATED OR MEDICAL DISABILI	4/1/2003	\$151.02	3	NO
G	H0001	ALCOHOL AND/OR DRUG ASSESSMENT	10/1/2003	\$165.04	3	NO
G	H0002	BEHAVIORAL HEALTH SCREENING TO D	10/1/2003	\$82.52	3	NO
G	H0004	BEHAVIORAL HEALTH COUNSELING AND	10/1/2003	\$20.63	3	NO
G	H0005	ALCOHOL AND/OR DRUG SERVICES; GR	10/1/2003	\$41.28	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
G	H0006	ALCOHOL AND/OR DRUG CASE MANAGEM	1/1/2003	\$0.01	P	NO
G	H0012	ALCOHOL AND/OR DRUG SERVICES; SU	1/1/2003	\$0.01	P	NO
G	H0015	ALCOHOL AND/OR DRUG SERVICES; IN	7/1/2004	\$0.01	1	NO
G	H0016	ALCOHOL AND/OR DRUG SERVICES; ME	10/1/2003	\$102.85	3	NO
G	H0020	ALCOHOL AND/OR DRUG SERVICES; ME	10/1/2003	\$4.95	3	NO
G	H0033	ORAL MEDICATION ADMINISTRATION,	10/1/2003	\$8.30	3	NO
G	H0048	ALCOHOL AND/OR OTHER DRUG TESTIN	10/1/2003	\$11.08	3	NO
G	H2035	ALCOHOL AND/OR OTHER DRUG TREATM	7/15/2004	\$0.01	1	NO
G	J3490	UNCLASSIFIED DRUG - BILLING MUST	10/1/2003	\$2,950.00	3	NO
G	T1006	ALCOHOL AND/OR OTHER SUBSTANCE A	10/1/2003	\$123.78	3	NO
G	T1013	SIGN LANGUAGE OR ORAL INTERPRETI	10/1/2003	\$7.42	3	NO
G	T1502	ADMINISTRATION OF ORAL MEDICATIO	7/1/2004	\$5.00	1	NO
G	90849	MULTIPLE-FAMILY GROUP	10/1/2003	\$41.28	3	NO
G	90887	INTERPRETATION OR EXPLANATION OF	10/1/2003	\$41.26	3	NO
G	97780	ACUPUNCTURE WITHOUT ELECTRICAL S	1/1/2005	INVALID	N	NO
G	97781	ACUPUNCTURE WITH ELECTRICAL STIM	1/1/2005	INVALID	N	NO
G	97810	ACUPUNCTURE, ONE OR MORE NEEDLE(	1/1/2005	\$13.74	3	NO
G	97811	ACUPUNCTURE, 1 OR MORE NEEDLES;	1/1/2005	\$6.87	3	NO
G	97813	ACUPUNCTURE, 1 OR MORE NEEDLES;	1/1/2005	\$13.74	3	NO
G	97814	ACUPUNCTURE, 1 OR MORE NEEDLES;	1/1/2005	\$6.87	3	NO
H	A9170	NONCOVERED SERVICE BY CHIROPRACT	4/1/2002	INVALID	N	NO
H	D2110	AMALGAM - ONE SURFACE, PRIMARY	4/1/2003	INVALID	N	NO
H	D2120	AMALGAM - TWO SURFACES, PRIMARY	4/1/2003	INVALID	N	NO
H	D2130	AMALGAM - THREE SURFACES, PRIMAR	4/1/2003	INVALID	N	NO
H	D2131	AMALGAM - FOUR OR MORE SURFACES,	4/1/2003	INVALID	N	NO
H	D2140	AMALGAM - ONE SURFACE, PERMANENT	1/1/2002	\$363.00	3	NO
H	D2150	AMALGAM - TWO SURFACES, PERMANEN	1/1/2002	\$363.00	3	NO
H	D2160	AMALGAM - THREE SURFACES, PERMAN	1/1/2002	\$363.00	3	NO
H	D2161	AMALGAM - FOUR OR MORE SURFACES,	1/1/2002	\$363.00	3	NO
H	D2330	RESIN-BASED COMPOSITE - ONE SURF	1/1/2002	\$363.00	3	NO
H	D2331	RESIN-BASED COMPOSITE - TWO SURF	1/1/2002	\$363.00	3	NO
H	D2332	RESIN-BASED COMPOSITE - THREE SU	1/1/2002	\$363.00	3	NO
H	D2335	RESIN-BASED COMPOSITE - FOUR OR	1/1/2002	\$363.00	3	NO
H	D2336	RESIN-BASED COMPOSITE CROWN, ANT	4/1/2003	INVALID	N	NO
H	D2337	RESIN-BASED COMPOSITE CROWN, ANT	4/1/2003	INVALID	N	NO
H	D2380	RESIN-BASED COMPOSITE - ONE SURF	4/1/2003	INVALID	N	NO
H	D2381	RESIN-BASED COMPOSITE - TWO SURF	4/1/2003	INVALID	N	NO
H	D2382	RESIN-BASED COMPOSITE - THREE OR	4/1/2003	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	D2385	RESIN-BASED COMPOSITE - ONE SURF	4/1/2003	INVALID	N	NO
H	D2386	RESIN-BASED COMPOSITE - TWO SURF	4/1/2003	INVALID	N	NO
H	D2387	RESIN-BASED COMPOSITE - THREE SU	4/1/2003	INVALID	N	NO
H	D2388	RESIN-BASED COMPOSITE - FOUR OR	4/1/2003	INVALID	N	NO
H	D2710	CROWN - RESIN (LABORATORY)	1/1/2002	\$363.00	3	NO
H	D2721	CROWN - RESIN WITH PREDOMINANTLY	1/1/2002	\$363.00	3	NO
H	D2722	CROWN - RESIN WITH NOBLE METAL	1/1/2002	\$363.00	3	NO
H	D2751	CROWN - PORCELAIN FUSED TO PREDO	1/1/2002	\$363.00	3	NO
H	D2752	CROWN - PORCELAIN FUSED TO NOBLE	1/1/2002	\$363.00	3	NO
H	D2910	RECEMENT INLAY	1/1/2002	\$363.00	3	NO
H	D2920	RECEMENT CROWN	1/1/2002	\$363.00	3	NO
H	D2930	PREFABRICATED STAINLESS STEEL CR	1/1/2002	\$363.00	3	NO
H	D2931	PREFABRICATED STAINLESS STEEL CR	1/1/2002	\$363.00	3	NO
H	D2932	PREFABRICATED RESIN CROWN	1/1/2002	\$363.00	3	NO
H	D2933	PREFABRICATED STAINLESS STEEL CR	1/1/2002	\$363.00	3	NO
H	D2940	SEDATIVE FILLING	1/1/2002	\$363.00	3	NO
H	D2950	CORE BUILDUP, INCLUDING ANY PINS	1/1/2002	\$363.00	3	NO
H	D2951	PIN RETENTION - PER TOOTH, IN AD	1/1/2002	\$363.00	3	NO
H	D2954	PREFABRICATED POST AND CORE IN A	1/1/2002	\$363.00	3	NO
H	D2957	EACH ADDITIONAL PREFABRICATED PO	1/1/2002	\$363.00	3	NO
H	D2970	TEMPORARY CROWN (FRACTURED TOOTH	1/1/2005	INVALID	N	NO
H	D2980	CROWN REPAIR, BY REPORT	1/1/2002	\$363.00	3	NO
H	D3220	THEREAPEUTIC PULPOTOMY (EXCLUDIN	1/1/2002	\$363.00	3	NO
H	D3221	GROSS PULPAL DEBRIDEMENT, PRIMAR	1/1/2002	\$363.00	3	NO
H	D3230	PULPAL THERAPY (RESORBABLE FILLI	1/1/2002	\$363.00	3	NO
H	D3240	PULPAL THERAPY (RESORBABLE FILLI	1/1/2002	\$363.00	3	NO
H	D3310	ANTERIOR (EXCLUDING FINAL RESTOR	1/1/2002	\$363.00	3	NO
H	D3320	BICUSPID (EXCLUDING FINAL RESTOR	1/1/2002	\$363.00	3	NO
H	D3330	MOLAR (EXCLUDING FINAL RESTORATI	1/1/2002	\$363.00	3	NO
H	D3331	TREATMENT OF ROOT CANAL OBSTRUCT	1/1/2002	\$363.00	3	NO
H	D3332	INCOMPLETE ENDODONTIC THERAPY; I	1/1/2002	\$363.00	3	NO
H	D3333	INTERNAL ROOT REPAIR OF PERFORAT	1/1/2002	\$363.00	3	NO
H	D3351	APEXIFICATION/RECALCIFICATION -	1/1/2002	\$363.00	3	NO
H	D3352	APEXIFICATION/RECALCIFICAITON -	1/1/2002	\$363.00	3	NO
H	D3353	APEXIFICATION/RECALCIFICATION -	1/1/2002	\$363.00	3	NO
H	D3950	CANAL PREPARATION AND FITTING OF	1/1/2002	\$363.00	3	NO
H	D4210	GINGIVECTOMY OR GINGIVOPLASTY -	1/1/2002	\$363.00	3	NO
H	D4220	GINGIVAL CURETTAGE, SURGICAL - P	4/1/2003	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	D4240	GINGIVAL FLAP PROCEDURE, INCLUDI	1/1/2002	\$363.00	3	NO
H	D4245	APICALLY POSITIONED FLAP	1/1/2002	\$363.00	3	NO
H	D4260	OSSEOUS SURGERY (INCLUDING FLAP	1/1/2002	\$363.00	3	NO
H	D4268	SURGICAL REVISION PROCEDURE, PER	1/1/2002	\$363.00	3	NO
H	G0105	COLORECTAL CANCER SCREENING; COL	10/1/2002	\$363.00	3	NO
H	G0121	COLORECTAL CANCER SCREENING; COL	7/1/2001	\$363.00	3	NO
H	M0300	IV CHELATION THERAPY (CHEMICAL E	10/1/1984	NC	9	NO
H	M0301	FABRIC WRAPPING OF ABDOMINAL ANE	8/30/1994	NC	9	NO
H	S4005	INTERIM LABOR FACILITY GLOBAL (L	1/1/2004	\$0.01	5	NO
H	V2785	PROCESSING, PRESERVING AND TRANS	10/1/1998	\$1,600.00	3	NO
H	10121	INCISION AND REMOVAL OF FOREIGN	7/1/2003	\$363.00	3	NO
H	10180	INCISION AND DRAINAGE, COMPLEX,	7/1/2002	\$363.00	3	NO
H	11010	DEBRIDEMENT INCLUDING REMOVAL OF	7/1/2003	\$363.00	3	NO
H	11011	DEBRIDEMENT INCLUDING REMOVAL OF	7/1/2003	\$363.00	3	NO
H	11012	DEBRIDEMENT INCLUDING REMOVAL OF	7/1/2003	\$363.00	3	NO
H	11042	DEBRIDEMENT; SKIN AND SUBCUTANEO	7/1/1997	\$363.00	3	NO
H	11043	DEBRIDEMENT; SKIN SUBCUTANEOUS T	7/1/1997	\$363.00	3	NO
H	11044	DEBRIDEMENT; SKIN SUBCUTANEOUS T	7/1/1997	\$363.00	3	NO
H	11200	REMOVAL OF SKIN TAGS, MULTIPLE F	1/1/1984	NC	9	NO
H	11201	EXCISION SKIN TAGS MULTIPLE FIBR	1/1/1984	NC	9	NO
H	11404	EXCISION, BENIGN LESION INCL MAR	7/1/1997	\$271.00	3	NO
H	11406	EXCISION, BENIGN LESION INCL MAR	7/1/1997	\$363.00	3	NO
H	11424	EXCISION, BENIGN LESION INC MARG	7/1/1997	\$363.00	3	NO
H	11426	EXCISION, BENIGN LESION INC MARG	7/1/1997	\$363.00	3	NO
H	11444	EXCISION OTHER BENIGN LESION FAC	7/1/1997	\$271.00	3	NO
H	11446	EXCISION OTHER BENIGN LESION FAC	7/1/1997	\$363.00	3	NO
H	11450	EXCISION OF SKIN AND SUBCUTANEOU	7/1/1997	\$363.00	3	NO
H	11451	EXCISION OF SKIN AND SUBCUTANEOU	7/1/1997	\$363.00	3	NO
H	11462	EXCISION OF SKIN AND SUBCUTANEOU	7/1/1997	\$363.00	3	NO
H	11463	EXCISION OF SKIN AND SUBCUTANEOU	7/1/1997	\$363.00	3	NO
H	11470	EXCISION OF SKIN AND SUBCUTANEOU	7/1/1997	\$363.00	3	NO
H	11471	EXCISION OF SKIN AND SUBCUTANEOU	7/1/1997	\$363.00	3	NO
H	11604	EXCISION, MALIGNANT LESION INCL	7/1/1997	\$363.00	3	NO
H	11606	EXCISION MALIGNANT LESION TRUNK	7/1/1997	\$363.00	3	NO
H	11624	EXCISION MALIGNANT LESION SCALP	7/1/1997	\$363.00	3	NO
H	11626	EXCISION MALIGNANT LESION SCALP	7/1/1997	\$363.00	3	NO
H	11644	EXCISION MALIGNANT LESION FACE E	7/1/1997	\$363.00	3	NO
H	11646	EXCISION MALIGNANT LESION FACE E	7/1/1997	\$363.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	11770	EXCISION OF PILONIDAL CYST OR SI	7/1/1997	\$417.00	3	NO
H	11771	EXCISION OF PILONIDAL CYST OR SI	7/1/1997	\$417.00	3	NO
H	11772	EXCISION OF PILONIDAL CYST OR SI	7/1/1997	\$417.00	3	NO
H	11920	TATTOOING INTRADERMAL INTRODUCTI	1/1/1984	NC	9	NO
H	11921	TATTOOING INTRADERMAL INTRODUCTI	1/1/1984	NC	9	NO
H	11922	TATTOOING INTRADERMAL INTRODUCTI	1/1/1984	NC	9	NO
H	11950	SUBCUTANEOUS INJECTION OF "FILLI	1/1/1984	NC	9	NO
H	11951	SUBCUTANEOUS INJECTION OF FILLIN	1/1/1984	NC	9	NO
H	11952	SUBCUTANEOUS INJECTION OF FILLIN	1/1/1984	NC	9	NO
H	11954	SUBCUTANEOUS INJECTION OF FILLIN	1/1/1984	NC	9	NO
H	11960	INSERTION OF TISSUE EXPANDER(S)	6/1/2005	\$363.00	3	NO
H	11970	REPLACEMENT OF TISSUE EXPANDER W	7/1/1997	\$417.00	3	NO
H	11971	REMOVAL OF TISSUE EXPANDER(S) WI	7/1/1997	\$271.00	3	NO
H	12005	SIMPLE REPAIR OF SUPERFICIAL WOU	7/1/1997	\$363.00	3	NO
H	12006	SIMPLE REPAIR OF SUPERFICIAL WOU	7/1/1997	\$363.00	3	NO
H	12007	SIMPLE REPAIR OF SUPERFICIAL WOU	7/1/1997	\$363.00	3	NO
H	12016	12.5 CM TO 20.0 CM	7/1/1997	\$363.00	3	NO
H	12017	SIMPLE REPAIR OF SUPERFICIAL WOU	7/1/1997	\$363.00	3	NO
H	12018	SIMPLE REPAIR OF SUPERFICIAL WOU	7/1/1997	\$363.00	3	NO
H	12020	TREATMENT OF SUPERFICIAL WOUND D	7/1/1997	\$271.00	3	NO
H	12021	TREATMENT OF SUPERFICIAL WOUND D	7/1/1997	\$271.00	3	NO
H	12034	LAYER CLOSURE OF WOUNDS OF SCALP	7/1/1997	\$363.00	3	NO
H	12035	LAYER CLOSURE OF WOUNDS OF SCALP	7/1/1997	\$363.00	3	NO
H	12036	LAYER CLOSURE OF WOUNDS OF SCALP	7/1/1997	\$363.00	3	NO
H	12037	LAYER CLOSURE OF WOUNDS OF SCALP	7/1/1997	\$363.00	3	NO
H	12044	LAYER CLOSURE OF WOUNDS OF NECK	7/1/1997	\$363.00	3	NO
H	12045	LAYER CLOSURE OF WOUNDS OF NECK	7/1/1997	\$363.00	3	NO
H	12046	LAYER CLOSURE OF WOUNDS OF NECK	7/1/1997	\$363.00	3	NO
H	12047	LAYER CLOSURE OF WOUNDS OF NECK	7/1/1997	\$363.00	3	NO
H	12054	LAYER CLOSURE OF WOUNDS OF FACE	7/1/1997	\$363.00	3	NO
H	12055	LAYER CLOSURE OF WOUNDS OF FACE	7/1/1997	\$363.00	3	NO
H	12056	LAYER CLOSURE OF WOUNDS OF FACE	7/1/1997	\$363.00	3	NO
H	12057	LAYER CLOSURE OF WOUNDS OF FACE	7/1/1997	\$363.00	3	NO
H	13100	REPAIR COMPLEX TRUNK 1.0 CM TO 2	7/1/1997	\$363.00	3	NO
H	13101	REPAIR COMPLEX TRUNK; 2.5 TO 7.5	7/1/1997	\$417.00	3	NO
H	13120	REPAIR COMPLEX SCALP ARMS AND/OR	7/1/1997	\$363.00	3	NO
H	13121	REPAIR COMPLEX SCALP ARMS AND/OR	7/1/1997	\$417.00	3	NO
H	13131	REPAIR COMPLEX FOREHEAD CHEEKS C	7/1/1997	\$363.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	13132	REPAIR COMPLEX FOREHEAD CHEEKS C	7/1/1997	\$417.00	3	NO
H	13150	REPAIR COMPLEX EYELIDS NOSE EARS	7/1/1997	\$417.00	3	NO
H	13151	REPAIR COMPLEX EYELIDS NOSE EARS	7/1/1997	\$417.00	3	NO
H	13152	REPAIR VOMPLEX EYELIDS NOSE EARS	7/1/1997	\$417.00	3	NO
H	13160	SECONDARY CLOSURE OF SURGICAL WO	7/1/1997	\$363.00	3	NO
H	14000	ADJACENT TISSUE TRANSFER OR REAR	5/1/2005	\$363.00	3	NO
H	14001	ADJACENT TISSUE TRANSFER OR REAR	7/1/1997	\$417.00	3	NO
H	14020	ADJACENT TISSUE TRANSFER OR REAR	7/1/1997	\$417.00	3	NO
H	14021	ADJACENT TISSUE TRANSFER OR REAR	7/1/1997	\$417.00	3	NO
H	14040	ADJACENT TISSUE TRANSFER OR REAR	7/1/1997	\$363.00	3	NO
H	14041	ADJ TISS TRANS OR REARR FOREHEAD	7/1/1997	\$417.00	3	NO
H	14060	ADJACENT TISSUE TRANSFER OR REAR	7/1/1997	\$417.00	3	NO
H	14061	ADJACENT TISSUE TRANSFER OR REAR	7/1/1997	\$417.00	3	NO
H	14300	ADJACENT TISSUE TRANSFER OR REAR	7/1/1997	\$513.00	3	NO
H	14350	FILLETED FINGER OR TOE FLAP INCL	7/1/1997	\$417.00	3	NO
H	15000	SURGICAL PREP OR CREATION OF REC	7/1/1997	\$363.00	3	NO
H	15001	SURGICAL PREPARATION OR CREATION	6/1/2005	\$271.00	3	NO
H	15050	PINCH GRAFT SINGLE OR MULTIPLE T	7/1/1997	\$363.00	3	NO
H	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK	7/1/1997	\$363.00	3	NO
H	15101	SPLIT GRAFT, TRUNK, ARMS, LEGS;	7/1/1997	\$417.00	3	NO
H	15120	SPLIT-THICKNESS AUTOGRAFT, FACE,	7/1/1997	\$363.00	3	NO
H	15121	SPLIT GRAFT, FACE, SCALP, EYELID	7/1/1997	\$417.00	3	NO
H	15200	FULL THICKNESS GRAFT FREE INCLUD	7/1/1997	\$417.00	3	NO
H	15201	FULL THICKNESS GRAFT FREE INCLUD	7/1/1997	\$363.00	3	NO
H	15220	FULL THICKNESS GRAFT FREE INCLUD	7/1/1997	\$363.00	3	NO
H	15221	FULL THICKNESS GRAFT GREE INCLUD	7/1/1997	\$363.00	3	NO
H	15240	FULL THICKNESS GRAFT FREE INCLUD	7/1/1997	\$417.00	3	NO
H	15241	FULL THICK GRAFT FREE FOREHEAD C	7/1/1997	\$417.00	3	NO
H	15260	FULL THICKNESS GRAFT FREE INCLUD	7/1/1997	\$363.00	3	NO
H	15261	FULL THICK GRAFT FREE INC DIR CL	7/1/1997	\$363.00	3	NO
H	15350	HOMOGRAFT SKIN	1/1/2006	INVALID	N	NO
H	15351	APPLICATION OF ALLOGRAFT, SKIN;	1/1/2006	INVALID	N	NO
H	15400	XENOGRAFT, SKIN (DERMAL), FOR TE	7/1/1997	\$363.00	3	NO
H	15401	XENOGRAFT, SKIN, FOR TEMP WOUND	6/1/2005	\$363.00	3	NO
H	15570	FORMATION OF DIRECT OR TUBED PED	7/1/1997	\$417.00	3	NO
H	15572	FORMATION OF DIRECT OR TUBED PED	7/1/1997	\$417.00	3	NO
H	15574	FORMATION OF DIRECT OR TUBED PED	7/1/1997	\$417.00	3	NO
H	15576	FORMATION OF DIRECT OR TUBED PED	7/1/1997	\$417.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	15600	DELAY OF FLAP OR SECTIONING OF F	7/1/1997	\$417.00	3	NO
H	15610	INTER DEL OF ANY FLAP PRIM DEL O	7/1/1997	\$417.00	3	NO
H	15620	INTER DEL OF ANY FLAP PRIM DEL O	7/1/1997	\$513.00	3	NO
H	15630	INTER DELAY ANY FLAP PRIM DEL SM	7/1/1997	\$417.00	3	NO
H	15650	TRANSFER INTERMEDIATE OF ANY PED	7/1/1997	\$585.00	3	NO
H	15732	MUSCLE, MYOCUTANEOUS, OR FASCIOC	7/1/1997	\$417.00	3	NO
H	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOC	7/1/1997	\$417.00	3	NO
H	15736	MUSCLE, MYOCUTANEOUS, OR FASCIOC	7/1/1997	\$417.00	3	NO
H	15738	MUSCLE, MYOCUTANEOUS, OR FASCIOC	7/1/1997	\$417.00	3	NO
H	15740	FLAP; ISLAND PEDICLE	7/1/1997	\$363.00	3	NO
H	15750	FLAP; NEUROVASCULAR PEDICLE	7/1/1997	\$363.00	3	NO
H	15756	FREE MUSCLE FLAP WITH OR WITHOUT	1/1/1999	\$482.00	3	NO
H	15757	FREE SKIN FLAP WITH MICROVASCULA	1/1/1999	\$482.00	3	NO
H	15758	FREE FASCIAL FLAP WITH MICROVASC	1/1/1999	\$482.00	3	NO
H	15760	GRAFT;COMPOSITE (FULL THICKNESS	7/1/1997	\$363.00	3	NO
H	15770	GRAFT; DERMA-FAT-FASCIA	7/1/1997	\$417.00	3	NO
H	15775	PUNCH GRAFT FOR HAIR TRANSPLANT	1/1/1984	NC	9	NO
H	15776	PUNCH GRAFT FOR HAIR GRAFT; MORE	1/1/1984	NC	9	NO
H	15780	DERMABRASION; TOTAL FACE (EG, FO	1/1/1984	NC	9	NO
H	15781	DERMABRASION; SEGMENTAL, FACE (E	10/1/1984	NC	9	NO
H	15782	DERMABRASION; REGIONAL, OTHER TH	10/1/1984	NC	9	NO
H	15783	DERMABRASION; SUPERFICIAL, ANY S	3/1/1987	NC	9	NO
H	15786	ABRASION SINGLE LESION (EG KERAT	1/1/1984	NC	9	NO
H	15787	ABRASION; EACH ADDITIONAL FOUR L	1/1/1984	NC	9	NO
H	15810	SALABRASION UP TO 20 SQ CM	1/1/2006	INVALID	N	NO
H	15811	SALABRASION; 20 SQ CM AND OVER	1/1/2006	INVALID	N	NO
H	15819	CERVICOPLASTY	10/1/1984	NC	9	NO
H	15820	BLEPHAROPLASTY LOWER EYELIDS	1/1/1984	NC	9	NO
H	15821	BLEPHAROPLASTY LOWER EYELID; WIT	1/1/1984	NC	9	NO
H	15822	BLEPHAROPLASTY, UPPER EYELID	6/1/2005	\$417.00	3	NO
H	15823	BLEPHAROPLASTY, UPPER EYELID; WI	6/1/2005	\$585.00	3	YES
H	15824	RHYTIDECTOMY FOREHEAD	1/1/1984	NC	9	NO
H	15825	RHYTIDECTOMY; NECK WITH PLATYSMA	10/1/1984	NC	9	NO
H	15826	RHYTIDECTOMY; GLABELLAR FROWN LI	1/1/1984	NC	9	NO
H	15828	RHYTIDECTOMY; CHEEK CHIN AND NEC	1/1/1984	NC	9	NO
H	15829	RHYTIDECTOMY; SUPERFICIAL MUSCUL	10/1/1984	NC	9	NO
H	15832	EXCISION EXCESSIVE SKIN AND SUBC	1/1/1984	NC	9	NO
H	15833	EXCISION EXCESSIVE SKIN AND SUBC	1/1/1984	NC	9	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	15834	EXCISION EXCESSIVE SKIN AND SUBC	1/1/1984	NC	9	NO
H	15835	EXCISION EXCESSIVE SKIN AND SUBC	1/1/1984	NC	9	NO
H	15837	EXCISION EXCESSIVE SKIN AND SUBC	1/1/1984	NC	9	NO
H	15838	EXCISION EXCESSIVE SKIN AND SUBC	10/1/1984	NC	9	NO
H	15839	EXCISION EXCESSIVE SKIN AND SUBC	10/1/1984	NC	9	NO
H	15840	GRAFT FOR FACIAL NERVE PARALYSIS	7/1/1997	\$513.00	3	NO
H	15841	GRAFT FOR FACIAL NERVE PARALYSIS	7/1/1997	\$513.00	3	NO
H	15842	GRAFT FOR FACIAL NERVE PARALYSIS	7/1/1997	\$513.00	3	NO
H	15845	GRAFT FOR FACIAL NERVE PARALYSIS	7/1/1997	\$513.00	3	NO
H	15920	EXCISION, COCCYGEAL PRESSURE ULC	7/1/1997	\$417.00	3	NO
H	15922	EXCISION, COCCYGEAL PRESSURE ULC	7/1/1997	\$513.00	3	NO
H	15931	EXCISION SACRAL DECUBITUS ULCER	7/1/1997	\$417.00	3	NO
H	15933	EXCISION SACRAL PRESSURE ULCER W	7/1/1997	\$417.00	3	NO
H	15934	EXCISION,, SACRAL PRESSURE ULCER	7/1/1997	\$417.00	3	NO
H	15935	EXCISION SACRAL PRESSURE ULCER W	7/1/1997	\$513.00	3	NO
H	15936	EXCISION, SACRAL PRESSURE ULCER,	7/1/1997	\$515.00	3	NO
H	15937	EXCISION SACRAL PRESSURE ULCER W	7/1/1997	\$515.00	3	NO
H	15940	EXCISION ISCHIAL DECUBITUS ULCER	7/1/1997	\$417.00	3	NO
H	15941	EXCISION, ISCHIAL PRESSURE ULCER	7/1/1997	\$417.00	3	NO
H	15944	EXCISION, ISCHIAL PRESSURE ULCER	7/1/1997	\$417.00	3	NO
H	15945	EXCISION ISCHIAL PRESSURE ULCER	7/1/1997	\$513.00	3	NO
H	15946	EXCISION, ISCHIAL PRESSURE ULCER	7/1/1997	\$513.00	3	NO
H	15950	EXCISION, TROCHANTERIC PRESSURE	7/1/1997	\$417.00	3	NO
H	15951	EXCISION TROCHANTERIC PRESSURE U	7/1/1997	\$513.00	3	NO
H	15952	EXCISION, TROCHANTERIC PRESSURE	7/1/1997	\$417.00	3	NO
H	15953	EXCISION TROCHANTERIC PRESSURE U	7/1/1997	\$513.00	3	NO
H	15956	EXCISION, TROCHANTERIC PRESSURE	7/1/1997	\$417.00	3	NO
H	15958	EXCISION TROCHANTERIC PRESSURE U	7/1/1997	\$513.00	3	NO
H	16010	DRESSINGS AND/OR DEBRIDEMENT INI	1/1/2006	INVALID	N	NO
H	16015	DRESSINGS AND/OR DEBRIDEMENT INI	1/1/2006	INVALID	N	NO
H	16030	DRESSINGS AND/OR DEBRIDEMENT OF	7/1/1997	\$271.00	3	NO
H	16035	ESCHAROTOMY; INITIAL INCISION	7/1/1997	\$363.00	3	NO
H	17380	ELECTROLYSIS EPILATION EACH 1/2	1/1/1984	NC	9	NO
H	17999	UNLISTED PROCEDURE SKIN MUCOUS M	4/1/1989	\$0.01	5	NO
H	19020	MASTOTOMY WITH EXPLORATION OR DR	7/1/1997	\$363.00	3	NO
H	19100	BIOPSY OF BREAST; PERCUTANEOUS,	6/1/2005	\$271.00	3	NO
H	19101	BIOPSY OF BREAST; OPEN, INCISION	7/1/1997	\$363.00	3	NO
H	19102	BIOPSY OF BREAST; PERCUTANEOUS,	7/1/2001	\$363.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	19103	BIOPSY OF BREAST; PERCUTANEOUS,	7/1/2001	\$363.00	3	NO
H	19110	NIPPLE EXPLORATION WITH OR WITHO	7/1/1997	\$363.00	3	NO
H	19112	EXCISION OF LACTIFEROUS DUCT FIS	6/1/2005	\$417.00	3	NO
H	19120	EXCISION OF CYST, FIBROADENOMA,	7/1/1997	\$417.00	3	NO
H	19125	EXCISION OF BREAST LESION IDENTI	7/1/1997	\$417.00	3	NO
H	19126	EXCISION OF BREAST LESION IDENTI	6/1/2005	\$417.00	3	NO
H	19140	MASTECTOMY FOR GYNECOMASTIA THRO	6/8/1994	NC	9	NO
H	19160	MASTECTOMY, PARTIAL (EG, LUMPECT	7/1/1997	\$417.00	3	NO
H	19162	MASTECTOMY PARTIAL (QUADRECTOMY	7/1/1997	\$812.00	3	NO
H	19180	MASTECTOMY, SIMPLE, COMPLETE	7/1/1997	\$513.00	3	NO
H	19182	MASTECTOMY SUBCUTANEOUS UNILATER	7/1/1997	\$513.00	3	NO
H	19240	MASTECTOMY,MODIFIED RAD,INCL AXI	7/1/2002	\$513.00	3	NO
H	19260	EXCISION OF CHEST WALL TUMOR INC	7/1/1997	\$585.00	3	NO
H	19290	PREOPERATIVE PLACEMENT OF NEEDLE	7/1/2002	\$271.00	3	NO
H	19291	PREOPERATIVE PLACEMENT OF NEEDLE	6/1/2005	\$271.00	3	NO
H	19296	PLACEMENT OF RADIOTHERAPY AFTERL	6/1/2005	\$900.00	3	NO
H	19298	PLACEMENT OF RADIOTHERAPY AFTERL	6/1/2005	\$271.00	3	NO
H	19316	MASTOPEXY	8/1/2003	NC	9	NO
H	19318	REDUCTION MAMMAPLASTY	7/1/1997	\$513.00	3	NO
H	19324	MAMMAPLASTY, AUGMENTATION; WITHO	7/1/2003	\$513.00	3	NO
H	19325	MAMMAPLASTY AUGMENTATION; WITH P	1/1/2004	\$1,150.00	3	NO
H	19328	REMOVAL OF INTACT MAMMARY IMPLAN	7/1/1997	\$271.00	3	NO
H	19330	REMOVAL OF MAMMARY IMPLANT MATER	7/1/1997	\$271.00	3	NO
H	19340	IMMEDIATE INSERTION OF BREAST PR	6/1/2005	\$363.00	3	NO
H	19342	DELAYED INSERTION OF BREAST PROS	6/1/2005	\$417.00	3	NO
H	19350	RECONSTRUCTION OF NIPPLE AND/OR	6/1/2005	\$513.00	3	NO
H	19355	CORRECTION OF INVERTED NIPPLES	7/1/2003	\$513.00	3	NO
H	19357	BREAST RECONSTRUCTION, IMMEDIATE	6/1/2005	\$585.00	3	NO
H	19364	BREAST RECONSTRUCTION WITH FREE	1/1/2000	\$678.00	3	NO
H	19366	BREAST RECONSTRUCTION WITH OTHER	6/1/2005	\$585.00	3	NO
H	19370	OPEN PERIPROSTHETIC CAPSULOTOMY,	10/1/1984	NC	9	NO
H	19371	PERIPROSTHETIC CAPSULOTOMY, BREA	6/1/2005	\$513.00	3	NO
H	19380	REVISION OF RECONSTRUCTED BREAST	10/1/2004	\$585.00	3	NO
H	19396	PREPARATION OF MOULAGE FOR CUSTO	10/1/1984	NC	9	NO
H	20005	INCISION OF SOFT TISSUE ABSCESS	7/1/1997	\$363.00	3	NO
H	20200	BIOPSY MUSCLE SUPERFICIAL	7/1/1997	\$363.00	3	NO
H	20205	BIOPSY MUSCLE; DEEP	7/1/1997	\$417.00	3	NO
H	20206	BIOPSY MUSCLE PERCUTANEOUS NEEDL	6/1/2005	\$271.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	20220	BIOPSY BONE TROCAR OR NEEDLE SUP	7/1/1997	\$271.00	3	NO
H	20225	BIOPSY, BONE, TROCAR, OR NEEDLE;	7/1/1997	\$363.00	3	NO
H	20240	BIOPSY, BONE, OPEN; SUPERFICIAL	7/1/1997	\$363.00	3	NO
H	20245	BIOPSY, BONE, OPEN; DEEP (EG, HU	7/1/1997	\$417.00	3	NO
H	20250	BIOPSY, VERTEBRAL BODY, OPEN; TH	7/1/1997	\$417.00	3	NO
H	20251	BIOPSY, VERTEBRAL BODY, OPEN; LU	7/1/1997	\$417.00	3	NO
H	20525	REMOVAL OF FOREIGN BODY IN MUSCL	7/1/1997	\$417.00	3	NO
H	20650	INSERTION OF WIRE OR PIN WITH AP	7/1/1997	\$417.00	3	NO
H	20660	APPLICATION OF CRANIAL TONGS, CA	7/1/1997	\$363.00	3	NO
H	20661	APPLICATION OF HALO, INCLUDING R	7/1/1997	\$417.00	3	NO
H	20662	APPLICATION OF HALO INCLUDING RE	7/1/1997	\$417.00	3	NO
H	20663	APPLICATION OF HALO INCLUDING RE	7/1/1997	\$417.00	3	NO
H	20665	REMOVAL OF TONGS OR HALO APPLIED	7/1/1997	\$271.00	3	NO
H	20670	REMOVAL OF IMPLANT SUPERFICIAL (	7/1/1997	\$271.00	3	NO
H	20680	REMOVAL OF IMPLANT; DEEP, (EG, B	7/1/1997	\$417.00	3	NO
H	20690	APPLICATION OF A UNIPLANE (PINS	7/1/1997	\$363.00	3	NO
H	20692	APPLICATION OF A MULTIPLANE (PIN	6/1/2005	\$417.00	3	NO
H	20693	ADJUSTMENT OR REVISION OF EXTERN	6/1/2005	\$417.00	3	NO
H	20694	REMOVAL, UNDER ANESTHESIA, OF EX	7/1/1997	\$271.00	3	NO
H	20900	BONE GRAFT, ANY DONOR AREA; MINO	7/1/1997	\$417.00	3	NO
H	20902	BONE GRAFT ANY DONOR AREA; MAJOR	7/1/1997	\$513.00	3	NO
H	20910	CARTILAGE GRAFT; COSTOCHONDRAL	6/1/2005	\$417.00	3	YES
H	20912	CARTILAGE GRAFT; NASAL SEPTUM	7/1/1997	\$417.00	3	NO
H	20920	FASCIA LATA GRAFT; BY STRIPPER	7/1/1997	\$513.00	3	NO
H	20922	FASCIA LATA GRAFT; BY INCISION A	7/1/1997	\$417.00	3	NO
H	20924	TENDON GRAFT FROM A DISTANCE (EG	7/1/1997	\$513.00	3	NO
H	20955	BONE GRAFT WITH MICROVASCULAR AN	7/1/1997	\$513.00	3	NO
H	20962	BONE GRAFT WITH MICROVASCULAR AN	7/1/1997	\$513.00	3	NO
H	20969	FREE OSTEOCUTANEOUS FLAP WITH MI	7/1/1997	\$513.00	3	NO
H	20970	FREE OSTEOCUTANEOUS FLAP WITH MI	7/1/1997	\$513.00	3	NO
H	20972	FREE OSTEOCUTANEOUS FLAP WITH MI	7/1/1997	\$513.00	3	NO
H	20973	FREE OSTEOCUTANEOUS FLAP WITH MI	7/1/1997	\$513.00	3	NO
H	20975	ELECTRICAL STIMULATION TO AID BO	7/1/1997	\$363.00	3	NO
H	21010	ARTHROTOMY, TEMPOROMANDIBULAR JO	7/1/1997	\$363.00	3	NO
H	21015	RADICAL RESECTION OF TUMOR (EG,	6/1/2005	\$417.00	3	NO
H	21025	EXCISION OF BONE (EG, FOR OSTEOM	7/1/1997	\$363.00	3	NO
H	21026	EXCISION OF BONE (EG, FOR OSTEOM	7/1/1997	\$363.00	3	NO
H	21029	REMOVAL BY CONTOURING OF BENIGN	7/1/2003	\$363.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	21034	EXCISION OF MALIGNANT TUMOR OF M	7/1/1997	\$417.00	3	NO
H	21040	EXCISION OF BENIGN TUMOR OR CYST	7/1/1997	\$363.00	3	NO
H	21041	EXCISION OF BENIGN CYST OR TUMOR	7/1/2003	INVALID	N	NO
H	21044	EXCISION OF MALIGNANT TUMOR OF M	7/1/1997	\$363.00	3	NO
H	21046	EXCISION OF BENIGN TUMOR OR CYST	7/1/2003	\$363.00	3	NO
H	21047	EXCISION OF BENIGN TUMOR OR CYST	7/1/2003	\$363.00	3	NO
H	21050	CONDYLECTOMY, TEMPOROMANDIBULAR	7/1/1997	\$417.00	3	YES
H	21060	MENISCECTOMY, PARTIAL OR COMPLET	7/1/1997	\$363.00	3	NO
H	21070	CORONOIDECTOMY (SEPARATE PROCEDU	7/1/1997	\$417.00	3	NO
H	21100	APPLICATION OF HALO TYPE APPLIAN	7/1/1997	\$363.00	3	NO
H	21120	GENIOPLASTY; AUGMENTATION (AUTOG	6/1/2005	\$812.00	3	NO
H	21121	GENIOPLASTY; SLIDING OSTEOTOMY,	7/1/2003	\$812.00	3	NO
H	21122	GENIOPLASTY; SLIDING OSTEOTOMIES	7/1/2003	\$812.00	3	NO
H	21123	GENIOPLASTY; SLIDING,AUGMENTATIO	3/28/2005	NC	9	NO
H	21127	AUGMENTATION,MANDIBULAR BODY OR	7/1/2003	NC	9	NO
H	21181	REMOVAL BY CONTOURING OF BENIGN	7/1/2003	\$812.00	3	NO
H	21206	OSTEOTOMY,MAXILLA,SEGMENTAL (EG,	7/1/1997	\$585.00	3	YES
H	21208	OSTEOPLASTY, FACIAL BONES; AUGME	7/1/1997	\$812.00	3	YES
H	21209	OSTEOPLASTY, FACIAL BONES; REDUC	7/1/1997	\$585.00	3	YES
H	21210	GRAFT BONE NASAL MAXILLARY AND M	7/1/1997	\$812.00	3	NO
H	21215	GRAFT BONE; MANDIBLE (INCLUDES O	7/1/1997	\$812.00	3	NO
H	21230	GRAFT RIB CARTILAGE AUTOGENOUS T	7/1/1997	\$812.00	3	NO
H	21235	GRAFT;EAR CARTILAGE,AUTOGRAFT,TO	7/1/1997	\$812.00	3	NO
H	21240	ARTHROPLASTY,TEMPOROMANDIBULAR J	7/1/1997	\$513.00	3	NO
H	21242	ARTHROPLASTY, TEMPOROMANDIBULAR	7/1/1997	\$585.00	3	NO
H	21243	ARTHROPLASTY, TEMPOROMANDIBULAR	7/1/1997	\$585.00	3	NO
H	21244	RECONSTRUCTION OF MANDIBLE, EXTR	7/1/1997	\$812.00	3	NO
H	21245	RECONSTRUCTION OF MANDIBLE OR MA	7/1/1997	\$812.00	3	NO
H	21246	RECONSTRUCTION OF MANDIBLE OR MA	7/1/1997	\$812.00	3	NO
H	21248	RECONSTRUCTION OF MANDIBLE OR MA	7/1/1997	\$812.00	3	NO
H	21249	RECONSTRUCTION OF MANDIBLE OR MA	7/1/1997	\$812.00	3	NO
H	21267	ORBITAL REPOSITIONING PERIORBITA	7/1/1997	\$812.00	3	YES
H	21270	MALAR AUGMENTATION, PROSTHETIC M	7/1/1997	\$585.00	3	YES
H	21275	SECONDARY REVISION FOR ORBITOCRA	7/1/1997	\$812.00	3	YES
H	21280	MEDIAL CANTHOPEXY (SEPARATE PROC	7/1/1997	\$585.00	3	YES
H	21282	LATERAL CANTHOPEXY	7/1/1997	\$585.00	3	NO
H	21295	REDUCTION OF MASSETER MUSCLE/BON	7/1/2003	\$271.00	3	NO
H	21296	REDUCTION OF MASSETER MUSCLE (EG	7/1/2003	\$271.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	21310	CLOSED TREATMENT OF NASAL BONE F	7/1/1997	\$363.00	3	NO
H	21315	MANIPULATIVE TREATMENT, NASAL BO	7/1/1997	\$363.00	3	NO
H	21320	MANIPULATIVE TREATMENT, NASAL BO	7/1/1997	\$363.00	3	NO
H	21325	OPEN TREATMENT OF NASAL FRACTURE	7/1/1997	\$513.00	3	NO
H	21330	OPEN TREATMENT OF NASAL FRACTURE	7/1/1997	\$585.00	3	NO
H	21335	OPEN TREATMENT OF NASAL FRACTURE	7/1/1997	\$812.00	3	NO
H	21336	OPEN TREATMENT OF NASAL SEPTAL F	7/1/2003	\$513.00	3	NO
H	21337	CLOSED TREATMENT OF NASAL SEPTAL	7/1/1997	\$363.00	3	NO
H	21338	OPEN TREATMENT OF NASOETHMOID FR	7/1/1997	\$513.00	3	NO
H	21339	OPEN TREATMENT OF NASOETHMOID FR	7/1/1997	\$585.00	3	NO
H	21340	PERCUTANEOUS TREAT OF NASOETHMOI	7/1/1997	\$513.00	3	NO
H	21343	OPEN TREATMENT OF DEPRESSED FRON	7/1/1997	\$585.00	3	NO
H	21345	CLOSED TREATMENT OF NASOMAXILLAR	7/1/2003	\$812.00	3	NO
H	21355	PERCUTANEOUS TREATMENT OF FRACTU	7/1/1997	\$417.00	3	NO
H	21360	OPEN TREATMENT OF CLOSED OR OPEN	7/1/1997	\$513.00	3	NO
H	21365	OPEN TREATMENT OF COMPLICATED FR	7/1/1997	\$585.00	3	NO
H	21385	OPEN TREATMENT OF ORBITAL FLOOR	7/1/1997	\$585.00	3	NO
H	21386	OPEN TREATMENT OF ORBITAL FLOOR	7/1/1997	\$585.00	3	NO
H	21387	OPEN TREATMENT OF ORBITAL FLOOR	7/1/1997	\$585.00	3	NO
H	21390	OPEN TREATMENT OF ORBITAL FLOOR	7/1/1997	\$812.00	3	NO
H	21395	OPEN TREATMENT OF ORBITAL FLOOR	7/1/1997	\$812.00	3	NO
H	21400	CLOSED TREATMENT OF FRACTURE OF	7/1/1997	\$363.00	3	NO
H	21401	TREATMENT OF FRACTURE OF ORBIT E	7/1/1997	\$417.00	3	NO
H	21406	OPEN TREATMENT OF FRACTURE OF OR	7/1/1997	\$513.00	3	NO
H	21407	OPEN TREATMENT OF FRACTURE OF OR	7/1/1997	\$585.00	3	NO
H	21421	CLOSED TREATMENT OF PALATAL OR M	7/1/1997	\$513.00	3	NO
H	21422	OPEN TREATMENT OF PALATAL OR MAX	7/1/1997	\$585.00	3	NO
H	21440	CLOSED TREATMENT OF MANDIBULAR O	7/1/1997	\$417.00	3	NO
H	21445	OPEN TREATMENT OF MANDIBULAR OR	7/1/1997	\$513.00	3	NO
H	21450	CLOSED TREATMENT OF MANDIBULAR F	7/1/1997	\$417.00	3	NO
H	21451	CLOSED TREATMENT OF MANDIBULAR F	7/1/1997	\$513.00	3	NO
H	21452	PERCUTANEOUS TREATMENT OF MANDIB	7/1/1997	\$363.00	3	NO
H	21453	CLOSED TREATMENT OF MANDIBULAR F	7/1/1997	\$417.00	3	NO
H	21454	OPEN TREATMENT OF MANDIBULAR FRA	7/1/1997	\$585.00	3	NO
H	21461	OPEN TREATMENT OF MANDIBULAR FRA	7/1/1997	\$513.00	3	NO
H	21462	OPEN TREATMENT OF CLOSED OR OEN	7/1/1997	\$585.00	3	NO
H	21465	OPEN TREATMENT OF MANDIBULAR CON	7/1/1997	\$513.00	3	NO
H	21470	OPEN TREATMENT OF COMPLICATED MA	7/1/1997	\$585.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	21480	CLOSED TREATMENT OF TEMPOROMANDI	7/1/1997	\$271.00	3	NO
H	21485	CLOSED TREATMENT OF TEMPOROMANDI	7/1/1997	\$363.00	3	NO
H	21490	OPEN TREATMENT OF TEMPOROMANDIBU	7/1/1997	\$417.00	3	NO
H	21493	CLOSED TREATMENT OF HYOID FRACTU	1/1/2006	INVALID	N	NO
H	21494	TREATMENT OF CLOSED OR OPEN HYOI	1/1/2006	INVALID	N	NO
H	21495	OPEN TREATMENT OF HYOID FRACTURE	7/1/1997	\$513.00	3	NO
H	21497	INTERDENTAL WIRING FOR CONDITION	7/1/1997	\$363.00	3	NO
H	21501	INCISION AND DRAINAGE, DEEP ABSC	7/1/1997	\$363.00	3	NO
H	21502	INCISION AND DRAINAGE, DEEP ABSC	7/1/1997	\$363.00	3	NO
H	21510	INCISION, DEEP, WITH OPENING OF	7/1/1997	\$417.00	3	NO
H	21550	BIOPSY, SOFT TISSUE OF NECK OR T	7/1/1997	\$271.00	3	NO
H	21555	EXCISION TUMOR, SOFT TISSUE OF N	7/1/1997	\$363.00	3	NO
H	21556	EXCISION TUMOR, SOFT TISSUE OF N	7/1/1997	\$363.00	3	NO
H	21600	EXCISION OF RIB PARTIAL	7/1/1997	\$363.00	3	NO
H	21610	COSTOTRANSVERSECTOMY (SEPARATE P	7/1/1997	\$363.00	3	NO
H	21620	OSTECTOMY OF STERNAUM PARTIAL	7/1/1997	\$363.00	3	NO
H	21700	DIVISION OF SCALENUS ANTICUS WIT	7/1/1997	\$363.00	3	NO
H	21720	DIVISION OF STERNOCLEIDOMASTOID	7/1/1997	\$417.00	3	NO
H	21725	DIVISION OF STERNOCLEIDOMASTOID	7/1/1997	\$417.00	3	NO
H	21800	CLOSED TREATMENT OF RIB FRACTURE	7/1/1997	\$271.00	3	NO
H	21805	OPEN TREATMENT OF RIB FRACTURE W	7/1/1997	\$363.00	3	NO
H	21810	TREATMENT OF RIB FRACTURE REQUIR	7/1/1997	\$363.00	3	NO
H	21820	CLOSED TREATMENT OF STERNUM FRAC	7/1/1997	\$271.00	3	NO
H	21920	BIOPSY, SOFT TISSUE OF BACK OR F	7/1/1997	\$271.00	3	NO
H	21925	BIOPSY, SOFT TISSUE OF BACK OR F	7/1/1997	\$363.00	3	NO
H	21930	EXCISION, TUMOR, SOFT TISSUE OF	7/1/1997	\$363.00	3	NO
H	21935	RADICAL RESECTION OF TUMOR (EG,	7/1/1997	\$417.00	3	NO
H	22100	PART EXCISION OF POST VERT COMPO	7/1/1997	\$417.00	3	NO
H	22101	PART EXCISION OF POST VERT COMPO	7/1/1997	\$417.00	3	NO
H	22102	PART EXCISION OF POST VERT COMPO	7/1/1997	\$417.00	3	NO
H	22103	PART EXCISION OF POST VERT COMPO	1/1/1999	\$482.00	3	NO
H	22305	CLOSED TREATMENT OF VERTEBRAL PR	7/1/1997	\$271.00	3	NO
H	22310	CLOSED TREATMENT OF VERTEBRAL BO	7/1/1997	\$271.00	3	NO
H	22315	CLOSED TREATMENT OF VERTEBRAL FR	7/1/1997	\$363.00	3	NO
H	22325	OPEN TREATMENT AND/OR REDUCTION	7/1/1997	\$417.00	3	NO
H	22326	OPEN TREATMENT AND/OR REDUCTION	7/1/1997	\$417.00	3	NO
H	22327	OPEN TREATMENT AND/OR REDUCTION	7/1/1997	\$417.00	3	NO
H	22328	OPEN TREATMENT AND/OR REDUCTION	1/1/1999	\$482.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	22505	REQUIRING ANESTHESIA	7/1/1997	\$363.00	3	NO
H	22554	ARTHRODESIS, ANTERIOR INTERBODY	11/1/2001	\$1,150.00	3	YES
H	22556	ARTHRODESIS, ANTERIOR INTERBODY	11/1/2001	\$1,150.00	3	YES
H	22900	EXCISION ABDOMINAL WALL TUMOR SU	7/1/1997	\$513.00	3	NO
H	23000	REMOVAL OF SUBDELTOID CALCAREOUS	7/1/1997	\$363.00	3	NO
H	23020	CAPSULAR CONTRACTURE RELEASE (SE	7/1/1997	\$363.00	3	NO
H	23030	INCISION AND DRAINAGE, SHOULDER	7/1/1997	\$271.00	3	NO
H	23031	INCISION AND DRAINAGE; INFECTED	6/1/2005	\$417.00	3	NO
H	23035	INCISION, DEEP, WITH OPENING OF	7/1/1997	\$417.00	3	NO
H	23040	ARTHROTOMY, GLENOHUMERAL JOINT,	7/1/1997	\$417.00	3	NO
H	23044	ARTHROTOMY, ACROMIOCLAVICULAR, S	7/1/1997	\$513.00	3	NO
H	23065	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2000	\$314.00	3	NO
H	23066	BIOPSY, SOFT TISSUE OF SHOULDER	7/1/1997	\$363.00	3	NO
H	23075	EXCISION TUMOR, SHOULDER AREA, S	7/1/1997	\$363.00	3	NO
H	23076	EXCISION, TUMOR, SHOULDER AREA;	7/1/1997	\$363.00	3	NO
H	23077	RADICAL RESECTION OF TUMOR (EG,	7/1/1997	\$417.00	3	NO
H	23100	ARTHROTOMY WITH BIOPSY, GLENOHUM	7/1/1997	\$363.00	3	NO
H	23101	ARTHROTOMY WITH BIOPSY, OR W/EXC	7/1/1997	\$812.00	3	NO
H	23105	ARTHROTOMY WITH SYNOVECTOMY; GLE	7/1/1997	\$513.00	3	NO
H	23106	ARTHROTOMY FOR SYNOVECTOMY; ACRO	7/1/1997	\$513.00	3	NO
H	23107	ARTHROTOMY, GLENOHUMERAL JOINT,	7/1/1997	\$513.00	3	NO
H	23120	CLAVICULECTOMY PARTIAL	7/1/1997	\$585.00	3	NO
H	23125	CLAVICULECTOMY; TOTAL	7/1/1997	\$585.00	3	NO
H	23130	ACROMIOPLASTY OR ACROMIONECTOMY,	7/1/1997	\$585.00	3	NO
H	23140	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$513.00	3	NO
H	23145	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$585.00	3	NO
H	23146	EXCISION/CURETTAGE OF BONE CYST/	7/1/1997	\$585.00	3	NO
H	23150	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$513.00	3	NO
H	23155	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$585.00	3	NO
H	23156	EXCISION/CURETTAGE OF BONE CYST/	7/1/1997	\$585.00	3	NO
H	23170	SEQUESTRECTOMY (EG FOR OSTEOMYEL	7/1/1997	\$363.00	3	NO
H	23172	SEQUESTRECTOMY (EG FOR OSTEOMYEL	7/1/1997	\$363.00	3	NO
H	23174	SEQUESTRECTOMY (EG FOR OSTEOMYEL	7/1/1997	\$363.00	3	NO
H	23180	PART EXCISION (CRATERIZATION, SA	7/1/1997	\$513.00	3	NO
H	23182	PART EXCISION (CRATERIZATION, SA	7/1/1997	\$513.00	3	NO
H	23184	PART EXCIS(CRATERIZATION, SAUCER	7/1/1997	\$513.00	3	NO
H	23190	OSTECTOMY OF SCAPULA PARTIAL (EG	7/1/1997	\$513.00	3	NO
H	23195	RESECTION HUMERAL HEAD	7/1/1997	\$585.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	23330	REMOVAL OF FOREIGN BODY SUBCUTAN	6/1/2005	\$271.00	3	NO
H	23331	REMOVAL OF FOREIGN BODY, SHOULDE	7/1/1997	\$271.00	3	NO
H	23395	MUSCLE TRANSFER, ANY TYPE, SHOUL	7/1/1997	\$585.00	3	NO
H	23397	MUSCLE TRANSFER ANY TYPE FOR PAR	7/1/1997	\$812.00	3	NO
H	23400	SCAPULOPEXY (EG SPRENGELS DEFORM	7/1/1997	\$812.00	3	NO
H	23405	TENOMYOTOMY, SHOULDER AREA; SING	7/1/1997	\$363.00	3	NO
H	23406	TENOMYOTOMY, SHOULDER AREA; MULT	7/1/1997	\$363.00	3	NO
H	23410	REPAIR OF RUPTURED MUSCULOTENDIN	7/1/1997	\$585.00	3	NO
H	23412	REPAIR OF RUPTURED SUPRASPINATUS	7/1/1997	\$812.00	3	NO
H	23415	CORACOACROMIAL LIGAMENT RELEASE,	7/1/1997	\$585.00	3	NO
H	23420	REPAIR OF COMPLETE SHOULDER CUFF	7/1/1997	\$812.00	3	NO
H	23430	TENODESIS OF LONG TENDON OF BICE	7/1/1997	\$513.00	3	NO
H	23440	RESECTION OR TRANSPLANTATION OF	7/1/1997	\$513.00	3	NO
H	23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-	7/1/1997	\$585.00	3	NO
H	23455	CAPSULORRHAPHY FOR RECURRENT DIS	7/1/1997	\$812.00	3	NO
H	23460	CAPSULORRHAPHY, ANTERIOR, ANY TY	7/1/1997	\$585.00	3	NO
H	23462	CAPSULORRHAPHY FOR RECURRENT DIS	7/1/1997	\$812.00	3	NO
H	23465	CAPSULORRHAPHY FOR RECURRENT DIS	7/1/1997	\$585.00	3	NO
H	23466	CAPSULORRHAPHY WITH ANY TYPE MUL	7/1/1997	\$812.00	3	NO
H	23480	OSTEOTOMY CLAVICLE WITH OR WITHO	7/1/1997	\$513.00	3	NO
H	23485	OSTEOTOMY CLAVICLE WITH OR WITHO	7/1/1997	\$812.00	3	NO
H	23490	PROPHYLACTIC TREATMENT (NAILING	7/1/1997	\$417.00	3	NO
H	23491	PROPHYLACTIC TREATMENT (NAILING	7/1/1997	\$417.00	3	NO
H	23500	TREATMENT OF CLOSED CLAVICULAR F	6/1/2005	\$271.00	3	NO
H	23505	TREATMENT OF CLOSED CLAVICULAR F	7/1/1997	\$271.00	3	NO
H	23515	OPEN TREATMENT OF CLAVICULAR FRA	7/1/1997	\$417.00	3	NO
H	23520	CLOSED TREATMENT OF STERNOCLAVIC	6/1/2005	\$271.00	3	NO
H	23525	TREATMENT OF CLOSED STERNOCLAVIC	7/1/1997	\$271.00	3	NO
H	23530	OPEN TREATMENT OF STERNOCLAVICUL	7/1/1997	\$417.00	3	NO
H	23532	OPEN TREATMENT OF CLOSED OR OPEN	7/1/1997	\$513.00	3	NO
H	23540	CLOSED TREATMENT OF ACROMIOCLAVI	6/1/2005	\$271.00	3	NO
H	23545	TREATMENT OF CLOSED ACROMIOCLAVI	7/1/1997	\$271.00	3	NO
H	23550	OPEN TREATMENT OF ACROMIOCLAVICU	7/1/1997	\$417.00	3	NO
H	23552	OPEN TREATMENT OF CLOSED OR OPEN	7/1/1997	\$513.00	3	NO
H	23570	CLOSED TREATMENT OF SCAPULAR FRA	6/1/2005	\$271.00	3	NO
H	23575	CLOSED TREATMENT OF SCAPULAR FRA	7/1/1997	\$271.00	3	NO
H	23585	OPEN TREATMENT OF SCAPULAR FRACT	7/1/1997	\$417.00	3	NO
H	23600	CLOSED TREATMENT OF PROXIMAL HUM	1/1/2000	\$314.00	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	23615	OPEN TREATMENT OF PROXIMAL HUMER	7/1/1997	\$513.00	3	NO
H	23616	OPEN TREATMENT OF PROXIMAL HUMER	6/1/2005	\$513.00	3	NO
H	23625	TREATMENT OF CLOSED GREATER TUBE	7/1/1997	\$363.00	3	NO
H	23630	OPEN TREATMENT OF GREATER TUBERO	7/1/1997	\$585.00	3	NO
H	23650	CLOSED TREATMENT OF SHOULDER DIS	7/1/1997	\$271.00	3	NO
H	23655	TREATMENT OF CLOSED SHOULDER DIS	7/1/1997	\$271.00	3	NO
H	23660	OPEN TREATMENT OF ACUTE SHOULDER	7/1/1997	\$417.00	3	NO
H	23665	CLOSED TREATMENT OF SHOULDER DIS	7/1/1997	\$363.00	3	NO
H	23670	OPEN TREATMENT OF SHOULDER DISLO	7/1/1997	\$417.00	3	NO
H	23675	CLOSED TREATMENT OF SHOULDER DIS	7/1/1997	\$363.00	3	NO
H	23680	OPEN TREATMENT OF SHOULDER DISLO	7/1/1997	\$417.00	3	NO
H	23700	MANIPULATION UNDER ANESTHESIA, S	7/1/1997	\$271.00	3	NO
H	23800	ARTHRODESIS SHOULDER JOINT WITH	7/1/1997	\$513.00	3	NO
H	23802	ARTHRODESIS SHOULDER JOINT; WITH	7/1/1997	\$812.00	3	NO
H	23921	DISARTICULATIO;N OF SHOULDER; SE	7/1/1997	\$417.00	3	NO
H	23930	INCISION AND DRAINAGE, UPPER ARM	7/1/1997	\$271.00	3	NO
H	23931	INCISION AND DRAINAGE; INFECTED	7/1/1997	\$363.00	3	NO
H	23935	INCISION, DEEP, W/OPENING OF BON	7/1/1997	\$363.00	3	NO
H	24000	ARTHROTOMY, ELBOW, FOR INFECTION	7/1/1997	\$513.00	3	NO
H	24006	ARTHROTOMY OF THE ELBOW, WITH CA	7/1/2003	\$513.00	3	NO
H	24065	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2000	\$314.00	3	NO
H	24066	BIOPSY SOFT TISSUES; DEEP	7/1/1997	\$363.00	3	NO
H	24075	EXCISION, TUMOR, SOFT TISSUE OF	7/1/1997	\$363.00	3	NO
H	24076	EXCISION, TUMOR, UPPER ARM OR EL	7/1/1997	\$363.00	3	NO
H	24077	RADICAL RESECTION OF TUMOR (EG,	7/1/1997	\$417.00	3	NO
H	24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL	7/1/1997	\$271.00	3	NO
H	24101	ARTHROTOMY, ELBOW; W/JOINT EXPLO	7/1/1997	\$513.00	3	NO
H	24102	ARTHROTOMY, ELBOW; WITH SYNOVECT	7/1/1997	\$513.00	3	NO
H	24105	EXCISION OLECRANON BURSA	7/1/1997	\$417.00	3	NO
H	24110	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$363.00	3	NO
H	24115	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	24116	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	24120	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	24125	EXCISION/CURETTAGE OF BONE CYST/	7/1/1997	\$417.00	3	NO
H	24126	EXCISION/CURETTAGE OF BONE CYST/	7/1/1997	\$417.00	3	NO
H	24130	EXCISION RADIAL HEAD	7/1/1997	\$417.00	3	NO
H	24134	SEQUESTRECTOMY (EG FOR OSTEOMYEL	7/1/1997	\$363.00	3	NO
H	24136	SEQUESTRECTOMY (EG FOR OSTEOMYEL	7/1/1997	\$363.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	24138	SEQUESTRECTOMY (EG FOR OSTEOMYEL	7/1/1997	\$363.00	3	NO
H	24140	PARTIAL EXCISION (CRATERIZATION	7/1/1997	\$417.00	3	NO
H	24145	PART EXCIS(CRATERIZATION,SAUCERI	7/1/1997	\$417.00	3	NO
H	24147	PART EXCIS(CRATERIZATION,SAUCERI	7/1/1997	\$363.00	3	NO
H	24150	RADICAL RESECTION FOR TUMOR SHAF	7/1/1997	\$417.00	3	NO
H	24151	RADICAL RESECTION FOR TUMOR SHAF	7/1/1997	\$513.00	3	NO
H	24152	RADICAL RESECTION FOR TUMOR RADI	7/1/1997	\$417.00	3	NO
H	24153	RADICAL RESECTION FOR TUMOR RADI	7/1/1997	\$513.00	3	NO
H	24155	RESECTION OF ELBOW JOINT (ARTHRE	7/1/1997	\$417.00	3	NO
H	24160	IMPLANT REMOVAL; ELBOW JOINT	7/1/1997	\$363.00	3	NO
H	24164	IMPLANT REMOVAL; RADIAL HEAD	7/1/1997	\$417.00	3	NO
H	24201	REMOVAL OF FOREIGN BODY, UPPER A	7/1/1997	\$363.00	3	NO
H	24301	MUSCLE OR TENDON TRANSFER, ANY T	7/1/1997	\$513.00	3	NO
H	24305	TENDON LENGTHENING SINGLE EACH	7/1/2003	\$513.00	3	NO
H	24310	TENOTOMY OPEN ELBOW TO SHOULDER	7/1/1997	\$417.00	3	NO
H	24320	TENOPLASTY WITH MUSCLE TRANSFER	7/1/1997	\$417.00	3	NO
H	24330	FLEXOR-PLASTY ELBOW (EG STEINDLE	7/1/1997	\$417.00	3	NO
H	24331	FLEXOR-PLASTY ELBOW (EG STEINDLE	7/1/1997	\$417.00	3	NO
H	24340	TENODESIS OF BICEPS TENDON AT EL	7/1/1997	\$417.00	3	NO
H	24341	REPAIR, TENDON OR MUSCLE, UPPER	6/1/2005	\$417.00	3	NO
H	24342	REINSERTION OF RUPTURED BICEPS O	7/1/1997	\$417.00	3	NO
H	24345	REPAIR MEDIAL COLLATERAL LIGAMEN	7/1/2003	\$363.00	3	NO
H	24350	FASCIOTOMY LATERAL OR MEDIAL (EG	7/1/1997	\$417.00	3	NO
H	24351	FASCIOTOMY, LATERAL OR MEDIAL (E	7/1/1997	\$417.00	3	NO
H	24352	FASCIOTOMY, LATERAL OR MEDIAL (E	7/1/1997	\$417.00	3	NO
H	24354	FASCIOTOMY, LATERAL OR MEDIAL (E	7/1/1997	\$417.00	3	NO
H	24356	FASCIOTOMY, LATERAL OR MEDIAL (E	7/1/1997	\$417.00	3	NO
H	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	7/1/1997	\$585.00	3	NO
H	24361	ARTHROPLASTY ELBOW; WITH DISTAL	7/1/1997	\$585.00	3	NO
H	24362	ARTHROPLASTY ELBOW; WITH IMPLANT	7/1/1997	\$585.00	3	NO
H	24363	ARTHROPLASTY ELBOW; WITH DISTAL	7/1/1997	\$812.00	3	NO
H	24365	ARTHROPLASTY RADIAL HEAD	7/1/1997	\$585.00	3	NO
H	24366	ARTHROPLASTY RADIAL HEAD; WITH I	7/1/1997	\$585.00	3	NO
H	24400	OSTEOTOMY HUMERUS WITH OR WITHOU	7/1/1997	\$513.00	3	NO
H	24410	MULTIPLE OSTEOTOMIES WITH REALIG	7/1/1997	\$513.00	3	NO
H	24420	OSTEOPLASTY HUMERUS (EG SHORTENI	7/1/1997	\$417.00	3	NO
H	24430	REPAIR OF NONUNION OR MALUNION H	7/1/1997	\$417.00	3	NO
H	24435	REPAIR OF NONUNION OR MALUNION H	7/1/1997	\$513.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	24470	HEMIEPIPHYSEAL ARREST (EG FOR CU	7/1/1997	\$417.00	3	NO
H	24495	DECOMPRESSION FASCIOTOMY FOREARM	7/1/1997	\$363.00	3	NO
H	24498	PROPHYLACTIC TREATMENT (NAILING	7/1/1997	\$417.00	3	NO
H	24500	CLOSED TREATMENT OF HUMERAL SHAF	6/1/2005	\$271.00	3	NO
H	24505	CLOSED TREATMENT OF HUMERAL SHAF	7/1/1997	\$271.00	3	NO
H	24515	OPEN TREATMENT OF HUMERAL SHAFT	7/1/1997	\$513.00	3	NO
H	24516	TREATMENT OF HUMERAL SHAFT FRACT	7/1/1997	\$513.00	3	NO
H	24530	CLOSED TREATMENT OF SUPRACONDYLA	7/1/1997	\$271.00	3	NO
H	24535	CLOSED TREATMENT OF SUPRACONDYLA	7/1/1997	\$271.00	3	NO
H	24538	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	24545	OPEN TREATMENT OF HUMERAL SUPRAC	7/1/1997	\$513.00	3	NO
H	24546	OPEN TREATMENT OF HUMERAL SUPRAC	6/1/2005	\$585.00	3	NO
H	24560	CLOSED TREATMENT OF HUMERAL EPIC	6/1/2005	\$271.00	3	NO
H	24565	TREATMENT OF CLOSED HUMERAL EPIC	7/1/1997	\$363.00	3	NO
H	24566	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	24575	OPEN TREATMENT OF HUMERAL EPICON	7/1/1997	\$417.00	3	NO
H	24576	CLOSED TREATMENT OF HUMERAL COND	6/1/2005	\$271.00	3	NO
H	24577	TREATMENT OF CLOSED HUMERAL COND	7/1/1997	\$271.00	3	NO
H	24579	OPEN TREATMENT OF HUMERAL CONDYL	7/1/1997	\$417.00	3	NO
H	24582	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	24586	OPEN TREATMENT OF PERIARTICULAR	7/1/1997	\$513.00	3	NO
H	24587	OPEN TREATMENT OF PERIARTICULAR	7/1/1997	\$585.00	3	NO
H	24600	TREATMENT OF CLOSED ELBOW DISLOC	7/1/1997	\$271.00	3	NO
H	24605	TREATMENT OF CLOSED ELBOW DISLOC	7/1/1997	\$363.00	3	NO
H	24615	OPEN TREATMENT OF ACUTE OR CHRON	7/1/1997	\$417.00	3	NO
H	24620	CLOSED TREATMENT OF MONTEGGIA TY	7/1/1997	\$363.00	3	NO
H	24635	OPEN TREATMENT OF MONTEGGIA TYPE	7/1/1997	\$417.00	3	NO
H	24655	TREATMENT OF CLOSED RADIAL HEAD	7/1/1997	\$271.00	3	NO
H	24665	OPEN TREATMENT OF RADIAL HEAD OR	7/1/1997	\$513.00	3	NO
H	24666	OPEN TREATMENT OF RADIAL HEAD OR	7/1/1997	\$513.00	3	NO
H	24670	CLOSED TREATMENT OF ULNAR FRACTU	6/1/2005	\$271.00	3	NO
H	24675	TREATMENT OF CLOSED ULNAR FRACTU	7/1/1997	\$271.00	3	NO
H	24685	OPEN TREATMENT OF ULNAR FRACTURE	7/1/1997	\$417.00	3	NO
H	24800	ARTHRODESIS ELBOW JOINT WITH OR	7/1/1997	\$513.00	3	NO
H	24802	ARTHRODESIS ELBOW JOINT; WITH PR	7/1/1997	\$585.00	3	NO
H	24925	AMPUTATION ARM THROUGH HUMERUS;	7/1/1997	\$417.00	3	NO
H	25000	TENDON SHEATH INCISION; AT RADIA	7/1/1997	\$417.00	3	NO
H	25020	DECOMPRESSION FASCIOTOMY, FOREAR	7/1/1997	\$417.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	25023	DECOMPRESS FASCIOTOMY, FLEXOR AN	7/1/1997	\$417.00	3	NO
H	25024	DECOMPRESSION FASCIOTOMY, FOREAR	1/1/2002	\$417.00	3	NO
H	25025	DECOMPRESSION FASCIOTOMY, FOREAR	1/1/2002	\$417.00	3	NO
H	25028	INCISION AND DRAINAGE, FOREARM A	7/1/1997	\$271.00	3	NO
H	25031	INCISION AND DRAINAGE; INFECTED	7/1/1997	\$363.00	3	NO
H	25035	INCISION, DEEP, W/OPENING OF BON	7/1/1997	\$363.00	3	NO
H	25040	ARTHROTOMY, RADIOCARPAL OR MIDCA	7/1/1997	\$585.00	3	NO
H	25065	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2000	\$314.00	3	NO
H	25066	BIOPSY, SOFT TISSUE OF FOREARM A	7/1/1997	\$363.00	3	NO
H	25075	EXCISION, TUMOR, SOFT TISSUE OF	6/1/2005	\$363.00	3	NO
H	25076	EXCISION, TUMOR, FOREARM AND/OR	7/1/1997	\$417.00	3	NO
H	25077	RADICAL RESECTION OF TUMOR (EG,	7/1/1997	\$417.00	3	NO
H	25085	CAPSULOTOMY WRIST (EG FOR CONTRA	7/1/1997	\$417.00	3	NO
H	25100	ARTHROTOMY, WRIST JOINT; WITH BI	7/1/1997	\$363.00	3	NO
H	25101	ARTHROTOMY, WRIST JOINT; W/JOINT	7/1/1997	\$417.00	3	NO
H	25105	ARTHROTOMY, WRIST JOINT; WITH SY	7/1/1997	\$513.00	3	NO
H	25107	ARTHROTOMY, DISTAL RADIOULNAR JO	7/1/1997	\$417.00	3	NO
H	25110	EXCISION, LESION OF TENDON SHEAT	7/1/1997	\$417.00	3	NO
H	25111	EXCISION OF GANGLION, WRIST (DOR	7/1/1997	\$417.00	3	NO
H	25112	EXCISION OF GANGLION, WRIST (DOR	7/1/1997	\$513.00	3	NO
H	25115	RADICAL EXCISION OF BURSA SYNOVI	7/1/1997	\$513.00	3	NO
H	25116	RADICAL EXCISION OF BURSA SYNOVI	7/1/1997	\$513.00	3	NO
H	25118	SYNOVECTOMY EXTENSOR TENDON SHEA	7/1/1997	\$363.00	3	NO
H	25119	SYNOVECTOMY EXTENSOR TENDON SHEA	7/1/1997	\$417.00	3	NO
H	25120	EXCIS/CURETTAGE OF BONE CYST/BEN	7/1/1997	\$417.00	3	NO
H	25125	EXCISION/CURETTAGE OF BONE CYST/	7/1/1997	\$417.00	3	NO
H	25126	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	25130	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	25135	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	25136	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	25145	SEQUESTRECTOMY (EG, FOR OSTEOMYE	7/1/1997	\$363.00	3	NO
H	25150	PART EXCIS (CRATERIZATION, SAUCE	7/1/1997	\$363.00	3	NO
H	25151	PART EXCIS (CRATERIZATION, SAUCE	7/1/1997	\$363.00	3	NO
H	25170	RADICAL RESECTION FOR TUMOR RADI	7/1/1997	\$417.00	3	NO
H	25210	CARPECTOMY; ONE BONE	7/1/1997	\$417.00	3	NO
H	25215	CARPECTOMY; ALL BONES OF PROXIMA	7/1/1997	\$513.00	3	NO
H	25230	RADIAL STYLOIDECTOMY (SEPARATE P	7/1/1997	\$513.00	3	NO
H	25240	EXCISION DISTAL ULNA PARTIAL OR	7/1/1997	\$513.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	25248	EXPLORATION WITH REMOVAL OF DEEP	7/1/1997	\$363.00	3	NO
H	25250	REMOVAL OF WRIST PROSTHESIS (SEP	7/1/1997	\$271.00	3	NO
H	25251	REMOVAL OF WRIST PROSTHESIS; COM	7/1/1997	\$271.00	3	NO
H	25260	REPAIR, TENDON OR MUSCLE, FLEXOR	7/1/1997	\$513.00	3	NO
H	25263	REPAIR, TENDON OR MUSCLE, FLEXOR	7/1/1997	\$363.00	3	NO
H	25265	REPAIR, TENDON OR MUSCLE, FLEXOR	7/1/1997	\$417.00	3	NO
H	25270	REPAIR, TENDON OR MUSCLE, EXTENS	7/1/1997	\$513.00	3	NO
H	25272	REPAIR, TENDON OR MUSCLE, EXTENS	7/1/1997	\$417.00	3	NO
H	25274	REPAIR, TENDON OR MUSCLE, EXTENS	7/1/1997	\$513.00	3	NO
H	25275	REPAIR, TENDON SHEATH, EXTENSOR,	1/1/2002	\$513.00	3	NO
H	25280	LENGTHENING OR SHORTENING OF FLE	7/1/1997	\$513.00	3	NO
H	25290	TENOTOMY, OPEN, FLEXOR OR EXTENS	7/1/1997	\$417.00	3	NO
H	25295	TENOLYSIS, FLEXOR OR EXTENSOR TE	7/1/1997	\$417.00	3	NO
H	25300	TENODESIS AT WRIST; FLEXORS OF F	7/1/1997	\$417.00	3	NO
H	25301	TENODESIS AT WRIST; EXTENSORS OF	7/1/1997	\$417.00	3	NO
H	25310	TENDON TRANSPLANTATION OR TRANSF	7/1/1997	\$417.00	3	NO
H	25312	TENDON TRANSPLANT/TRANSFER, FLEX	7/1/1997	\$513.00	3	NO
H	25315	FLEXOR ORIGIN SLIDE (EG, FOR CER	7/1/1997	\$417.00	3	NO
H	25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL	7/1/1997	\$417.00	3	NO
H	25320	CAPSULORRHAPHY OR RECONSTRUCTION	7/1/1997	\$417.00	3	NO
H	25332	ARTHROPLASTY, WRIST, WITH OR WIT	7/1/1997	\$585.00	3	NO
H	25335	TRANSPOSITION AND REALIGNMENT OF	7/1/1997	\$417.00	3	NO
H	25337	RECONSTRUCTION FOR STABILIZATION	7/1/2003	\$585.00	3	NO
H	25350	OSTEOTOMY RADIUS DISTAL THIRD	7/1/1997	\$417.00	3	NO
H	25355	OSTEOTOMY RADIUS; MIDDLE OR PROX	7/1/1997	\$417.00	3	NO
H	25360	OSTEOTOMY ULNA	7/1/1997	\$417.00	3	NO
H	25365	OSTEOTOMY; RADIUS AND ULNA	7/1/1997	\$417.00	3	NO
H	25370	MULTIPLE OSTEOTOMIES WITH REALIG	7/1/1997	\$417.00	3	NO
H	25375	MULTIPLE OSTEOTOMIES WITH REALIG	7/1/1997	\$513.00	3	NO
H	25390	OSTEOPLASTY, RADIUS OR ULNA; SHO	7/1/1997	\$417.00	3	NO
H	25391	OSTEOPLASTY, RADIUS OR ULNA; LEN	7/1/1997	\$513.00	3	NO
H	25392	OSTEOPLASTY, RADIUS AND ULNA; SH	7/1/1997	\$417.00	3	NO
H	25393	OSTEOPLASTY, RADIUS AND ULNA; LE	7/1/1997	\$513.00	3	NO
H	25400	REPAIR OF NONUNION OR MALUNION R	7/1/1997	\$417.00	3	NO
H	25405	REPAIR OF NONUNION OR MALUNION,	7/1/1997	\$513.00	3	NO
H	25415	REPAIR OF NONUNION OR MALUNION R	7/1/1997	\$417.00	3	NO
H	25420	REPAIR OF NONUNION OR MALUNION,	7/1/1997	\$513.00	3	NO
H	25425	REPAIR OF DEFECT WITH AUTOGENOUS	7/1/1997	\$417.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	25426	REPAIR OF DEFECT WITH AUTOGENOUS	7/1/1997	\$513.00	3	NO
H	25440	REPAIR OF NONUNION, SCAPHOID CAR	7/1/1997	\$513.00	3	NO
H	25441	ARTHROPLASTY WITH PROSTHETIC REP	7/1/1997	\$585.00	3	NO
H	25442	ARTHROPLASTY WITH PROSTHETIC REP	7/1/1997	\$585.00	3	NO
H	25443	ARTHROPLASTY WITH PROSTHETIC REP	7/1/1997	\$585.00	3	NO
H	25444	ARTHROPLASTY WITH PROSTHETIC REP	7/1/1997	\$585.00	3	NO
H	25445	ARTHROPLASTY WITH PROSTHETIC REP	7/1/1997	\$585.00	3	NO
H	25446	ARTHROPLASTY WITH PROSTHETIC REP	7/1/1997	\$812.00	3	NO
H	25447	INTERPOSITION ARTHROPLASTY INTER	7/1/1997	\$585.00	3	NO
H	25449	ARTHROPLASTY WITH REMOVAL OF IMP	7/1/1997	\$585.00	3	NO
H	25450	EPIPHYSEAL ARREST BY EPIPHYSIODE	7/1/1997	\$417.00	3	NO
H	25455	EPIPHYSEAL ARREST BY EPIPHYSIODE	7/1/1997	\$417.00	3	NO
H	25490	PROPHYLACTIC TREATMENT (NAILING	7/1/1997	\$417.00	3	NO
H	25491	PROPHYLACTIC TREATMENT (NAILING	7/1/1997	\$417.00	3	NO
H	25492	PROPHYLACTIC TREATMENT (NAILING	7/1/1997	\$417.00	3	NO
H	25505	TREATMENT OF CLOSED RADIAL SHAFT	7/1/1997	\$271.00	3	NO
H	25515	OPEN TREATMENT OF RADIAL SHAFT F	7/1/1997	\$417.00	3	NO
H	25520	CLOSED TREATMENT OF RADIAL SHAFT	6/1/2005	\$271.00	3	NO
H	25525	OPEN TREATMENT OF RADIAL SHAFT F	7/1/1997	\$513.00	3	NO
H	25526	OPEN TREATMENT OF RADIAL SHAFT F	7/1/1997	\$585.00	3	NO
H	25535	TREATMENT OF CLOSED ULNAR SHAFT	7/1/1997	\$271.00	3	NO
H	25545	OPEN TREATMENT OF ULNAR SHAFT FR	7/1/1997	\$417.00	3	NO
H	25565	TREATMENT OF CLOSED RADIAL AND U	7/1/1997	\$363.00	3	NO
H	25574	OPEN TREATMENT OF RADIAL AND ULN	6/1/2005	\$417.00	3	NO
H	25575	OPEN TREATMENT OF RADIAL AND ULN	7/1/1997	\$417.00	3	NO
H	25605	TREAT OF CLOSED DISTAL RADIAL FR	7/1/1997	\$417.00	3	NO
H	25611	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$417.00	3	NO
H	25620	OPEN TREATMENT OF DISTAL RADIAL	7/1/1997	\$585.00	3	NO
H	25624	TREATMENT OF CLOSED CARPAL SCAPH	7/1/1997	\$363.00	3	NO
H	25628	OPEN TREATMENT OF CARPAL SCAPHOI	7/1/1997	\$417.00	3	NO
H	25635	TREATMENT OF CLOSED CARPAL BONE	7/1/1997	\$271.00	3	NO
H	25645	OPEN TREATMENT OF CARPAL BONE FR	7/1/1997	\$417.00	3	NO
H	25660	CLOSED TREATMENT OF RADIOCARPAL	7/1/1997	\$271.00	3	NO
H	25670	OPEN TREATMENT OF RADIOCARPAL OR	7/1/1997	\$417.00	3	NO
H	25671	PERCUTANEOUS SKELETAL FIXATION O	1/1/2002	\$271.00	3	NO
H	25675	CLOSED TREATMENT OF DISTAL RADIO	7/1/1997	\$271.00	3	NO
H	25676	OPEN TREATMENT OF DISTAL RADIOUL	7/1/1997	\$363.00	3	NO
H	25680	CLOSED TREATMENT OF TRANS-SCAPHO	7/1/1997	\$363.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	25685	OPEN TREATMENT OF TRANS-SCAPHOPE	7/1/1997	\$417.00	3	NO
H	25690	CLOSED TREATMENT OF LUNATE DISLO	7/1/1997	\$271.00	3	NO
H	25695	OPEN TREATMENT OF LUNATE DISLOCA	7/1/1997	\$363.00	3	NO
H	25800	ARTHRODESIS, WRIST JOINT (INCLUD	7/1/1997	\$513.00	3	NO
H	25805	ARTHRODESIS WRIST JOINT (INCLUDI	7/1/1997	\$585.00	3	NO
H	25810	ARTHRODESIS WRIST JOINT WITH ILI	7/1/1997	\$585.00	3	NO
H	25820	INTERCARPAL FUSION WITHOUT BONE	7/1/1997	\$513.00	3	NO
H	25825	INTERCARPAL FUSION WITH AUTOGENO	7/1/1997	\$585.00	3	NO
H	25830	DISTAL RADIOULNAR JOINT ARTHRODE	7/1/2003	\$585.00	3	NO
H	25907	AMPUTATION FOREARM THROUGH RADIU	7/1/1997	\$417.00	3	NO
H	25922	DISARTICULATION THROUGH WRIST; S	7/1/1997	\$417.00	3	NO
H	25929	TRANSMETACARPAL AMPUTATION; SECO	6/1/2005	\$417.00	3	NO
H	26011	DRAINAGE OF FINGER ABSCESS; COMP	7/1/1997	\$271.00	3	NO
H	26020	DRAINAGE OF TENDON SHEATH ONE DI	7/1/1997	\$363.00	3	NO
H	26025	DRAINAGE OF PALMAR BURSA; SINGLE	7/1/1997	\$271.00	3	NO
H	26030	DRAINAGE OF PALMAR BURSA; MULTIP	7/1/1997	\$363.00	3	NO
H	26034	INCISION, DEEP, WITH OPENING OF	7/1/1997	\$363.00	3	NO
H	26035	DECOMPRESSION FINGERS AND/OR HAN	7/1/1997	\$513.00	3	NO
H	26037	DECOMPRESSIVE FASCIOTOMY, HAND (	7/1/1997	\$513.00	3	NO
H	26040	FASCIOTOMY, PALMAR, FOR DUPUYTRE	7/1/1997	\$513.00	3	NO
H	26045	FASCIOTOMY, PALMAR, FOR DUPUYTRE	7/1/1997	\$417.00	3	NO
H	26055	TENDON SHEATH INCISION (EG, FOR	7/1/1997	\$363.00	3	NO
H	26060	TENOTOMY, PERCUTANEOUS, SINGLE,	7/1/1997	\$363.00	3	NO
H	26070	ARTHROTOMY, WITH EXPLORATION, DR	7/1/1997	\$363.00	3	NO
H	26075	ARTHROTOMY, FOR INFECTION, W/EXP	7/1/1997	\$513.00	3	NO
H	26080	ARTHROTOMY, FOR INFECTION, W/EXP	7/1/1997	\$513.00	3	NO
H	26100	ARTHROTOMY WITH SYNOVIAL BIOPSY;	7/1/1997	\$363.00	3	NO
H	26105	ARTHROTOMY FOR SYNOVIAL BIOPSY;	7/1/1997	\$271.00	3	NO
H	26110	ARTHROTOMY WITH SYNOVIAL BIOPSY;	7/1/1997	\$271.00	3	NO
H	26115	EXCISION, TUMOR OR VASCULAR MALF	7/1/1997	\$363.00	3	NO
H	26116	EXCISION, TUMOR OR VASCULAR MALF	7/1/1997	\$363.00	3	NO
H	26117	RADICAL RESECTION OF TUMOR (EG,	7/1/1997	\$417.00	3	NO
H	26121	FASCIECTOMY, PALM ONLY, WITH OR	7/1/1997	\$513.00	3	NO
H	26123	FASCIECTOMY, PARTIAL PALMAR WITH	7/1/1997	\$513.00	3	NO
H	26125	FASCIECTOMY, PARTIAL PALMAR WITH	7/1/1997	\$513.00	3	NO
H	26130	SYNOVECTOMY CARPOMETACARPAL JOIN	7/1/1997	\$417.00	3	NO
H	26135	SYNOVECTOMY METACARPOPHALANGEAL	7/1/1997	\$513.00	3	NO
H	26140	SYNOVECTOMY PROXIMAL INTERPHALAN	7/1/1997	\$363.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	26145	SYNOVECTOMY TENDON SHEATH RADICA	7/1/1997	\$417.00	3	NO
H	26160	EXCISION OF LESION OF TENDON SHE	7/1/1997	\$417.00	3	NO
H	26170	EXCISION OF TENDON PALM FLEXOR S	7/1/1997	\$417.00	3	NO
H	26180	EXCISION OF TENDON FINGER FLEXOR	7/1/1997	\$417.00	3	NO
H	26185	SESAMOIDECTOMY, THUMB OR FINGER	7/1/2003	\$513.00	3	NO
H	26200	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$363.00	3	NO
H	26205	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	26210	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$363.00	3	NO
H	26215	EXCISION/CURETTAGE OF BONE CYST/	7/1/1997	\$417.00	3	NO
H	26230	PART EXCIS (CRATERIZATION,SAUCER	7/1/1997	\$812.00	3	NO
H	26235	PART EXCIS (CRATERIZATION,SAUCER	7/1/1997	\$417.00	3	NO
H	26236	PARTIAL EXCISION (CRATERIZATION	7/1/1997	\$417.00	3	NO
H	26250	RADIACAL RESECTION (OSTECTOMY) F	7/1/1997	\$417.00	3	NO
H	26255	RADICAL RESECTION (OSTECTOMY) FO	7/1/1997	\$417.00	3	NO
H	26260	RADICAL RESECTION (OSTECTOMY) FO	7/1/1997	\$417.00	3	NO
H	26261	RADICAL RESECT (OSTECTOMY) FOR T	7/1/1997	\$417.00	3	NO
H	26262	RADICAL RESECTION (OSTECTOMY) FO	7/1/1997	\$363.00	3	NO
H	26320	REMOVAL OF IMPLANT FROM FINGER O	7/1/1997	\$363.00	3	NO
H	26350	REPAIR OR ADVANCEMENT, FLEXOR TE	7/1/1997	\$271.00	3	NO
H	26352	FLEXOR TENDON REPAIR/ADVANCEMENT	7/1/1997	\$513.00	3	NO
H	26356	REPAIR OR ADVANCEMENT, FLEXOR TE	7/1/1997	\$513.00	3	NO
H	26357	SECONDARY, EACH TENDON	7/1/1997	\$513.00	3	NO
H	26358	FLEXOR TENDON REPAIR OR ADVANCEM	7/1/1997	\$513.00	3	NO
H	26370	PROFUNDUS TENDON REPAIR OR ADVAN	7/1/1997	\$513.00	3	NO
H	26372	PROFUNDUS TENDON REPAIR OR ADVAN	7/1/1997	\$513.00	3	NO
H	26373	PROFUNDUS TENDON REPAIR OR ADVAN	7/1/1997	\$417.00	3	NO
H	26390	EXCISION FLEXOR TENDON, W/IMPLAN	7/1/1997	\$513.00	3	NO
H	26392	REMOVAL OF SYNTHETIC ROD AND INS	7/1/1997	\$417.00	3	NO
H	26410	EXTENSOR TENDON REPAIR, DORSUM O	7/1/1997	\$417.00	3	NO
H	26412	EXTENSOR TENDON REPAIR, DORSUM O	7/1/1997	\$417.00	3	NO
H	26415	EXCISION OF EXTENSOR TENDON, W/I	7/1/1997	\$513.00	3	NO
H	26416	REMOVAL OF SYNTHETIC ROD AND INS	7/1/2002	\$417.00	3	NO
H	26418	EXTENSOR TENDON REPAIR, DORSUM O	7/1/1997	\$513.00	3	NO
H	26420	EXTENSOR TENDON REPAIR, DORSUM O	7/1/1997	\$513.00	3	NO
H	26426	REPAIR OF EXTENSOR TENDON, CENTR	7/1/1997	\$417.00	3	NO
H	26428	REPAIR OF EXTENSOR TENDON, CENTR	7/1/1997	\$417.00	3	NO
H	26432	EXTENSOR TENDON REPAIR DISTAL IN	7/1/1997	\$417.00	3	NO
H	26433	EXTENSOR TENDON REPAIR, DISTAL I	7/1/1997	\$417.00	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	26434	EXTENSOR TENDON REPAIR, DISTAL I	7/1/1997	\$417.00	3	NO
H	26437	EXTENSOR TENDON REALIGNMENT, HAN	7/1/1997	\$417.00	3	NO
H	26440	TENOLYSIS, SIMPLE, FLEXOR TENDON	7/1/1997	\$417.00	3	NO
H	26442	TENOLYSIS, SIMPLE, FLEXOR TENDON	7/1/1997	\$417.00	3	NO
H	26445	TENOLYSIS, EXTENSOR TENDON, HAND	7/1/1997	\$417.00	3	NO
H	26449	TENOLYSIS COMPLEX EXTENSOR TENDO	7/1/1997	\$417.00	3	NO
H	26450	TENOTOMY FLEXOR SINGLE PALM OPEN	7/1/1997	\$417.00	3	NO
H	26455	TENOTOMY FLEXOR SINGLE FINGER OP	7/1/1997	\$417.00	3	NO
H	26460	TENOTOMY, EXTENSOR, HAND OR FING	7/1/1997	\$417.00	3	NO
H	26471	TENODESIS; FOR PROXIMAL INTERPHA	7/1/1997	\$363.00	3	NO
H	26474	TENODESIS; FOR DISTAL JOINT STAB	7/1/1997	\$363.00	3	NO
H	26476	TENDON LENGTHENING, EXTENSOR, HA	7/1/1997	\$271.00	3	NO
H	26477	TENDON SHORTENING, EXTENSOR, HAN	7/1/1997	\$271.00	3	NO
H	26478	TENDON LENGTHENING, FLEXOR, HAND	7/1/1997	\$271.00	3	NO
H	26479	TENDON SHORTENING, FLEXOR, HAND	7/1/1997	\$271.00	3	NO
H	26480	TENDON TRANSFER OR TRANSPLANT, C	7/1/1997	\$417.00	3	NO
H	26483	TENDON TRANSFER/TRANSPLANT,CARPO	7/1/1997	\$417.00	3	NO
H	26485	TENDON TRANSFER OR TRANSPLANT, P	7/1/1997	\$363.00	3	NO
H	26489	TENDON TRANSFER/TRANSPLANT, PALM	7/1/1997	\$417.00	3	NO
H	26490	OPPONENS PLASTY; SUBLIMIS TENDON	7/1/1997	\$417.00	3	NO
H	26492	OPPONENS PLASTY; TENDON TRANSFER	7/1/1997	\$417.00	3	NO
H	26494	OPPONENS PLASTY; HYPOTHENAR MUSC	7/1/1997	\$417.00	3	NO
H	26496	OPPONENS PLASTY; OTHER METHODS	7/1/1997	\$417.00	3	NO
H	26497	TENDON TRANSFER TO RESTORE INTRI	7/1/1997	\$417.00	3	NO
H	26498	TENDON TRANSFER TO RESTORE INTRI	7/1/1997	\$513.00	3	NO
H	26499	CORRECTION CLAW FINGER OTHER MET	7/1/1997	\$417.00	3	NO
H	26500	TENDON PULLEY RECONSTRUCTION; WI	7/1/1997	\$513.00	3	NO
H	26502	TENDON PULLEY RECONSTRUCTION; W/	7/1/1997	\$513.00	3	NO
H	26504	WITH TENDON PROSTHESIS (SEPARATE	7/1/1997	\$513.00	3	NO
H	26508	THENAR MUSCLE RELEASE FOR THUMB	7/1/1997	\$417.00	3	NO
H	26510	CROSS INTRINSIC TRANSFER, EACH T	7/1/1997	\$417.00	3	NO
H	26516	CAPSULODESIS FOR M-P JOINT STABI	7/1/1997	\$271.00	3	NO
H	26517	CAPSULODESIS FOR M-P JOINT STABI	7/1/1997	\$417.00	3	NO
H	26518	CAPSULODISIS FOR M-P JOINT STABI	7/1/1997	\$417.00	3	NO
H	26520	CAPSULECTOMY OR CAPSULOTOMY FOR	7/1/1997	\$417.00	3	NO
H	26525	CAPSULECTOMY OR CAPSULOTOMY FOR	7/1/1997	\$417.00	3	NO
H	26530	ARTHROPLASTY, METACARPOPHALANGEA	7/1/1997	\$417.00	3	NO
H	26531	ARTHROPLASTY METACARPOPHALANGEAL	7/1/1997	\$812.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	26535	ARTHROPLASTY INTERPHALANGEAL JOI	7/1/1997	\$585.00	3	NO
H	26536	ARTHROPLASTY INTERPHALANGEAL JOI	7/1/1997	\$585.00	3	NO
H	26540	REPAIR OF COLLATERAL LIGAMENT, M	7/1/1997	\$513.00	3	NO
H	26541	RECONSTRUCTION, COLLATERAL LIGAM	7/1/1997	\$812.00	3	NO
H	26542	PRIMARY REPAIR OF COLLATERAL LIG	7/1/1997	\$513.00	3	NO
H	26545	RECONSTRUCTION COLLATERAL LIGAME	7/1/1997	\$513.00	3	NO
H	26546	REPAIR NON-UNION, METACARPAL OR	7/1/2003	\$513.00	3	NO
H	26548	REPAIR AND RECONSTRUCTION, FINGE	7/1/1997	\$513.00	3	NO
H	26550	POLLICIZATION OF A DIGIT	7/1/1997	\$363.00	3	NO
H	26551	TOE-TO-HAND TRANSFER WITH MICROV	1/1/1999	\$595.00	3	NO
H	26553	TOE-TO-HAND TRANSFER WITH MICROV	1/1/1999	\$422.00	3	NO
H	26554	TOE-TO-HAND TRANSFER WITH MICROV	1/1/1999	\$422.00	3	NO
H	26555	POSITIONAL CHANGE OF OTHER FINGE	7/1/1997	\$417.00	3	NO
H	26560	REPAIR OF SYNDACTYLY (WEB FINGER	7/1/1997	\$363.00	3	YES
H	26561	REPAIR OF SYNDACTYLY (WEB FINGER	7/1/1997	\$417.00	3	YES
H	26562	REPAIR OF SYNDACTYLY (WEB FINGER	7/1/1997	\$513.00	3	YES
H	26565	OSTEOTOMY FOR CORRECTION OF DEFO	7/1/1997	\$585.00	3	NO
H	26567	OSTEOTOMY FOR CORRECTION OF DEFO	7/1/1997	\$585.00	3	NO
H	26568	OSTEOPLASTY FOR LENGTHENING OF M	7/1/1997	\$417.00	3	NO
H	26580	REPAIR CLEFT HAND	7/1/1997	\$585.00	3	NO
H	26585	REPAIR BIFID DIGIT	4/1/2002	INVALID	N	NO
H	26587	RECONSTRUCTION OF POLYDACTYLOUS	7/1/2002	\$585.00	3	NO
H	26590	REPAIR MACRODACTYLIA, EACH DIGIT	7/1/1997	\$585.00	3	NO
H	26591	REPAIR, INTRINSIC MUSCLES OF HAN	7/1/1997	\$417.00	3	NO
H	26593	RELEASE, INTRINSIC MUSCLES OF HA	7/1/1997	\$417.00	3	NO
H	26596	EXCISION OF CONSTRICTING RING OF	7/1/1997	\$363.00	3	NO
H	26597	RELEASE OF SCAR CONTRACTURE FLEX	4/1/2002	INVALID	N	NO
H	26605	TREATMENT OF CLOSED METACARPAL F	7/1/1997	\$363.00	3	NO
H	26607	CLOSED TREATMENT OF METACARPAL F	7/1/1997	\$363.00	3	NO
H	26608	PERCUTANEOUS SKELETAL FIXATION O	6/17/2003	\$513.00	3	NO
H	26615	OPEN TREATMENT OF METACARPAL FRA	7/1/1997	\$513.00	3	NO
H	26645	CLOSED TREATMENT OF CARPOMETACAR	7/1/1997	\$271.00	3	NO
H	26650	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	26665	OPEN TREATMENT OF CARPOMETACARPA	7/1/1997	\$513.00	3	NO
H	26675	TREAT OF CLOSED CARPOMETACARPAL	7/1/1997	\$363.00	3	NO
H	26676	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	26685	OPEN TREATMENT OF CARPOMETACARPA	7/1/1997	\$417.00	3	NO
H	26686	OPEN TREAT OF CLOSED/OPEN CARPOM	7/1/1997	\$417.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	26705	TREATMEANT OF CLOSED METACARPOPH	7/1/1997	\$363.00	3	NO
H	26706	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	26715	OPEN TREATMENT OF METACARPOPHALA	7/1/1997	\$513.00	3	NO
H	26727	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$812.00	3	NO
H	26735	OPEN TREATMENT OF PHALANGEAL SHA	7/1/1997	\$513.00	3	NO
H	26742	TREATMENT OF CLOSED ARTICULAR FR	7/1/1997	\$363.00	3	NO
H	26746	OPEN TREATMENT OF ARTICULAR FRAC	7/1/1997	\$585.00	3	NO
H	26756	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	26765	OPEN TREATMENT OF DISATL PHALANG	7/1/1997	\$513.00	3	NO
H	26776	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	26785	OPEN TREATMENT OF INTERPHALANGEA	7/1/1997	\$363.00	3	NO
H	26820	FUSION IN OPPOSITION, THUMB, WIT	7/1/1997	\$585.00	3	NO
H	26841	ARTHRODESIS CARPOMETACARPAL JOIN	7/1/1997	\$513.00	3	NO
H	26842	ARTHRODESIS, CARPOMETACARPAL JOI	7/1/1997	\$513.00	3	NO
H	26843	ARTHRODESIS, CARPOMETACARPAL JOI	7/1/1997	\$417.00	3	NO
H	26844	ARTHRODESIS, CARPOMETACARPAL JOI	7/1/1997	\$417.00	3	NO
H	26850	ARTHRODESIS METACARPOPHALANGEAL	7/1/1997	\$513.00	3	NO
H	26852	ARTHRODESIS METACARPOPHALANGEAL	7/1/1997	\$513.00	3	NO
H	26860	ARTHRODESIS INTERPHALANGEAL JOIN	7/1/1997	\$417.00	3	NO
H	26861	ARTHRODESIS, INTERPHALANGEAL JOI	7/1/1997	\$363.00	3	NO
H	26862	ARTHRODESIS, INTERPHALANGEAL JOI	7/1/1997	\$513.00	3	NO
H	26863	ARTHRODESIS, INTERPHALANGEAL JOI	7/1/1997	\$417.00	3	NO
H	26910	AMPUTATION METACARPAL WITH FINGE	7/1/1997	\$417.00	3	NO
H	26951	AMPUTATION, FINGER/THUMB, PRIMAR	7/1/1997	\$363.00	3	NO
H	26952	AMPUTATION, FING/THUMB, PRIMARY/SE	7/1/1997	\$513.00	3	NO
H	26990	INCISION AND DRAINAGE, PELVIS OR	7/1/1997	\$271.00	3	NO
H	26991	INCISION AND DRAINAGE, PELVIS OR	7/1/1997	\$271.00	3	NO
H	26992	INCISION, DEEP, W/OPENING OF BON	7/1/1997	\$363.00	3	NO
H	27000	TENOTOMY, ADDUCTOR OF HIP, SUBCU	7/1/1997	\$363.00	3	NO
H	27001	TENOTOMY, ADDUCTOR OF HIP, SUBCU	7/1/1997	\$417.00	3	NO
H	27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS	7/1/1997	\$417.00	3	NO
H	27030	ARTHROTOMY, HIP, FOR INFECTION,	7/1/1997	\$417.00	3	NO
H	27033	ARTHROTOMY, HIP, WITH EXPLORATIO	7/1/1997	\$417.00	3	NO
H	27035	HIP JNT DENERVATION, INTRAPELVIC	7/1/1997	\$513.00	3	NO
H	27040	BIOPSY, SOFT TISSUE OF PELVIS AN	7/1/1997	\$271.00	3	NO
H	27041	BIOPSY, SOFT TISSUE OF PELVIS AN	7/1/1997	\$363.00	3	NO
H	27047	EXCISION, TUMOR, PELVIS AND HIP	7/1/1997	\$363.00	3	NO
H	27048	EXCISION, TUMOR, PELVIS AND HIP	7/1/1997	\$417.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	27049	RADICAL RESECTION OF TUMOR (EG,	7/1/1997	\$417.00	3	NO
H	27050	ARTHROTOMY, WITH BIOPSY; SACROIL	7/1/1997	\$417.00	3	NO
H	27052	ARTHROTOMY FOR BIOPSY; HIP JOINT	7/1/1997	\$417.00	3	NO
H	27060	EXCISION ISCHIAL BURSA	7/1/1997	\$585.00	3	NO
H	27062	EXCISION; TROCHANTERIC BURSA OR	7/1/1997	\$585.00	3	NO
H	27065	EXCISION OF BONE CYST OR BENIGN	7/1/1997	\$585.00	3	NO
H	27066	EXCISION OF BONE CYST OR BENIGN	7/1/1997	\$585.00	3	NO
H	27067	EXCISION OF BONE CYST OR BENIGN	7/1/2003	\$585.00	3	NO
H	27080	COCCYGECTOMY PRIMARY	7/1/1997	\$363.00	3	NO
H	27086	REMOVAL OF FOREIGN BODY SUBCUTAN	6/1/2005	\$271.00	3	NO
H	27087	REMOVAL OF FOREIGN BODY; DEEP	7/1/1997	\$417.00	3	NO
H	27097	HAMSTRING RESECESSION PROXIMAL	7/1/1997	\$417.00	3	NO
H	27098	ADDUCTOR TRANSFER TO ISCHIUM	7/1/1997	\$417.00	3	NO
H	27100	TRANSFER EXTERNAL OBLIQUE MUSCLE	7/1/1997	\$513.00	3	NO
H	27105	TRANSFER PARASPINAL MUSCLE TO HI	7/1/1997	\$513.00	3	NO
H	27110	TRANSFER ILIOPSOAS; TO GREATER T	7/1/1997	\$513.00	3	NO
H	27111	TRANSFER ILIOPSOAS; TO FEMORAL N	7/1/1997	\$513.00	3	NO
H	27193	CLOSED TREATMENT OF PELVIC RING	6/1/2005	\$271.00	3	NO
H	27194	CLOSED TREATMENT OF PELVIC RING	7/1/1997	\$363.00	3	NO
H	27202	OPEN TREATMENT OF COCCYGEAL FRAC	7/1/1997	\$363.00	3	NO
H	27230	CLOSED TREATMENT OF FEMORAL FRAC	6/1/2005	\$271.00	3	NO
H	27238	CLOSED TREATMENT OF INTERTROCHAN	6/1/2005	\$271.00	3	NO
H	27246	CLOSED TREATMENT OF GREATER TROC	6/1/2005	\$271.00	3	NO
H	27250	CLOSED TREATMENT OF HIP DISLOCAT	7/1/1997	\$271.00	3	NO
H	27252	TREATMENT OF CLOSED HIP DISLOCAT	7/1/1997	\$363.00	3	NO
H	27257	TREATMENT OF CONGENITAL HIP DISL	6/1/2005	\$417.00	3	NO
H	27265	CLOSED TREATMENT OF POST HIP ART	7/1/1997	\$271.00	3	NO
H	27266	CLOSED TREATMENT OF POST HIP ART	7/1/1997	\$363.00	3	NO
H	27275	MANIPULATION HIP JOINT REQUIRING	7/1/1997	\$363.00	3	NO
H	27301	INCISION AND DRAINAGE OF DEEP AB	7/1/1997	\$417.00	3	NO
H	27303	INCISION, DEEP, W/OPENING OF BON	7/1/1997	\$363.00	3	NO
H	27305	FASCIOTOMY ILIOTIBIAL (TENOTOMY)	7/1/1997	\$363.00	3	NO
H	27306	TENOTOMY, SUBCUTANEOUS, CLOSED,	7/1/1997	\$417.00	3	NO
H	27307	TENOTOMY SUBCUTANEOUS CLOSED ADD	7/1/1997	\$417.00	3	NO
H	27310	ARTHROTOMY, KNEE, FOR INFECTION,	7/1/1997	\$513.00	3	NO
H	27315	NEURECTOMY HAMSTRING MUSCLE	7/1/1997	\$363.00	3	NO
H	27320	NEURECTOMY POPITEAL (GASTROCNEMI	7/1/1997	\$363.00	3	NO
H	27323	BIOPSY SOFT TISSUES SUPERFICIAL	6/1/2005	\$271.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	27324	BIOPSY, SOFT TISSUE OF THIGH OR	7/1/1997	\$271.00	3	NO
H	27327	EXCISION, TUMOR, THIGH OR KNEE A	7/1/1997	\$363.00	3	NO
H	27328	EXCISION, TUMOR, THIGH OR KNEE A	7/1/1997	\$417.00	3	NO
H	27329	RADICAL RESECTION OF TUMOR (EG,	7/1/2003	\$513.00	3	NO
H	27330	ARTHROTOMY, KNEE; WITH SYNOVIAL	7/1/1997	\$513.00	3	NO
H	27331	ARTHROTOMY, KNEE; W/JOINT EXPLOR	7/1/1997	\$513.00	3	NO
H	27332	ARTHROTOMY, KNEE, WITH EXCISION	7/1/1997	\$513.00	3	NO
H	27333	ARTHROTOMY KNEE FOR EXCISION OF	7/1/1997	\$513.00	3	NO
H	27334	ARTHROTOMY, KNEE, WITH SYNOVECTO	7/1/1997	\$513.00	3	NO
H	27335	ARTHROTOMY KNEE FOR SYNOVECTOMY;	7/1/1997	\$513.00	3	NO
H	27340	EXCISION PREPATELLAR BURSA	7/1/1997	\$417.00	3	NO
H	27345	EXCISION OF SYNOVIAL CYST OF POP	7/1/1997	\$513.00	3	NO
H	27347	EXCISION OF LESION OF MENISCUS O	7/1/2003	\$513.00	3	NO
H	27350	PATELLECTOMY OR HEMIPATELLECTOMY	7/1/1997	\$513.00	3	NO
H	27355	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	27356	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$513.00	3	NO
H	27357	EXCISION OR CURETTAGE OF BONE CY	7/1/2003	\$585.00	3	NO
H	27358	EXCISION/CURETTAGE OF BONE CYST/	7/1/2003	\$585.00	3	NO
H	27360	PART EXCIS(CRATERIZATION,SAUCERI	7/1/1997	\$585.00	3	NO
H	27372	REMOVAL OF FOREIGN BODY, DEEP, T	7/1/1997	\$812.00	3	NO
H	27380	SUTURE OF INFRAPATELLAR TENDON P	7/1/1997	\$271.00	3	NO
H	27381	SUTURE OF INFRAPATELLAR TENDON S	7/1/1997	\$417.00	3	NO
H	27385	SUTURE OF QUADRICEPS OR HAMSTRIN	7/1/1997	\$417.00	3	NO
H	27386	SUTURE OF QUADRICEPS OR HAMSTRIN	7/1/1997	\$417.00	3	NO
H	27390	TENOTOMY, OPEN, HAMSTRING, KNEE	7/1/1997	\$271.00	3	NO
H	27391	TENOTOMY OPEN HAMSTRING KNEE TO	7/1/1997	\$363.00	3	NO
H	27392	TENOTOMY OPEN HAMSTRING KNEE TO	7/1/1997	\$417.00	3	NO
H	27393	LENGTHENING OF HAMSTRING TENDON;	7/1/1997	\$363.00	3	NO
H	27394	LENGTHENING OF HAMSTRING TENDON;	7/1/1997	\$417.00	3	NO
H	27395	LENGTHENING OF HAMSTRING TENDON;	7/1/1997	\$417.00	3	NO
H	27396	TRANSPLANT, HAMSTRING TENDON TO	7/1/1997	\$417.00	3	NO
H	27397	TRANSPLANT HAMSTRING TENDON TO P	7/1/1997	\$417.00	3	NO
H	27400	TENDON OR MUSCLE TRANSFER HAMSTR	7/1/1997	\$417.00	3	NO
H	27403	ARTHROTOMY WITH OPEN MENISCUS RE	7/1/1997	\$513.00	3	NO
H	27405	SUTURE PRIMARY TORN RUPTURED OR	7/1/1997	\$513.00	3	NO
H	27407	REPAIR PRIMARY TORN LIGAMENT AND	7/1/1997	\$513.00	3	NO
H	27409	REPAIR PRIMARY TORN LIGAMENT AND	7/1/1997	\$513.00	3	NO
H	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (	7/1/1997	\$417.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	27420	RECONSTRUCTION FOR RECURRENT DIS	7/1/1997	\$417.00	3	NO
H	27422	RECONSTRUCT FOR RECURRENT DISLOC	7/1/1997	\$812.00	3	NO
H	27424	RECONSTRUCTION FOR RECURRENT DIS	7/1/1997	\$417.00	3	NO
H	27425	LATERAL RETINACULAR RELEASE OPEN	7/1/1997	\$812.00	3	NO
H	27427	RECONSTRUCTION (AUGMENTATION) KN	7/1/1997	\$417.00	3	NO
H	27428	RECONSTRUCTION (AUGMENTATION) KN	7/1/1997	\$513.00	3	NO
H	27429	RECONSTRUCTION (AUGMENTATION) KN	7/1/1997	\$513.00	3	NO
H	27430	QUADRICEPS PLASTY (BENNETT OR TH	7/1/1997	\$513.00	3	NO
H	27435	CAPSULOTOMY KNEE POSTERIOR CAPSU	7/1/1997	\$513.00	3	NO
H	27437	ARTHROPLASTY PATELLA WITHOUT PRO	7/1/1997	\$513.00	3	NO
H	27438	ARTHROPLASTY PATELLA; WITH PROST	7/1/1997	\$585.00	3	NO
H	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	7/1/1997	\$585.00	3	NO
H	27441	ARTHROPLASTY KNEE TIBIAL PLATEAU	7/1/1997	\$585.00	3	NO
H	27442	ARTHROPLASTY KNEE FEMORAL CONDYL	7/1/1997	\$585.00	3	NO
H	27443	ARTHROPLASTY KNEE FEMORAL CONDYL	7/1/1997	\$585.00	3	NO
H	27496	DECOMPRESSION FASCIOTOMY, THIGH	7/1/2003	\$585.00	3	NO
H	27497	DECOMPRESSION FASCIOTOMY, THIGH	6/1/2005	\$417.00	3	NO
H	27498	DECOMPRESSION FASCIOTOMY, THIGH	6/1/2005	\$417.00	3	NO
H	27499	DECOMPRESSION FASCIOTOMY, THIGH	6/1/2005	\$417.00	3	NO
H	27500	CLOSED TREATMENT OF FEMORAL SHAF	6/1/2005	\$271.00	3	NO
H	27501	CLOSED TREATMENT OF SUPRACONDYLA	6/1/2005	\$363.00	3	NO
H	27502	CLOSED TREATMENT OF FEMORAL SHAF	7/1/1997	\$363.00	3	NO
H	27503	CLOSED TREATMENT OF SUPRACONDYLA	6/1/2005	\$417.00	3	NO
H	27507	OPEN TREATMENT OF FEMORAL SHAFT	7/1/1997	\$573.00	3	NO
H	27508	CLOSED TREATMENT OF FEMORAL FRAC	6/1/2005	\$271.00	3	NO
H	27509	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$417.00	3	NO
H	27510	CLOSED TREATMENT OF FEMORAL FRAC	7/1/1997	\$271.00	3	NO
H	27511	OPEN TREATMENT OF FEMORAL SUPRAC	7/1/1997	\$585.00	3	NO
H	27513	OPEN TREATMENT OF FEMORAL SUPRAC	7/1/1997	\$585.00	3	NO
H	27516	CLOSED TREATMENT OF DISTAL FEMOR	6/1/2005	\$271.00	3	NO
H	27517	CLOSED TREATMENT OF DISTAL FEMOR	7/1/1997	\$271.00	3	NO
H	27520	CLOSED TREATMENT OF PATELLAR FRA	6/1/2005	\$271.00	3	NO
H	27524	OPEN TREATMENT OF PATELLAR FRACT	7/1/1997	\$417.00	3	NO
H	27530	CLOSED TREATMENT OF TIBIAL FRACT	6/1/2005	\$271.00	3	NO
H	27532	CLOSED TREATMENT OF TIBIAL FRACT	7/1/1997	\$271.00	3	NO
H	27535	OPEN TREATMENT OF TIBIAL FRACTUR	7/1/1997	\$585.00	3	NO
H	27538	CLOSED TREATMENT OF INTERCONDYLA	7/1/1997	\$271.00	3	NO
H	27550	CLOSED TREATMENT OF KNEE DISLOCA	7/1/1997	\$271.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	27552	TREATMENT OF CLOSED KNEE DISLOCA	7/1/1997	\$271.00	3	NO
H	27560	CLOSED TREATMENT OF PATELLAR DIS	7/1/1997	\$271.00	3	NO
H	27562	TREATMENT OF CLOSED PATELLAR DIS	7/1/1997	\$271.00	3	NO
H	27566	OPEN TREATMENT OF PATELLAR DISLO	7/1/1997	\$363.00	3	NO
H	27570	MANIPULATION OF KNEE JOINT UNDER	7/1/1997	\$271.00	3	NO
H	27594	AMPUTATION THIGH THROUGH FEMUR A	6/1/2005	\$417.01	3	NO
H	27600	DECOMPRESSION FASCIOTOMY, LEG; A	6/1/2005	\$417.01	3	NO
H	27601	DECOMPRESSION FASCIOTOMY, LEG; P	6/1/2005	\$417.00	3	NO
H	27602	DECOMPRESSION FASCIOTOMY, LEG; A	6/1/2005	\$417.00	3	NO
H	27603	INCISION AND DRAINAGE, LEG OR AN	7/1/1997	\$363.00	3	NO
H	27604	INCISION AND DRAINAGE; INFECTED	7/1/1997	\$363.00	3	NO
H	27605	TENOTOMY, ACHILLES TENDON, SUBCU	7/1/1997	\$271.00	3	NO
H	27606	TENOTOMY ACHILLES TENDON SUBCUTA	7/1/1997	\$271.00	3	NO
H	27607	INCISION, DEEP, WITH OPENING OF	7/1/1997	\$363.00	3	NO
H	27610	ARTHROTOMY, ANKLE, FOR INFECTION	7/1/1997	\$363.00	3	NO
H	27612	ARTHROTOMY ANKLE POSTERIOR CAPSU	7/1/1997	\$417.00	3	NO
H	27613	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2000	\$314.00	3	NO
H	27614	BIOPSY SOFT TISSUES; DEEP	7/1/1997	\$363.00	3	NO
H	27615	RADICAL RESECTION OF TUMOR (EG,	7/1/1997	\$417.00	3	NO
H	27618	EXCISION, TUMOR, LEG OR ANKLE AR	7/1/1997	\$363.00	3	NO
H	27619	EXCISION, TUMOR, LEG OR ANKLE AR	7/1/1997	\$417.00	3	NO
H	27620	ARTHROTOMY, ANKLE, W/JOINT EXPLO	7/1/1997	\$513.00	3	NO
H	27625	ARTHROTOMY, ANKLE, WITH SYNOVECT	7/1/1997	\$513.00	3	NO
H	27626	ARTHROTOMY ANKLE FOR SYNOVECTOMY	7/1/1997	\$513.00	3	NO
H	27630	EXCISION OF LESION OF TENDON SHE	7/1/1997	\$417.00	3	NO
H	27635	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	27637	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	27638	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	27640	PART EXCISION(CRATERIZATION,SAUC	7/1/1997	\$363.00	3	NO
H	27641	PARTIAL EXCISION (CRATERIZATION	7/1/1997	\$363.00	3	NO
H	27647	RADICAL RESECTION OF TUMOR, BONE	6/1/2005	\$417.00	3	NO
H	27650	REPAIR, PRIMARY, OPEN OR PERCUTA	7/1/1997	\$417.00	3	NO
H	27652	REPAIR, PRIMARY, OPEN OR PERCUTA	7/1/1997	\$417.00	3	NO
H	27654	REPAIR, SECONDARY, RUPTURED ACHI	7/1/1997	\$417.00	3	NO
H	27656	REPAIR FASCIAL DEFECT OF LEG	7/1/1997	\$363.00	3	NO
H	27658	REPAIR OR SUTURE OF FLEXOR TENDO	7/1/1997	\$271.00	3	NO
H	27659	REPAIR OR SUTURE OF FLEXOR TENDO	7/1/1997	\$363.00	3	NO
H	27664	REPAIR OR SUTURE OF EXTENSOR TEN	7/1/1997	\$363.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	27665	REPAIR OR SUTURE OF EXTENSOR TEN	7/1/1997	\$363.00	3	NO
H	27675	REPAIR FOR DISLOCATING PERONEAL	7/1/1997	\$363.00	3	NO
H	27676	REPAIR FOR DISLOCATING PERONEAL	7/1/1997	\$417.00	3	NO
H	27680	TENOLYSIS, INCLUDING TIBIA, FIBU	7/1/1997	\$417.00	3	NO
H	27681	TENOLYSIS INCLUDING TIBIA FIBULA	7/1/1997	\$363.00	3	NO
H	27685	LENGTHENING OR SHORTENING OF TEN	7/1/1997	\$417.00	3	NO
H	27686	LENGTHENING OR SHORTENING OF TEN	7/1/1997	\$417.00	3	NO
H	27687	GASTROCNEMIUS RECESSION (EG STRA	7/1/1997	\$417.00	3	NO
H	27690	TRANSFER/TRANSPLANT OF SGL TENDO	7/1/1997	\$513.00	3	NO
H	27691	TRANSFER OR TRANSPLANT OF SINGLE	7/1/1997	\$513.00	3	NO
H	27692	TRANSFER OR TRANSPLANT OF SINGLE	7/1/1997	\$417.00	3	NO
H	27695	SUTURE PRIMARY TORN RUPTURED OR	7/1/1997	\$363.00	3	NO
H	27696	SUTURE PRIMARY TORN RUPTURED OR	7/1/1997	\$363.00	3	NO
H	27698	SUTURE SECONDARY REPAIR TORN RUP	7/1/1997	\$363.00	3	NO
H	27700	ARTHROPLASTY ANKLE	7/1/1997	\$585.00	3	NO
H	27704	REMOVAL OF ANKLE IMPLANT	7/1/1997	\$363.00	3	NO
H	27705	OSTEOTOMY TIBIA	7/1/1997	\$363.00	3	NO
H	27707	OSTEOTOMY; FIBULA	7/1/1997	\$363.00	3	NO
H	27709	OSTEOTOMY; TIBIA AND FIBULA	7/1/1997	\$363.00	3	NO
H	27715	OSTEOPLASTY TIBIA AND FIBULA LEN	7/1/1997	\$513.00	3	NO
H	27720	REPAIR OF NONUNION OR MALUNION T	8/9/2002	\$513.00	3	NO
H	27722	REPAIR OF NONUNION OR MALUNION T	7/1/2003	\$513.00	3	NO
H	27724	REPAIR OF NONUNION OR MALUNION T	7/1/2003	\$513.00	3	NO
H	27725	REPAIR OF NONUNION OR MALUNION T	7/1/2003	\$513.00	3	NO
H	27730	ARREST, EPIPHYSEAL (EPIPHYSIODES	7/1/1997	\$363.00	3	NO
H	27732	EPIPHYSEAL ARREST BY EPIPHYSIODE	7/1/1997	\$363.00	3	NO
H	27734	EPIPHYSEAL ARREST BY EPIPHYSIODE	7/1/1997	\$363.00	3	NO
H	27740	EPIPHYSEAL ARREST BY EPIPHYSIODE	7/1/1997	\$363.00	3	NO
H	27742	EPIPHYSEAL ARREST BY EPIPHYSIODE	7/1/1997	\$363.00	3	NO
H	27745	PROPHYLACTIC TREATMENT (NAILING	7/1/1997	\$417.00	3	NO
H	27750	CLOSED TREATMENT OF TIBIAL SHAFT	6/1/2005	\$271.00	3	NO
H	27752	CLOSED TREATMENT OF TIBIAL SHAFT	7/1/1997	\$271.00	3	NO
H	27756	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$417.00	3	NO
H	27758	OPEN TREATMENT OF TIBIAL SHAFT F	7/1/1997	\$513.00	3	NO
H	27759	TREATMENT OF TIBIAL SHAFT FRACTU	7/1/1997	\$513.00	3	NO
H	27760	CLOSED TREATMENT OF MEDIAL MALLE	6/1/2005	\$271.00	3	NO
H	27762	CLOSED TREATMENT OF MEDIAL MALLE	7/1/1997	\$271.00	3	NO
H	27766	OPEN TREATMENT OF MEDIAL MALLEOL	7/1/1997	\$417.00	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	27780	CLOSED TREATMENT OF PROXIMAL FIB	6/1/2005	\$271.00	3	NO
H	27781	TREATMENT OF CLOSED PROXIMAL FIB	7/1/1997	\$271.00	3	NO
H	27784	OPEN TREATMENT OF PROXIMAL FIBUL	7/1/1997	\$417.00	3	NO
H	27786	CLOSED TREATMENT OF DISTAL FIBUL	6/1/2005	\$271.00	3	NO
H	27788	TREATMENT OF CLOSED DISTAL FIBUL	7/1/1997	\$271.00	3	NO
H	27792	OPEN TREATMENT OF DISTAL FIBULAR	7/1/1997	\$417.00	3	NO
H	27808	CLOSED TREATMENT OF BIMALLEOLAR	6/1/2005	\$271.00	3	NO
H	27810	TREATMENT OF CLOSED BIMALLEOLAR	7/1/1997	\$271.00	3	NO
H	27814	OPEN TREATMENT OF BIMALLEOLAR AN	7/1/1997	\$417.00	3	NO
H	27816	CLOSED TREATMENT OF TRIMALLEOLAR	6/1/2005	\$271.00	3	NO
H	27818	TREATMENT OF CLOSED TRIMALLEOLAR	7/1/1997	\$271.00	3	NO
H	27822	OPEN TREATMENT OF TRIMALLEOLAR A	7/1/1997	\$417.00	3	NO
H	27823	OPEN TREATMENT OF TRIMALLEOLAR A	7/1/1997	\$417.00	3	NO
H	27824	CLOSED TREATMENT OF FRACTURE OF	7/1/1997	\$271.00	3	NO
H	27825	CLOSED TREATMENT OF FRACTURE OF	6/1/2005	\$363.00	3	NO
H	27826	OPEN TREATMENT OF FRACTURE OF WE	7/1/1997	\$417.00	3	NO
H	27827	OPEN TREATMENT OF FRACTURE OF WE	7/1/1997	\$417.00	3	NO
H	27828	OPEN TREATMENT OF FRACTURE OF WE	6/1/2005	\$513.00	3	NO
H	27829	OPEN TREATMENT OF DISTAL TIBIOFI	6/1/2005	\$363.00	3	NO
H	27830	CLOSED TREATMENT OF PROXIMAL TIB	7/1/1997	\$271.00	3	NO
H	27831	TREATMENT OF PROXIMAL TIBIOFIBUL	7/1/1997	\$271.00	3	NO
H	27832	OPEN TREATMENT OF PROXIMAL TIBIO	7/1/1997	\$363.00	3	NO
H	27840	CLOSED TREATMENT OF ANKLE DISLOC	7/1/1997	\$271.00	3	NO
H	27842	CLOSED TREATMENT OF ANKLE DISLOC	7/1/1997	\$271.00	3	NO
H	27846	OPEN TREATMENT OF ANKLE DISLOCAT	7/1/1997	\$417.00	3	NO
H	27848	OPEN TREATMENT OF ANKLE DISLOCAT	7/1/1997	\$417.00	3	NO
H	27860	MANIPULATION OF ANKLE UNDER GENE	7/1/1997	\$271.00	3	NO
H	27870	ARTHRODESIS, ANKLE, OPEN	7/1/1997	\$513.00	3	NO
H	27871	ARTHRODESIS TIBIOFIBULAR JOINT P	7/1/1997	\$513.00	3	NO
H	27884	AMPUTATION LEG THROUGH TIBIA AND	7/1/2002	\$417.00	3	NO
H	27889	ANKLE DISARTICULATION	6/1/2005	\$417.00	3	NO
H	27892	DECOMPRESSION FASCIOTOMY, LEG; A	6/1/2005	\$417.00	3	NO
H	27893	DECOMPRESSION FASCIOTOMY, LEG; P	6/1/2005	\$417.00	3	NO
H	27894	DECOMPRESSION FASCIOTOMY, LEG; A	6/1/2005	\$417.00	3	NO
H	28002	DEEP DISSECT BELOW FASCIA, FOR DE	7/1/1997	\$417.00	3	NO
H	28003	DEEP DISSECT BELOW FASCIA, FOR D	7/1/1997	\$417.00	3	NO
H	28005	INCISION, DEEP, WITH OPENING OF	7/1/1997	\$417.00	3	NO
H	28008	FASCIOTOMY, FOOT AND/OR TOE	7/1/1997	\$417.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	28011	TENOTOMY SUBCUTANEOUS TOE; MULTI	6/1/2005	\$417.00	3	NO
H	28020	ARTHROTOMY WITH EXPLORATION DRAI	7/1/1997	\$363.00	3	NO
H	28022	ARTHROTOMY WITH EXPLORATION DRAI	7/1/2003	\$363.00	3	NO
H	28024	ARTHROTOMY WITH EXPLORATION DRAI	7/1/2003	\$363.00	3	NO
H	28030	NEURECTOMY OF INTRINSIC MUSCULAT	7/1/1997	\$513.00	3	NO
H	28035	TARSAL TUNNEL RELEASE (POSTERIOR	7/1/1997	\$513.00	3	NO
H	28043	EXCISION TUMOR, FOOT; SUBCUTANEO	7/1/1997	\$363.00	3	NO
H	28045	EXCISION, TUMOR, FOOT; DEEP, SUB	7/1/1997	\$417.00	3	NO
H	28046	RADICAL RESECTION OF TUMOR (EG,	7/1/1997	\$417.00	3	NO
H	28050	ARTHROTOMY FOR SYNOVIAL BIOPSY;	7/1/1997	\$363.00	3	NO
H	28052	ARTHROTOMY FOR SYNOVIAL BIOPSY;	7/1/2003	\$363.00	3	NO
H	28054	ARTHROTOMY FOR SYNOVIAL BIOPSY;	7/1/1997	\$363.00	3	NO
H	28060	FASCIECTOMY EXCISION OF PLANTAR	7/1/1997	\$363.00	3	NO
H	28062	FASCIECTOMY EXCISION OF PLANTAR	7/1/1997	\$417.00	3	NO
H	28070	SYNOVECTOMY INTERTARSAL OR TARSO	7/1/1997	\$417.00	3	NO
H	28072	SYNOVECTOMY; METATARSOPHALANGEAL	7/1/1997	\$417.00	3	NO
H	28080	EXCISION OF INTERDIGITAL (MORTON	7/1/1997	\$417.00	3	NO
H	28086	SYNOVECTOMY, TENDON SHEATH, FOOT	7/1/1997	\$363.00	3	NO
H	28088	SYNOVECTOMY, TENDON SHEATH, FOOT	7/1/1997	\$363.00	3	NO
H	28090	EXCISION OF LESION OF TENDON/FIB	7/1/1997	\$417.00	3	NO
H	28092	EXCISION OF LESION OF TENDON/FIB	7/1/1997	\$417.00	3	NO
H	28100	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$363.00	3	NO
H	28102	EXCISION/CURETTAGE OF BONE CYST/	7/1/1997	\$417.00	3	NO
H	28103	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	28104	EXCISION OR CURETTAGE OF BONE CY	7/1/2002	\$363.00	3	NO
H	28106	EXCISION/CURETTAGE OF BONE CYST/	7/1/1997	\$417.00	3	NO
H	28107	EXCIS/CURETTAGE OF BONE CYST/BEN	7/1/1997	\$417.00	3	NO
H	28110	OSTECTOMY PARTIAL EXCISION FIFTH	7/1/1997	\$417.00	3	NO
H	28111	OSTECTOMY, COMPLETE EXCISION; FI	7/1/1997	\$417.00	3	NO
H	28112	OSTECTOMY COMPLETE EXCISION; OTH	7/1/1997	\$417.00	3	NO
H	28113	OSTECTOMY COMPLETE EXCISION; FIF	7/1/1997	\$417.00	3	NO
H	28114	OSTECTOMY, COMP EXCISION; ALL ME	7/1/1997	\$417.00	3	NO
H	28116	OSTECTOMY EXCISION OF TARSAL COA	7/1/1997	\$417.00	3	NO
H	28118	OSTECTOMY, CALCANEUS	7/1/1997	\$513.00	3	NO
H	28119	OSTECTOMY CALCANEUS; FOR SPUR WI	7/1/1997	\$513.00	3	NO
H	28120	PART EXCISION(CRATERIZATION,SAUC	7/1/1997	\$812.00	3	NO
H	28122	PART EXCISION(CRATERIZATION,SAUC	7/1/1997	\$417.00	3	NO
H	28126	RESECTION, PARTIAL OR COMPLETE,	6/1/2005	\$417.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	28130	TALECTOMY (ASTRAGALECTOMY)	7/1/1997	\$417.00	3	NO
H	28140	METATARSECTOMY	7/1/1997	\$417.00	3	NO
H	28150	PHALANGECTOMY SINGLE EACH	7/1/1997	\$417.00	3	NO
H	28153	RESECTION HEAD OF PHALANX	6/1/2005	\$417.00	3	NO
H	28160	HEMIPHALANGECTOMY OR INTERPHALAN	6/1/2005	\$417.00	3	NO
H	28171	RADICAL RESECTION OF TUMOR, BONE	7/1/1997	\$417.00	3	NO
H	28173	RADICAL RESECTION OF TUMOR, BONE	7/1/1997	\$417.00	3	NO
H	28175	RADICAL RESECTION OF TUMOR, BONE	7/1/1997	\$417.00	3	NO
H	28192	REMOVE FOREIGN BODY; DEEP	7/1/1997	\$363.00	3	NO
H	28193	REMOVAL OF FOREIGN BODY, FOOT; C	7/1/1997	\$513.00	3	NO
H	28200	REPAIR OR SUTURE OF TENDON, FOOT	7/1/1997	\$417.00	3	NO
H	28202	REPAIR OR SUTURE OF TENDON, FOOT	7/1/1997	\$417.00	3	NO
H	28208	REPAIR OR SUTURE OF TENDON, FOOT	7/1/1997	\$417.00	3	NO
H	28210	REPAIR OR SUTURE OF TENDON, FOOT	7/1/1997	\$417.00	3	NO
H	28222	TENOLYSIS, FLEXOR, FOOT; MULTIPL	7/1/1997	\$271.00	3	NO
H	28225	TENOLYSIS, EXTENSOR, FOOT; SINGL	7/1/1997	\$271.00	3	NO
H	28226	TENOLYSIS, EXTENSOR, FOOT; MULTI	7/1/1997	\$271.00	3	NO
H	28234	TENOTOMY OPEN EXTENSOR FOOT OR T	7/1/2003	\$363.00	3	NO
H	28238	RECONSTRUCTION, POSTERIOR TIBIAL	7/1/1997	\$417.00	3	NO
H	28240	TENOTOMY LENGTHENING, OR RELEASE	7/1/1997	\$363.00	3	NO
H	28250	DIVISION OF PLANTAR FASCIA AND M	7/1/1997	\$417.00	3	NO
H	28260	CAPSULOTOMY, MIDFOOT; MEDIAL REL	7/1/1997	\$417.00	3	NO
H	28261	CAPSULOTOMY MIDFOOT; WITH TENDON	7/1/1997	\$417.00	3	NO
H	28262	CAPSULOTOMY MIDFOOT EXTENSIVE IN	7/1/1997	\$513.00	3	NO
H	28264	CAPSULOTOMY MIDTARSAL(HEYMAN TYP	7/1/1997	\$271.00	3	NO
H	28270	CAPSULOTOMY; METATARSOPHALANGEAL	6/1/2005	\$417.00	3	NO
H	28280	WEBBING OPERATION (CREATE SYNDAC	6/1/2005	\$363.00	3	NO
H	28285	HAMMERTOES OPERATION; ONE TOE (EG	7/1/1997	\$417.00	3	NO
H	28286	HAMMERTOES OPERATION, ONE TOE (EG	7/1/1997	\$513.00	3	NO
H	28288	OSTECTOMY, PARTIAL, EXOSTECTOMY	10/1/2002	\$417.00	3	NO
H	28289	HALLUS REGIDUS CORRECTION WIT CH	6/1/2005	\$417.00	3	NO
H	28290	HALLUX VALGUS (BUNION) CORRECTIO	7/1/1997	\$363.00	3	NO
H	28292	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2003	NC	9	NO
H	28293	HALLUX VALGUS (BUNION) CORRECTIO	8/1/2004	\$417.00	3	NO
H	28294	HALLUX VALGUS (BUNION) CORRECTIO	7/1/1997	\$417.00	3	NO
H	28296	HALLUX VALGUS (BUNION) CORRECTIO	7/1/1997	\$417.00	3	NO
H	28297	HALLUX VALGUS (BUNION) CORRECTIO	7/1/1997	\$417.00	3	NO
H	28298	HALLUX VALGUS (BUNION) CORRECTIO	7/1/1997	\$417.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	28299	CORRECTION, HALLUX VALGUS (BUNIO	7/1/1997	\$585.00	3	NO
H	28300	OSTEOTOMY CALCANEUS (DWYER OR CH	7/1/1997	\$363.00	3	NO
H	28302	OSTEOTOMY; TALUS	7/1/1997	\$363.00	3	NO
H	28304	OSTEOTOMY MIDTARSAL BONES OTHER	7/1/1997	\$363.00	3	NO
H	28305	OSTEOTOMY MIDTARSAL BONES OTHER	7/1/1997	\$417.00	3	NO
H	28306	OSTEOTOMY, METATARSAL, BASE/SHAF	7/1/1997	\$513.00	3	NO
H	28307	OSTEOTOMY, METATARSAL, BASE/SHAFT,	7/1/2002	\$513.00	3	NO
H	28308	OSTEOTOMY, METATARSAL, BASE/SHAF	7/1/1997	\$363.00	3	NO
H	28309	OSTEOTOMY METATRSALS MULTIPLE FO	7/1/1997	\$513.00	3	NO
H	28310	OSTEOTOMY FOR SHORTENING, ANGULA	7/1/1997	\$417.00	3	NO
H	28312	OSTEOTOMY FOR SHORTENING, ANGULA	7/1/1997	\$417.00	3	NO
H	28313	RECONSTRUCTION, ANGULAR DEFORMIT	7/1/1997	\$363.00	3	NO
H	28315	SESAMOIDECTOMY FIRST TOE (SEPARA	7/1/1997	\$513.00	3	NO
H	28320	REPAIR OF NONUNION OR MALUNION;	7/1/1997	\$513.00	3	NO
H	28322	REPAIR OF NONUNION OR MALUNION;	7/1/1997	\$513.00	3	NO
H	28340	RECONSTRUCTION, TOE, MACRODACTYL	6/1/2005	\$513.00	3	YES
H	28341	RECONSTRUCTION, TOE, MACRODACTYL	6/1/2005	\$513.00	3	YES
H	28344	RECONSTRUCTION, TOE(S); POLYDACT	6/1/2005	\$513.00	3	YES
H	28345	RECONSTRUCTION, TOE(S); SYNDACTY	6/1/2005	\$513.00	3	YES
H	28400	CLOSED TREATMENT OF CALCANEAL FR	6/1/2005	\$271.00	3	NO
H	28405	CLOSED TREATMENT OF CALCANEAL FR	7/1/1997	\$363.00	3	NO
H	28406	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	28415	OPEN TREATMENT OF CALCANEAL FRAC	7/1/1997	\$417.00	3	NO
H	28420	OPEN TREAT OF CLOSED/OPEN CALCAN	7/1/1997	\$513.00	3	NO
H	28435	TREATMENT OF CLOSED TALUS FRACTU	7/1/1997	\$363.00	3	NO
H	28436	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	28445	OPEN TREATMENT OF TALUS FRACTURE	7/1/1997	\$417.00	3	NO
H	28456	PERCUTANEOUS SKELETAL FIXATION O	6/1/2005	\$363.00	3	NO
H	28465	OPEN TREATMENT OF TARSAL BONE FR	7/1/1997	\$417.00	3	NO
H	28476	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	28485	OPEN TREATMENT OF METATARSAL FRA	7/1/1997	\$513.00	3	NO
H	28496	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	28505	OPEN TREATMENT OF FRACTURE GREAT	7/1/1997	\$417.00	3	NO
H	28525	OPEN TREATMENT OF FRACTURE, PHAL	7/1/1997	\$417.00	3	NO
H	28531	OPEN TREATMENT OF SESAMOID FRACT	4/15/2002	\$417.00	3	NO
H	28545	TREATMENT OF CLOSED TARSAL BONE	7/1/1997	\$271.00	3	NO
H	28546	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	28555	OPEN TREATMENT OF TARSAL BONE DI	7/1/1997	\$363.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	28575	TREATMENT OF CLOSED TALOTARSAL J	7/1/1997	\$271.00	3	NO
H	28576	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$417.00	3	NO
H	28585	OPEN TREATMENT OF TALOTARSAL JOI	7/1/1997	\$417.00	3	NO
H	28605	TREATMENT OF CLOSED TARSOMETATAR	7/1/1997	\$271.00	3	NO
H	28606	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	28615	OPEN TREATMENT OF TARSOMETATARSA	7/1/1997	\$417.00	3	NO
H	28635	TREATMENT OF CLOSED METATARSOPHA	7/1/1997	\$271.00	3	NO
H	28636	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$417.00	3	NO
H	28645	OPEN TREATMENT OF METATARSOPHALA	7/1/1997	\$417.00	3	NO
H	28665	TREATMENT OF CLOSED INTERPHALANG	7/1/1997	\$271.00	3	NO
H	28666	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$417.00	3	NO
H	28675	OPEN TREATMENT OF INTERPHALANGEA	7/1/1997	\$417.00	3	NO
H	28705	PANTALAR ARTHRODESIS	7/1/1997	\$513.00	3	NO
H	28715	TRIPLE ARTHRODESIS	7/1/1997	\$513.00	3	NO
H	28725	SUBTALAR ARTHRODESIS (INCLUDES G	7/1/1997	\$513.00	3	NO
H	28730	ARTHRODESIS MIDTARSAL OR TARSOMET	7/1/1997	\$513.00	3	NO
H	28735	ARTHRODESIS MIDTARSAL OR TARSOME	7/1/1997	\$513.00	3	NO
H	28737	ARTHRODESIS, WITH TENDON LENGTHE	7/1/1997	\$585.00	3	NO
H	28740	ARTHRODESIS MIDTARSAL OR TARSOME	7/1/1997	\$513.00	3	NO
H	28750	ARTHRODESIS, GREAT TOE; METATARS	7/1/1997	\$513.00	3	NO
H	28755	ARTHRODESIS, GREAT TOE; INTERPHA	7/1/1997	\$513.00	3	NO
H	28760	ARTHRODESIS, GREAT TOE, INTERPHA	7/1/1997	\$513.00	3	NO
H	28800	AMPUTATION FOOT MIDTARSAL (CHOPA	4/15/2002	\$363.00	3	NO
H	28805	AMPUTATION FOOT; TRANSMETATARSAL	4/15/2002	\$363.00	3	NO
H	28810	AMPUTATION METATARSAL WITH TOE S	7/1/1997	\$363.00	3	NO
H	28820	AMPUTATION, TOE; METATARSOPHALAN	7/1/1997	\$363.00	3	NO
H	28825	AMPUTATION TOE; INTERPHALANGEA	7/1/1997	\$363.00	3	NO
H	29800	ARTHROSCOPY, TEMPOROMANDIBULAR J	6/1/2005	\$417.00	3	NO
H	29804	ARTHROSCOPY, TEMPOROMANDIBULAR J	7/1/1997	\$417.00	3	NO
H	29805	ARTHROSCOPY, SHOULDER, DIAGNOSTI	1/1/2002	\$417.00	3	NO
H	29806	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2002	\$417.00	3	NO
H	29807	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2002	\$417.00	3	NO
H	29815	ARTHROSCOPY SHOULDER DIAGNOSTIC	4/1/2002	INVALID	N	NO
H	29819	ARTHROSCOPY SHOULDER SURGICAL WI	7/1/1997	\$417.00	3	NO
H	29820	ARTHROSCOPY SHOULDER SURGICAL SY	7/1/1997	\$417.00	3	NO
H	29821	ARTHROSCOPY SHOULDER SURGICAL SY	7/1/1997	\$417.00	3	NO
H	29822	ARTHROSCOPY SHOULDER SURGICAL DE	7/1/1997	\$417.00	3	NO
H	29823	ARTHROSCOPY SHOULDER SURGICAL DE	7/1/1997	\$417.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	29824	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2002	\$585.00	3	NO
H	29825	ARTHROSCOPY SHOULDER SURGICAL WI	7/1/1997	\$417.00	3	NO
H	29826	ARTHROSCOPY, SHOULDER, SURGICAL;	7/1/1997	\$417.00	3	NO
H	29827	ARTHROSCOPY, SHOULDER, SURGICAL;	6/1/2005	\$585.00	3	NO
H	29830	ARTHROSCOPY ELBOW DIAGNOSTIC WIT	7/1/1997	\$417.00	3	NO
H	29834	ARTHROSCOPY ELBOW SURGICAL WITH	7/1/1997	\$417.00	3	NO
H	29835	ARTHROSCOPY ELBOW SURGICAL SYNOV	7/1/1997	\$417.00	3	NO
H	29836	ARTHROSCOPY ELBOW SURGICAL SYNOV	7/1/1997	\$417.00	3	NO
H	29837	ARTHROSCOPY ELBOW SURGICAL DEBRI	7/1/1997	\$417.00	3	NO
H	29838	ARTHROSCOPY ELBOW SURGICAL DEBRI	7/1/1997	\$417.00	3	NO
H	29840	ARTHROSCOPY, WRIST, DIAGNOSTIC,	7/1/1997	\$417.00	3	NO
H	29843	ARTHROSCOPY, WRIST, SURGICAL; FO	7/1/1997	\$417.00	3	NO
H	29844	SYNOVECTOMY, PARTIAL	7/1/1997	\$417.00	3	NO
H	29845	SYNOVECTOMY, COMPLETE	7/1/1997	\$417.00	3	NO
H	29846	EXCISION OF TRIANGULAR FIBROCARD	7/1/1997	\$417.00	3	NO
H	29847	INTERNAL FIXATION FOR FRACTURE O	7/1/1997	\$417.00	3	NO
H	29848	ARTHROSCOPY, WR5IST, SURGICAL; W	1/1/2004	\$1,150.00	3	NO
H	29850	ARTHROSCOPICALLY AIDED TREATMENT	6/1/2005	\$513.00	3	NO
H	29851	ARTHROSCOPICALLY AIDED TREATMENT	6/1/2005	\$513.00	3	NO
H	29855	ARTHROSCOPICALLY AIDED TREATMENT	6/1/2005	\$513.00	3	NO
H	29856	ARTHROSCOPICALLY AIDED TREATMENT	6/1/2005	\$513.00	3	NO
H	29860	ARTHROSCOPY, HIP, DIAGNOSTIC WIT	7/1/2003	\$513.00	3	NO
H	29861	ARTHROSCOPY, HIP, SURGICAL; WITH	7/1/2003	\$513.00	3	NO
H	29862	ARTHROSCOPY, HIP, SURGICAL; WITH	1/1/2004	\$1,150.00	3	NO
H	29863	ARTHROSCOPY, HIP, SURGICAL; WITH	7/1/2003	\$513.00	3	NO
H	29870	ARTHROSCOPY KNEE DIAGNOSTIC WITH	7/1/1997	\$417.00	3	NO
H	29871	ARTHROSCOPY, KNEE, SURGICAL; FOR	7/1/1997	\$417.00	3	NO
H	29873	ARTHROSCOPY, KNEE, SURGICAL; WIT	6/1/2005	\$417.00	3	NO
H	29874	ARTHROSCOPY, KNEE, SURGICAL; FOR	7/1/1997	\$417.00	3	NO
H	29875	ARTHROSCOPY, KNEE, SURGICAL; SYN	7/1/1997	\$513.00	3	NO
H	29876	ARTHROSCOPY, KNEE, SURGICAL; SYN	7/1/1997	\$513.00	3	NO
H	29877	ARTHROSCOPY, KNEE, SURGICAL; DEB	7/1/1997	\$513.00	3	NO
H	29879	ARTHROSCOPY, KNEE, SURGICAL; ABR	7/1/1997	\$417.00	3	NO
H	29880	ARTHROSCOPY, KNEE, SURGICAL; WIT	7/1/1997	\$513.00	3	NO
H	29881	ARTHROSCOPY, KNEE, SURGICAL; W/M	7/1/1997	\$513.00	3	NO
H	29882	ARTHROSCOPY, KNEE, SURGICAL; WIT	7/1/1997	\$417.00	3	NO
H	29883	ARTHROSCOPY, KNEE, SURGICAL; WIT	7/1/1997	\$417.00	3	NO
H	29884	ARTHROSCOPY, KNEE, SURGICAL; WIT	7/1/1997	\$417.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	29885	ARTHROSCOPY,KNEE,SURG;DRILL FOR	7/1/1997	\$417.00	3	NO
H	29886	ARTHROSCOPY, KNEE, SURGICAL; DRI	7/1/1997	\$417.00	3	NO
H	29887	ARTHROSCOPY, KNEE, SURGICAL; DRI	7/1/1997	\$417.00	3	NO
H	29888	AUTHROSCOPICALLY AIDED INTERIOR	7/1/1997	\$417.00	3	NO
H	29889	ARTHROSCOPICALLY AIDED POSTERIOR	7/1/1997	\$417.00	3	NO
H	29891	ARTHROSCOPY, ANKLE, SURGICAL; EX	7/1/2003	\$446.00	3	NO
H	29892	ARTHROSCOPICALLY AIDED REPAIR OF	7/1/2003	\$446.00	3	NO
H	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	1/1/2004	\$1,150.00	3	NO
H	29894	ARTHROSCOPY, ANKLE (TIBIOTALAR &	7/1/1997	\$417.00	3	NO
H	29895	ARTHROSCOPY, ANKLE (TIBIOTALAR A	7/1/1997	\$417.00	3	NO
H	29897	ARTHROSCOPY, ANKLE (TIBIOTALAR A	7/1/1997	\$417.00	3	NO
H	29898	ARTHROSCOPY, ANKLE (TIBIOTALAR A	7/1/1997	\$417.00	3	NO
H	29899	ARTHROSCOPY, ANKLE, SURGICAL; WI	1/1/2003	\$513.00	3	NO
H	29900	ARTHROSCOPY, METACARPOPHALANGEAL	1/1/2002	\$417.00	3	NO
H	29901	ARTHROSCOPY, METACARPOPHALANGEAL	1/1/2002	\$417.00	3	NO
H	29902	ARTHROSCOPY, METACARPOPHALANGEAL	1/1/2002	\$417.00	3	NO
H	29909	UNLISTED PROCEDURE ATHROSCOPY	4/1/2002	INVALID	N	NO
H	30115	EXCISION, NASAL POLYP(S), EXTENS	7/1/1997	\$363.00	3	NO
H	30117	EXCISION OR DESTRUCTION (EG, LAS	7/1/1997	\$417.00	3	NO
H	30118	EXCISION INTRANASAL LESION; EXTE	7/1/1997	\$417.00	3	NO
H	30120	EXCISION OR SURGICAL PLANING OF	1/1/1984	NC	9	NO
H	30124	EXCISION DERMOID CYST NOSE SIMPL	7/1/1997	\$271.00	3	NO
H	30125	EXCISION DERMOID CYST NOSE; COMP	7/1/1997	\$363.00	3	NO
H	30130	EXCISION INFERIOR TURBINATE, PAR	7/1/1997	\$417.00	3	NO
H	30140	SUBMUCOUS RESECTION INFERIOR TUR	7/1/1997	\$363.00	3	NO
H	30150	RHINECTOMY; PARTIAL	7/1/1997	\$417.00	3	NO
H	30160	RHINECTOMY; TOTAL	7/1/1997	\$513.00	3	NO
H	30310	REMOVAL FOREIGN BODY INTRANASAL;	7/1/1997	\$271.00	3	NO
H	30320	REMOVAL FOREIGN BODY INTRANASAL;	7/1/1997	\$363.00	3	NO
H	30400	RHINOPLASTY, PRIMARY; LATERAL AN	1/1/2000	\$595.00	3	NO
H	30410	RHINOPLASTY,PRIMARY;COMP,EXT PAR	1/1/2000	\$678.00	3	NO
H	30420	RHINOPLASTY PRIMARY; INCLUDING M	1/1/2000	\$678.00	3	NO
H	30430	RHINOPLASTY, SECONDARY; MINOR RE	1/1/2000	\$482.00	3	NO
H	30435	RHINOPLASTY SECONDARY; INTERMEDI	1/1/2000	\$678.00	3	NO
H	30450	RHINOPLASTY SECONDARY; MAJOR REV	1/1/2000	\$941.00	3	NO
H	30460	RHINOPLASTY FOR NASAL DEFORMITY	7/1/2003	\$812.00	3	NO
H	30462	RHINOPLASTY FOR NASAL DEFORMITY	1/1/2004	\$1,150.00	3	NO
H	30465	REPAIR OF NASAL VESTIBULAR STENO	1/1/2004	\$1,150.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	30520	SEPTOPLASTY OR SUBMUCOUS RESECTI	7/1/1997	\$513.00	3	NO
H	30540	REPAIR CHOANAL ATRESIA INTRANASA	7/1/1997	\$585.00	3	NO
H	30545	REPAIR CHOANAL ATRESIA; TRANSPAL	7/1/2003	\$585.00	3	NO
H	30560	LYSIS INTRANASAL SYNECHIA	7/1/1997	\$363.00	3	NO
H	30580	REPAIR FISTULA; OROMAXILLARY	7/1/1997	\$513.00	3	NO
H	30600	REPAIR FISTULA; ORONASAL	7/1/1997	\$513.00	3	NO
H	30620	SEPTAL OR OTHER INTRANASAL DERMA	1/1/1998	\$812.00	3	NO
H	30630	REPAIR NASAL SEPTAL PERFORATIONS	7/1/1997	\$812.00	3	NO
H	30801	CAUTERY AND/OR ABLATION, MUCOSA	7/1/1997	\$271.00	3	NO
H	30802	CAUTERIZATION AND/OR ABLATION, M	7/1/1997	\$271.00	3	NO
H	30903	CONTROL NASAL HEMORRHAGE,ANTERIO	1/1/2000	\$314.00	3	NO
H	30905	CONTROL NASAL HEMORRHAGE, POSTER	7/1/1997	\$271.00	3	NO
H	30906	CONTROL NASAL HEMORRHAGE POSTERI	7/1/1997	\$271.00	3	NO
H	30915	LIGATION ARTERIES; ETHMOIDAL	7/1/1997	\$363.00	3	NO
H	30920	LIGATION ARTERIES; INTERNAL MAXI	7/1/1997	\$417.00	3	NO
H	30930	FRACTURE NASAL INFERIOR TURBINAT	7/1/2003	\$513.00	3	NO
H	31020	SINUSOTOMY, MAXILLARY (ANTROTOMY	7/1/1997	\$363.00	3	NO
H	31030	SINUSOTOMY, MAXILLARY (ANTROTOMY	7/1/1997	\$417.00	3	NO
H	31032	SINUSOTOMY, MAXILLARY (ANTROTOMY	7/1/1997	\$513.00	3	NO
H	31050	SINUSOTOMY, SPHENOID, WITH OR WI	7/1/1997	\$363.00	3	NO
H	31051	SINUSOTOMY, SPHENOID, WITH OR WI	7/1/1997	\$513.00	3	NO
H	31070	SINUSOTOMY FRONTAL; EXTERNAL, SI	7/1/1997	\$363.00	3	NO
H	31075	SINUSOTOMY FRONTAL; TRANSORBITAL	7/1/1997	\$513.00	3	NO
H	31080	SINUSOTOMY FRONTAL; OBLITERATIVE	7/1/1997	\$513.00	3	NO
H	31081	SINUSOTOMY FRONTAL; OBLITERATIVE	7/1/2003	\$513.00	3	NO
H	31084	SINUSOTOMY FRONTAL; OBLITERATIVE	10/1/2002	\$513.00	3	NO
H	31085	SINUSOTOMY FRONTAL; OBLITERATIVE	7/1/2003	\$513.00	3	NO
H	31086	SINUSOTOMY FRONTAL; NONOBLITERAT	7/1/1997	\$513.00	3	NO
H	31087	SINUSOTOMY FRONTAL; NONOBLITERAT	7/1/2003	\$513.00	3	NO
H	31090	SINUSOTOMY COMBINED THREE OR MOR	7/1/1997	\$585.00	3	NO
H	31200	ETHMOIDECTOMY; INTRANASAL, ANTER	7/1/1997	\$363.00	3	NO
H	31201	ETHMOIDECTOMY; INTRANASAL TOTAL	7/1/1997	\$585.00	3	NO
H	31205	ETHMOIDECTOMY; EXTRANASAL TOTAL	7/1/1997	\$417.00	3	NO
H	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTI	7/1/1997	\$271.00	3	NO
H	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTI	7/1/1997	\$271.00	3	NO
H	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	7/1/1997	\$271.00	3	NO
H	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	7/1/1997	\$271.00	3	NO
H	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	7/1/1997	\$271.00	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	7/1/1997	\$271.00	3	NO
H	31254	NASAL ENDOSCOPY, SURGICAL; WITH	7/1/1997	\$417.00	3	NO
H	31255	NASAL ENDOSCOPY, SURGICAL; WITH	7/1/1997	\$585.00	3	NO
H	31256	NASAL ENDOSCOPY, SURGICAL; WITH	7/1/1997	\$417.00	3	NO
H	31267	MAXILLARY SINUS ENDOSCOPY, SURGI	7/1/1997	\$417.00	3	NO
H	31276	NASAL/SINUS ENDOSCOPY, SURGICAL	7/1/1997	\$217.00	3	NO
H	31287	NASAL/SINUS ENDOSCOPY, SURGICAL,	7/1/1997	\$363.00	3	NO
H	31288	NASAL/SINUS ENDOSCOPY, SURGICAL,	7/1/1997	\$363.00	3	NO
H	31300	LARYNGOTOMY (THYROTOMY LARYNGOFI	7/1/1997	\$585.00	3	NO
H	31320	LARYNGOTOMY (THYROTOMY LARYNOFIS	7/1/1997	\$363.00	3	NO
H	31400	ARYTENOIDECTOMY OR ARYTENOIDOPEX	7/1/2003	\$363.00	3	NO
H	31420	EPIGLOTTIDECTOMY	7/1/2003	\$363.00	3	NO
H	31510	LARYNGOSCOPY INDIRECT (SEPARATE	7/1/1997	\$363.00	3	NO
H	31511	LARYNGOSCOPY INDIRECT (SEPARATE	7/1/1997	\$363.00	3	NO
H	31512	LARYNGOSCOPY INDIRECT (SEPARATE	7/1/1997	\$363.00	3	NO
H	31513	LARYNGOSCOPY INDIRECT (SEPARATE	7/1/1997	\$363.00	3	NO
H	31515	LARYNGOSCOPY DIRECT, WITH OR WIT	7/1/1997	\$271.00	3	NO
H	31525	LARYNGOSCOPY DIRECT; DIAGNOSTIC	7/1/1997	\$271.00	3	NO
H	31526	LARYNGOSCOPY DIRECT; W/OR W/OUT	7/1/1997	\$363.00	3	NO
H	31527	LARYNGOSCOPY DIRECT; WITH INSERT	7/1/1997	\$271.00	3	NO
H	31528	LARYNGOSCOPY DIRECT, WITH OR WIT	7/1/1997	\$363.00	3	NO
H	31529	LARYNGOSCOPY DIRECT, WITH OR WIT	7/1/1997	\$363.00	3	NO
H	31530	LARYNGOSCOPY DIRECT OPERATIVE WI	7/1/1997	\$363.00	3	NO
H	31531	LARYNGOSCOPY, DIRECT, OPERATIVE,	7/1/1997	\$417.00	3	NO
H	31535	LARYNGOSCOPY DIRECT OPERATIVE WI	7/1/1997	\$363.00	3	NO
H	31536	LARYNGOSCOPY, DIRECT, OPERATIVE,	7/1/1997	\$417.00	3	NO
H	31540	LARYNGOSCOPY DIRECT OPERATIVE WI	7/1/1997	\$417.00	3	NO
H	31541	LARYNGOSCOPY, DIRECT, OPERATIVE,	7/1/1997	\$513.00	3	NO
H	31560	LARYNGOSCOPY DIRECT OPERATIVE WI	7/1/1997	\$585.00	3	NO
H	31561	LARYNGOSCOPY, DIRECT, OPERATIVE,	7/1/1997	\$585.00	3	NO
H	31570	LARYNGOSCOPY DIRECT WITH INJECTI	7/1/1997	\$363.00	3	NO
H	31571	LARYNGOSCOPY, DIRECT, W/INJECTIO	7/1/1997	\$363.00	3	NO
H	31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTI	7/1/1997	\$363.00	3	NO
H	31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTI	7/1/1997	\$363.00	3	NO
H	31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTI	7/1/1997	\$363.00	3	NO
H	31580	LARYNGOPLASTY FOR LARYNGEAL WEB	7/1/1997	\$585.00	3	NO
H	31582	LARYNGOPLASTY; FOR LARYNGEAL STE	7/1/1997	\$585.00	3	NO
H	31584	LARYNGOPLASTY; WITH OPEN REDUCTI	7/1/1997	\$513.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	31585	TREATMENT OF CLOSED LARYNGEAL FR	1/1/2006	INVALID	N	NO
H	31586	TREATMENT OF CLOSED LARYNGEAL FR	1/1/2006	INVALID	N	NO
H	31588	LARYNGOPLASTY, NOT OTHERWISE SPE	7/1/1997	\$585.00	3	NO
H	31590	LARYNGEAL REINNERVATION BY NEURO	7/1/1997	\$585.00	3	NO
H	31595	SECTION RECURRENT LARYNGEAL NERV	7/1/1997	\$363.00	3	NO
H	31600	TRACHEOSTOMY PLANNED (SEPARATE P	7/1/1997	\$363.00	3	NO
H	31611	CONSTRUCTION OF TRACHEOESOPHAGEA	7/1/1997	\$417.00	3	NO
H	31612	TRACHEAL PUNCTURE, PERCUTANEOUS	7/1/1997	\$271.00	3	NO
H	31613	TRACHEOSTOMA REVISION; SIMPLE, W	7/1/1997	\$363.00	3	NO
H	31614	TRACHEOSTOMA REVISION; COMPLEX W	7/1/1997	\$363.00	3	NO
H	31615	TRACHEOSCOPY THROUGH ESTABLISHED	7/1/1997	\$271.00	3	NO
H	31622	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/1997	\$271.00	3	NO
H	31623	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/2003	\$363.00	3	NO
H	31624	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/2003	\$363.00	3	NO
H	31625	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/1997	\$363.00	3	NO
H	31628	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/1997	\$363.00	3	NO
H	31629	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/1997	\$363.00	3	NO
H	31630	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/1997	\$363.00	3	NO
H	31631	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/1997	\$363.00	3	NO
H	31635	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/1997	\$363.00	3	NO
H	31640	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/1997	\$363.00	3	NO
H	31641	BRONCHOSCOPY, (RIGID OR FLEXIBLE	7/1/1997	\$363.00	3	NO
H	31643	BRONCHOSCOPY; WITH PLACEMENT OF	7/1/2003	\$363.00	3	NO
H	31645	BRONCHOSCOPY; WITH THERAPEUTIC A	7/1/1997	\$271.00	3	NO
H	31646	BRONCHOSCOPY; WITH THERAPEUTIC A	7/1/1997	\$271.00	3	NO
H	31656	BRONCHOSCOPY; WITH INJECTION OF	7/1/1997	\$271.00	3	NO
H	31700	CATHETERIZATION TRANSGLOTIC (SEP	7/1/1997	\$271.00	3	NO
H	31710	CATHETERIZATION FOR BRONCHOGRAPH	7/1/1997	\$271.00	3	NO
H	31715	TRANSTRACHEAL INJECTION FOR BRON	7/1/1997	\$271.00	3	NO
H	31717	CATHETERIZATION WITH BRONCHIAL B	7/1/1997	\$271.00	3	NO
H	31720	CATHETER ASPIRATION (SEPARATE PR	7/1/1997	\$271.00	3	NO
H	31730	TRANSTRACHEAL INTRODUCTION OF NE	7/1/1997	\$271.00	3	NO
H	31750	TRACHEOPLASTY; CERVICAL	7/1/1997	\$585.00	3	NO
H	31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL	7/1/1997	\$363.00	3	NO
H	31785	EXCISION OF TRACHEAL TUMOR OR CA	7/1/1997	\$513.00	3	NO
H	31800	SUTURE OF TRACHEAL WOUND OR INJU	7/1/1997	\$363.00	3	NO
H	31820	SURGICAL CLOSURE TRACHEOSTOMY OR	7/1/1997	\$271.00	3	NO
H	31825	SURGICAL CLOSURE TRACHEOSTOMY OF	7/1/1997	\$363.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	31830	REVISION OF TRACHEOSTOMY SCAR	7/1/1997	\$363.00	3	NO
H	32000	THORACENTESIS PUNCTURE OF PLEURA	7/1/1997	\$271.00	3	NO
H	32002	THORACENTESIS WITH INSERTION OF	7/1/1997	\$363.00	3	NO
H	32005	CHEMICAL PLEURODESIS (EG FOR REC	7/1/1997	\$363.00	3	NO
H	32020	TUBE THORACOSTOMY W/WO WATER SEA	7/1/1997	\$363.00	3	NO
H	32400	BIOPSY, PLEURA; PERCUTANEOUS NEE	7/1/1997	\$271.00	3	NO
H	32405	BIOPSY, LUNG OR MEDIASTINUM, PER	7/1/1997	\$271.00	3	NO
H	32420	PNEUMONOCENTESIS, PUNCTURE OF LU	7/1/1997	\$271.00	3	NO
H	32520	RESECTION OF LUNG WITH RESECTION	1/1/2006	INVALID	N	NO
H	32522	RESECTION OF LUNG; WITH RECONSTR	1/1/2006	INVALID	N	NO
H	32525	RESECTION OF LUNG; WITH MAJOR RE	1/1/2006	INVALID	N	NO
H	33010	PERICARDIOCENTESIS INITIAL	7/1/1997	\$363.00	3	NO
H	33011	PERICARDIOCENTESIS; SUBSEQUENT	7/1/1997	\$363.00	3	NO
H	33222	REVISION OR RELOCATION OF SKIN P	7/1/2003	\$363.00	3	NO
H	34101	EMBOLECTOMY OR THROMBECTOMY WITH	7/1/1997	\$417.00	3	NO
H	35161	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2005	INVALID	N	NO
H	35162	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2005	INVALID	N	NO
H	35188	REPAIR ACQUIRED OR TRAUMATIC ART	7/1/2003	\$513.00	3	NO
H	35207	REPAIR BLOOD VESSELS OR A-V FIST	7/1/2003	\$513.00	3	NO
H	35875	THROMBECTOMY OF ARTERIAL OR VENO	1/1/2004	\$1,150.00	3	NO
H	35876	THROMBECTOMY OF ARTERIAL OR VENO	1/1/2004	\$1,150.00	3	NO
H	36260	INSERTION OF IMPLANTABLE INFUSIO	7/1/2003	\$446.00	3	NO
H	36261	REVISION OF IMPLANTED INFUSION P	7/1/1997	\$363.00	3	NO
H	36262	REMOVAL OF IMPLANTED INFUSION PU	7/1/1997	\$271.00	3	NO
H	36470	INJECTION OF SCLEROSING SOLUTION	4/1/1988	NC	9	NO
H	36471	INJECTION OF SCLEROSING SOLUTION	4/1/1988	NC	9	NO
H	36488	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
H	36489	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
H	36490	CUTDOWN PLACEMENT OF CENTRAL VEN	4/1/2004	INVALID	N	NO
H	36491	OVER AGE 2 (FOR EXAMINATION OF P	4/1/2004	INVALID	N	NO
H	36520	THERAPEUTIC APHERESIS (PLASMA AN	7/1/2003	INVALID	N	NO
H	36530	INSERTION OF IMPLANTABLE INTRAVE	4/1/2004	INVALID	N	NO
H	36531	REVISION OF IMPLANTABLE INTRAVEN	4/1/2004	INVALID	N	NO
H	36532	REMOVAL OF IMPLANTABLE INTRAVENO	4/1/2004	INVALID	N	NO
H	36533	INSERTION OF IMPLANTABLE VENOUS	4/1/2004	INVALID	N	NO
H	36534	REVISION OF IMPLANTABLE VENOUS A	4/1/2004	INVALID	N	NO
H	36535	REMOVAL OF IMPLANTABLE VENOUS AC	4/1/2004	INVALID	N	NO
H	36555	INSERTION OF NON-TUNNELED CENTRA	4/1/2004	\$217.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	36556	INSERTION OF NON-TUNNELED CENTRA	4/1/2004	\$217.00	3	NO
H	36557	INSERTION OF TUNNELED CENTRALLY	4/1/2004	\$363.00	3	NO
H	36558	INSERTION OF TUNNELED CENTRALLY	4/1/2004	\$363.00	3	NO
H	36560	INSERTION OF TUNNELED CENTRALLY	4/1/2004	\$417.00	3	NO
H	36561	INSERTION OF TUNNELED CENTRALLY	4/1/2004	\$417.00	3	NO
H	36563	INSERTION OF TUNNELED CENTRALLY	4/1/2004	\$417.00	3	NO
H	36565	INSERTION OF TUNNELED CENTRALLY	4/1/2004	\$417.00	3	NO
H	36566	INSERTION OF TUNNELED CENTRALLY	4/1/2004	\$417.00	3	NO
H	36568	INSERTION OF PERIPHERALLY INSERT	4/1/2004	\$217.00	3	NO
H	36569	INSERTION OF PERIPHERALLY INSERT	4/1/2004	\$217.00	3	NO
H	36570	INSERTION OF PERIPHERALLY INSERT	4/1/2004	\$417.00	3	NO
H	36571	INSERTION OF PERIPHERALLY INSERT	4/1/2004	\$417.00	3	NO
H	36575	REPAIR OF TUNNELED OR NON-TUNNEL	4/1/2004	\$363.00	3	NO
H	36576	REPAIR OF CENTRAL VENOUS ACCESS	4/1/2004	\$363.00	3	NO
H	36578	REPLACEMENT, CATHETER ONLY, OF C	4/1/2004	\$363.00	3	NO
H	36580	REPLACEMENT, COMPLETE, OF A NON-	4/1/2004	\$217.00	3	NO
H	36581	REPLACEMENT, COMPLETE, OF A TUNN	4/1/2004	\$363.00	3	NO
H	36582	REPLACEMENT, COMPLETE, OF A TUNN	4/1/2004	\$417.00	3	NO
H	36583	REPLACEMENT, COMPLETE, OF A TUNN	4/1/2004	\$417.00	3	NO
H	36584	REPLACEMENT, COMPLETE, OF A PERI	4/1/2004	\$217.00	3	NO
H	36585	REPLACEMENT, COMPLETE, OF A PERI	4/1/2004	\$417.00	3	NO
H	36589	REMOVAL OF TUNNELED CENTRAL VENO	4/1/2004	\$217.00	3	NO
H	36590	REMOVAL OF TUNNELED CENTRAL VENO	4/1/2004	\$217.00	3	NO
H	36640	ARTERIAL CATHETERIZATION FOR PRO	7/1/1997	\$271.00	3	NO
H	36800	INSERTION OF CANNULA FOR HEMODIA	7/1/1997	\$417.00	3	NO
H	36810	INSERTION OF CANNULA FOR HEMODIA	7/1/1997	\$417.00	3	NO
H	36815	INSERTION OF CANNULA FOR HEMODIA	7/1/1997	\$417.00	3	NO
H	36819	ARTERIOVENOUS ANASTOMOSIS, OPEN;	1/1/2002	\$417.00	3	NO
H	36820	ARTERIOVENOUS ANASTOMOSIS, OPEN;	1/1/2002	\$417.00	3	NO
H	36821	ARTERIOVENOUS ANASTOMOSIS, DIREC	7/1/1997	\$513.00	3	NO
H	36825	CREATION OF ARTERIOVENOUS FISTUL	7/1/1997	\$513.00	3	NO
H	36830	CREATION OF ARTERIOVENOUS FISTUL	7/1/1997	\$513.00	3	NO
H	36831	THROMBECTOMY, OPEN, ARTERIOVENOU	1/1/2004	\$1,150.00	3	NO
H	36832	REVISION, OPEN, ARTERIOVENOUS FI	7/1/1997	\$513.00	3	NO
H	36835	INSERTION OF THOMAS SHUNT (SEP P	7/1/1997	\$513.00	3	NO
H	36860	CANNULA DECLOTTING (SEP PROC); W	7/1/1997	\$363.00	3	NO
H	36861	CANNULA DECLOTTING; WITH BALLOON	7/1/1997	\$417.00	3	NO
H	36870	THROMBECTOMY, PERCUTANEOUS, ARTE	1/1/2004	\$1,150.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	37607	LIGATION OR BANDING OF ANGIOACCE	7/1/2003	\$446.00	3	NO
H	37609	LIGATION OR BIOPSY TEMPORAL ARTE	7/1/1997	\$363.00	3	NO
H	37650	LIGATION OF FEMORAL VEIN	7/1/2003	\$363.00	3	NO
H	37700	LIGATION AND DIVISION OF LONG SA	7/1/1997	\$363.00	3	NO
H	37720	LIGATION AND DIVISION AND COMPLE	1/1/2006	INVALID	N	NO
H	37730	LIGATION AND DIVISION AND COMPLE	1/1/2006	INVALID	N	NO
H	37735	LIGATION & DIV & COMP STRIP OF L	7/1/1997	\$417.00	3	NO
H	37760	LIGATION OF PERFORATOR VEINS, SU	7/1/1997	\$417.00	3	NO
H	37780	LIGATION AND DIVISION OF SHORT S	7/1/1997	\$417.00	3	NO
H	37788	PENILE REVASCULARIZATION, ARTERY	3/1/1992	NC	9	NO
H	38300	DRAINAGE OF LYMPH NODE ABSCESS O	7/1/1997	\$271.00	3	NO
H	38305	DRAINAGE OF LYMPH NODE ABSCESS O	7/1/1997	\$363.00	3	NO
H	38308	LYMPHANGIOTOMY OR OTHER OPERATIO	7/1/1997	\$363.00	3	NO
H	38500	BIOPSY OR EXCISION OF LY,PH NODE	7/1/1997	\$363.00	3	NO
H	38505	BIOPSY OR EXCISION OF LYMPH NODE	1/1/1999	\$314.00	3	NO
H	38510	BIOPSY OR EXCISION OF LYMPH NODE	7/1/1997	\$363.00	3	NO
H	38520	BIOPSY OR EXCISION OF LYMPH NODE	7/1/1997	\$363.00	3	NO
H	38525	BIOPSY OR EXCISION OF LYMPH NODE	7/1/1997	\$363.00	3	NO
H	38530	BIOPSY OR EXCISION OF LYMPH NODE	7/1/1997	\$363.00	3	NO
H	38542	DISSECTION; DEEP JUGULAR NODE	7/1/1997	\$363.00	3	NO
H	38550	EXCISION OF CYSTIC HYGROMA, AXIL	7/1/1997	\$417.00	3	NO
H	38555	EXCISION OF CYSTIC HYGROMA, AXIL	7/1/1997	\$513.00	3	NO
H	38570	LAPAROSCOPY, SURGICAL; W/RETROPE	1/1/2004	\$1,150.00	3	NO
H	38571	LAPAROSCOPY, SURGICAL; WITH BILA	1/1/2004	\$1,150.00	3	NO
H	38572	LAPAROSCOPY, SURGICAL; W/BILATER	1/1/2004	\$1,150.00	3	NO
H	38700	SUPRAHYOID LYMPHADENECTOMY	7/1/1997	\$363.00	3	NO
H	38740	AXILLARY LYMPHADENECTOMY SUPERFI	7/1/1997	\$363.00	3	NO
H	38745	AXILLARY LYMPHADENECTOMY; COMPLE	7/1/1997	\$513.00	3	NO
H	38760	INGUINOFEMORAL LYMPHADENECTOMY,	7/1/1997	\$363.00	3	NO
H	38790	INJECTION PROCEDURE FOR LYMPHANG	7/1/1997	\$271.00	3	NO
H	40500	VERMILIONECTOMY (LIP SHAVE) WITH	7/1/1997	\$363.00	3	NO
H	40510	EXCISION LIP TRANSVERSE WEDGE EX	7/1/1997	\$363.00	3	NO
H	40520	EXCISION LIP; V-EXCISION WITH PR	7/1/1997	\$363.00	3	NO
H	40525	EXCISION LIP; FULL THICKNESS REC	7/1/1997	\$363.00	3	NO
H	40527	EXCISION LIP; FULL THICKNESS REC	7/1/1997	\$363.00	3	NO
H	40530	RESECTION LIP MORE THAN ONE-FOUR	7/1/1997	\$363.00	3	NO
H	40650	REPAIR LIP FULL THICKNESS VERMIL	7/1/1997	\$417.00	3	NO
H	40652	REPAIR LIP FULL THICKNESS; UP TO	7/1/1997	\$417.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	40654	REPAIR LIP FULL THICKNESS; OVER	7/1/1997	\$417.00	3	NO
H	40700	PLASTIC REPAIR OF CLEFT LIP/NASA	7/1/2003	\$812.00	3	NO
H	40701	PLASTIC REPAIR OF CLEFT LIP; PRI	7/1/2003	\$812.00	3	NO
H	40720	PLASTIC REPAIR OF CLEFT LIP; SEC	7/1/2003	\$812.00	3	NO
H	40761	PLASTIC REPAIR OF CLEFT LIP WITH	7/1/2003	\$446.00	3	NO
H	40801	DRAINAGE OF ABSCESS CYST HEMATOM	7/1/1997	\$363.00	3	NO
H	40805	REMOVAL OF EMBEDDED FOREIGN BODY	7/1/1997	\$363.00	3	NO
H	40806	INCISION OF LABIAL FRENUM(FRENOT	1/1/2000	\$314.00	3	NO
H	40814	EXCISION OF LESION OF MUCOSA AND	7/1/1997	\$363.00	3	NO
H	40816	EXCISION OR LESION OF MUCOSA SUB	7/1/1997	\$363.00	3	NO
H	40818	EXCISION OF MUCOSA OF VESIBULE O	7/1/1997	\$271.00	3	NO
H	40819	EXCISION OF FRENUM LABIAL OR BUC	7/1/1997	\$271.00	3	NO
H	40820	DESTRUCTION OF LESION OR SCAR BY	7/1/1997	\$217.12	3	NO
H	40831	CLOSURE OF LACERATION, VESTIBULE	7/1/1997	\$271.00	3	NO
H	40840	VESTIBULOPLASTY ANTERIOR	1/1/2000	\$422.00	3	NO
H	40842	VESTIBULOPLASTY; POSTERIOR UNILA	1/1/2000	\$482.00	3	NO
H	40843	VESTIBULOPLASTY; POSTERIOR BILAT	1/1/2000	\$482.00	3	NO
H	40844	VESTIBULOPLASTY; ENTIRE ARCH	1/1/2000	\$678.00	3	NO
H	40845	VESTIBULOPLASTY; COMPLEX (INCLUD	1/1/2000	\$678.00	3	NO
H	41000	INCISION AND DRAINAGE OF INTRAOR	7/1/1997	\$271.00	3	NO
H	41005	INCISION & DRAINAGE OF INTRAORAL	7/1/1997	\$271.00	3	NO
H	41006	INCISION & DRAIN OF INTRAORAL AB	7/1/1997	\$271.00	3	NO
H	41007	INCISION & DRAIN OF INTRAORAL AB	7/1/1997	\$271.00	3	NO
H	41008	INCISION & DRAIN OF INTRAORAL AB	7/1/1997	\$271.00	3	NO
H	41009	INCISION & DRAIN OF INTRAORAL AB	7/1/1997	\$271.00	3	NO
H	41010	INCISION OF LINGUAL FRENUM (FREN	7/1/1997	\$271.00	3	NO
H	41015	INCISION AND DRAINAGE OF EXTRAOR	7/1/1997	\$271.00	3	NO
H	41016	INCISION AND DRAINAGE OF ETRAORA	7/1/1997	\$271.00	3	NO
H	41017	INCISION AND DRAINAGE OF EXTRAOR	7/1/1997	\$271.00	3	NO
H	41018	INCISION AND DRAINAGE OF EXTRAOR	7/1/1997	\$271.00	3	NO
H	41105	BIOPSY TONGUE; POSTERIOR ONE-THI	7/1/1997	\$363.00	3	NO
H	41110	EXCISION LESION OF TONGUE WITHOU	7/1/1997	\$271.00	3	NO
H	41112	WITH CLOSURE ANTERIOR TWO-THIRDS	7/1/1997	\$363.00	3	NO
H	41113	EXCISION OF LESION OF TONGUE WIT	7/1/1997	\$363.00	3	NO
H	41114	EXCISION OF LESION OF TONGUE WIT	7/1/1997	\$363.00	3	NO
H	41115	EXCISION OF LINGUAL FRENUM (FREN	7/1/1997	\$271.00	3	NO
H	41116	EXCISION LESION OF FLOOR OF MOUT	7/1/1997	\$271.00	3	NO
H	41120	GLOSSECTOMY LESS THAN ONE-HALF T	7/1/1997	\$585.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	41250	REPAIR LACERATION UP TO 2 CM FLO	7/1/1997	\$363.00	3	NO
H	41251	REPAIR LACERATION UP TO 2 CM; PO	7/1/1997	\$363.00	3	NO
H	41252	REPAIR LACERATION OF TONGUE FLOO	7/1/1997	\$363.00	3	NO
H	41500	FIXATION TONGUE MECHANICAL OTHER	7/1/1997	\$271.00	3	NO
H	41510	SUTURE TONGUE TO LIP FOR MICROGN	7/1/1997	\$271.00	3	NO
H	41520	FRENOPLASTY (SURGICAL REVISION O	7/1/1997	\$363.00	3	NO
H	41800	DRAINAGE ABSCESS CYST HEMATOMA	7/1/1997	\$271.00	3	NO
H	41805	REMOVAL EMBEDDED FOREIGN BODY FR	7/1/1997	\$271.00	3	NO
H	41806	REMOVAL EMBEDDED FOREIGN BODY; F	7/1/1997	\$271.00	3	NO
H	41827	EXCISION OF LESION OR TUMOR (EXC	7/1/1997	\$363.00	3	NO
H	41870	PERIODONTAL MUCOSAL GRAFTING	5/27/1994	NC	9	NO
H	41872	GINGIVOPLASTY, EACH QUADRANT (SP	5/27/1994	NC	9	NO
H	41874	ALVEOLOPLASTY, EACH QUADRANT (SP	5/27/1994	NC	9	NO
H	41899	UNLISTED PROCEDURE DENTOALVEOIA	4/1/1989	\$0.01	5	NO
H	42000	DRAINAGE OF ABSCESS OF PALATE UV	7/1/1997	\$363.00	3	NO
H	42104	EXCISION LESION OF PALATE UVULA	7/1/1997	\$363.00	3	NO
H	42106	EXCISION LESION OF PALATE UVULA;	7/1/1997	\$363.00	3	NO
H	42107	EXCISION LESION OF PALATE UVULA;	7/1/1997	\$363.00	3	NO
H	42120	RESECTION PALATE OR EXTENSIVE RE	7/1/1997	\$513.00	3	NO
H	42140	UVULECTOMY EXCISION OF UVULA	7/1/1997	\$363.00	3	NO
H	42145	PALATOPHARYNGOPLASTY (EG, UVULOP	7/1/1997	\$585.00	3	NO
H	42160	DESTRUCTION OF LESION PALATE OR	7/1/1997	\$271.00	3	NO
H	42180	REPAIR LACERATION OF PALATE UP T	7/1/1997	\$271.00	3	NO
H	42182	REPAIR LACERATION OF PALATE; OVE	7/1/1997	\$363.00	3	NO
H	42200	PALATOPLASTY FOR CLEFT PALATE SO	7/1/1997	\$585.00	3	NO
H	42205	PALATOPLASTY FOR CLEFT PALATE WI	7/1/1997	\$585.00	3	NO
H	42210	PALATOPLASTY FOR CLEFT PALATE WI	7/1/1997	\$585.00	3	NO
H	42215	PALATOPLASTY FOR CLEFT PALATE MA	7/1/1997	\$812.00	3	NO
H	42220	PALATOPLASTY FOR CLEFT PALATE; S	7/1/1997	\$585.00	3	NO
H	42225	PALATOPLASTY FOR CLEFT PALATE; A	7/1/1997	\$585.00	3	NO
H	42226	LENGTHENING OF PALATE, AND PHARY	7/1/2003	\$585.00	3	NO
H	42235	REPAIR ANTERIOR PALATE INCLUDING	7/1/1997	\$585.00	3	NO
H	42260	REPAIR NASOLABIAL FISTULA	7/1/1997	\$513.00	3	NO
H	42281	INSERTION OF PIN-RETAINED PALATA	7/1/1997	\$417.00	3	NO
H	42300	DRAINAGE ABSCESS PAROTID SIMPLE	7/1/1997	\$271.00	3	NO
H	42305	DRAINAGE OF ABCESS; PAROTID, COM	7/1/1997	\$363.00	3	NO
H	42310	SUBMAXILLARY OR SUBLINGUAL INTRA	7/1/1997	\$271.00	3	NO
H	42320	DRAINAGE OF ABCESS; SUBMAXILLARY	7/1/1997	\$271.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	42325	FISTULIZATION SUBLINGUAL SALIVAR	1/1/2006	INVALID	N	NO
H	42326	WITH PROSTHESIS	1/1/2006	INVALID	N	NO
H	42335	SIALOLITHOTOMY; SUBMANDIBULAR (S	7/1/1997	\$417.00	3	NO
H	42340	SIALOLITHOTOMY; PAROTID EXTRAORA	7/1/1997	\$363.00	3	NO
H	42405	BIOPSY SALIVARY GLAND; INCISIONA	7/1/1997	\$363.00	3	NO
H	42408	EXCISION SUBLINGUAL SALIVARY CYS	7/1/1997	\$417.00	3	NO
H	42409	MARSUPIALIZATION SUBLINGUAL SALI	7/1/1997	\$417.00	3	NO
H	42410	EXCISION PAROTID TUMOR OR PAROTI	7/1/1997	\$417.00	3	NO
H	42415	EXCISION PAROTID TUMOR OR PAROTI	10/1/2002	\$417.00	3	NO
H	42420	EXCISION PAROTID TUMOR OR PAROTI	7/1/1997	\$812.00	3	NO
H	42425	EXCISION PAROTID TUMOR OR PAROTI	7/1/1997	\$812.00	3	NO
H	42440	EXCISION SUBMANDIBULAR (SUBMAXIL	7/1/1997	\$417.00	3	NO
H	42450	EXCISION SUBLINGUAL GLAND	7/1/1997	\$363.00	3	NO
H	42500	PLASTIC REPAIR SALIVARY DUCT SIA	7/1/1997	\$417.00	3	NO
H	42505	PLASTIC REPAIR SALIVARY DUCT SIA	7/1/1997	\$513.00	3	NO
H	42507	PAROTID DUCT DIVERSION BILATERAL	7/1/1997	\$417.00	3	NO
H	42508	PAROTID DUCT DIVERSION BILATERAL	7/1/1997	\$513.00	3	NO
H	42509	PAROTID DUCT DIVERSION BILATERAL	7/1/1997	\$513.00	3	NO
H	42510	PAROTID DUCT DIVERSION BILATERAL	7/1/1997	\$513.00	3	NO
H	42600	CLOSURE SALIVARY FISTULA	7/1/1997	\$271.00	3	NO
H	42700	INCISION AND DRAINAGE ABSCESS PE	7/1/1997	\$271.00	3	NO
H	42720	INCISION AND DRAINAGE ABSCESS; R	7/1/1997	\$271.00	3	NO
H	42725	INCISION AND DRAINAGE ABSCESS; R	7/1/1997	\$363.00	3	NO
H	42802	BIOPSY; HYPOPHARYNX	7/1/1997	\$271.00	3	NO
H	42804	BIOPSY; NASOPHARYNX VISIBLE LESI	7/1/1997	\$271.00	3	NO
H	42806	BIOPSY; NASOPHARYNX SURVEY FOR U	7/1/1997	\$363.00	3	NO
H	42808	EXCISION OR DESTRUCTION OF LESIO	7/1/1997	\$363.00	3	NO
H	42810	EXCISION BRANCHIAL CLEFT CYST OR	7/1/1997	\$417.00	3	NO
H	42815	EXCISION BRANCHIAL CLEFT CYST, V	7/1/1997	\$585.00	3	NO
H	42820	TONSILLECTOMY AND ADENOIDECTOMY	10/1/2002	\$585.00	3	NO
H	42821	TONSILLECTOMY AND ADENOIDECTOMY;	7/1/1997	\$585.00	3	NO
H	42825	TONSILLECTOMY PRIMARY OR SECONDA	10/1/2002	\$585.00	3	NO
H	42826	TONSILLECTOMY PRIMARY OR SECONDA	7/1/1997	\$513.00	3	NO
H	42830	ADENOIDECTOMY PRIMARY UNDER AGE	10/1/2002	\$513.00	3	NO
H	42831	ADENOIDECTOMY PRIMARY; AGE 12 OR	7/1/1997	\$513.00	3	NO
H	42835	ADENOIDECTOMY SECONDARY UNDER AG	10/1/2002	\$513.00	3	NO
H	42836	ADENOIDECTOMY SECONDARY; AGE 12	7/1/1997	\$513.00	3	NO
H	42860	EXCISION OF TONSIL TAGS	7/1/1997	\$417.00	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	42870	EXCISION OR DESTRUCTION LINGUAL	7/1/1997	\$417.00	3	NO
H	42890	LIMITED PHARYNGECTOMY WITHOUT RA	7/1/2003	\$812.00	3	NO
H	42892	RESECTION OF LATERAL PHARYNGEAL	7/1/2003	\$812.00	3	NO
H	42900	SUTURE PHARYNX FOR WOUND OR INJU	7/1/1997	\$271.00	3	NO
H	42950	PHARYNGOPLASTY (PLASTIC OR RECON	7/1/1997	\$363.00	3	NO
H	42955	PHARYNGOSTOMY (FISTULIZATION OF	7/1/1997	\$363.00	3	NO
H	42960	CONTROL OROPHARYNEAL HEMORRHAGE	7/1/1997	\$271.00	3	NO
H	42962	CONTROL OROPHARYNGEAL HEMORRHAGE	7/1/1997	\$363.00	3	NO
H	42972	CONTROL OF NASOPHARYNGEAL HEMORR	7/1/2003	\$446.00	3	NO
H	43200	ESOPHAGOSCOPY RIGID OR FIBEROPTI	7/1/1997	\$271.00	3	NO
H	43201	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	1/1/2003	\$271.00	3	NO
H	43202	ESOPHAGOSCOPY RIGID/FLEXIBLE FIB	7/1/1997	\$271.00	3	NO
H	43204	ESOPHAGOSCOPY RIGID OR FLEXIBLE	7/1/1997	\$271.00	3	NO
H	43205	ESIOPHAGOSCOPY, RIGID OR FLEXIBL	7/1/2003	\$271.00	3	NO
H	43215	ESOPHAGOSCOPY RIGID OR FLEXIBLE	7/1/1997	\$271.00	3	NO
H	43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	7/1/1997	\$271.00	3	NO
H	43217	ESOPHAGOSCOPY RIGID OR FLEXIBLE	7/1/1997	\$271.00	3	NO
H	43219	ESOPHAGOSCOPY RIGID OR FLEXIBLE	7/1/1997	\$271.00	3	NO
H	43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	7/1/1997	\$271.00	3	NO
H	43226	ESOPHAGOSCOPY RIGID OR FLEXIBLE	7/1/1997	\$271.00	3	NO
H	43227	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	7/1/1997	\$363.00	3	NO
H	43228	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	7/1/1997	\$363.00	3	NO
H	43231	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	7/1/2003	\$363.00	3	NO
H	43232	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	7/1/2003	\$363.00	3	NO
H	43234	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$271.00	3	NO
H	43235	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$271.00	3	NO
H	43236	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2003	\$363.00	3	NO
H	43239	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$363.00	3	NO
H	43240	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/2003	\$363.00	3	NO
H	43241	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$363.00	3	NO
H	43242	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/2003	\$363.00	3	NO
H	43243	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$363.00	3	NO
H	43244	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/2003	\$363.00	3	NO
H	43245	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$363.00	3	NO
H	43246	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$363.00	3	NO
H	43247	UPPER GASTROINTESTINAL INDOSCOPY	7/1/1997	\$363.00	3	NO
H	43248	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$363.00	3	NO
H	43249	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$363.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	43250	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$271.00	3	NO
H	43251	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$363.00	3	NO
H	43255	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$363.00	3	NO
H	43256	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/2003	\$446.00	3	NO
H	43258	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$417.00	3	NO
H	43259	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$417.00	3	NO
H	43260	ENDOSCOPIC RETROGRADE CHOLANGIOP	7/1/1997	\$363.00	3	NO
H	43261	ENDOSCOPIC RETROGRADE CHOLANGIOP	7/1/1997	\$417.00	3	NO
H	43262	ENDOSCOPIC RETROGRADE CHOLANGIOPA	7/1/1997	\$363.00	3	NO
H	43263	ENDOSCOPIC RETROGRADE CHOLANGIOP	7/1/1997	\$363.00	3	NO
H	43264	ENDOSCOPIC RETROGRADE CHOLANGIOPA	7/1/1997	\$363.00	3	NO
H	43265	ERCP; WITH ENDOSCOPIC RETROGRADE	7/1/1997	\$363.00	3	NO
H	43267	ENDOSCOPIC RETROGRADE CHOLANGIOP	7/1/1997	\$363.00	3	NO
H	43268	ENDOSCOPIC RETROGRADE CHOLANGIOP	7/1/1997	\$363.00	3	NO
H	43269	ERCP,W/WO BIOPSY AND/OR COLLECTI	7/1/1997	\$363.00	3	NO
H	43271	ENDOSCOPIC RETROGRADE CHOLANGIOP	7/1/1997	\$363.00	3	NO
H	43272	ENDOSCOPIC RETROGRADE CHOLANGIOP	7/1/1997	\$363.00	3	NO
H	43450	DILATION ESOPHAGUS BY UNGUIDED S	7/1/1997	\$271.00	3	NO
H	43453	DILATION ESOPHAGUS OVER GUIDE WI	7/1/1997	\$271.00	3	NO
H	43456	DILATION ESOPHAGUS BY BALLOON OR	7/1/1997	\$363.00	3	NO
H	43458	DILATION OF ESOPHAGUS WITH BALLO	7/1/1997	\$417.00	3	NO
H	43600	BIOPSY OF STOMACH BY CAPSULE TUB	7/1/1997	\$271.00	3	NO
H	43638	HEMIGASTRECTOMY OR PROXIMAL SUBT	1/1/2006	INVALID	N	NO
H	43653	LAPAROSCOPY, SURGICAL; GASTROSTO	1/1/2004	\$1,150.00	3	NO
H	43750	PERCUTANEOUS PLACEMENT OF GASTRO	7/1/1997	\$363.00	3	NO
H	43760	CHANGE OF GASTROSTOMY TUBE SIMPL	7/1/1997	\$271.00	3	NO
H	43870	CLOSURE OF GASTROSTOMY SURGICAL	10/1/2002	\$217.00	3	NO
H	44100	BIOPSY OF INTESTINE BY CAPSULE T	7/1/1997	\$271.00	3	NO
H	44312	REVISION OF ILEOSTOMY;SIMPLE (RE	7/1/1997	\$271.00	3	NO
H	44340	REVISION OF COLOSTOMY;SIMPLE (RE	7/1/1997	\$417.00	3	NO
H	44345	REVISION OF COLOSTOMY;COMPLICATE	7/1/1997	\$513.00	3	NO
H	44346	REVISION OF COLOSTOMY;W/REPAIR O	7/1/1997	\$513.00	3	NO
H	44360	SMALL INTESTINAL ENDOSCOPY ENTER	7/1/1997	\$363.00	3	NO
H	44361	SMALL INTESTINAL ENDOSCOPY, ENTE	7/1/1997	\$363.00	3	NO
H	44363	SMALL INTESTINAL ENDOSCOPY, ENTE	7/1/1997	\$363.00	3	NO
H	44364	SMALL INTESTINAL ENDOSCOPY, ENTE	7/1/1997	\$363.00	3	NO
H	44365	SMALL INTESTINAL ENDOSCOPY, WITH	7/1/1997	\$363.00	3	NO
H	44366	SMALL INTESTINAL ENDOSCOPY, ENTE	7/1/1997	\$363.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	44369	SMALL INTESTINAL ENDOSCOPY, ENTE	7/1/1997	\$363.00	3	NO
H	44370	SMALL INTESTINAL ENDOSCOPY, ENTE	1/1/2004	\$1,150.00	3	NO
H	44372	SMALL INTESTINAL ENDOSCOPY, ENTE	7/1/1997	\$363.00	3	NO
H	44373	SM INTEST ENDOSCOPY, ENTEROSCOPY	7/1/1997	\$363.00	3	NO
H	44376	SMALL INTESTINAL ENDOSCOPY, ENTE	7/1/2003	\$363.00	3	NO
H	44377	SMALL INTESTINAL ENDOSCOPY, WITH	7/1/2003	\$363.00	3	NO
H	44378	SMALL INTESTINAL ENDOSCOPY, ENTE	7/1/2003	\$363.00	3	NO
H	44379	SMALL INTESTINAL ENDOSCOPY, ENTE	1/1/2004	\$1,150.00	3	NO
H	44380	FIBEROPTIC ILEOSCOPY THROUGH STO	7/1/1997	\$271.00	3	NO
H	44382	FIBEROPTIC ILEOSCOPY THROUGH STO	7/1/1997	\$271.00	3	NO
H	44383	ILEOSCOPY, THROUGH STOMA; WITH T	1/1/2004	\$1,150.00	3	NO
H	44385	FIBEROPTIC EVALUATION OF SMALL I	7/1/1997	\$271.00	3	NO
H	44386	FIBEROPTIC EVALUATION OF SMALL I	7/1/1997	\$271.00	3	NO
H	44388	FIBEROPTIC COLONOSCOPY THROUGH C	7/1/1997	\$271.00	3	NO
H	44389	FIBEROPTIC COLONOSCOPY THROUGH C	7/1/1997	\$271.00	3	NO
H	44390	FIBEROPTIC COLONOSCOPY THROUGH CO	7/1/1997	\$271.00	3	NO
H	44391	COLONOSCOPY THRU STOMA; W/CONTRO	7/1/1997	\$271.00	3	NO
H	44392	FIBEROPTIC COLONOSCOPY THROUGH C	7/1/1997	\$271.00	3	NO
H	44393	FIBEROPTIC COLONOSCOPY THROUGH C	7/1/1997	\$271.00	3	NO
H	44394	COLONOSCOPY THROUGH STOMA; WITH	7/1/1997	\$271.00	3	NO
H	45000	TRANSRECTAL DRAINAGE OF PELVIC A	7/1/1997	\$271.00	3	NO
H	45005	INCISION AND DRAINAGE OF SUBMUCO	7/1/1997	\$363.00	3	NO
H	45020	INCISION AND DRAINAGE OF DEEP SU	7/1/1997	\$363.00	3	NO
H	45100	BIOPSY OF ANORECTAL WALL ANAL AP	7/1/1997	\$271.00	3	NO
H	45108	ANORECTAL MYOMECTOMY	7/1/1997	\$363.00	3	NO
H	45150	DIVISION OF STRICTURE OF RECTUM	7/1/1997	\$271.00	3	NO
H	45160	EXCISION OF RECTAL TUMOR BY PROC	7/1/2003	\$363.00	3	NO
H	45170	EXCISION OF RECTAL TUMOR, TRANSA	7/1/1997	\$363.00	3	NO
H	45190	DESTRUCTION OF RECTAL TUMOR, TRA	1/1/2004	\$1,150.00	3	NO
H	45305	PROCTOSIGMOIDOSCOPY; WITH BIOPSY	7/1/1997	\$271.00	3	NO
H	45307	PROCTOSIGMOIDOSCOPY; WITH REMOVA	7/1/1997	\$271.00	3	NO
H	45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH	7/1/1997	\$271.00	3	NO
H	45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH	7/1/1997	\$271.00	3	NO
H	45315	PROCTOSIGMOIDOSCOPY; WITH REMOVA	7/1/1997	\$271.00	3	NO
H	45317	PROCTOSIGMOIDOSCOPY, RIGID; W/CO	7/1/1997	\$271.00	3	NO
H	45320	PROCTOSIGMOIDOSCOPY; WITH ABLATI	7/1/1997	\$271.00	3	NO
H	45321	PROCTOSIGMOIDOSCOPY; WITH DECOMP	7/1/1997	\$271.00	3	NO
H	45331	SIGMOIDOSCOPY, FLEXIBLE FIBEROPT	7/1/1997	\$271.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	45332	SIGMOIDOSCOPY, FLEXIBLE FIBEROPT	7/1/1997	\$271.00	3	NO
H	45333	SIGMOIDOSCOPY, FLEXIBLE FIBEROPT	7/1/1997	\$271.00	3	NO
H	45334	SIGMOIDOSCOPY, FLEXIBLE; W/CONTR	7/1/1997	\$271.00	3	NO
H	45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DI	1/1/2003	\$271.00	3	NO
H	45337	SIGMOIDOSCOPY, FLEXIBLE FIBEROPT	7/1/1997	\$271.00	3	NO
H	45338	SIGMOIDOSCOPY, FLEXIBLE; WITH RE	7/1/1997	\$271.00	3	NO
H	45339	SIGMOIDOSCOPY, FLEXIBLE; WITH AB	7/1/1997	\$271.00	3	NO
H	45355	COLONOSCOPY WITH STANDARD SIGMOI	7/1/1997	\$271.00	3	NO
H	45378	COLONOSCOPY, FLEXIBLE, PROXIMAL	7/1/1997	\$363.00	3	NO
H	45379	COLONOSCOPY, FLEXIBLE, PROXIMAL	7/1/1997	\$363.00	3	NO
H	45380	COLONOSCOPY, FLEXIBLE, PROXIMAL	7/1/1997	\$363.00	3	NO
H	45381	COLONOSCOPY, FLEXIBLE, PROXIMAL	1/1/2003	\$363.00	3	NO
H	45382	COLONOSCOPY, FLEXIBLE, PROXIMAL	7/1/1997	\$363.00	3	NO
H	45383	COLONOSCOPY, FLEXIBLE, PROXIMAL	7/1/1997	\$363.00	3	NO
H	45384	COLONOSCOPY, FLEXIBLE; WITH REMO	7/1/1997	\$271.00	3	NO
H	45385	COLONOSCOPY, FLEXIBLE, PROXIMAL	7/1/1997	\$363.00	3	NO
H	45386	COLONOSCOPY, FLEXIBLE, PROXIMAL	1/1/2003	\$363.00	3	NO
H	45500	PROCTOPLASTY FOR STENOSIS	7/1/1997	\$363.00	3	NO
H	45505	PROCTOPLASTY; FOR PROLAPSE OF MU	7/1/1997	\$363.00	3	NO
H	45560	REPAIR OF RECTOCELE (SEPARATE PR	7/1/1997	\$363.00	3	NO
H	45900	REDUCTION OF PROCIDENTIA (SEPARA	7/1/1997	\$271.00	3	NO
H	45905	DILATION OF ANAL SPHINCTER (SEPA	7/1/1997	\$271.00	3	NO
H	45910	DILATION OF RECTAL STRICTURE (SE	7/1/1997	\$271.00	3	NO
H	45915	REMOVAL OF FECAL IMPACTION OR FO	7/1/1997	\$271.00	3	NO
H	46020	PLACEMENT OF SETON	1/1/2002	\$417.00	3	NO
H	46030	REMOVAL OF SETON OTHER MARKER	7/1/1997	\$271.00	3	NO
H	46040	INCISION AND DRAINAGE OF ISCHIOR	7/1/1997	\$417.00	3	NO
H	46045	INCISION AND DRAINAGE OF INTRAMU	7/1/1997	\$363.00	3	NO
H	46050	INCISION AND DRAINAGE PERIANAL A	7/1/1997	\$271.00	3	NO
H	46060	INCISION AND DRAINAGE OF ISCHIOR	7/1/1997	\$363.00	3	NO
H	46080	SPHINCTEROTOMY ANAL DIVISION OF	7/1/1997	\$417.00	3	NO
H	46200	FISSURECTOMY WITH OR WITHOUT SPH	7/1/1997	\$363.00	3	NO
H	46210	CRYPTECTOMY SINGLE	7/1/1997	\$363.00	3	NO
H	46211	CRYPTECTOMY; MULTIPLE (SEPARATE	7/1/1997	\$363.00	3	NO
H	46220	PAPILLECTOMY OR EXCISION OF SING	7/1/1997	\$271.00	3	NO
H	46250	HEMORRHOIDECTOMY EXTERNAL COMPLE	7/1/1997	\$417.00	3	NO
H	46255	HEMORRHOIDECTOMY INTERNAL AND EX	7/1/1997	\$417.00	3	NO
H	46257	HEMORRHOIDECTOMY INTERNAL AND EX	7/1/1997	\$417.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	46258	HEMORRHOIDECTOMY INTERNAL AND EX	7/1/1997	\$417.00	3	NO
H	46260	HEMORRHOIDECTOMY INTERNAL AND EX	7/1/1997	\$417.00	3	NO
H	46261	HEMORRHOIDECTOMY INTERNAL AND EX	7/1/1997	\$513.00	3	NO
H	46262	HEMORRHOIDECTOMY INTERNAL AND EX	7/1/1997	\$513.00	3	NO
H	46270	FISTULECTOMY SUBCUTANEOUS	7/1/1997	\$417.00	3	NO
H	46275	FISTULECTOMY; SUBMUSCULAR	7/1/1997	\$417.00	3	NO
H	46280	FISTULECTOMY; COMPLEX OR MULTIPL	7/1/1997	\$513.00	3	NO
H	46285	FISTULECTOMY; SECOND STAGE	7/1/1997	\$271.00	3	NO
H	46288	CLOSURE OF ANAL FISTULA WITH REC	7/1/2003	\$513.00	3	NO
H	46608	ANOSCOPY; FOR REMOVAL OF FOREIGN	7/1/1997	\$271.00	3	NO
H	46610	ANOSCOPY; FOR REMOVAL OF POLYP	7/1/1997	\$271.00	3	NO
H	46611	ANOSCOPY; WITH REMOVAL OF SINGLE	7/1/1997	\$271.00	3	NO
H	46612	ANOSCOPY; FOR MULTIPLE POLYP REM	7/1/1997	\$271.00	3	NO
H	46615	ANOSCOPY; WITH ABLATION OF TUMOR	7/1/2003	\$363.00	3	NO
H	46700	ANOPLASTY PLASTIC OPERATION FOR	7/1/1997	\$417.00	3	NO
H	46750	SPHINCTEROPLASTY ANAL FOR INCONT	7/1/1997	\$417.00	3	NO
H	46753	GRAFT (THIERSCH OPERATION) FOR R	7/1/1997	\$417.00	3	NO
H	46754	REMOVAL OF THIERSCH WIRE OR SUTU	7/1/1997	\$363.00	3	NO
H	46760	SPHINCTEROPLASTY ANAL FOR INCONT	7/1/1997	\$363.00	3	NO
H	46761	SPHINCTEROPLASTY, ANAL, FOR INCO	7/1/2003	\$446.00	3	NO
H	46762	SPHINCTEROPLASTY, ANAL, FOR INCO	7/1/2003	\$812.00	3	NO
H	46917	DESTRUCTION OF LESION(S) ANUS SI	7/1/2003	\$271.00	3	NO
H	46922	DESTRUCTION OF LESION(S) ANUS SI	7/1/1997	\$271.00	3	NO
H	46924	DESTRUCTION OF LESION(S), ANUS (	7/1/1997	\$271.00	3	NO
H	46937	CRYOSURGERY OF RECTAL TUMOR BENI	7/1/1997	\$363.00	3	NO
H	46938	CRYOSURGERY OF RECTAL TUMOR; MAL	7/1/1997	\$363.00	3	NO
H	47000	BIOPSY OF LIVER, NEEDLE; PERCUTA	7/1/1997	\$271.00	3	NO
H	47510	INTRODUCTION OF PERCUTANEOUS TRA	7/1/1997	\$363.00	3	NO
H	47511	INTRODUCTION OF PERCUTANEOUS TRA	1/1/2004	\$1,150.00	3	NO
H	47525	CHANGE OF PERCUTANEOUS BILIARY D	1/1/1999	\$314.00	3	NO
H	47530	REVISION AND/OR REINSERTION OF T	1/1/1999	\$314.00	3	NO
H	47552	BILIARY ENDOSCOPY, PERCUTANEOUS	7/1/1997	\$363.00	3	NO
H	47553	BILIARY ENDOSCOPY PERCUTANEOUS V	7/1/1997	\$417.00	3	NO
H	47554	BILIARY ENDOSCOPY, PERCUTANEOUS	7/1/1997	\$417.00	3	NO
H	47555	BILIARY ENDOSCOPY,PERCUTANEOUS V	7/1/1997	\$417.00	3	NO
H	47560	LAPAROSCOPY, SURGICAL; WITH GUID	1/1/2000	\$486.00	3	NO
H	47561	LAPAROSCOPY, SURGICAL; WITH GUID	1/1/2000	\$486.00	3	NO
H	47562	LAPAROSCOPY, SURGICAL; CHOLECYST	4/1/2000	\$585.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	47563	LAPAROSCOPY, SURGICAL; CHOLECYST	4/1/2000	\$585.00	3	NO
H	47564	LAPAROSCPY, SURGICAL; CHOLECYSTE	4/1/2000	\$585.00	3	NO
H	47630	BILIARY DUCT STONE EXTRACTION PE	7/1/1997	\$417.00	3	NO
H	48102	BIOPSY OF PANCREAS, PERCUTANEOUS	7/1/1997	\$271.00	3	NO
H	49000	EXPLORATORY LAPAROTOMY, EXPLORAT	7/1/1997	\$513.00	3	NO
H	49080	PERITONEOCENTESIS, ABDOMINAL PAR	7/1/1997	\$363.00	3	NO
H	49081	PERITONEOCENTESIS ABDOMINAL PARA	7/1/1997	\$363.00	3	NO
H	49085	REMOVAL OF PERITONEAL FOREIGN BO	7/1/1997	\$363.00	3	NO
H	49180	BIOPSY, ABDOMINAL OR RETROPERITO	7/1/1997	\$271.00	3	NO
H	49250	UMBILECTOMY OMPHALECTOMY EXCISIO	10/1/2002	\$417.00	3	NO
H	49320	LAPAROSCOPY, ABDOMAN, PERITONEUM	1/1/2000	\$486.00	3	YES
H	49321	LAPAROSCOPY, SURGICAL; WITH BIOP	1/1/2000	\$600.00	3	NO
H	49322	LAPAROSCOPY, SURGICAL, ABDOMEN,	1/1/2000	\$600.00	3	NO
H	49400	PNEUMOPERITONEUM (SEPARATE PROCE	7/1/1997	\$271.00	3	NO
H	49420	INSERTION OF INTRAPERITONEAL CAN	7/1/1997	\$271.00	3	NO
H	49421	INSERTION OF INTRAPERITONEAL CAN	7/1/1997	\$271.00	3	NO
H	49422	REMOVAL OF PERMANENT INTRAPERITO	7/1/2003	\$271.00	3	NO
H	49425	INSERTION OF PERITONEAL-VENOUS S	10/1/2002	\$812.00	3	NO
H	49426	REVISION OF PERITONEAL-VENOUS SH	7/1/1997	\$363.00	3	NO
H	49495	REPAIR, INITIAL INGUINAL HERNIA,	10/1/2002	\$513.00	3	NO
H	49496	REPAIR INITIAL INGUINAL HERNIA,	10/1/2002	\$513.00	3	NO
H	49500	REPAIR INGUINAL HERNIA UNDER AGE	10/1/2002	\$513.00	3	NO
H	49501	REPAIR INITIAL INGUINAL HERNIA,	10/1/2002	\$513.00	3	NO
H	49505	REPAIR INGUINAL HERNIA, AGE 5 OR	7/1/1997	\$513.00	3	NO
H	49507	REPAIR INITIAL INGUINAL HERNIA,	10/1/2002	\$513.00	3	NO
H	49520	RECURRENT	7/1/1997	\$812.00	3	NO
H	49521	REPAIR RECURRENT INGUINAL HERNIA	10/1/2002	\$812.00	3	NO
H	49525	REPAIR INGUINAL HERNIA ANY AGE;	7/1/1997	\$513.00	3	NO
H	49540	REPAIR LUMBAR HERNIA	7/1/1997	\$363.00	3	NO
H	49550	REPAIR FEMORAL HERNIA GROIN INCI	7/1/1997	\$585.00	3	NO
H	49553	REPAIR INITIAL FEMORAL HERNIA, A	10/1/2002	\$585.00	3	NO
H	49555	REPAIR FEMORAL HERNIA RECURRENT	7/1/1997	\$585.00	3	NO
H	49557	REPAIR RECURRENT FEMORAL HERNIA;	10/1/2002	\$585.00	3	NO
H	49560	REPAIR INITIAL INCISIONAL HERNIA	7/1/1997	\$513.00	3	NO
H	49561	REPAIR INITIAL INCISIONAL HERNIA	10/1/2002	\$513.00	3	NO
H	49565	REPAIR RECURRENT INCISIONAL HERN	7/1/1997	\$513.00	3	NO
H	49566	REPAIR RECURRENT INCISIONAL HERN	10/1/2002	\$513.00	3	NO
H	49568	IMPLANTATION OF MESH OR OTHER PR	7/1/1997	\$417.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	49570	REPAIR EPIGASTRIC HERNIA PROPERI	7/1/1997	\$513.00	3	NO
H	49572	REPAIR EPIGASTRIC HERNIA; INCARC	1/1/2004	\$1,150.00	3	NO
H	49580	REPAIR UMBILICAL HERNIA UNDER AG	10/1/2002	\$513.00	3	NO
H	49582	REPAIR UMBILICAL HERNIA, UNDER A	1/1/2004	\$1,150.00	3	NO
H	49585	REPAIR UMBILICAL HERNIA, AGE 5 Y	10/1/2002	\$513.00	3	NO
H	49587	REPAIR UMBILICAL HERNIA, AGE 5 Y	1/1/2004	\$1,150.00	3	NO
H	49590	REPAIR SPIGELIAN HERNIA	7/1/1997	\$417.00	3	NO
H	49600	REPAIR OF OMPHALOCELE SMALL WITH	10/1/2002	\$513.00	3	NO
H	49605	REPAIR OF OMPHALOCELE; LARGE OR	10/1/2002	\$513.00	3	NO
H	49606	REPAIR OF OMPHALOCELE WITH STAGE	10/1/2002	\$513.00	3	NO
H	49610	REPAIR OF OMPHALOCELE (GROSS TYP	10/1/2002	\$513.00	3	NO
H	49611	REPAIR OF OMPHALOCELE (GROSS TYP	10/1/2002	\$513.00	3	NO
H	49650	LAPAROSOCOPY, SURGICAL; REPAIR IN	10/1/2002	\$513.00	3	NO
H	49651	LAPAROSCOPY, SURGICAL; REPAIR RE	10/1/2002	\$812.00	3	NO
H	50020	DRAINAGE OF PERIRENAL OR RENAL A	7/1/1997	\$363.00	3	NO
H	50040	NEPHROSTOMY NEPHROTOMY WITH DRAI	7/1/1997	\$417.00	3	NO
H	50200	RENAL BIOPSY PERCUTANEOUS BY TRO	7/1/1997	\$271.00	3	NO
H	50390	ASPIRATION AND/OR INJECTION OF R	7/1/1997	\$271.00	3	NO
H	50392	INTRODUCTION OF INTRACATHETER OR	7/1/1997	\$271.00	3	NO
H	50393	INTRODUCTION OF URETERAL CATHETE	7/1/1997	\$271.00	3	NO
H	50395	INTRODUCTION OF GUIDE INTO RENAL	7/1/1997	\$271.00	3	NO
H	50396	MANOMETRIC STUDIES THROUGH NEPHR	7/1/1997	\$271.00	3	NO
H	50398	CHANGE OF NEPHROSTOMY OR PYELOST	7/1/1997	\$271.00	3	NO
H	50520	CLOSURE OF NEPHROCUTANEOUS OR PY	7/1/1997	\$271.00	3	NO
H	50551	RENAL ENDOSCOPY THROUGH ESTABLIS	7/1/1997	\$271.00	3	NO
H	50553	RENAL ENDOSCOPY THROUGH EST NEPH	7/1/1997	\$271.00	3	NO
H	50555	RENAL ENDOSCOPY THROUGH ESTABLIS	7/1/1997	\$271.00	3	NO
H	50557	RENAL ENDOSCOPY THROUGH ESTB NEP	7/1/1997	\$271.00	3	NO
H	50559	RENAL ENDOSCOPY WITH INSERTION O	1/1/2005	INVALID	N	NO
H	50561	RENAL ENDOSCOPY THROUGH ESTABLIS	7/1/1997	\$271.00	3	NO
H	50562	RENAL ENDOSCOPY THROUGH ESTABLIS	1/1/2003	\$363.00	3	NO
H	50570	RENAL ENDOSCOPY THROUGH NEPHROTO	7/1/1997	\$271.00	3	NO
H	50572	RENAL ENDOSCOPY THROUGH NEPHROTO	7/1/1997	\$271.00	3	NO
H	50574	RENAL ENDOSCOPY THROUGH NEPHROTO	7/1/1997	\$271.00	3	NO
H	50576	RENAL ENDOSCOPY THROUGH NEPHROTO	7/1/1997	\$271.00	3	NO
H	50578	RENAL ENDOSCOPY THROUGH NEPHROTO	1/1/2005	INVALID	N	NO
H	50580	RENAL ENDOSCOPY THROUGH NEPHROTO	7/1/1997	\$271.00	3	NO
H	50590	LITHOTRIPSY, EXTRACORPOREAL SHOC	7/1/1997	\$920.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	50684	INJECT PROC FOR URETEROGRAPHY OR	7/1/1997	\$271.00	3	NO
H	50688	CHANGE OF URETEROSTOMY TUBE OR E	7/1/1997	\$271.00	3	NO
H	50690	INJECT PROC FOR VISUALIZATION OF	7/1/1997	\$271.00	3	NO
H	50951	URETERAL ENDOSCOPY THROUGH ESTAB	7/1/1997	\$271.00	3	NO
H	50953	URETERAL ENDOSCOPY THROUGH EST U	7/1/1997	\$271.00	3	NO
H	50955	URETERAL ENDOSCOPY THROUGH ESTAB	7/1/1997	\$271.00	3	NO
H	50957	URETERAL ENDOSCOPY THROUGH ESTAB	7/1/1997	\$271.00	3	NO
H	50959	URETERAL ENDOSCOPY THROUGH ESTAB	1/1/2005	INVALID	N	NO
H	50961	URETERAL ENDOSCOPY THROUGH ESTAB	7/1/1997	\$271.00	3	NO
H	50970	URETERAL ENDOSCOPY THROUGH URETE	7/1/1997	\$271.00	3	NO
H	50972	URETERAL ENDOSCOPY THROUGH URETE	7/1/1997	\$271.00	3	NO
H	50974	URETERAL ENDOSCOPY THROUGH URETE	7/1/1997	\$271.00	3	NO
H	50976	URETERAL ENDOSCOPY THROUGH URETE	7/1/1997	\$271.00	3	NO
H	50978	URETERAL ENDOSCOPY THROUGH URETE	1/1/2005	INVALID	N	NO
H	50980	URETERAL ENDOSCOPY THROUGH URETE	7/1/1997	\$271.00	3	NO
H	51005	ASPIRATION OF BLADDER BY TROCAR	7/1/1997	\$271.00	3	NO
H	51010	ASPIRATION OF BLADDER; WITH INSE	7/1/1997	\$271.00	3	NO
H	51020	CYSTOTOMY OR CYSTOSTOMY WITH FUL	7/1/1997	\$513.00	3	NO
H	51030	CYSTOTOMY OR CYSTOSTOMY; WITH CR	7/1/1997	\$513.00	3	NO
H	51040	CYSTOSTOMY CYSTOTOMY WITH DRAINA	10/1/2002	\$513.00	3	NO
H	51045	CYSTOTOMY, WITH INSERTION OF URE	10/1/2002	\$513.00	3	NO
H	51050	CYSTOLITHOTOMY CYSTOTOMY WITH RE	7/1/2003	\$513.00	3	NO
H	51065	CYSTOTOMY, W/CALCULUS BASKET EXT	7/1/2003	\$513.00	3	NO
H	51080	DRAINAGE OF PERIVESICAL OR PREVE	7/1/2003	\$271.00	3	NO
H	51500	EXCISION OF URACHAL CYST OR SINU	7/1/1997	\$513.00	3	NO
H	51520	CYSTOTOMY FOR SIMPLE EXCISION OF	7/1/2003	\$513.00	3	NO
H	51600	INJECTION PROCEDURE FOR CYSTOGRA	7/1/1997	\$271.00	3	NO
H	51605	INJECTION PROCEDURE AND PLACEMEN	7/1/1997	\$271.00	3	NO
H	51610	INJECTION PROCEDURE FOR RETROGRA	7/1/1997	\$271.00	3	NO
H	51710	CHANGE OF CYSTOSTOMY TUBE; COMPL	7/1/1997	\$271.00	3	NO
H	51715	ENDOSCOPIC INJECTION OF IMPLANT	7/1/2003	\$446.00	3	NO
H	51725	SIMPLE CYSTOMETROGRAM (CMG) (EG,	7/1/1997	\$271.00	3	NO
H	51726	COMPLEX CYSTOMETROGRAM (EG, CALI	7/1/1997	\$271.00	3	NO
H	51772	URETHRAL PRESSURE PROFILE STUDIE	1/1/2000	\$314.00	3	NO
H	51785	ELECTROMYOGRAPHIC STUDIES (EMG)	7/1/1997	\$271.00	3	NO
H	51865	CYSTORRHAPHY SUTURE OF BLADDER W	7/1/1997	\$513.00	3	NO
H	51880	CLOSURE OF CYSTOSTOMY (SEPARATE	7/1/1997	\$271.00	3	NO
H	51900	CLOSURE OF VESICOVAGINAL FISTULA	7/1/1997	\$513.00	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	51920	CLOSURE OF VESTICOUTERINE FISTUL	7/1/1997	\$417.00	3	NO
H	52000	CYSTOURETHROSCOPY; (SEPARATE PRO	7/1/1997	\$271.00	3	NO
H	52001	CYSTOURETHROSCOPY WITH IRRIGATIO	1/1/2002	\$363.00	3	NO
H	52005	WITH URETERAL CATHETERIZATION WI	7/1/1997	\$363.00	3	NO
H	52007	CYSTOURETHROSCOPY WITH URETERAL	7/1/1997	\$363.00	3	NO
H	52010	WITH EJACULATORY DUCT CATHETERIZ	7/1/1997	\$363.00	3	NO
H	52204	CYSTOURETHROSCOPY, WITH BIOPSY	7/1/1997	\$363.00	3	NO
H	52214	CYSTOURETHROSCOPY, WITH FULGURAT	7/1/1997	\$363.00	3	NO
H	52224	CYSTOURETHROSCOPY, WITH FULGURAT	7/1/1997	\$363.00	3	NO
H	52234	CYSTOURETHROSCOPY, WITH FULGURAT	7/1/1997	\$363.00	3	NO
H	52235	CYSTOURETHROSCOPY WITH FULGURATI	7/1/1997	\$417.00	3	NO
H	52240	CYSTOURETHROSCOPY WITH FULGURATI	7/1/1997	\$417.00	3	NO
H	52250	CYSTOURETHROSCOPY WITH INSERTION	7/1/1997	\$513.00	3	NO
H	52260	CYSTOURETHROSCOPY WITH DILATION	7/1/1997	\$363.00	3	NO
H	52270	CYSTOURETHROSCOPY WITH INTERNAL	7/1/1997	\$363.00	3	NO
H	52275	CYSTOURETHROSCOPY WITH INTERNAL	7/1/1997	\$363.00	3	NO
H	52276	CYSTOURETHROSCOPY WITH DIRECT VI	7/1/1997	\$417.00	3	NO
H	52277	CYSTOURETHROSCOPY WITH RESECTION	7/1/1997	\$363.00	3	NO
H	52281	CYSTOURETHROSCOPY, WITH CALIBRAT	7/1/1997	\$363.00	3	NO
H	52283	CYSTOURETHROSCOPY, WITH STEROID	7/1/1997	\$363.00	3	NO
H	52285	CYSTOURETHROSCOPY FOR TREATMENT	7/1/1997	\$363.00	3	NO
H	52290	CYSTOURETHROSCOPY WITH URETERAL	7/1/1997	\$363.00	3	NO
H	52300	CYSTOURETHROSCOPY; W/RESECTION O	7/1/1997	\$363.00	3	NO
H	52305	CYSTOURETHROSCOPY; WITH INCISION	7/1/1997	\$363.00	3	NO
H	52310	CYSTOURETHROSCOPY WITH REMOVAL O	7/1/1997	\$363.00	3	NO
H	52315	CYSTOURETHROSCOPY WITH REMOVAL O	7/1/1997	\$363.00	3	NO
H	52317	LITHOLAPAXY: CRUSHING OR FRAGMEN	7/1/1997	\$271.00	3	NO
H	52318	LITHOLAPAXY: CRUSHING OF FRAGMEN	7/1/1997	\$363.00	3	NO
H	52320	CYSTOURETHROSCOPY (INCLUDING URE	7/1/1997	\$585.00	3	NO
H	52325	CYSTOURETHROSCOPY (INCLUDING URE	7/1/1997	\$513.00	3	NO
H	52327	CYSTOURETHROSCOPY (INC URETERAL	7/1/2003	\$363.00	3	NO
H	52330	CYSTOURETHROSCOPY (INCLUDING URE	7/1/1997	\$363.00	3	NO
H	52332	WITH INSERTION OF INDWELLING URE	7/1/1997	\$363.00	3	NO
H	52334	CYSTOURETHROSCOPY WITH INSERTION	7/1/1997	\$417.00	3	NO
H	52341	CYSTOURETHROSCOPY; WITH TREATMEN	7/1/2003	\$446.00	3	NO
H	52342	CYSTOURETHROSCOPY; WITH TREATMEN	7/1/2003	\$446.00	3	NO
H	52343	CYSTOURETHROSCOPY; WITH TREATMEN	7/1/2003	\$446.00	3	NO
H	52344	CYSTOURETHROSCOPY WITH URETEROSC	7/1/2003	\$446.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	52345	CYSTOURETHROSCOPY WITH URETEROSC	7/1/2003	\$446.00	3	NO
H	52346	CYSTOURETHROSCOPY WITH URETEROSC	7/1/2003	\$446.00	3	NO
H	52351	CYSTOURETHROSCOPY, WITH URETEROS	1/1/2001	\$438.00	3	NO
H	52352	CYSTOURETHROSCOPY, WITH URETEROS	1/1/2001	\$539.00	3	NO
H	52353	CYSTOURETHROSCOPY, WITH URETEROS	1/1/2001	\$539.00	3	NO
H	52354	CYSTOURETHROSCOPY, WITH URETEROS	1/1/2001	\$539.00	3	NO
H	52355	CYSTOURETHROSCOPY, WITH URETEROS	7/1/2003	\$513.00	3	NO
H	52400	CYSTOURETHROSCOPY WITH INCISION,	1/1/2001	\$438.00	3	NO
H	52450	TRANSURETHRAL INCISION OF PROSTA	7/1/1997	\$417.00	3	NO
H	52500	TRANSURETHRAL RESECTION OF BLADD	7/1/1997	\$417.00	3	NO
H	52510	TRANSURETHRAL BALLOON DILATION O	7/1/2003	\$446.00	3	NO
H	52601	TRANSURETHRAL ELECTROSURGICAL RE	7/1/1997	\$513.00	3	NO
H	52606	TRANSURETHRAL FULGURATION FOR PO	7/1/1997	\$271.00	3	NO
H	52612	TRANSURETHRAL RESECTION OF PROST	7/1/1997	\$363.00	3	NO
H	52614	TRANSURETHRAL RESECTION OF PROST	7/1/1997	\$271.00	3	NO
H	52620	TRANSURETHRAL RESECTION OF RESID	7/1/1997	\$271.00	3	NO
H	52630	TRANSURETHRAL RESECTION; OF REGR	7/1/1997	\$363.00	3	NO
H	52640	TRANSURETHRAL RESECTION; OF POST	7/1/1997	\$363.00	3	NO
H	52647	LASER COAGULATION OF PROSTATE, I	1/1/2004	\$1,150.00	3	NO
H	52648	LASER VAPORIZATION OF PROSTATE,	1/1/2004	\$1,150.00	3	NO
H	52700	TRANSURETHRAL DRAINAGE OF PROSTA	7/1/1997	\$363.00	3	NO
H	53000	URETHROTOMY OR URETHROSTOMY EXTE	7/1/1997	\$271.00	3	NO
H	53010	URETHROTOMY OR URETHROSTOMY EXTE	7/1/1997	\$271.00	3	NO
H	53020	MEATOTOMY, CUTTING OF MEATUS (SE	7/1/1997	\$271.00	3	NO
H	53040	DRAINAGE OF DEEP PERIURETHRAL AB	7/1/1997	\$363.00	3	NO
H	53080	DRAINAGE OF PERINEAL URINARY EXT	7/1/2003	\$446.00	3	NO
H	53200	BIOPSY OF URETHRA	7/1/1997	\$271.00	3	NO
H	53210	URETHRECTOMY TOTAL INCLUDING CYS	7/1/1997	\$585.00	3	NO
H	53215	URETHRECTOMY TOTAL INCLUDING CYS	7/1/1997	\$585.00	3	NO
H	53220	EXCISION OR FULGURATION OF CARCI	7/1/1997	\$363.00	3	NO
H	53230	EXCISION OF URETHRAL DIVERTICULU	7/1/1997	\$363.00	3	NO
H	53235	EXCISION OF URETHRAL DIVERTICULU	7/1/1997	\$417.00	3	NO
H	53240	MARSUPIALIZATION OF URETHRAL DIV	7/1/1997	\$363.00	3	NO
H	53250	EXCISION OF BULBOURETHRAL GLAND	7/1/1997	\$363.00	3	NO
H	53260	EXCISION OR FULGURATION URETHRAL	7/1/1997	\$363.00	3	NO
H	53265	EXCISION OR FULGURATION; URETHRA	7/1/1997	\$363.00	3	NO
H	53270	EXCISION OR FULGURATION; SKENE'S	7/1/2003	\$363.00	3	NO
H	53275	EXCISION OR FULGURATION; URETHRA	7/1/1997	\$363.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	53400	URETHROPLASTY FIRST STAGE FOR FI	7/1/1997	\$417.00	3	NO
H	53405	URETHROPLASTY; SECOND STAGE (FOR	7/1/1997	\$363.00	3	NO
H	53410	URETHROPLASTY ONE-STAGE RECONSTR	7/1/1997	\$363.00	3	NO
H	53420	UREHTROPLASTY TWO-STAGE RECONST	7/1/1997	\$417.00	3	NO
H	53425	URETHROPLASTY TWO-STAGE RECONSTR	7/1/1997	\$363.00	3	NO
H	53430	URETHROPLASTY RECONSTRUCTION OF	7/1/1997	\$363.00	3	NO
H	53431	URETHROPLASTY WITH TUBULARIZATIO	1/1/2002	\$363.00	3	NO
H	53440	SLING OPERATION FOR CORRECTION O	7/1/1997	\$363.00	3	NO
H	53442	REMOVAL OR REVISION OF SLING FOR	7/1/1997	\$271.00	3	NO
H	53444	INSERTION OF TANDEM CUFF (DUAL C	1/1/2002	\$363.00	3	NO
H	53445	INSERTION OF INFLATABLE URETHRAL	1/1/2002	\$271.00	3	NO
H	53446	REMOVAL OF INFLATABLE URETHRAL/B	1/1/2002	\$271.00	3	NO
H	53447	REMOVAL AND REPLACEMENT OF INFLA	7/1/1997	\$271.00	3	NO
H	53449	REPAIR OF INFLATABLE URETHRAL/BL	7/1/1997	\$271.00	3	NO
H	53450	URETHROMEATOPLASTY, WITH MUCOSAL	7/1/1997	\$271.00	3	NO
H	53460	URETHROMEATOPLASTY, WITH PARTIAL	7/1/1997	\$271.00	3	NO
H	53502	URETHRORRHAPHY SUTURE OF URETHRA	7/1/1997	\$363.00	3	NO
H	53505	URETHRORRHAPHY SUTURE OF URETHRA	7/1/1997	\$363.00	3	NO
H	53510	URETHRORRHAPHY SUTURE OF URETHRA	7/1/1997	\$363.00	3	NO
H	53515	URETHRORRHAPHY SUTURE OF URETHRA	7/1/1997	\$363.00	3	NO
H	53520	CLOSURE OF URETHROSTOMY OR URETH	7/1/1997	\$363.00	3	NO
H	53605	DILATION OF URETHRAL STRICTURE O	7/1/1997	\$363.00	3	NO
H	53665	DILATION OF FEMALE URETHRA, GENE	7/1/1997	\$271.00	3	NO
H	53670	CATHETERIZATION, URETHRA; SIMPLE	7/1/2003	INVALID	N	NO
H	53675	CATHETERIZATION; COMPLICATED (MA	7/1/2003	INVALID	N	NO
H	53850	TRANSURETHRAL DESTRUCTION OF PRO	1/1/2004	\$1,150.00	3	NO
H	54000	SLITTING OF PREPUCE DORSAL OR LA	1/1/2004	\$363.00	3	NO
H	54001	SLITTING OF PREPUCE DORSAL OR LA	7/1/1997	\$363.00	3	NO
H	54015	INCISION AND DRAINAGE OF PENIS D	10/1/2002	\$363.00	3	NO
H	54057	DESTRUCTION OF LESION(S) PENIS S	7/1/1997	\$271.00	3	NO
H	54060	DESTRUCTION OF LESION(S) PENIS S	7/1/1997	\$271.00	3	NO
H	54065	DESTRUCTION OF LESION(S), PENIS	7/1/1997	\$271.00	3	NO
H	54100	BIOPSY OF PENIS CUTANEOUS (SEPAR	7/1/1997	\$271.00	3	NO
H	54105	BIOPSY OF PENIS; DEEP STRUCTURES	7/1/1997	\$271.00	3	NO
H	54110	EXCISION OF PENILE PLAQUE (PEYRO	7/1/1997	\$363.00	3	NO
H	54111	EXCISION OF PENILE PLAQUE (PEYRO	7/1/2003	\$363.00	3	NO
H	54112	EXCISION OF PENILE PLAQUE (PEYRO	7/1/2003	\$363.00	3	NO
H	54115	REMOVAL FOREIGN BODY FROM DEEP P	7/1/1997	\$271.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	54120	AMPUTATION OF PENIS PARTIAL	7/1/1997	\$363.00	3	NO
H	54125	AMPUTATION OF PENIS; COMPLETE	7/1/1997	\$363.00	3	NO
H	54152	CIRCUMCISION CLAMP PROCEDURE; EX	7/1/1997	\$271.00	3	NO
H	54160	CIRCUMCISION, SURGICAL EXCISION	1/1/2004	\$363.00	3	NO
H	54161	CIRCUMCISION SURGICAL EXCISION O	7/1/1997	\$363.00	3	NO
H	54162	LYSIS OR EXCISION OF PENILE POST	1/1/2002	\$363.00	3	NO
H	54163	REPAIR INCOMPLETE CIRCUMCISION	1/1/2002	\$363.00	3	NO
H	54164	FRENULOTOMY OF PENIS	1/1/2002	\$363.00	3	NO
H	54205	INJECTION PROCEDURE FOR PEYRONIE	1/1/2004	\$513.00	3	NO
H	54220	IRRIGATION OF CORPORA CAVERNOSA	7/1/1997	\$271.00	3	NO
H	54300	PLASTIC OPERATION OF PENIS FOR S	1/1/2004	\$446.00	3	NO
H	54304	PLASTIC OPERATION ON PENIS FOR C	7/1/2003	\$446.00	3	NO
H	54308	URETHROPLASTY FOR SECOND STAGE H	7/1/2003	\$446.00	3	NO
H	54312	URETHROPLASTY FOR SECOND STAGE H	7/1/2003	\$446.00	3	NO
H	54316	URETHROPLASTY FOR SECOND STAGE H	7/1/2003	\$446.00	3	NO
H	54318	URETHROPLASTY FOR THIRD STAGE HY	7/1/2003	\$446.00	3	NO
H	54322	ONE STAGE DISTAL HYPOSPADIAS REP	7/1/2003	\$446.00	3	NO
H	54324	ONE STAGE DISTAL HYPOSPADIAS REP	7/1/2003	\$446.00	3	NO
H	54326	ONE STAGE DISTAL HYPOSPADIAS REP	7/1/2003	\$446.00	3	NO
H	54328	ONE STAGE DISTAL HYPOSPADIAS REP	7/1/2003	\$446.00	3	NO
H	54340	REPAIR OF HYPOSPADIAS COMPLICATI	7/1/2003	\$446.00	3	NO
H	54344	REPAIR OF HYPOSPADIAS COMPLICATI	7/1/2003	\$446.00	3	NO
H	54348	REPAIR OF HYPOSPADIAS COMPLICATI	7/1/2003	\$446.00	3	NO
H	54352	REPAIR OF HYPOSPADIAS CRIPPLE RE	7/1/2003	\$446.00	3	NO
H	54360	PLASTIC OPERATION ON PENIS TO CO	1/1/2004	\$446.00	3	YES
H	54380	PLASTIC OPERATION ON PENIS FOR E	7/1/2003	\$446.00	3	NO
H	54385	PLASTIC OPERATION ON PENIS FOR E	7/1/2003	\$446.00	3	NO
H	54402	REMOVAL OR REPLACEMENT OF NON-IN	4/1/2002	INVALID	N	NO
H	54407	REMOVAL, REPAIR, OR REPLACEMENT	4/1/2002	INVALID	N	NO
H	54409	SURGICAL CORRECTION OF HYDRAULIC	4/1/2002	INVALID	N	NO
H	54415	REMOVAL OF NON-INFLATABLE (SEMI-	1/1/2004	\$446.00	3	NO
H	54420	CORPORA CAVERNOSA-SAPHENOUS VEIN	7/1/1997	\$513.00	3	NO
H	54435	CORPORA CAVERNOSA-GLANS PENIS FI	7/1/1997	\$513.00	3	NO
H	54440	PLASTIC OPERATION OF PENIS FOR I	7/1/1997	\$513.00	3	NO
H	54450	FORESKIN MANIPULATION INCLUDING	7/1/1997	\$271.00	3	NO
H	54500	BIOPSY OF TESTIS NEEDLE (SEPARAT	7/1/1997	\$271.00	3	NO
H	54505	BIOPSY OF TESTIS, INCISIONAL (SE	7/1/1997	\$271.00	3	NO
H	54510	EXCISION OF LOCAL LESION OF TEST	4/1/2002	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	54512	EXCISION OF EXTRAPARENCHYMAL LES	1/1/2002	\$363.00	3	NO
H	54520	ORCHIECTOMY, SIMPLE (INCLUDING S	7/1/1997	\$417.00	3	NO
H	54522	ORCHIECTOMY, PARTIAL	7/1/2003	\$446.00	3	NO
H	54530	ORCHIECTOMY RADICAL FOR TUMOR IN	7/1/1997	\$513.00	3	NO
H	54550	EXPLORATION FOR UNDESCENDED TEST	7/1/1997	\$513.00	3	NO
H	54600	REDUCTION OF TORSION OF TESTIS S	7/1/1997	\$513.00	3	NO
H	54620	FIXATION OF CONTRALATERAL TESTIS	7/1/1997	\$417.00	3	NO
H	54640	ORCHIOPEXY, ANY TYPE, WITH OR WI	7/1/1997	\$513.00	3	NO
H	54660	INSERTION OF TESTICULAR PROSTHES	1/1/1984	NC	9	NO
H	54670	SUTURE OR REPAIR OF TESTICULAR I	7/1/1997	\$417.00	3	NO
H	54680	TRANSPLANTATION OF TESTIS(ES) TO	7/1/1997	\$417.00	3	NO
H	54690	LAPAROSCOPY, SURGICAL; ORCHIECTO	1/1/2004	\$1,150.00	3	NO
H	54700	INCISION AND DRAINAGE OF EPIDIDY	7/1/1997	\$363.00	3	NO
H	54800	BIOPSY OF EPIDIDYMIS NEEDLE	7/1/1997	\$271.00	3	NO
H	54820	EXPLORATION OF EPIDIDYMIS WITH O	7/1/1997	\$271.00	3	NO
H	54830	EXCISION OF LOCAL LESION OF EPID	7/1/1997	\$417.00	3	NO
H	54840	EXCISION OF SPERMATOCELE WITH OR	7/1/1997	\$513.00	3	NO
H	54860	EPIDIDYMECTOMY UNILATERAL	7/1/1997	\$417.00	3	NO
H	54861	EPIDIDYMECTOMY; BILATERAL	7/1/1997	\$513.00	3	NO
H	54900	EPIDIDYMOVASOSTOMY ANASTOMOSIS O	1/1/1984	NC	9	NO
H	54901	EPIDIDYMOVASOSTOMY ANASTOMOSIS O	1/1/1984	NC	9	NO
H	55040	EXCISION OF HYDROCELE UNILATERAL	7/1/1997	\$417.00	3	NO
H	55041	EXCISION OF HYDROCELE; BILATERAL	7/1/1997	\$585.00	3	NO
H	55060	REPAIR OF HYDROCELE (BOTTLE TYPE	7/1/1997	\$513.00	3	NO
H	55100	DRAINAGE OF SCROTAL WALL ABSCESS	7/1/1997	\$271.00	3	NO
H	55110	SCROTAL EXPLORATION	7/1/1997	\$363.00	3	NO
H	55120	REMOVAL OF FOREIGN BODY IN SCROT	7/1/1997	\$363.00	3	NO
H	55150	RESECTION OF SCROTUM	7/1/1997	\$271.00	3	NO
H	55175	SCROTOPLASTY; SIMPLE	7/1/1997	\$271.00	3	NO
H	55180	SCROTOPLASTY; COMPLICATED	7/1/1997	\$363.00	3	NO
H	55250	VASECTOMY UNILATERAL OR BILATERA	7/1/2003	\$363.00	3	NO
H	55300	VASOTOMY FOR VASOGRAMS SEMINAL V	1/1/1984	NC	9	NO
H	55400	VASOVASOSTOMY, VASOVASORRAPHY	1/1/1984	NC	9	NO
H	55500	EXCISION OF HYDROCELE OF SPERMAT	7/1/1997	\$417.00	3	NO
H	55520	EXCISION OF LESION OF SPERMATIC	7/1/1997	\$513.00	3	NO
H	55530	EXCISION OF VARICOCELE OR LIGATI	7/1/1997	\$513.00	3	NO
H	55535	EXCISION OF VARICOCELE OR LIGATI	7/1/1997	\$513.00	3	NO
H	55540	EXCISION OF VARICOCELE OR LIGATI	7/1/1997	\$585.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	55550	LAPAROSCOPY, SURGICAL, WITH LIGA	1/1/2004	\$1,150.00	3	NO
H	55600	VESICULOTOMY	7/1/1997	\$271.00	3	NO
H	55605	VESICULOTOMY; COMPLICATED	7/1/1997	\$271.00	3	NO
H	55650	VESICULECTOMY, ANY APPROACH	7/1/1997	\$271.00	3	NO
H	55680	EXCISION OF MULLERIAN DUCT CYST	7/1/1997	\$271.00	3	NO
H	55700	BIOPSY PROSTATE NEEDLE OR PUNCH	7/1/1997	\$363.00	3	NO
H	55705	BIOPSY PROSTATE; INCISIONAL ANY	7/1/1997	\$363.00	3	NO
H	55720	PROSTATOTOMY EXTERNAL DRAINAGE O	7/1/1997	\$271.00	3	NO
H	55725	PROSTATOTOMY EXTERNAL DRAINAGE O	7/1/2003	\$363.00	3	NO
H	55859	TRANSPERINEAL PLACEMENT OF NEEDL	1/1/2004	\$1,150.00	3	NO
H	55870	ELECTROEJACULATION	3/1/1992	NC	9	NO
H	55970	INTERSEX SURGERY MALE TO FEMALE	1/1/1984	NC	9	NO
H	55980	INTERSEX SURGERY; FEMALE TO MALE	1/1/1984	NC	9	NO
H	56405	INCISION AND DRAINAGE OF VULVA O	7/1/1997	\$363.00	3	NO
H	56440	MARSUPIALIZATION OF BARTHOLINS G	7/1/1997	\$363.00	3	NO
H	56441	LYSIS OF LABIAL ADHESIONS	7/1/1997	\$417.00	3	NO
H	56515	DESTRUCTION OF LESION(S), VULVA;	7/1/1997	\$417.00	3	NO
H	56605	BIOPSY OF VULVA OR PERINEUM (SEP	7/1/1997	\$271.00	3	NO
H	56620	VULVECTOMY SIMPLE; PARTIAL	7/1/1997	\$585.00	3	NO
H	56625	VULVECTOMY SIMPLE; COMPLETE	7/1/1997	\$812.00	3	NO
H	56700	PARTIAL HYMENECTOMY OR REVISION	7/1/1997	\$363.00	3	NO
H	56720	HYMENOTOMY SIMPLE INCISION	7/1/1997	\$271.00	3	NO
H	56740	EXCISION OF BARTHOLINS GLAND OR	7/1/1997	\$417.00	3	NO
H	56800	PLASTIC REPAIR OF INTROITUS	7/1/1997	\$417.00	3	NO
H	56810	PERINEOPLASTY, REPAIR OF PERINEU	7/1/1997	\$585.00	3	NO
H	57000	COLPOTOMY WITH EXPLORATION	7/1/1997	\$271.00	3	NO
H	57010	COLPOTOMY; WITH DRAINAGE OF PELV	7/1/1997	\$363.00	3	NO
H	57020	COLPOCENTESIS (SEPARATE PROCEDUR	7/1/1997	\$363.00	3	NO
H	57065	DESTRUCTION OF VAGINAL LESION(S)	7/1/1997	\$271.00	3	NO
H	57105	BIOPSY OF VAGINAL MUCOSA; EXTENS	7/1/1997	\$363.00	3	NO
H	57130	EXCISION OF VAGINAL SEPTUM	7/1/1997	\$363.00	3	NO
H	57135	EXCISION OF VAGINAL CYST OR TUMO	7/1/1997	\$363.00	3	NO
H	57180	INTRODUCTION OF ANY HEMOSTATIC A	7/1/1997	\$271.00	3	NO
H	57200	COLPORRHAPHY SUTURE OF INJURY OF	7/1/1997	\$271.00	3	NO
H	57210	COLPOPERINEORRHAPHY SUTURE OF IN	7/1/1997	\$363.00	3	NO
H	57220	PLASTIC OPERATION ON URETHRAL SP	7/1/1997	\$417.00	3	NO
H	57230	PLASTIC REPAIR OF URETHROCELE	7/1/1997	\$417.00	3	NO
H	57240	ANTERIOR COLPORRHAPHY, REPAIR OF	7/1/1997	\$585.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	57250	POSTERIOR COLPORRHAPHY, REPAIR O	7/1/1997	\$585.00	3	NO
H	57260	COMBINED ANTEROPOSTERIOR COLPORR	7/1/1997	\$585.00	3	NO
H	57265	CONSTRUCTION OF ARTIFICIAL VAGIN	7/1/1997	\$812.00	3	NO
H	57268	REPAIR OF ENTEROCELE VAGINAL APP	7/1/1997	\$417.00	3	NO
H	57289	PEREYRA PROCEDURE INCLUDING ANTE	7/1/2003	\$585.00	3	NO
H	57300	CLOSURE OF RECTOVAGINAL FISTULA;	7/1/1997	\$417.00	3	NO
H	57310	CLOSURE OF URETHROVAGINAL FISTUL	7/1/1997	\$417.00	3	NO
H	57311	CLOSURE OF URETHROVAGINAL FISTUL	7/1/1997	\$513.00	3	NO
H	57320	CLOSURE OF VESICOVAGINAL FISTULA	7/1/1997	\$417.00	3	NO
H	57400	DILATION OF VAGINA UNDER ANESTHE	7/1/1997	\$363.00	3	NO
H	57410	PELVIC EXAMINATION UNDER ANESTHE	7/1/1997	\$363.00	3	NO
H	57415	REMOVAL OF IMPACTED VAGINAL FORE	10/1/2002	\$363.00	3	NO
H	57460	COLPOSCOPY (VAGINOSCOPY); WITH L	6/1/2005	\$363.00	3	NO
H	57461	COLPOSCOPY OF THE CERVIX INCLUDI	3/16/2005	\$363.00	3	NO
H	57513	CAUTERIZATION OF CERVIX; LASER A	10/1/2002	\$363.00	3	NO
H	57520	CONIZATION OF CERVIX, W/OR W/OUT	7/1/1997	\$363.00	3	NO
H	57522	CONIZATION OF CERVIX, W/OR W/OUT	10/1/2002	\$363.00	3	NO
H	57530	TRACHELECTOMY (CERVICECTOMY) AMP	7/1/1997	\$417.00	3	NO
H	57550	EXCISION OF CERVICAL STUMP VAGIN	7/1/1997	\$417.00	3	NO
H	57556	EXCISION OF CERVICAL STUMP VAGIN	1/1/2004	\$1,150.00	3	NO
H	57700	CERCLAGE OF UTERINE CERVIX, NONO	7/1/1997	\$271.00	3	NO
H	57720	TRACHELORRHAPHY PLASTIC REPAIR O	7/1/1997	\$417.00	3	NO
H	57800	DILATION OF CERVICAL CANAL INSTR	10/1/2002	\$363.00	3	NO
H	57820	DILATION AND CURETTAGE OF CERVIC	7/1/1997	\$417.00	3	NO
H	58120	DILATION AND CURETTAGE DIAGNOSTI	7/1/1997	\$363.00	3	NO
H	58145	MYOMECTOMY EXCISION OF FIBROID T	7/1/1997	\$585.00	3	NO
H	58345	TRANSCERVICAL INTRODUCTION OF FA	1/1/1993	NC	9	NO
H	58350	CHROMOTUBATION OF OVIDUCT, INCLU	1/1/1984	NC	9	NO
H	58353	ENDOMETRIAL ABLATION, THERMAL, W	7/1/2001	\$513.00	3	NO
H	58545	LAPAROSCOPY, SURGICAL, MYOMECTOM	1/1/2004	\$1,150.00	3	NO
H	58546	LAPAROSCOPY, SURGICAL, MYOMECTOM	1/1/2004	\$1,150.00	3	NO
H	58550	LAPAROSCOPY, SURGICAL, WITH VAGI	1/1/2004	\$1,150.00	3	NO
H	58551	LAPAROSCOPY, SURGICAL; WITH REMO	7/1/2003	INVALID	N	NO
H	58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARA	10/1/2002	\$363.00	3	NO
H	58558	HYSTEROSCOPY, SURGICAL; WITH SAM	10/1/2002	\$513.00	3	NO
H	58559	HYSTEROSCOPY, SURGICAL; WITH LYS	10/1/2002	\$513.00	3	NO
H	58560	HYSTEROSCOPY, SURGICAL; WITH DIV	7/1/2003	\$446.00	3	NO
H	58561	HYSTEROSCOPY, SURGICAL; WITH REM	10/1/2002	\$513.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	58562	HYSTEROSCOPY, SURGICAL; WITH REM	7/1/2003	\$446.00	3	NO
H	58563	HYSTEROSCOPY, SURGICAL; W/ENDOME	1/1/2000	\$600.00	3	NO
H	58600	LIGATION OR TRANSECTION OF FALLO	10/1/2002	\$513.00	3	NO
H	58615	OCCLUSION OF FALLOPIAN TUBES BY	10/1/2002	\$513.00	3	NO
H	58660	LAPAROSCOPY, SURGICAL; WITH LYSI	10/1/2002	\$585.00	3	YES
H	58661	LAPAROSCOPY, SURGICAL; WITH REMO	1/1/2000	\$683.00	3	YES
H	58662	LAPAROSCOPY, SURGICAL;WITH FULGU	1/1/2000	\$683.00	3	NO
H	58670	LAPAROSCOPY, SURGICAL; WITH FULG	10/1/2002	\$513.00	3	NO
H	58671	LAPAROSCOPY, SURGICAL; WITH OCCL	10/1/2002	\$513.00	3	NO
H	58672	LAPAROSCOPY, SURGICAL; WITH FIMB	1/1/2000	\$683.00	3	NO
H	58673	LAPAROSCOPY, SURGICAL; WITH SALP	1/1/2000	\$683.00	3	NO
H	58740	LYSIS OF ADHESIONS (SALPINGOLYSI	1/1/1984	NC	9	NO
H	58750	TUBOTUBAL ANASTOMOSIS	1/1/1984	NC	9	NO
H	58752	TUBOUTERINE IMPLANTATION	10/1/1984	NC	9	NO
H	58760	FIMBRIOPLASTY	1/1/1984	NC	9	NO
H	58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	10/1/1984	NC	9	NO
H	58800	DRAINAGE OF OVARIAN CYSTS UNILAT	7/1/1997	\$417.00	3	NO
H	58820	DRAINAGE OF OVARIAN ABSCESS VAGI	7/1/1997	\$417.00	3	NO
H	58900	BIOPSY OF OVARY UNILATERAL OR BI	7/1/1997	\$417.00	3	NO
H	59160	CURETTAGE, POSTPARTUM (SEPARATE	7/1/2003	\$446.00	3	NO
H	59409	VAGINAL DELIVERY ONLY (WITH OR W	7/1/1997	\$600.00	3	NO
H	59812	TREATMENT OF INCOMPLETE ABORTION	10/1/2002	\$417.00	3	NO
H	59820	TREATMENT OF MISSED ABORTION, CO	#####	\$417.00	3	NO
H	59821	TREATMENT OF MISSED ABORTION, CO	10/1/2002	\$585.00	3	NO
H	59830	TREATMENT OF SEPTIC ABORTION, CO	10/1/2002	\$752.00	3	NO
H	59840	INDUCED ABORTION, BY DILATION AN	4/1/2003	\$280.00	3	NO
H	59841	INDUCED ABORTION, BY DILATION AN	4/1/2003	\$420.00	3	NO
H	59850	INDUCED ABORTION, BY ONE OR MORE	4/1/2003	\$0.01	5	NO
H	59851	INDUCED ABORTION, BY ONE OR MORE	4/1/2003	\$0.01	5	NO
H	59852	INDUCED ABORTION, BY ONE OR MORE	4/1/2003	\$0.01	5	NO
H	59855	INDUCED ABORTION, BY ONE OR MORE	4/1/2003	\$0.01	5	NO
H	59856	INDUCED ABORTION, BY ONE OR MORE	4/1/2003	\$0.01	5	NO
H	59857	INDUCED ABORTION, BY ONE OR MORE	4/1/2003	\$0.01	5	NO
H	59870	UTERINE EVACUATION AND CURETTAGE	10/1/2002	\$513.00	3	NO
H	59871	REMOVAL OF CERCLAGE SUTURE UNDER	10/1/2002	\$363.00	3	NO
H	60000	INCISION AND DRAINAGE OF THYROGL	7/1/1997	\$271.00	3	NO
H	60200	EXCISION OF CYST OR ADENOMA OF T	7/1/1997	\$363.00	3	NO
H	60220	TOTAL THYROID LOBECTOMY, UNILATE	7/1/1997	\$363.00	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	60225	TOTAL THYROID LOBECTOMY, UNILATE	7/1/1997	\$417.00	3	NO
H	60280	EXCISION OF THYROGLOSSAL DUCT CY	7/1/1997	\$513.00	3	NO
H	60281	EXCISION OF THYROGLOSSAL DUCT CY	7/1/1997	\$513.00	3	NO
H	61020	VENTRICULAR PUNCTURE THROUGH PRE	7/1/1997	\$271.00	3	NO
H	61026	VENTRICULAR PUNCT THRU PREV BURR	7/1/1997	\$271.00	3	NO
H	61050	CISTERNAL OR LATERAL CERVICAL (C	7/1/1997	\$271.00	3	NO
H	61055	CISTERNAL OR LATERAL CERVICAL (C	7/1/1997	\$271.00	3	NO
H	61070	PUNCTURE OF SHUNT TUBING OR RESE	7/1/1997	\$271.00	3	NO
H	61215	INSERTION OF SUBCUTANEOUS RESERV	7/1/1997	\$417.00	3	NO
H	61790	STEREOTACTIC LESION OF GASSERIAN	7/1/1997	\$417.00	3	NO
H	61791	CREATION OF LESION BY STEREOTACT	7/1/1997	\$417.00	3	NO
H	61885	INSERTION OR REPLACE OF CRANIAL	7/1/1997	\$363.00	3	NO
H	61886	INSERTION OR REPLACE OF CRANIAL	7/1/2003	\$446.00	3	NO
H	61888	REVISION OR REM OF CRANIAL NEURO	7/1/1997	\$271.00	3	NO
H	62140	CRANIOPLASTY FOR SKULL DEFECT UP	11/1/2001	\$1,150.00	3	NO
H	62141	CRANIOPLASTY FOR SKULL DEFECT; L	11/1/2001	\$1,150.00	3	NO
H	62194	REPLACEMENT OR IRRIGATION, SUBAR	7/1/1997	\$271.00	3	NO
H	62225	REPLACEMENT OR IRRIGATION VENTRI	7/1/1997	\$271.00	3	NO
H	62230	REPLACEMENT OR REVISION OF CEREB	7/1/1997	\$363.00	3	NO
H	62256	REMOVAL OF COMPLETE CEREBROSPINA	7/1/1997	\$363.00	3	NO
H	62263	PERCUTANEOUS LYSIS OF EPIDURAL A	1/1/2000	\$287.17	3	NO
H	62264	PERCUTANEOUS LYSIS OF EPIDURAL A	1/1/2003	\$271.00	3	NO
H	62268	PERCUTANEOUS ASPIRATION, SPINAL	7/1/1997	\$271.00	3	NO
H	62269	BIOPSY OF SPINAL CORD, PERCUTANE	7/1/1997	\$271.00	3	NO
H	62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	7/1/1997	\$271.00	3	NO
H	62272	SPINAL PUNCTURE, THERAPEUTIC, FO	7/1/1997	\$271.00	3	NO
H	62273	INJECTION LUMBAR EPIDURAL OF BLO	7/1/1997	\$271.00	3	NO
H	62280	INJECTION OF NEUROLYTIC SUBSTANC	7/1/1997	\$271.00	3	NO
H	62281	INJECTION OF NEUROLYTIC SUBSTANC	7/1/2002	\$271.00	3	NO
H	62282	INJECTION OF NEUROLYTIC SUBSTANC	7/1/1997	\$271.00	3	NO
H	62284	INJECTION PROCEDURE FOR MYELOGRA	7/1/2002	\$271.00	3	NO
H	62287	ASPIRATION PROCEDURE, PERCUTANEO	1/1/2004	\$1,150.00	3	NO
H	62290	INJECTION PROCEDURE FOR DISKOGRA	7/1/2002	\$271.00	3	NO
H	62291	INJECTION PROCEDURE FOR DISKOGRA	7/1/2002	\$271.00	3	NO
H	62292	INJECTION PROCEDURE FOR CHEMONUC	7/1/2002	\$271.00	3	NO
H	62294	INJECTION PROCEDURE ARTERIAL FOR	7/1/1997	\$417.00	3	NO
H	62310	INJECTION, SINGLE, NOT INCL NEUR	1/1/2000	\$317.00	3	NO
H	62311	INJECTION, SINGLE, NOT INCL NEUR	1/1/2000	\$317.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	62318	INJECTION, INCL CATHETER PLACEME	1/1/2000	\$317.00	3	NO
H	62319	INJECTION, INCL CATHETER PLACEME	1/1/2000	\$317.00	3	NO
H	62350	IMPLANTATION, REVISION OR REPOSI	7/1/2002	\$271.00	3	NO
H	62351	IMPLANTATION, REVISION OR REPOSI	7/1/2002	\$1,150.00	3	NO
H	62355	REMOVAL OF PREVIOUSLY IMPLANTED	7/1/2002	\$271.00	3	NO
H	62360	IMPLANTATION OR REPLACEMENT OF D	7/1/2002	\$363.00	3	NO
H	62361	IMPLANTATION OR REPLACEMENT OF D	7/1/2002	\$363.00	3	NO
H	62362	IMPLANTATION OR REPLACEMENT OF D	7/1/2002	\$363.00	3	NO
H	62365	REMOVAL OF SUBCUTANEOUS RESERVOI	7/1/2002	\$363.00	3	NO
H	63001	LAMINECTOMY W/EXPL AND/OR DECOMP	11/1/2001	\$1,150.00	3	NO
H	63003	LAMINECTOMY FOR DECOMPRESSION OF	7/1/2002	\$1,150.00	3	NO
H	63005	LAMINECTOMY FOR DECOMPRESSION OF	11/1/2001	\$1,150.00	3	NO
H	63011	LAMINECTOMY FOR DECOMPRESSION OF	11/1/2001	\$1,150.00	3	NO
H	63020	LAMINOTOMY(HEMILAMINECTOMY),W/DE	7/1/2002	\$1,150.00	3	NO
H	63030	LAMINOTOMY,FOR DECOMPRESSION OF	11/1/2001	\$1,150.00	3	NO
H	63042	LAMINOTOMY, WITH DECOMPRESSION O	8/6/2001	\$1,150.00	3	NO
H	63056	TRANSPEDICULAR APPROACH FOR DECO	11/1/2001	\$1,150.00	3	YES
H	63075	DISKECTOMY,ANTERIOR,W/DECOMPRESS	11/1/2001	\$1,150.00	3	NO
H	63076	DISKECTOMY ANTERIOR FOR DECOMPRE	11/1/2001	\$1,150.00	3	YES
H	63077	DISKECTOMY, ANTR, FOR DECOMP OF	7/1/2002	\$1,150.00	3	NO
H	63600	STEREOTACTIC LESION OF SPINAL CO	7/1/1997	\$363.00	3	NO
H	63610	STEREOTACTIC STIMULATION OF SPIN	7/1/1997	\$271.00	3	NO
H	63650	PERCUTANEOUS IMPLANTATION OF NEU	7/1/1997	\$363.00	3	NO
H	63660	REVISION OR REMOVAL OF SPINAL NE	7/1/1997	\$271.00	3	NO
H	63685	INSERTION OR REPLACE OF SPINAL N	7/1/1997	\$363.00	3	NO
H	63688	REVISION OR REMOVAL OF IMPLANTED	7/1/1997	\$271.00	3	NO
H	63700	REPAIR OF MENINGOCELE LESS THAN	7/1/2002	\$417.00	3	NO
H	63702	REPAIR OF MENINGOCELE; LARGER TH	7/1/2002	\$585.00	3	NO
H	63704	REPAIR OF MYELOMENINGOCELE LESS	7/1/2002	\$417.00	3	NO
H	63706	REPAIR OF MYELOMENINGOCELE; LARG	7/1/2002	\$585.00	3	NO
H	63707	REPAIR OF DURAL/CEREBROSPINAL FL	7/1/2002	\$417.00	3	NO
H	63744	REPLACEMENT IRRIGATION OR REVISI	7/1/1997	\$417.00	3	NO
H	63746	REMOVAL OF ENTIRE LUMBOSUBARACHN	7/1/1997	\$363.00	3	NO
H	64410	INJECTION ANESTHETIC AGENT; PHRE	7/1/1997	\$271.00	3	NO
H	64415	INJECTION, ANESTHETIC AGENT; BRA	7/1/1997	\$271.00	3	NO
H	64417	INJECTION ANESTHETIC AGENT; AXIL	7/1/1997	\$271.00	3	NO
H	64420	INJECTION ANESTHETIC AGENT; INTE	7/1/1997	\$271.00	3	NO
H	64421	INJECTION ANESTHETIC AGENT; INTE	7/1/1997	\$271.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	64430	INJECTION ANESTHETIC AGENT; PUDE	7/1/1997	\$271.00	3	NO
H	64470	INJECTION, ANESTHETIC AGENT AND/	1/1/2001	\$285.00	3	NO
H	64472	INJECTION, ANESTHETIC AGENT AND/	1/1/2001	\$285.00	3	NO
H	64475	INJECTION, ANESTHETIC AGENT AND/	1/1/2000	\$317.00	3	NO
H	64476	INJECTION, ANESTHETIC AGENT AND/	1/1/2000	\$317.00	3	NO
H	64479	INJECTION, ANESTHETIC AGENT AND/	3/13/2000	\$285.00	3	NO
H	64480	INJECTIN, ANESTHETIC AGENT AND/O	1/1/2001	\$285.00	3	NO
H	64483	INJECTION, ANESTHETIC AGENT AND/	3/13/2000	\$285.00	3	NO
H	64484	INJECTION, ANESTHETIC AGENT AND/	1/1/2001	\$285.00	3	NO
H	64510	INJECTION ANESTHETIC AGENT; STEL	7/1/1997	\$271.00	3	NO
H	64520	INJECTIO;N ANESTHETIC AGENT; LUM	7/1/1997	\$271.00	3	NO
H	64530	INJECTION ANESTHETIC AGENT; CELI	7/1/1997	\$271.00	3	NO
H	64553	PERCUTANEOUS IMPLANTATION OF NEU	7/1/2003	\$271.00	3	NO
H	64573	INCISION FOR IMPLANTATION OF NEU	7/1/2003	\$271.00	3	NO
H	64575	INCISION FOR IMPLANTATION OF NEU	7/1/1997	\$271.00	3	NO
H	64577	INCISION FOR IMPLANTATION OF NEU	7/1/2003	\$271.00	3	NO
H	64580	INCISION FOR IMPLANTATION OF NEU	7/1/2003	\$271.00	3	NO
H	64585	REVISION OR REMOVAL OF PERIPHERA	7/1/2003	\$271.00	3	NO
H	64590	INCISION & SUBCUTANEOUS PLACE OF	7/1/1997	\$363.00	3	NO
H	64595	REVISION OR REMOVAL OF PERIPHERA	7/1/1997	\$271.00	3	NO
H	64600	DESTRUCTION BY NEUROLYTIC AGENT	7/1/1997	\$271.00	3	NO
H	64605	DESTRUCTION BY NEUROLYTIC AGENT	7/1/1997	\$271.00	3	NO
H	64610	DESTRUCTION BY NEUROLYTIC AGENT	7/1/1997	\$271.00	3	NO
H	64620	DESTRUCTION OF NEUROLYTIC AGENT	7/1/1997	\$271.00	3	NO
H	64622	DESTRUCTION BY NEUROLYTIC AGENT	7/1/1997	\$271.00	3	NO
H	64623	DESTRUCTION BY NEUROLYTIC AGENT;	7/1/1997	\$271.00	3	NO
H	64626	DESTRUCTION BY NEUROLYTIC AGENT;	1/1/2001	\$285.00	3	NO
H	64627	DESTRUCTION BY NEUROLYTIC AGENT;	1/1/2001	\$285.00	3	NO
H	64630	DESTRUCTION BY NEUROLYTIC AGENT;	7/1/2002	\$271.00	3	NO
H	64680	DESTRUCTION BY NEUROLYTIC AGENT	7/1/2002	\$271.00	3	NO
H	64702	NEUROPLASTY; DIGITAL, ONE OR BOT	7/1/1997	\$271.00	3	NO
H	64704	NEUROLYSIS; NERVE OF HAND OR FOO	7/1/1997	\$271.00	3	NO
H	64708	NEUROPLASTY, MAJOR PERIPHERAL NE	7/1/1997	\$363.00	3	NO
H	64712	NEUROLYSIS MAJOR PERIPHERAL NERV	7/1/1997	\$363.00	3	NO
H	64713	NEUROLYSIS MAJOR PERIPHERAL NERV	7/1/1997	\$363.00	3	NO
H	64714	NEUROLYSIS MAJOR PERIPHERAL NERV	7/1/1997	\$363.00	3	NO
H	64716	NEUROPLASTY AND/OR TRANSPOSITION	7/1/1997	\$417.00	3	NO
H	64718	NEUROLYSIS AND/OR TRANSPOSITION;	7/1/1997	\$363.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	64719	NEUROLYSIS AND/OR TRANSPOSITION;	7/1/1997	\$363.00	3	NO
H	64721	NEUROLYSIS AND/OR TRANSPOSITION;	7/1/1997	\$363.00	3	NO
H	64722	DECOMPRESSION UNSPECIFIED NERVES	7/1/1997	\$271.00	3	NO
H	64726	DECOMPRESSION; PLANTAR DIGITAL N	7/1/1997	\$271.00	3	NO
H	64727	INTERNAL NEUROLYSIS, REQUIRING U	7/1/1997	\$271.00	3	NO
H	64732	TRANSECTION OR AVULSION OF SUPRA	7/1/1997	\$363.00	3	NO
H	64734	TRANSECTION OR AVULSION OF; INFR	7/1/1997	\$363.00	3	NO
H	64736	TRANSECTION OF AVULSION OF; MENT	7/1/1997	\$363.00	3	NO
H	64738	TRANSECTION OR AVULSION OF; INFE	7/1/1997	\$363.00	3	NO
H	64740	TRANSECTION OR AVULSION OF; LING	7/1/1997	\$363.00	3	NO
H	64742	TRANSECTION OR AVULSION OF; FACI	7/1/1997	\$363.00	3	NO
H	64744	TRANSECTION OR AVULSION OF; GREA	7/1/1997	\$363.00	3	NO
H	64746	TRANSECTION OR AVULSION OF; PHRE	7/1/1997	\$363.00	3	NO
H	64771	TRANSECTION OR AVULSION OF OTHER	7/1/1997	\$363.00	3	NO
H	64772	TRANSECTION OR AVULSION OF OTHER	7/1/1997	\$363.00	3	NO
H	64774	EXCISION OF NEUROMA CUTANEOUS NE	7/1/1997	\$363.00	3	NO
H	64776	EXCISION OF NEUROMA; DIGITAL NER	7/1/1997	\$417.00	3	NO
H	64778	EXCISION OF NEUROMA; DIGITAL NER	7/1/1997	\$363.00	3	NO
H	64782	EXCISION OF NEUROMA; HAND OR FOO	7/1/1997	\$417.00	3	NO
H	64783	EXCISION OF NEUROMA HAND OR FOOT	7/1/1997	\$363.00	3	NO
H	64784	EXCISION OF NEUROMA; MAJOR PERIP	7/1/1997	\$417.00	3	NO
H	64786	EXCISION OF NEUROMA; SCIATIC NER	7/1/1997	\$417.00	3	NO
H	64787	IMPLANTATION OF NERVE END INTO B	7/1/1997	\$363.00	3	NO
H	64788	EXCISION OF NEUROFIBROMA OR NEUR	7/1/1997	\$417.00	3	NO
H	64790	EXCISION OF NEUROFIBROMA OR NEUR	7/1/1997	\$417.00	3	NO
H	64792	EXCISION OF NEUROFIBROMA OR NEUR	7/1/1997	\$417.00	3	NO
H	64795	BIOPSY OF NERVE	7/1/1997	\$363.00	3	NO
H	64802	SYMPATHECTOMY, CERVICAL	7/1/1997	\$363.00	3	NO
H	64821	SYMPATHECTOMY; RADIAL ARTERY	7/1/2003	\$513.00	3	NO
H	64831	SUTURE OF DIGITAL NERVE HAND OR	7/1/1997	\$513.00	3	NO
H	64832	SUTURE OF DIGITAL NERVE HAND OR	7/1/1997	\$271.00	3	NO
H	64834	SUTURE OF ONE NERVE HAND OR FOOT	7/1/1997	\$363.00	3	NO
H	64835	SUTURE OF ONE NERVE HAND OR FOOT	7/1/1997	\$417.00	3	NO
H	64836	SUTURE OF ONE NERVE HAND OR FOOT	7/1/1997	\$417.00	3	NO
H	64837	SUTURE OF EACH ADDITIONAL NERVE	7/1/1997	\$271.00	3	NO
H	64840	SUTURE OF POSTERIOR TIBIAL NERVE	7/1/1997	\$363.00	3	NO
H	64856	SUTURE OF MAJOR PERIPHERAL NERVE	7/1/1997	\$363.00	3	NO
H	64857	SUTURE OF MAJOR PERIPHERAL NERVE	7/1/1997	\$363.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	64858	SUTURE OF SCIATIC NERVE	7/1/1997	\$363.00	3	NO
H	64859	SUTURE OF EACH ADDITIONAL MAJOR	7/1/1997	\$271.00	3	NO
H	64861	SUTURE OF BRACHIAL PLEXUS	7/1/1997	\$417.00	3	NO
H	64862	SUTURE OF; LUMBAR PLEXUS	7/1/1997	\$417.00	3	NO
H	64864	SUTURE OF FACIAL NERVE EXTRACRAN	7/1/1997	\$417.00	3	NO
H	64865	SUTURE OF FACIAL NERVE; INTRATEM	7/1/1997	\$513.00	3	NO
H	64870	ANASTOMOSIS; FACIAL-PHRENIC	7/1/1997	\$513.00	3	NO
H	64872	SUTURE OF NERVE REQUIRING SECOND	7/1/1997	\$363.00	3	NO
H	64874	SUTURE OF NERVE; REQUIRING EXTEN	7/1/1997	\$417.00	3	NO
H	64876	SUTURE OF NERVE REQUIRING SHORTE	7/1/1997	\$417.00	3	NO
H	64885	NERVE GRAFT (INCLUDES OBTAINING	7/1/2003	\$363.00	3	NO
H	64886	NERVE GRAFT (INCLUDES OBTAINING	7/1/2003	\$363.00	3	NO
H	64890	NERVE GRAFT (INCLUDES OBTAINING	7/1/1997	\$363.00	3	NO
H	64891	NERVE GRAFT (INCLUDES OBTAINING	7/1/1997	\$363.00	3	NO
H	64892	NERVE GRAFT (INCLUDES OBTAINING	7/1/1997	\$363.00	3	NO
H	64893	NERVE GRAFT (INCLUDES OBTAINING	7/1/1997	\$363.00	3	NO
H	64895	NERVE GRAFT (INCLUDES OBTAINING	7/1/1997	\$417.00	3	NO
H	64896	NERVE GRAFT (INCLUDES OBTAINING	7/1/1997	\$417.00	3	NO
H	64897	NERVE GRAFT (INCLUDES OBTAINING	7/1/1997	\$417.00	3	NO
H	64898	NERVE GRAFT (INCLUDES OBTAINING	7/1/1997	\$417.00	3	NO
H	64901	NERVE GRAFT EACH ADDITIONAL NERV	7/1/1997	\$363.00	3	NO
H	64902	NERVE GRAFT EACH ADDITIONAL NERV	7/1/1997	\$363.00	3	NO
H	64905	NERVE PEDICLE TRANSFER FIRST STA	7/1/1997	\$363.00	3	NO
H	64907	NERVE PEDICLE TRANSFER; SECOND S	7/1/1997	\$271.00	3	NO
H	65091	EVISCEATION OF OCULAR CONTENTS;	7/1/1997	\$417.00	3	NO
H	65093	EVISCEATION OF OCULAR CONTENTS;	7/1/1997	\$417.00	3	NO
H	65101	ENUCLEATION OF EYE; WITHOUT IMPL	7/1/1997	\$417.00	3	NO
H	65103	ENUCLEATION OF EYE; WITH IMPLANT	7/1/1997	\$417.00	3	NO
H	65105	ENUCLEATION OF EYE; WITH IMPLANT	7/1/1997	\$513.00	3	NO
H	65110	EXENTERATION OF ORBIT (DOES NOT	7/1/1997	\$585.00	3	NO
H	65112	EXENTERATION OF ORBIT (DOES NOT	7/1/1997	\$812.00	3	NO
H	65114	EXENTERATION OF ORBIT, REMOVAL O	7/1/1997	\$812.00	3	NO
H	65130	INSERTION OF OCULAR IMPLANT SECO	7/1/1997	\$417.00	3	NO
H	65135	INSERTION OF OCULAR IMPLANT SECO	7/1/1997	\$363.00	3	NO
H	65140	INSERTION OF OCULAR IMPLANT SECO	7/1/1997	\$417.00	3	NO
H	65150	REINSERTION OF OCULAR IMPLANT; W	7/1/1997	\$363.00	3	NO
H	65155	REINSERTION OF OCULAR IMPLANT WI	7/1/1997	\$417.00	3	NO
H	65175	REMOVAL OF OCULAR IMPLANT (FOR O	7/1/1997	\$271.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	65235	REMOVAL OF FOREIGN BODY, INTRAOC	7/1/1997	\$363.00	3	NO
H	65260	REMOVAL OF FOREIGN BODY INTRAOCU	7/1/1997	\$417.00	3	NO
H	65265	REMOVAL OF FOREIGN BODY, INTRAOC	7/1/1997	\$513.00	3	NO
H	65270	REPAIR OF LACERATION; CONJUNCTIV	7/1/1997	\$363.00	3	NO
H	65272	REPAIR OF LACERATION; CONJUNCTIV	7/1/1997	\$363.00	3	NO
H	65275	REPAIR OF LACERATION; CORNEA NON	7/1/1997	\$513.00	3	NO
H	65280	REPAIR OF LACERATION; CORNEA AND	7/1/1997	\$513.00	3	NO
H	65285	REPAIR OF LACERATION CORNEA AND/	7/1/1997	\$513.00	3	NO
H	65290	REPAIR OF WOUND, EXTRAOCULAR MUS	7/1/1997	\$417.00	3	NO
H	65400	EXCISION OF LESION, CORNEA (KERA	7/1/1997	\$271.00	3	NO
H	65410	BIOPSY OF CORNEA	7/1/1997	\$363.00	3	NO
H	65420	EXCISION OR TRANSPOSITION OF PTE	7/1/1997	\$363.00	3	NO
H	65426	EXCISION OR TRANSPOSITION OF PTE	7/1/1997	\$585.00	3	NO
H	65710	KERATOPLASTY (CORNEAL TRANSPLANT	7/1/1997	\$812.00	3	NO
H	65730	KERATOPLASTY (CORNEAL TRANSPLANT	7/1/1997	\$812.00	3	NO
H	65750	KERATOPLASTY (CORNEAL TRANSPLANT	7/1/1997	\$812.00	3	NO
H	65755	KERATOPLASTY (CORNEAL TRANSPLANT	7/1/1997	\$812.00	3	NO
H	65770	KERATOPROSTHESIS	7/1/2002	\$812.00	3	NO
H	65771	RADIAL KERATOTOMY	1/1/1991	NC	9	NO
H	65800	PARACENTESIS OF ANTERIOR CHAMBER	7/1/1997	\$271.00	3	NO
H	65805	PARACENTESIS OF ANTERIOR CHAMBER	7/1/1997	\$271.00	3	NO
H	65810	PARACENTESIS OF ANTERIOR CHAMBER	7/1/1997	\$417.00	3	NO
H	65815	PARACENTESIS OF ANTERIOR CHAMBER	7/1/1997	\$363.00	3	NO
H	65850	TRABECULOTOMY AB EXTERNO	7/1/1997	\$513.00	3	NO
H	65865	SEVERING ADHESIONS OF ANTERIOR S	7/1/1997	\$271.00	3	NO
H	65870	SEVERING ADHESION OF ANTERIOR SE	7/1/1997	\$513.00	3	NO
H	65875	SEVERING ADHESIONS OF ANTERIOR S	7/1/1997	\$513.00	3	NO
H	65880	SEVERING ADHESIONS OF ANTERIOR S	7/1/1997	\$513.00	3	NO
H	65900	REMOVAL OF EPITHELIAL DOWNGROWTH	7/1/1997	\$585.00	3	NO
H	65920	REMOVAL OF IMPLANTED MATERIAL, A	7/1/1997	\$812.00	3	NO
H	65930	REMOVAL OF BLOOD CLOT, ANTERIOR	7/1/1997	\$585.00	3	NO
H	66020	INJECTION, ANTERIOR CHAMBER OF E	7/1/1997	\$271.00	3	NO
H	66030	INJECTION ANTERIOR CHAMBER (SEPA	7/1/1997	\$271.00	3	NO
H	66130	EXCISION OF LESION, SCLERA	7/1/1997	\$812.00	3	NO
H	66150	FISTULIZATION OF SCLERA FOR GLAU	7/1/1997	\$513.00	3	NO
H	66155	FISTULIZATION OF SCLERA FOR GLAU	7/1/1997	\$513.00	3	NO
H	66160	FISTULIZATION OF SCLERA FOR GLAU	7/1/1997	\$363.00	3	NO
H	66165	FISTULIZATION OF SCLERA FOR GLAU	7/1/1997	\$513.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	66170	FISTULIZATION OF SCLERA FOR GLAU	7/1/1997	\$513.00	3	NO
H	66172	FISTULIZATION OF SCLERA FOR GLAU	7/1/1997	\$513.00	3	NO
H	66180	AQUEOUS SHUNT TO EXTRAOCULAR RES	7/1/1997	\$417.00	3	NO
H	66185	REVISION OF AQUEOUS SHUNT TO EXT	7/1/1997	\$417.00	3	NO
H	66220	REPAIR OF SCLERAL STAPHYLOMA; WI	7/1/1997	\$417.00	3	NO
H	66225	REPAIR OF SCLERAL STAPHYLOMA; WI	7/1/1997	\$513.00	3	NO
H	66250	REVISION OR REPAIR OF OPERATIVE	7/1/1997	\$363.00	3	NO
H	66500	IRIDOTOMY BY STAB INCISION (SEPA	7/1/1997	\$271.00	3	NO
H	66505	IRIDOTOMY BY STAB INCISION (SEPA	7/1/1997	\$271.00	3	NO
H	66600	IRIDECTOMY WITH CORNEOSCLERAL OR	7/1/1997	\$417.00	3	NO
H	66605	IRIDECTOMY WITH CORNEOSCLERAL OR	7/1/1997	\$417.00	3	NO
H	66625	IRIDECTOMY WITH CORNEOSCLERAL OR	7/1/1997	\$417.00	3	NO
H	66630	IRIDECTOMY WITH CORNEOSCLERAL OR	7/1/1997	\$417.00	3	NO
H	66635	IRIDECTOMY WITH CORNEOSCLERAL OR	7/1/1997	\$417.00	3	NO
H	66680	REPAIR OF IRIS CILIARY BODY (AS	7/1/1997	\$417.00	3	NO
H	66682	SUTURE OF IRIS CILIARY BODY (SEP	7/1/1997	\$363.00	3	NO
H	66700	CYCLODIATHERMY INITIAL	7/1/1997	\$363.00	3	NO
H	66710	CILIARY BODY DESTRUCTION; CYCLOP	7/1/1997	\$363.00	3	NO
H	66720	CILIARY BODY DESTRUCTION; CRYOTH	7/1/1997	\$363.00	3	NO
H	66740	CILIARY BODY DESTRUCTION; CYCLOD	7/1/1997	\$363.00	3	NO
H	66821	DISCISSION OF SECONDARY MEMBRANE	7/1/1997	\$363.00	3	NO
H	66825	REPOSITIONING OF INTRAOCULAR LEN	7/1/2003	\$513.00	3	NO
H	66830	REMOVAL OF SECONDARY MEMBRANOUS	7/1/1997	\$513.00	3	NO
H	66840	REMOVAL OF LENS MATERIAL ASPIRAT	7/1/1997	\$513.00	3	NO
H	66850	REMOVAL OF LENS MATERIAL PHACOFR	7/1/1997	\$812.00	3	NO
H	66852	REMOVAL OF LENS MATERIAL; PARS P	7/1/1997	\$513.00	3	NO
H	66920	REMOVAL OF LENS MATERIAL; INTRAC	7/1/1997	\$513.00	3	NO
H	66930	EXTRACTION OF LENS WITH OR WITHO	7/1/1997	\$585.00	3	NO
H	66940	REMOVAL OF LENS MATERIAL; EXTRAC	7/1/1997	\$585.00	3	NO
H	66982	EXTRACAPSULAR CATARACT REMOVAL W	7/1/2001	\$855.00	3	NO
H	66983	INTRACAPSULAR CATARACT EXTRACTIO	7/1/1997	\$855.00	3	NO
H	66984	EXTRACAPSULAR CATARACT REM W/INS	7/1/1997	\$855.00	3	NO
H	66985	INSERT OF INTRAOCULAR LENS PROST	7/1/1997	\$752.00	3	NO
H	66986	EXCHANGE OF INTRAOCULAR LENS	7/1/1997	\$752.00	3	NO
H	67005	REMOVAL OF VITREOUS ANTERIOR APP	7/1/1997	\$513.00	3	NO
H	67010	REMOVAL OF VITREOUS, ANTERIOR AP	7/1/1997	\$513.00	3	NO
H	67015	ASPIRATION OR RELEASE OF VITREOU	7/1/1997	\$271.00	3	NO
H	67025	INJECTION OF VITREOUS SUBSTITUTE	7/1/1997	\$271.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	67027	IMPLANTATION OR REPLACEMENT OF I	7/1/2003	\$513.00	3	NO
H	67030	DISCISSION OF VITREOUS STRANDS (	7/1/1997	\$271.00	3	NO
H	67031	SEVERING OF VITREOUS STRANDS, VI	7/1/1997	\$363.00	3	NO
H	67036	VITRECTOMY, MECHANICAL, PARS PLA	7/1/1997	\$513.00	3	NO
H	67038	VITRECTOMY, MECHANICAL, PARS PLA	7/1/1997	\$585.00	3	NO
H	67039	VITRECTOMY, MECHANICAL, PARS PLA	7/1/1997	\$812.00	3	NO
H	67040	VITRECTOMY, MECHANICAL, PARS PLA	7/1/1997	\$812.00	3	NO
H	67107	REPAIR OF RETINAL DETACHMENT; SC	7/1/1997	\$585.00	3	NO
H	67108	REPAIR OF RETINAL DTACHMENT; W/V	7/1/1997	\$812.00	3	NO
H	67112	REPAIR OF RETINAL DETACHMENT; BY	7/1/1997	\$812.00	3	NO
H	67115	RELEASE OF ENCIRCLING MATERIAL (	7/1/1997	\$363.00	3	NO
H	67120	REMOVAL OF IMPLANTED MATERIAL, P	7/1/1997	\$363.00	3	NO
H	67121	REMOVAL OF IMPLANTED MATERIAL PO	7/1/1997	\$363.00	3	NO
H	67141	PROPHYLAXIS OF RETINAL DETACHMEN	7/1/1997	\$363.00	3	NO
H	67218	DESTRUCTION OF LOCALIZED LESION	7/1/1997	\$585.00	3	NO
H	67227	DESTRUCTION OF EXTENSIVE OR PROG	7/1/1997	\$271.00	3	NO
H	67250	SCLERAL REINFORCEMENT (SEPARATE	7/1/1997	\$417.00	3	NO
H	67255	SCLERAL REINFORCEMENT (SEPARATE	7/1/1997	\$417.00	3	NO
H	67311	STRABISMUS SURG, RECESSION OR RES	7/1/1997	\$417.00	3	NO
H	67312	STRABISMUS SURG, RECESSION OR RES	7/1/1997	\$513.00	3	NO
H	67314	STRABISMUS SURGERY, RECESSION OR	7/1/1997	\$513.00	3	NO
H	67316	STRABISMUSSURGERY, RECESSION OR	7/1/1997	\$585.00	3	NO
H	67318	STRABISMUS SURGERY, ANY PROCEDUR	7/1/1997	\$513.00	3	NO
H	67320	TRANSPOSITION PROC(EG, FOR PARETI	7/1/1997	\$513.00	3	NO
H	67331	STRABISMUS SURG ON PATIENT W/PRE	7/1/1997	\$513.00	3	NO
H	67332	STRABISMUS SURG ON PATIENT W/SCA	7/1/1997	\$513.00	3	NO
H	67340	STRABISMUS SURGERY INVOLVING EXP	7/1/1997	\$513.00	3	NO
H	67350	BIOPSY OF EXTRAOCULAR MUSCLE	7/1/1997	\$271.00	3	NO
H	67400	ORBITOTOMY W/OUT BONE FLAP (FRON	7/1/1997	\$417.00	3	NO
H	67405	ORBITOTOMY WITHOUT BONE FLAP (FR	7/1/1997	\$513.00	3	NO
H	67412	ORBITOTOMY WITHOUT BONE FLAP (FR	7/1/1997	\$585.00	3	NO
H	67413	ORBITOTOMY WITHOUT BONE FLAP (FR	7/1/1997	\$585.00	3	NO
H	67415	FINE NEEDLE ASPIRATION OF ORBITA	7/1/1997	\$271.00	3	NO
H	67420	ORBITOTOMY WITH BONE FLAP OR WIN	7/1/1997	\$585.00	3	NO
H	67430	ORBITOTOMY WITH BONE FLAP LATERA	7/1/1997	\$585.00	3	NO
H	67440	ORBITOTOMY WITH BONE FLAP OR WIN	7/1/1997	\$585.00	3	NO
H	67450	ORBITOTOMY WITH BONE FLAP LATERA	7/1/1997	\$585.00	3	NO
H	67550	ORBITAL IMPLANT (IMPLANT OUTSIDE	7/1/1997	\$513.00	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	67560	ORBITAL IMPLANT (IMPLANT OUTSIDE	7/1/1997	\$363.00	3	NO
H	67715	CANTHOTOMY (SEPARATE PROCEDURE)	7/1/1997	\$271.00	3	NO
H	67808	EXCISION OF CHALAZION UNDER GENE	7/1/1997	\$363.00	3	NO
H	67830	CORRECTION OF TRICHIASIS; INCISI	7/1/1997	\$363.00	3	NO
H	67835	CORRECTION OF TRICHIASIS; INCISI	7/1/1997	\$363.00	3	NO
H	67880	CONSTRUCTION OF INTERMARGINAL AD	7/1/1997	\$417.00	3	NO
H	67882	CONSTRUCTION OF INTERMARGINAL AD	7/1/1997	\$417.00	3	NO
H	67901	REPAIR OF BLEPHAROPTOSIS; FRONTA	7/1/1997	\$585.00	3	YES
H	67902	REPAIR OF BLEPHAROPTOSIS; FRONTA	7/1/1997	\$585.00	3	YES
H	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO	7/1/1997	\$513.00	3	YES
H	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO	7/1/1997	\$513.00	3	YES
H	67906	REPAIR OF BLEPHAROPTOSIS SUPERIO	7/1/1997	\$585.00	3	YES
H	67908	REPAIR OF BLEPHAROPTOSIS; CONJUN	7/1/1997	\$513.00	3	YES
H	67909	REDUCTION OF OVERCORRECTION OF P	7/1/1997	\$513.00	3	NO
H	67911	CORRECTION OF LID RETRACTION	7/1/1997	\$417.00	3	NO
H	67914	REPAIR OF ECTROPION; SUTURE	7/1/1997	\$417.00	3	NO
H	67916	REPAIR OF ECTROPION; BLEPHAROPLA	7/1/1997	\$513.00	3	NO
H	67917	REPAIR OF ECTROPION; BLEPHAROPLA	7/1/1997	\$513.00	3	NO
H	67921	REPAIR OF ENTROPION; SUTURE	7/1/1997	\$417.00	3	NO
H	67923	REPAIR OF ENTROPION; BLEPHAROPLA	7/1/1997	\$513.00	3	NO
H	67924	REPAIR OF ENTROPION; BLEPHAROPLA	7/1/1997	\$513.00	3	NO
H	67935	SUTURE OF RECENT WOUND EYELID IN	7/1/1997	\$363.00	3	NO
H	67950	CANTHOPLASTY (RECONSTRUCTION OF C	1/1/2004	\$363.00	3	NO
H	67961	EXCISION AND REPAIR OF EYELID, I	1/1/2004	\$417.00	3	NO
H	67966	OVER ONE-FOURTH OF LID MARGIN	1/1/2004	\$417.00	3	NO
H	67971	RECONSTRUCTION OF EYELID, FULL T	7/1/1997	\$417.00	3	NO
H	67973	RECONSTRUCTION OF EYELID FULLTHI	7/1/1997	\$417.00	3	NO
H	67974	RECONSTRUCTION OF EYELID FULLTHI	7/1/1997	\$417.00	3	NO
H	67975	RECONSTRUCTION OF EYELID FULL TH	7/1/1997	\$417.00	3	NO
H	68115	EXCISION OF LESION CONJUNCTIVA;	7/1/2003	\$363.00	3	NO
H	68130	EXCISION OF LESION CONJUNCTIVA;	7/1/1997	\$363.00	3	NO
H	68320	CONJUNCTIVOPLASTY WITH CONJUNCTI	7/1/1997	\$513.00	3	NO
H	68325	WITH BUCCAL MUCOUS MEMBRANE GRAF	7/1/1997	\$513.00	3	NO
H	68326	CONJUNCTIVOPLASTY RECONSTRUCTION	7/1/1997	\$513.00	3	NO
H	68328	CONJUNCTIVOPLASTY RECONSTRUCTION	7/1/1997	\$513.00	3	NO
H	68330	REPAIR OF SYMBLEPHARON; CONJUNCT	7/1/1997	\$513.00	3	NO
H	68335	REPAIR OF SYMBLEPHARON WITH FREE	7/1/1997	\$513.00	3	NO
H	68340	REPAIR OF SYMBLEPHARON DIVISION	7/1/1997	\$513.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	68360	CONJUNCTIVAL FLAP BRIDGE OR PART	7/1/1997	\$363.00	3	NO
H	68362	CONJUNCTIVAL FLAP; TOTAL (SUCH A	7/1/1997	\$363.00	3	NO
H	68500	EXCISION OF LACRIMAL GLAND (DACR	7/1/1997	\$417.00	3	NO
H	68505	EXCISION OF LACRIMAL GLAND (DACR	7/1/1997	\$417.00	3	NO
H	68510	BIOPSY OF LACRIMAL GLAND	7/1/1997	\$271.00	3	NO
H	68520	EXCISION OF LACRIMAL SAC (DACRYO	7/1/1997	\$417.00	3	NO
H	68525	BIOPSY OF LACRIMAL SAC	7/1/1997	\$271.00	3	NO
H	68540	EXCISION OF LACRIMAL GLAND TUMOR	7/1/1997	\$417.00	3	NO
H	68550	EXCISION OF LACRIAMAL GLAND TUMO	7/1/1997	\$417.00	3	NO
H	68700	PLASTIC REPAIR OF CANALICULI	7/1/1997	\$363.00	3	NO
H	68720	DACRYOCYSTORHINOSTOMY (FISTULATI	7/1/1997	\$513.00	3	NO
H	68745	CONJUNCTIVORHINOSTOMY (FISTULIZA	7/1/1997	\$513.00	3	NO
H	68750	CONJUNCTIVORHINOSTOMY (FISTULIZF	7/1/1997	\$513.00	3	NO
H	68770	CLOSURE OF LACRIMAL FISTULA (SEP	7/1/2003	\$513.00	3	NO
H	68810	PROBING OF NASOLACRIMAL DUCT, WI	1/1/1999	\$314.00	3	NO
H	68811	PROBING OF NASOLACRIMAL DUCT, WI	1/1/1999	\$422.00	3	NO
H	68815	PROBING OF NASOLACRIMAL DUCT, WI	1/1/1999	\$422.00	3	NO
H	69090	EAR PIERCING	1/1/1984	NC	9	NO
H	69110	EXCISION EXTERNAL EAR PARTIAL SI	7/1/1997	\$271.00	3	NO
H	69120	EXCISION EXTERNAL EAR; COMPLETE	7/1/1997	\$363.00	3	NO
H	69140	EXCISION EXOSTOSIS(ES) EXTERNAL	7/1/1997	\$363.00	3	NO
H	69145	EXCISION SOFT TISSUE LESION EXTE	7/1/1997	\$363.00	3	NO
H	69150	RADICAL EXCISION EXTERNAL AUDITO	7/1/1997	\$417.00	3	NO
H	69205	REMOVAL FOREIGN BODY FROM EXTERN	7/1/1997	\$271.00	3	NO
H	69310	RECONSTRUCTION OF EXTERNAL AUDIT	7/1/1997	\$417.00	3	NO
H	69320	RECONSTRUCTION EXTERNAL AUDITORY	7/1/1997	\$812.00	3	NO
H	69400	EUSTACHIAN TUBE INFLATION TRANSN	7/1/1997	\$217.12	3	NO
H	69401	EUSTACHIAN TUBE INFLATION TRANSN	7/1/1997	\$217.12	3	NO
H	69405	EUSTACHIAN TUBE CATHERIZATION TR	7/1/1997	\$250.92	3	NO
H	69410	FOCAL APPLICATION OF PHASE CONTR	1/1/2006	INVALID	N	NO
H	69421	MYRINGOTOMY INCLUDING ASPIRATION	7/1/1997	\$417.00	3	NO
H	69436	TYMPANOSTOMY (REQUIRING INSERTIO	7/1/1997	\$417.00	3	NO
H	69440	MIDDLE EAR EXPLORATION THROUGH P	7/1/1997	\$417.00	3	NO
H	69450	TYMPANOLYSIS TRANSCANAL	7/1/1997	\$271.00	3	NO
H	69501	TRANSMASTOID ANTROTOMY (SIMPLE M	7/1/1997	\$812.00	3	NO
H	69502	MASTOIDECTOMY COMPLETE	7/1/1997	\$812.00	3	NO
H	69505	MASTOIDECTOMY; MODIFIED RADICAL	7/1/1997	\$812.00	3	NO
H	69511	MASTOIDECTOMY; RADICAL	7/1/1997	\$812.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	69530	PETROUS APICECTOMY INCLUDING RAD	7/1/1997	\$812.00	3	NO
H	69550	EXCISION AURAL GLOMUS TUMOR TRAN	7/1/1997	\$585.00	3	NO
H	69552	EXCISION AURAL GLOMUS TUMOR; TRA	7/1/1997	\$812.00	3	NO
H	69601	REVISION MASTOIDECTOMY RESULTING	7/1/1997	\$812.00	3	NO
H	69602	REVISION MASTOIDECTOMY; RESULTIN	7/1/1997	\$812.00	3	NO
H	69603	REVISION MASTOIDECTOMY; RESULTIN	7/1/1997	\$812.00	3	NO
H	69604	REVISION MASTOIDECTOMY; RESULTIN	7/1/1997	\$812.00	3	NO
H	69605	WITH APICETOMY	7/1/1997	\$812.00	3	NO
H	69620	MYRINGOPLASTY (SURGERY CONFINED	7/1/1997	\$363.00	3	NO
H	69631	TYMPANOPLASTY WITHOUT MASTOIDECT	7/1/1997	\$585.00	3	NO
H	69632	TYMPANOPLASTY WITHOUT MASTOIDECT	7/1/1997	\$585.00	3	NO
H	69633	TYMPANOPLASTY WITHOUT MASTOIDECT	7/1/1997	\$585.00	3	NO
H	69635	TYMPANOPLASTY WITH ANTROTOMY OR	7/1/1997	\$812.00	3	NO
H	69636	TYMPANOPLASTY WITH ANTROTOMY OR	7/1/1997	\$812.00	3	NO
H	69637	TYMPANOPLASTY WITH ANTROTOMY OR	7/1/1997	\$812.00	3	NO
H	69641	TYMPANOPLASTY WITH MASTOIDECTOMY	7/1/1997	\$812.00	3	NO
H	69642	TYMPANOPLASTY WITH MASTOIDECTOMY	7/1/1997	\$812.00	3	NO
H	69643	TYMPANOPLASTY WITH MASTOIDECTOMY	7/1/1997	\$812.00	3	NO
H	69644	TYMPANOPLASTY WITH MASTOIDECTOMY	7/1/1997	\$812.00	3	NO
H	69645	TYMPANOPLASTY WITH MASTOIDECTOMY	7/1/1997	\$812.00	3	NO
H	69646	TYMPANOPLASTY WITH MASTOIDECTOMY	7/1/1997	\$812.00	3	NO
H	69650	STAPES MOBILIZATION	7/1/1997	\$812.00	3	NO
H	69660	STAPEDECTOMY OR STAPEDOTOMY W/RE	7/1/1997	\$585.00	3	NO
H	69661	STAPEDECTOMY OR STAPEDOTOMY W/RE	7/1/1997	\$585.00	3	NO
H	69662	REVISION OF STAPEDECTOMY OR STAP	7/1/1997	\$585.00	3	NO
H	69666	REPAIR OVAL WINDOW FISTULA	7/1/1997	\$513.00	3	NO
H	69667	REPAIR ROUND WINDOW FISTULA	7/1/1997	\$513.00	3	NO
H	69670	MASTOID OBLITERATION (SEPARATE P	7/1/1997	\$417.00	3	NO
H	69676	TYMPANIC NEURECTOMY	7/1/1997	\$417.00	3	NO
H	69700	CLOSURE POSTAURICULAR FISTULA MA	7/1/1997	\$417.00	3	NO
H	69710	IMPLANTATION OR REPLACEMENT OF E	7/1/1997	\$417.00	3	NO
H	69711	REMOVAL OR REPAIR OF ELECTROMAGN	7/1/1997	\$271.00	3	NO
H	69720	DECOMPRESSION FACIAL NERVE INTRA	7/1/1997	\$585.00	3	NO
H	69725	DECOMPRESSION FACIAL NERVE INTRA	7/1/1997	\$585.00	3	NO
H	69740	SUTURE FACIAL NERVE INTRATEMPORA	7/1/1997	\$585.00	3	NO
H	69745	SUTURE FACIAL NERVE INTRATEMPORA	7/1/1997	\$585.00	3	NO
H	69801	LABYRINTHOTOMY, W/OR W/OUT CRYOS	7/1/1997	\$585.00	3	NO
H	69802	LABYRINTHOTOMY WITH MASTOIDECTOM	7/1/1997	\$812.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	69805	ENDOLYMPHATIC SAC OPERATION WITH	7/1/1997	\$812.00	3	NO
H	69806	ENDOLYMPHATIC SAC OPERATION; WIT	7/1/1997	\$812.00	3	NO
H	69820	FENESTRATION SEMICIRCULAR CANAL	7/1/1997	\$585.00	3	NO
H	69840	REVISION FENESTRATION OPERATION	7/1/1997	\$585.00	3	NO
H	69905	LABYRINTHECTOMY TRANSCANAL	7/1/1997	\$812.00	3	NO
H	69910	LABYRINTHECTOMY; WITH MASTOIDECT	7/1/1997	\$812.00	3	NO
H	69915	VESTIBULAR NERVE SECTION TRANSLA	7/1/1997	\$812.00	3	NO
H	69930	COCHLEAR DEVICE IMPLANTATION WIT	1/1/1999	\$941.00	3	NO
H	74740	HYSTEROSALPINGOGRAPHY, RADIOLOGI	8/11/2003	NC	9	NO
H	92018	OPHTHALMOLOGICAL EXAMINATION AND	7/1/1997	\$250.92	3	NO
H	92499	UNLISTED OPHTHALMOLOGICAL SERVIC	2/1/1994	\$0.01	5	NO
H	92502	OTOLARYNGOLOGIC EXAMINATION UNDE	6/21/2004	\$217.00	3	NO
H	92599	UNLISTED OTORHINOLARYNGOLOGICAL	7/1/2003	INVALID	N	NO
H	93799	UNLISTED CARDIOVASCULAR SERVICE	1/1/1984	\$0.01	5	NO
H	94799	UNLISTED PULMONARY SERVICE OR PR	1/1/1984	\$0.01	5	NO
H	99000	HANDLING AND/OR CONVEYANCE OF SP	8/14/1989	NC	9	NO
H	99002	HANDLING, CONVEYANCE, AND/OR ANY	8/14/1989	NC	9	NO
H	99070	SUPP & MAT (EX SPECTACLES) PROVI	10/1/2002	NC	9	NO
J	A4649	SURGICAL SUPPLIES, MISCELLANEOUS	4/1/2001	\$4.75	3	NO
J	E1900	SYNTHESIZED SPEECH AUGMENTATIVE	4/1/2002	INVALID	N	NO
J	E2500	SPEECH GENERATING DEVICE, DIGITI	1/1/2004	\$391.06	3	YES
J	E2502	SPEECH GENERATING DEVICE, DIGITI	1/1/2004	\$1,195.80	3	YES
J	E2504	SPEECH GENERATING DEVICE, DIGITI	1/1/2004	\$1,577.42	3	YES
J	E2506	SPEECH GENERATING DEVICE, DIGITI	1/1/2004	\$2,312.96	3	YES
J	E2508	SPEECH GENERATING DEVICE, SYNTHE	1/1/2004	\$3,576.61	3	YES
J	E2510	SPEECH GENERATING DEVICE, SYNTHE	1/1/2004	\$6,768.25	3	YES
J	E2511	SPEECH GENERATING SOFTWARE PROGR	1/1/2004	\$0.01	5	YES
J	E2512	ACCESSORY FOR SPEECH GENERATING	1/1/2004	\$500.00	3	YES
J	E2599	ACCESSORY FOR SPEECH GENERATING	1/1/2004	\$500.00	3	YES
J	G0195	CLINICAL EVALUATION OF SWALLOWIN	7/1/2003	INVALID	N	NO
J	G0196	EVALUATION OF SWALLOWING INVOLVI	7/1/2003	INVALID	N	NO
J	G0197	EVALUATION OF PATIENT FOR PRESCR	7/1/2003	INVALID	N	NO
J	G0200	EVALUATION OF PATIENT FOR PRESCR	7/1/2003	INVALID	N	NO
J	K0541	SPEECH GENERATING DEVICE, DIGITI	4/1/2004	INVALID	N	NO
J	K0542	SPEECH GENERATING DEVICE, DIGITI	4/1/2004	INVALID	N	NO
J	K0543	SPEECH GENERATING DEVICE, SYNTHE	4/1/2004	INVALID	N	NO
J	K0544	SPEECH GENERATING DEVICE, SYNTHE	4/1/2004	INVALID	N	NO
J	K0545	SPEECH GENERATING SOFTWARE PROGR	4/1/2004	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
J	K0546	ACCESSORY FOR SPEECH GENERATING	4/1/2004	INVALID	N	NO
J	K0547	ACCESSORY FOR SPEECH GENERATING	4/1/2004	INVALID	N	NO
J	K0731	LITHIUM ION BATTERY FOR USE WITH	1/1/2006	INVALID	N	YES
J	K0732	LITHIUM ION BATTERY FOR USE WITH	1/1/2006	INVALID	N	YES
J	L7510	REPAIRING PROSTHETIC DEVICE, REP	10/1/2005	\$200.92	3	NO
J	L7520	REPAIR PROSTHETIC DEVICE, LABOR	10/1/2005	\$20.64	3	YES
J	L8500	ARTIFICIAL LARYNX ANY TYPE	10/1/2005	\$626.11	3	NO
J	L8501	TRACHEOSTOMY SPEAKING VALVE	10/1/2005	\$94.42	3	NO
J	L8505	ARTIFICIAL LARYNX REPLACEMENT BA	4/1/2002	\$200.00	3	NO
J	L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHE	10/1/2005	\$32.98	3	NO
J	L8509	TRACHEO-ESOPHAGEAL VOICE PROTHES	10/1/2005	\$78.99	3	NO
J	L8510	VOICE AMPLIFIER	10/1/2005	\$198.94	3	NO
J	L8515	GELATIN CAPSULE, APPLICATION DEV	10/1/2005	\$49.69	3	NO
J	L8615	HEADSET/HEADPIECE FO RUSE WITH C	10/1/2005	\$355.07	3	NO
J	L8616	MICROPHONE FOR USE WITH COCHLEAR	10/1/2005	\$82.70	3	NO
J	L8617	TRANSMITTING COIL FOR USE WITH C	10/1/2005	\$72.23	3	NO
J	L8618	TRANSMITTER CABLE FO RUSE WITH C	10/1/2005	\$20.64	3	NO
J	L8619	COCHLEAR IMPLANT EXTERNAL SPEECH	10/1/2005	\$6,467.57	3	NO
J	L8620	LITHIUM ION BATTERY FOR USE WITH	1/1/2006	INVALID	N	YES
J	L8621	ZINC AIR BATTERY FOR USE WITH CO	10/1/2005	\$0.49	3	NO
J	L8622	ALKALINE BATTERY FOR USE WITH CO	10/1/2005	\$0.26	3	NO
J	L8623	LITHIUM ION BATTERY FOR USE WITH	1/1/2006	\$50.93	3	YES
J	L8624	LITHIUM ION BATTERY FOR USE WITH	1/1/2006	\$126.96	3	YES
J	L9900	ORTHOTIC AND PROSTHETIC SUPPLY,	3/1/2004	\$900.00	3	YES
J	S0618	AUDIOMETRY FOR HEARING AID EVALU	1/1/2005	NC	9	NO
J	S8945	PHYSICAL MEDICINE TREATMENT FOR	4/1/2004	INVALID	N	NO
J	S9092	CANOLITH REPOSITIONING, PER VISI	1/1/2003	\$22.50	3	NO
J	V5008	HEARING SCREENING	1/1/1994	NC	9	NO
J	V5010	HEARING AID EVALUATION/TESTS/SEL	12/1/1996	NC	9	NO
J	V5011	FITTING/ORIENTATION/CHECKING OF	4/1/2002	\$100.00	3	YES
J	V5014	REPAIR/MODIFICATION OF A HEARING	4/1/2001	\$105.00	3	YES
J	V5020	CONFORMITY EVALUATION	1/1/1994	NC	9	NO
J	V5030	HEARING AID, MONAURAL, BODY WORN	10/1/2002	\$600.00	3	YES
J	V5040	HEARING AID, MONAURAL, BODY WORN	10/1/2002	\$600.00	3	YES
J	V5050	HEARING AID, MONAURAL, IN THE EA	10/1/1993	\$600.00	3	YES
J	V5060	HEARING AID, MONAURAL, BEHIND TH	4/1/2002	\$600.00	3	YES
J	V5070	GLASSES, AIR CONDUCTION	1/1/1994	NC	9	NO
J	V5080	GLASSES, BONE CONDUCTION	1/1/1994	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
J	V5090	HEARING AID DISPENSING/FITTING	7/1/2002	NC	9	NO
J	V5095	SEMI-IMPLANTABLE MIDDLE EAR HEAR	1/1/2003	NC	9	NO
J	V5100	HEARING AID, BILATERAL, BODY WOR	1/1/1994	NC	9	NO
J	V5110	DISPENSING FEE, BILATERAL	1/1/1994	NC	9	NO
J	V5120	BINAURAL, BODY	1/1/1994	NC	9	NO
J	V5130	BINAURAL HEARING AID, IN THE EAR	10/1/1993	\$600.00	3	YES
J	V5140	BINAURAL HEARING AID, BEHIND THE	10/1/1993	\$600.00	3	YES
J	V5150	BINAURAL, GLASSES	1/1/1994	NC	9	NO
J	V5160	DISPENSING FEE, BINAURAL	4/1/2002	\$48.20	3	YES
J	V5170	HEARING AID, CROS, IN THE EAR	10/1/1993	\$600.00	3	YES
J	V5180	HEARING AID, CROS, BEHIND THE EA	4/1/2002	\$600.00	3	YES
J	V5190	HEARING AID, CROS, GLASSES	1/1/1994	NC	9	NO
J	V5200	HEARING AID DISPENSING FEE, CROS	4/1/2002	\$48.20	3	YES
J	V5210	HEARING AID, BICROS, IN THE EAR	4/1/2002	\$600.00	3	YES
J	V5220	HEARING AID, BICROS, BEHIND THE	4/1/2002	\$600.00	3	YES
J	V5230	HEARING AID, BICROS, GLASSES	1/1/1994	NC	9	NO
J	V5240	HEARING AID DISPENSING FEE, BICR	4/1/2002	\$48.20	3	YES
J	V5241	DISPENSING FEE, MONAURAL HEARING	4/1/2002	\$48.20	3	YES
J	V5242	HEARING AID, ANALOG, MONAURAL, C	1/1/2002	NC	9	NO
J	V5243	HEARING AID, ANALOG, MONAURAL, I	1/1/2002	NC	9	NO
J	V5244	HEARING AID, DIGITALLY PROGRAMMA	1/1/2002	NC	9	NO
J	V5245	HEARING AID, DIGITALLY PROGRAMMA	1/1/2002	NC	9	NO
J	V5246	HEARING AID, DIGITALLY PROGRAMMA	1/1/2002	NC	9	NO
J	V5247	HEARING AID, DIGITALLY PROGRAMMA	1/1/2002	NC	9	NO
J	V5248	HEARING AID, ANALOG, BINAURAL, C	1/1/2002	NC	9	NO
J	V5249	HEARING AID, ANALOG, BINAURAL, I	1/1/2002	NC	9	NO
J	V5250	HEARING AID, DIGITALLY PROGRAMMA	1/1/2002	NC	9	NO
J	V5251	HEARING AID, DIGITALLY PROGRAMMA	1/1/2002	NC	9	NO
J	V5252	HEARING AID, DIGITALLY PROGRAMMA	1/1/2002	NC	9	NO
J	V5253	HEARING AID, DIGITALLY PROGRAMMA	1/1/2002	NC	9	NO
J	V5254	HEARING AID, DIGITAL, MONAURAL,	1/1/2002	NC	9	NO
J	V5255	HEARING AID, DIGITAL, MONAURAL,	1/1/2002	NC	9	NO
J	V5256	HEARING AID, DIGITAL, MONAURAL,	1/1/2002	NC	9	NO
J	V5257	HEARING AID, DIGITAL, MONAURAL,	1/1/2002	NC	9	NO
J	V5258	HEARING AID, DIGITAL, BINAURAL,	1/1/2002	NC	9	NO
J	V5259	HEARING AID, DIGITAL, BINAURAL,	1/1/2002	NC	9	NO
J	V5260	HEARING AID, DIGITAL, BINAURAL,	1/1/2002	NC	9	NO
J	V5261	HEARING AID, DIGITAL, BINAURAL,	1/1/2002	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
J	V5262	HEARING AID, DISPOSABLE, ANY TYP	1/1/2002	NC	9	NO
J	V5263	HEARING AID, DISPOSABLE, ANY TYP	1/1/2002	NC	9	NO
J	V5264	EAR MOLD, NOT DISPOSABLE	4/1/2002	\$32.45	3	YES
J	V5265	EAR MOLD/INSERT, DISPOSABLE, ANY	1/1/2002	NC	9	NO
J	V5266	BATTERY FOR USE IN HEARING AID	4/1/2002	\$2.00	3	NO
J	V5267	HEARING AID SUPPLIES/ACCESSORIES	1/1/2006	\$68.00	3	YES
J	V5268	ASSISTIVE LISTENING DEVICE, TELE	1/1/2002	NC	9	NO
J	V5269	ASSISTIVE LISTENING DEVICE, ALER	1/1/2002	NC	9	NO
J	V5270	ASSISTIVE LISTENING DEVICE, TELE	1/1/2002	NC	9	NO
J	V5271	ASSISTIVE LISTENING DEVICE, TELE	1/1/2002	NC	9	NO
J	V5272	ASSISTIVE LISTENING DEVICE, TDD	1/1/2002	NC	9	NO
J	V5273	ASSISTIVE LISTENING DEVICE, FOR	4/1/2002	NC	9	NO
J	V5274	ASSISTIVE LEARNING DEVICE, NOT O	4/1/2002	\$102.75	3	YES
J	V5275	EAR IMPRESSION, EACH	1/1/2002	NC	9	NO
J	V5298	HEARING AID, NOT OTHERWISE CLASS	1/1/2003	NC	9	NO
J	V5299	HEARING AID	11/1/1993	NC	9	NO
J	V5336	REPAIR/MODIFICATION OF AUGMENTAT	2/15/2000	\$728.00	3	YES
J	V5362	SPEECH SCREENING	10/1/2000	\$30.58	3	NO
J	V5363	LANGUAGE SCREENING, INCLUDES SPE	10/1/2000	\$30.58	3	NO
J	V5364	DYSPHAGIA SCREENING STUDY (TO DE	10/1/2000	\$30.57	3	NO
J	69210	REMOVAL IMPACTED CERUMEN (SEPARA	10/1/2005	\$33.48	3	NO
J	92506	EVALUATION OF SPEECH, LANGUAGE,	10/1/2005	\$90.31	3	NO
J	92507	TREATMENT OF SPEECH, LANGUAGE, V	10/1/2005	\$42.82	3	YES
J	92508	GROUP, TWO OR MORE INDIVIDUALS	10/1/2005	\$20.24	3	YES
J	92510	AURAL REHABILITATION FOLLOWING C	1/1/2006	INVALID	N	YES
J	92525	EVALUATION OF SWALLOWING AND ORA	7/1/2003	INVALID	N	NO
J	92526	TREATMENT OF SWALLOWING DYSFUNCT	10/1/2005	\$57.35	3	YES
J	92541	SPONTANEOUS NYSTAGMUS TEST INCLU	10/1/2005	\$38.15	3	NO
J	92542	POSITIONAL NYSTAGMUS TEST MINIMU	10/1/2005	\$38.93	3	NO
J	92543	CALORIC VESTIBULAR TEST EACH IRR	10/1/2005	\$17.91	3	NO
J	92544	OPTOKINETIC NYSTAGMUS TEST BIDIR	10/1/2005	\$30.88	3	NO
J	92545	OSCILLATING TRACKING TEST WITH R	10/1/2005	\$27.51	3	NO
J	92546	SINUSOIDAL VERTICAL AXIS ROTATIO	10/1/2005	\$59.69	3	NO
J	92547	USE OF VERTICAL ELECTRODES .....	10/1/2005	\$3.63	3	NO
J	92551	SCREENING TEST, PURE TONE, AIR O	10/1/2000	\$11.71	3	NO
J	92552	PURE TONE AUDIOMETRY (THRESHOLD)	10/1/2005	\$12.46	3	NO
J	92553	BASIC AUDIOLOGIC ASSESSMENT	10/1/2005	\$18.68	3	NO
J	92555	SPEECH AUDIOMETRY THRESHOLD;	10/1/2005	\$10.90	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
J	92556	SPEECH AUDIOMETRY THRESHOLD; WIT	10/1/2005	\$16.35	3	NO
J	92557	COMPREHENSIVE AUDIOMETRY THRESHO	10/1/2005	\$33.99	3	NO
J	92562	LOUDNESS BALANCE TEST ALTERNATE	10/1/2005	\$11.68	3	NO
J	92563	TONE DECAY TEST	10/1/2005	\$10.90	3	NO
J	92564	SHORT INCREMENT SENSITIVITY INDE	10/1/2005	\$13.49	3	NO
J	92565	STENGER TEST, PURE TONE	10/1/2005	\$11.42	3	NO
J	92567	TYMPANOMETRY (IMPEDANCE TESTING)	10/1/2005	\$15.05	3	NO
J	92568	ACOUSTIC REFLEX TESTING; THRESHO	10/1/2005	\$10.90	3	NO
J	92569	ACOUSTIC REFLEX TESTING; DECAY	10/1/2005	\$11.68	3	NO
J	92571	FILTERED SPEECH TEST	10/1/2005	\$11.16	3	NO
J	92572	STAGGERED SPONDAIC WORD TEST	10/1/2005	\$2.60	3	NO
J	92576	SYNTHETIC SENTENCE IDENTIFICATIO	10/1/2005	\$12.72	3	NO
J	92577	STENGER TEST, SPEECH	10/1/2005	\$20.50	3	NO
J	92579	VISUAL REINFORCEMENT AUDROMETRY	10/1/2005	\$20.50	3	NO
J	92582	CONDITIONING PLAY AUDIOMETRY	10/1/2005	\$20.50	3	NO
J	92583	SELECT PICTURE AUDIOMETRY	10/1/2005	\$25.17	3	NO
J	92585	AUDITORY EVOKED POTENTIALS FOR E	10/1/2005	\$70.84	3	NO
J	92586	AUDITORY EVOKED POTENTIALS FOR E	10/1/2005	\$51.64	3	NO
J	92587	EVOKED OTACOUSTIC EMISSIONS-LIMI	10/1/2005	\$42.04	3	NO
J	92588	EVOKED OTACOUSTIC EMISSIONS-COMP	10/1/2005	\$55.27	3	NO
J	92589	CENTRAL AUDITORY FUNCTION TEST(S	1/1/2005	INVALID	N	NO
J	92590	HEARING AID EXAMINATION AND SELE	10/1/2000	\$80.16	3	NO
J	92591	HEARING AID EXAMINATION AND SELE	10/1/2000	\$81.09	3	NO
J	92592	HEARING AID CHECK MONAURAL	1/14/2003	NC	9	NO
J	92593	HEARING AID CHECK; BINAURAL	1/14/2003	NC	9	NO
J	92594	ELECTROACOUSTIC EVALUATION FOR H	10/1/2000	\$24.72	3	NO
J	92595	ELECTROACOUSTIC EVALUATION FOR H	10/1/2000	\$28.45	3	NO
J	92597	EVALUATION FOR USE AND/OR FITTIN	10/1/2005	\$66.95	3	NO
J	92599	UNLISTED OTORHINOLARYNGOLOGICAL	7/1/2003	INVALID	N	NO
J	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR	10/1/2005	\$92.64	3	NO
J	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR	10/1/2005	\$63.58	3	NO
J	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR	10/1/2005	\$57.35	3	NO
J	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR	10/1/2005	\$36.85	3	NO
J	92605	EVALUATION FOR PRESCRIPTION OF N	1/1/2003	NC	9	NO
J	92606	THERAPEUTIC SERVICE(S) FOR THE U	1/1/2003	NC	9	NO
J	92607	EVALUATION FOR PRESCRIPTION FOR	10/1/2005	\$81.22	3	NO
J	92608	EVAL FOR PRESCRIPTION FOR SPEECH	10/1/2005	\$15.57	3	NO
J	92609	THERAPEUTIC SERVICES FOR THE USE	10/1/2005	\$42.30	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
J	92610	EVALUATION OF ORAL AND PHARYNGEA	10/1/2005	\$91.08	3	NO
J	92611	MOTION FLUOROSCOPIC EVALUATION O	10/1/2005	\$91.08	3	NO
J	92620	EVALUATION OF CENTRAL AUDITORY F	1/1/2005	NC	9	NO
J	92621	EVALUATION OF CENTRAL AUDITORY F	1/1/2005	NC	9	NO
J	92626	EVALUATION OF AUDITORY REHABILIT	1/1/2006	\$15.83	3	YES
J	92627	EVALUATION OF AUDITORY REHABILIT	1/1/2006	\$15.83	3	YES
J	92630	AUDITORY REHABILITATION; PRE-LING	1/1/2006	\$94.72	3	YES
J	92633	AUDITORY REHABILITATION; POST-LIN	1/1/2006	\$94.72	3	YES
J	97703	CHECKOUT FOR ORTHOTIC/PROSTETIC	1/1/2006	INVALID	N	YES
K	A4641	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2001	NC	9	NO
K	A4642	SUPPLY OF SATUMOMAB PENDETIDE, R	1/1/2001	NC	9	NO
K	A4643	SUPPLY OF ADDITIONAL HIGH DOSE C	1/1/2006	INVALID	N	NO
K	A4644	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
K	A4645	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
K	A4646	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
K	A4647	SUPPLY OF PARAMAGNETIC CONTRAST	1/1/2006	INVALID	N	NO
K	A9525	SUPPLY OF LOW OR ISO-OSMOLAR CON	1/1/2006	INVALID	N	NO
K	G0001	ROUTINE VENIPUNCTURE FOR COLLECT	1/1/2005	INVALID	N	NO
K	G0026	FECAL LEUKOCYTE EXAMINATION	7/1/2003	INVALID	N	NO
K	G0027	SEMEN ANALYSIS: PRESENCE AND/OR	7/1/2003	INVALID	N	NO
K	G0030	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0031	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0032	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0033	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0034	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0035	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0036	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0037	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0038	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0039	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0040	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0041	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0042	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0043	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0044	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0045	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0046	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0047	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	G0050	MEASUREMENT OF POST-VOIDING RESI	7/1/2003	INVALID	N	NO
K	G0103	PROSTATE CANCER SCREENING; PROST	11/1/2001	\$18.81	3	NO
K	G0106	COLORECTAL CANCER SCREENING; ALT	10/1/2005	\$96.27	3	NO
K	G0107	COLORECTAL CANCER SCREENING; FEC	4/1/2004	\$3.36	3	NO
K	G0120	COLORECTAL CANCER SCREENING; ALT	10/1/2005	\$96.27	3	NO
K	G0122	COLORECTAL CANCER SCREENING; BAR	10/1/2005	\$97.05	3	NO
K	G0123	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2003	\$20.95	3	NO
K	G0124	SCREENING CYTOPATHOLOGY, CERVICA	10/1/2005	\$15.31	3	NO
K	G0125	PET IMAGING REGIONAL OR WHOLE BO	1/1/2006	INVALID	N	YES
K	G0126	PET LUNG IMAGING OF SOLITARY PUL	4/1/2002	INVALID	N	NO
K	G0130	SINGLE ENERGY X-RAY ABSORPTIOMET	10/1/2005	\$29.84	3	NO
K	G0131	COMPUTERIZED TOMOGRAPHY BONE MIN	7/1/2003	INVALID	N	NO
K	G0132	COMPUTERIZED TOMOGRAPHY BONE MIN	7/1/2003	INVALID	N	NO
K	G0141	SCREENING CYTOPATHOLOGY SMEARS,	10/1/2005	\$15.31	3	NO
K	G0143	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2003	\$20.95	3	NO
K	G0144	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2003	\$22.13	3	NO
K	G0145	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2003	\$30.17	3	NO
K	G0147	SCREENING CYTOPATHOLOGY SMEARS,	1/1/2003	\$14.76	3	NO
K	G0148	SCREENING CYTOPATHOLOGY SMEARS,	1/1/2003	\$20.95	3	NO
K	G0163	POSITRON EMISSION TOMOGRAPHY (PE	4/1/2002	INVALID	N	NO
K	G0164	POSITRON EMISSION TOMOGRAPHY (PE	4/1/2002	INVALID	N	NO
K	G0165	POSITRON EMISSION TOMOGRAPHY (PE	4/1/2002	INVALID	N	NO
K	G0173	LINEAR ACCELERATOR BASED STEREOT	1/1/2001	NC	9	NO
K	G0174	INTENSITY MODULATED RADIATION TH	4/1/2002	INVALID	N	NO
K	G0188	FULL LENGTH RADIOGRAPHY OF LOWER	4/1/2002	INVALID	N	NO
K	G0202	SCREENING MAMMOGRAPHY, PRODUCING	1/1/2002	NC	9	NO
K	G0204	DIAGNOSTIC MAMMOGRAPHY, PRODUCIN	1/1/2002	NC	9	NO
K	G0206	DIAGNOSTIC MAMMOGRAPHY, PRODUCIN	1/1/2002	NC	9	NO
K	G0210	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
K	G0211	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
K	G0212	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
K	G0213	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
K	G0214	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
K	G0215	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
K	G0216	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
K	G0217	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
K	G0218	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
K	G0219	PET IMAGING WHOLE BODY; MELANOMA	6/20/2005	NC	9	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	G0220	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
K	G0221	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
K	G0222	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
K	G0223	PET IMAGING WHOLE BODY OR REGION	1/1/2006	INVALID	N	YES
K	G0224	PET IMAGING WHOLE BODY OR REGION	1/1/2006	INVALID	N	YES
K	G0225	PET IMAGING WHOLE BODY OR REGION	1/1/2006	INVALID	N	YES
K	G0226	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
K	G0227	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
K	G0228	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
K	G0229	PET IMAGING; METABOLIC BRAIN IMA	1/1/2006	INVALID	N	YES
K	G0230	PET IMAGING; METABOLIC ASSESS FO	1/1/2006	INVALID	N	YES
K	G0231	PET, WHOLE BODY, FOR RECURRENCE	1/1/2006	INVALID	N	YES
K	G0232	PET, WHOLE BODY, FOR RECURRENCE	1/1/2006	INVALID	N	YES
K	G0233	PET, WHOLE BODY, FOR RECURRENCE	1/1/2006	INVALID	N	YES
K	G0234	PET, REGIONAL OR WHOLE BODY, FOR	1/1/2006	INVALID	N	YES
K	G0235	PET IMAGING, ANY SITE, NOT OTHER	4/1/2005	NC	9	NO
K	G0236	DIGITIZATION OF FILM RADIOGRAPHI	4/1/2004	INVALID	N	NO
K	G0242	MULTI-SOURCE PHOTON STEREOTACTIC	1/1/2006	INVALID	N	NO
K	G0243	MULTI-SOURCE PHOTON STEREOTACTIC	4/1/2002	\$0.01	5	NO
K	G0252	PET IMAGING, FULL AND PARTIAL-RI	1/1/2003	NC	9	NO
K	G0253	PET IMAGING FOR BREAST CANCER, F	1/1/2006	INVALID	N	NO
K	G0254	PET IMAGING FOR BREAST CANCER, F	1/1/2006	INVALID	N	NO
K	G0262	SMALL INTESTINAL IMAGING; INTRAL	4/1/2004	INVALID	N	NO
K	G0296	PET IMAGING, FULL AND PARTIAL RI	1/1/2006	INVALID	N	NO
K	G0306	COMPLETE CBC, AUTOMATED (HGB, HC	1/1/2004	\$8.04	3	NO
K	G0307	COMPLETE (CBC), AUTOMATED (HGB,	1/1/2004	\$6.69	3	NO
K	G0328	COLORECTALCANCER SCREENING; FECA	1/1/2004	\$13.39	3	NO
K	G0330	PET IMAGING INITIAL DIAGNOSIS CE	4/1/2005	INVALID	N	NO
K	G0331	PET IMAGING RESTAGING OVARIAN	4/1/2005	INVALID	N	NO
K	G0336	PET IMAGING, BRAIN IMAGING FOR T	4/1/2005	INVALID	N	NO
K	P2028	CEPHALIN FLOCCULATION, BLOOD	8/24/1993	NC	9	NO
K	P2029	CONGO RED, BLOOD	8/24/1993	NC	9	NO
K	P2031	HAIR ANALYSIS (EXCLUDING ARSENIC	10/1/1984	NC	9	NO
K	P2033	THYMOL TURBIDITY, BLOOD	8/24/1993	NC	9	NO
K	P2038	MUCOPROTEIN, BLOOD (SEROMUCOID)	1/1/2004	NC	9	NO
K	P3000	SCREENING PAPANICOLAOU SMEAR, CE	1/1/2003	\$14.76	3	NO
K	P3001	SCREENING PAPANICOLAOU SMEAR, CE	10/1/2005	\$15.31	3	NO
K	P7001	CULTURE, BACTERIAL, URINE; QUANT	2/15/2000	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	P9010	BLOOD (WHOLE) FOR TRANSFUSION PE	1/1/1988	NC	9	NO
K	P9011	BLOOD (SPLIT UNIT) SPECIFY AMOUN	1/1/1988	NC	9	NO
K	P9012	CRYOPRECIPITATE EACH UNIT	1/1/1988	NC	9	NO
K	P9016	RED BLOOD CELLS, LEUKOCYTES REDU	1/1/1988	NC	9	NO
K	P9017	FRESH FROZEN PLASMA (SINGLE DONO	1/1/1988	NC	9	NO
K	P9019	PLATELETS, EACH UNIT	10/1/2004	NC	9	NO
K	P9020	PLATELET RICH PLASMA EACH UNIT	1/1/1988	NC	9	NO
K	P9021	RED BLOOD CELLS EACH UNIT	1/1/1988	NC	9	NO
K	P9022	RED BLOOD CELLS, WASHED, EACH UN	1/1/1988	NC	9	NO
K	P9023	PLASMA, POOLED MULTIPLE DONOR, S	1/1/2001	NC	9	NO
K	P9031	PLATELETS, LEUKOCYTES REDUCED, E	1/1/2001	NC	9	NO
K	P9032	PLATELETS, IRRADIATED, EACH UNIT	1/1/2001	NC	9	NO
K	P9033	PLATELETS, LEUKOCYTES REDUCED, I	1/1/2001	NC	9	NO
K	P9034	PLATELETS, PHERESIS, EACH UNIT	1/1/2001	NC	9	NO
K	P9035	PLATELETS, PHERESIS, LEUKOCYTES	1/1/2001	NC	9	NO
K	P9036	PLATELETS, PHERESIS, IRRADIATED,	1/1/2001	NC	9	NO
K	P9037	PLATELETS, PHERESIS, LEUKOCYTES	1/1/2001	NC	9	NO
K	P9038	RED BLOOD CELLS, IRRADIATED, EAC	1/1/2001	NC	9	NO
K	P9039	RED BLOOD CELLS, DEGLYCEROLIZED,	1/1/2001	NC	9	NO
K	P9040	RED BLOOD CELLS, LEUKOCYTES REDU	1/1/2001	NC	9	NO
K	P9041	INFUSION, ALBUMIN (HUMAN), 5%, 5	1/1/2001	NC	9	NO
K	P9042	INFUSION, ALBUMIN (HUMAN), 25%,	4/1/2002	INVALID	N	NO
K	P9043	INFUSION, PLASMA PROTEIN FRACTIO	1/1/2001	NC	9	NO
K	P9044	PLASMA, CRYOPRECIPITATE REDUCED,	1/1/2001	NC	9	NO
K	P9045	INFUSION, ALBUMIN (HUMAN), 5%, 2	1/1/2002	NC	9	NO
K	P9046	INFUSION, ALBUMIN (HUMAN), 25%,	1/1/2002	NC	9	NO
K	P9047	INFUSION, ALBUMIN (HUMAN), 25%,	1/1/2002	NC	9	NO
K	P9048	INFUSION, PLASMA PROTEIN FRACTIO	1/1/2002	NC	9	NO
K	P9050	GRANULOCYTES, PHERESIS, EACH UNI	1/1/2002	NC	9	NO
K	P9051	WHOLE BLOOD OR RED BLOOD CELLS,	1/1/2004	NC	9	NO
K	P9052	PLATELETS, HLA-MATCHED LEUKOCYTE	1/1/2004	NC	9	NO
K	P9053	PLATELETS, PHERESIS, LEUKOCYTES	1/1/2004	NC	9	NO
K	P9054	WHOLE BLOOD OR RED BLOOD CELLS,	1/1/2004	NC	9	NO
K	P9055	PLATELETS, LEUKOCYTES REDUCED, C	1/1/2004	NC	9	NO
K	P9056	WHOLE BLOOD, LEUKOCYTES REDUCED,	1/1/2004	NC	9	NO
K	P9057	RED BLOOD CELLS, FROZEN/DEGLYCER	1/1/2004	NC	9	NO
K	P9058	RED BLOOD CELLS, LEUKOCYTES REDU	1/1/2004	NC	9	NO
K	P9059	FRESH FROZEN PLASMA BETWEEN 8-24	1/1/2004	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	P9060	FRESH FROZEN PLASMA, DONOR RETES	1/1/2004	NC	9	NO
K	P9603	TRAVEL ALLOW 1-WAY IN CONNECTION	2/23/1994	\$0.80	3	NO
K	P9604	TRAVEL ALL 1-WAY IN CONNECTION W	2/23/1994	\$0.80	3	NO
K	P9615	CATHETERIZATION FOR COLLECTION O	11/1/2001	\$2.22	3	NO
K	Q0035	CARDIOKHYMOGRAPHY	1/1/2004	NC	9	NO
K	Q0091	SCREENING PAP SMEAR; OBTAINING,	1/1/1992	NC	9	NO
K	Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	4/20/1992	NC	9	NO
K	Q0111	WET MOUNTS, INCLUDING PREPARATIO	4/1/2001	\$3.55	3	NO
K	Q0112	ALL POTASSIUM HYDROXIDE (KOH) PR	4/1/2001	\$3.55	3	NO
K	Q0113	PINWORM EXAMINATIONS	4/1/2001	\$4.49	3	NO
K	Q0114	FERN TEST	8/16/1993	NC	9	NO
K	Q0115	POST-COITAL DIRECT, QUALITATIVE	8/16/1993	NC	9	NO
K	Q3000	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3001	RADIOELEMENTS FOR BRACHYTHERAPY,	1/1/2001	NC	9	NO
K	Q3002	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3003	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3004	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3005	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3006	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3007	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3008	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3009	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3010	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3011	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3012	SUPPLY OF ORAL RADIOPHARMACEUTIC	1/1/2006	INVALID	N	NO
K	Q9941	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2006	INVALID	N	NO
K	Q9942	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2006	INVALID	N	NO
K	Q9945	LOW OSMOLAR CONTRAST MATERIAL, U	7/18/2005	\$0.41	3	NO
K	Q9946	LOW OSMOLAR CONTRAST MATERIAL, 1	7/18/2005	\$0.41	3	NO
K	Q9947	LOW OSMOLAR CONTRAST MATERIAL, 2	7/18/2005	\$0.48	3	NO
K	Q9948	LOW OSMOLAR CONTRAST MATERIAL, 2	7/18/2005	\$0.48	3	NO
K	Q9949	LOW OSMOLAR CONTRAST MATERIAL, 3	7/18/2005	\$0.53	3	NO
K	Q9950	LOW OSMOLAR CONTRAST MATERIAL, 3	7/18/2005	\$0.60	3	NO
K	Q9951	LOW OSMOLAR CONTRAST MATERIAL, 4	7/18/2005	\$0.60	3	NO
K	Q9952	INJECTION, GADOLINIUM-BASED MAGN	10/1/2005	NC	9	NO
K	Q9953	INJECTION, IRON-BASED MAGNETIC R	4/1/2005	\$0.01	5	NO
K	Q9954	ORAL MAGNETIC RESONANCE CONTRAST	4/1/2005	\$0.01	5	NO
K	Q9955	INJECTION, PERFLEXANE LIPID MICR	4/1/2005	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	Q9956	INJECTION, OCTAFLUOROPROPANCE MI	4/1/2005	\$0.01	5	NO
K	Q9957	INJECTION, PERFLUTREN LIPID MICR	4/1/2005	\$0.01	5	NO
K	Q9958	HIGH OSMOLOR CONTRAST MATERIAL,	7/1/2005	NC	9	NO
K	Q9959	HIGH OSMOLOR CONTRAST MATERIAL,	7/1/2005	NC	9	NO
K	Q9960	HIGH OSMOLOR CONTRAST MATERIAL,	7/1/2005	NC	9	NO
K	Q9961	HIGH OSMOLOR CONTRAST MATERIAL,	7/1/2005	NC	9	NO
K	Q9962	HIGH OSMOLOR CONTRAST MATERIAL,	7/1/2005	NC	9	NO
K	Q9963	HIGH OSMOLOR CONTRAST MATERIAL,	7/1/2005	NC	9	NO
K	Q9964	HIGH OSMOLOR CONTRAST MATERIAL,	7/1/2005	NC	9	NO
K	R0070	TRANSPORT OF PORT X-RAY EQUIP/PE	10/1/2000	\$42.82	3	NO
K	R0075	TRANSPORT OF PORT X-RAY EQUIP/PE	10/1/2000	\$18.17	3	NO
K	R0076	TRANSPORTATION OF PORTABLE EKG T	10/1/2000	\$50.22	3	NO
K	S0830	ULTRASOUND PACHYMETRY TO DETERMI	1/1/2005	INVALID	N	NO
K	S3625	MATERNAL SERUM TRIPLE MARKER SCR	1/1/2004	NC	9	NO
K	S3626	MATERNAL SERUM QUADRUPLE MARKER	1/1/2006	NC	9	NO
K	S3630	EOSINOPHIL COUNT, BLOOD, DIRECT	1/1/2003	NC	9	NO
K	S3700	BLADDER TUMOR-ASSOCIATED ANTIGEN	4/1/2002	INVALID	N	NO
K	S3708	GASTROINTESTINAL FAT ABSORPTION	1/1/2001	NC	9	NO
K	S3890	DNA ANALYSIS, FECAL, FOR COLOREC	1/1/2005	NC	9	NO
K	S4042	MANAGEMENT OF OVULATION INDUCTIO	1/1/2005	NC	9	NO
K	S8037	MAGNETIC RESONANCE CHOLANGIOPANC	1/1/2003	NC	9	NO
K	S8042	MAGNETIC RESONANCE IMAGING (MRI)	1/1/2003	NC	9	NO
K	S8055	ULTRASOUND GUIDANCE FOR MULTIFET	4/1/2002	\$0.01	5	NO
K	S8075	COMPUTER ANALYSIS OF FULL-FIELD	1/1/2004	NC	9	NO
K	S8080	SCINTIMAMMOGRAPHY, UNILATERAL,IN	1/1/2005	NC	9	NO
K	S8085	FLUORINE-18 FLUORODEOXYGLUCOSE I	1/1/2005	NC	9	NO
K	S8093	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2005	NC	9	NO
K	36415	COLLECTION OF VENOUS BLOOD BY VE	8/1/2003	\$3.00	3	NO
K	36416	COLLECTION OF CAPILLARY BLOOD SP	1/1/2005	\$3.00	3	NO
K	53670	CATHETERIZATION, URETHRA; SIMPLE	7/1/2003	INVALID	N	NO
K	70010	MYELOGRAPHY, POSTERIOR FOSSA, RA	10/1/2005	\$160.63	3	NO
K	70015	CISTERNOGRAPHY, POSITIVE CONTRAS	10/1/2005	\$80.19	3	NO
K	70030	RADIOLOGIC EXAMINATION EYE FOR D	10/1/2005	\$17.65	3	NO
K	70100	RADIOLOGIC EXAMINATION MANDIBLE	10/1/2005	\$20.50	3	NO
K	70110	RADIOLOGIC EXAMINATION MANDIBLE;	10/1/2005	\$25.95	3	NO
K	70120	RADIOLOGIC EXAMINATION MASTOIDS	10/1/2005	\$23.61	3	NO
K	70130	RADIOLOGIC EXAMINATION MASTOIDS;	10/1/2005	\$33.74	3	NO
K	70134	RADIOLOGIC EXAMINATION INTERNAL	10/1/2005	\$32.44	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	70140	RADIOLOGIC EXAMINATION FACIAL BO	10/1/2005	\$23.87	3	NO
K	70150	RADIOLOGIC EXAMINATION FACIAL BO	10/1/2005	\$30.62	3	NO
K	70160	RADIOLOGIC EXAMINATION NASAL BON	10/1/2005	\$20.24	3	NO
K	70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL	10/1/2005	\$36.85	3	NO
K	70190	RADIOLOGIC EXAMINATION OPTIC FOR	10/1/2005	\$24.65	3	NO
K	70200	RADIOLOGIC EXAMINATION; ORBITS C	10/1/2005	\$31.40	3	NO
K	70210	RADIOLOGIC EXAMINATION SINUSES P	10/1/2005	\$23.36	3	NO
K	70220	RADIOLOGIC EXAMINATION SINUSES P	10/1/2005	\$30.36	3	NO
K	70240	RADIOLOGIC EXAMINATION SELLA TUR	10/1/2005	\$18.17	3	NO
K	70250	RADIOLOGIC EXAMINATION SKULL LES	10/1/2005	\$25.69	3	NO
K	70260	RADIOLOGIC EXAMINATION SKULL; CO	10/1/2005	\$36.85	3	NO
K	70300	RADIOLOGIC EXAMINATION TEETH SIN	10/1/2005	\$11.42	3	NO
K	70310	RADIOLOGIC EXAMINATION TEETH; PA	10/1/2005	\$17.91	3	NO
K	70320	RADIOLOGIC EXAMINATION TEETH; CO	10/1/2005	\$29.58	3	NO
K	70328	RADIOLOGIC EXAMINATION TEMPOROMA	10/1/2005	\$19.72	3	NO
K	70330	RADIOLOGIC EXAMINATION TEMPOROMA	10/1/2005	\$31.66	3	NO
K	70332	TEMPOROMANDIBULAR JOINT ARTHROGR	10/1/2005	\$77.59	3	NO
K	70336	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$358.89	3	NO
K	70350	CEPHALOGRAM ORTHODONTIC	10/1/2005	\$16.87	3	YES
K	70355	ORTHOPANTOGRAM	10/1/2005	\$23.10	3	YES
K	70360	RADIOLOGIC EXAMINATION NECK SOFT	10/1/2005	\$17.65	3	NO
K	70370	RADIOLOGIC EXAMINATION; PHARYNX	10/1/2005	\$46.97	3	NO
K	70371	COMPLEX DYNAMIC PHARYNGEAL AND S	10/1/2005	\$87.71	3	NO
K	70373	LARYNGOGRAPHY, CONTRAST, RADIOLO	10/1/2005	\$64.62	3	NO
K	70380	RADIOLOGIC EXAMINATION SALIVARY	10/1/2005	\$24.65	3	NO
K	70390	SIALOGRAPHY, RADIOLOGICAL SUPERV	10/1/2005	\$62.54	3	NO
K	70450	COMPUTED TOMOGRAPHY, HEAD OR BRA	10/1/2005	\$159.33	3	NO
K	70460	COMPUTERIZED AXIAL TOMOGRAPHY HE	10/1/2005	\$194.88	3	NO
K	70470	COMPUTERIZED AXIAL TOMOGRAPHY HE	10/1/2005	\$238.48	3	NO
K	70480	COMPUTED TOMOGRAPHY, ORBIT, SELL	10/1/2005	\$174.64	3	NO
K	70481	COMPUTERIZED AXIAL TOMOGRAPHY OR	10/1/2005	\$203.71	3	NO
K	70482	COMPUTERIZED AXIAL TOMOGRAPHY OR	10/1/2005	\$244.71	3	NO
K	70486	COMPUTED TOMOGRAPHY, MAXILLOFACI	10/1/2005	\$169.45	3	NO
K	70487	COMPUTERIZED AXIAL TOMOGRAPHY MA	10/1/2005	\$201.11	3	NO
K	70488	COMPUTERIZED AXIAL TOMOGRAPHY MA	10/1/2005	\$243.41	3	NO
K	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE	10/1/2005	\$174.64	3	NO
K	70491	COMPUTERIZED AXIAL TOMOGRAPHY SO	10/1/2005	\$203.71	3	NO
K	70492	COMPUTERIZED AXIAL TOMOGRAPHY SO	10/1/2005	\$244.45	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$352.40	3	NO
K	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$352.40	3	NO
K	70540	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$348.77	3	NO
K	70542	MAGNETIC RESONANCE IMAGING, ORBI	10/1/2005	\$418.57	3	NO
K	70543	MAGNETIC RESONANCE IMAGING, ORBI	10/1/2005	\$744.25	3	NO
K	70544	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$348.77	3	NO
K	70545	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$348.51	3	NO
K	70546	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$660.95	3	NO
K	70547	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$348.51	3	NO
K	70548	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$348.51	3	NO
K	70549	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$660.95	3	NO
K	70551	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$358.89	3	NO
K	70552	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$430.51	3	NO
K	70553	MAGNETIC RESONANCE (EG,PROTON) I	10/1/2005	\$763.97	3	NO
K	70557	MAGNETIC RESONANCE (EG, PROTON)	1/1/2004	\$0.01	5	NO
K	70558	MAGNETIC RESONANCE (EG, PROTON)	1/1/2004	\$0.01	5	NO
K	70559	MAGNETIC RESONANCE (EG, PROTON)	1/1/2004	\$0.01	5	NO
K	71010	RADIOLOGIC EXAMINATION, CHEST; S	10/1/2005	\$19.20	3	NO
K	71015	RADIOLOGIC EXAMINATION CHEST; ST	10/1/2005	\$21.54	3	NO
K	71020	RADIOLOGIC EXAMINATION, CHEST, T	10/1/2005	\$24.91	3	NO
K	71021	RADIOLOGIC EXAMINATION CHEST TWO	10/1/2005	\$29.84	3	NO
K	71022	RADIOLOGIC EXAMINATION CHEST TWO	10/1/2005	\$31.14	3	NO
K	71023	RADIOLOGIC EXAMINATION CHEST TWO	10/1/2005	\$35.29	3	NO
K	71030	RADIOLOGIC EXAMINATION, CHEST, C	10/1/2005	\$32.44	3	NO
K	71034	RADIOLOGIC EXAMINATION CHEST COM	10/1/2005	\$56.05	3	NO
K	71035	RADIOLOGIC EXAMINATION CHEST SPE	10/1/2005	\$20.50	3	NO
K	71040	BRONCHOGRAPHY, UNILATERAL, RADIO	10/1/2005	\$60.72	3	NO
K	71060	BRONCHOGRAPHY, BILATERAL, RADIOL	10/1/2005	\$86.93	3	NO
K	71090	INSERTION PACEMAKER, FLUOROSCOPY	10/1/2005	\$66.43	3	NO
K	71100	RADIOLOGIC EXAMINATION RIBS UNIL	10/1/2005	\$23.61	3	NO
K	71101	RADIOLOGIC EXAMINATION RIBS UNIL	10/1/2005	\$28.03	3	NO
K	71110	RADIOLOGIC EXAMINATION RIBS BILA	10/1/2005	\$31.14	3	NO
K	71111	RADIOLOGIC EXAMINATION RIBS BILA	10/1/2005	\$35.81	3	NO
K	71120	RADIOLOGIC EXAMINATION STERNUM M	10/1/2005	\$25.17	3	NO
K	71130	RADIOLOGIC EXAMINATION; STERNOCL	10/1/2005	\$27.25	3	NO
K	71250	COMPUTED TOMOGRAPHY, THORAX; WIT	10/1/2005	\$202.67	3	NO
K	71260	COMPUTERIZED AXIAL TOMOGRAPHY TH	10/1/2005	\$237.44	3	NO
K	71270	COMPUTERIZED AXIAL TOMOGRAPHY TH	10/1/2005	\$290.64	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$399.89	3	NO
K	71550	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$354.22	3	NO
K	71551	MAGNETIC RESONANCE IMAGING, CHES	10/1/2005	\$424.02	3	NO
K	71552	MAGNETIC RESONANCE IMAGING, CHES	10/1/2005	\$743.73	3	NO
K	71555	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$370.57	3	NO
K	72010	RADIOLOGIC EXAMINATION SPINE ENT	10/1/2005	\$44.12	3	NO
K	72020	RADIOLOGIC EXAMINATION SPINE SIN	10/1/2005	\$16.87	3	NO
K	72040	RADIOLOGIC EXAMINATION, SPINE, C	10/1/2005	\$24.39	3	NO
K	72050	RADIOLOGIC EXAMINATION SPINE CER	10/1/2005	\$35.55	3	NO
K	72052	RADIOLOGIC EXAAMINATION SPINE CE	10/1/2005	\$43.86	3	NO
K	72069	RADIOLOGIC EXAMINATION, SPINE, T	10/1/2005	\$21.28	3	NO
K	72070	RADIOLOGIC EXAMINATION, SPINE; T	10/1/2005	\$25.69	3	NO
K	72072	RADIOLOGIC EXAMINATION, SPINE; T	10/1/2005	\$28.03	3	NO
K	72074	RADIOLOGIC EXAMINATION, SPINE; T	10/1/2005	\$32.96	3	NO
K	72080	RADIOLOGIC EXAMINATION, SPINE; T	10/1/2005	\$26.21	3	NO
K	72090	RADIOLOGIC EXAMINATION SPINE; SC	10/1/2005	\$28.29	3	NO
K	72100	RADIOLOGIC EXAMINATION, SPINE, L	10/1/2005	\$26.21	3	NO
K	72110	RADIOLOGIC EXAMINATION, SPINE, L	10/1/2005	\$36.07	3	NO
K	72114	RADIOLOGIC EXAMINATION SPINE LUM	10/1/2005	\$45.41	3	NO
K	72120	RADIOLOGIC EXAMINATION SPINE LUM	10/1/2005	\$32.44	3	NO
K	72125	COMPUTED TOMOGRAPHY, CERVICAL SP	10/1/2005	\$202.67	3	NO
K	72126	COMPUTERIZED AXIAL TOMOGRAPHY CE	10/1/2005	\$236.40	3	NO
K	72127	COMPUTERIZED AXIAL TOMOGRAPHY, C	10/1/2005	\$287.01	3	NO
K	72128	COMPUTED TOMOGRAPHY, THORACIC SP	10/1/2005	\$202.67	3	NO
K	72129	COMPUTERIZED AXIAL TOMOGRAPHY TH	10/1/2005	\$236.66	3	NO
K	72130	COMPUTERIZED AXIAL TOMOGRAPHY, T	10/1/2005	\$287.01	3	NO
K	72131	COMPUTED TOMOGRAPHY, LUMBAR SPIN	10/1/2005	\$202.67	3	NO
K	72132	COMPUTERIZED AXIAL TOMOGRAPHY LU	10/1/2005	\$236.40	3	NO
K	72133	COMPUTERIZED AXIAL TOMOGRAPHY, L	10/1/2005	\$287.01	3	NO
K	72141	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$363.04	3	NO
K	72142	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$435.70	3	NO
K	72146	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$396.52	3	NO
K	72147	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$435.44	3	NO
K	72148	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$392.36	3	NO
K	72149	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$430.77	3	NO
K	72156	MAGNETIC RESONANCE (EG,PROTON) I	10/1/2005	\$771.49	3	NO
K	72157	MAGNETIC RESONANCE (EG,PROTON) I	10/1/2005	\$770.97	3	NO
K	72158	MAGNETIC RESONANCE (EG,PROTON) I	10/1/2005	\$763.97	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	72159	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$401.19	3	NO
K	72170	RADIOLOGIC EXAMINATION, PELVIS;	10/1/2005	\$20.24	3	NO
K	72190	RADIOLOGIC EXAMINATION PELVIS; C	10/1/2005	\$25.95	3	NO
K	72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$386.91	3	NO
K	72192	COMPUTERIZED AXIAL TOMOGRAPHY, P	10/1/2005	\$200.33	3	NO
K	72193	COMPUTERIZED AXIAL TOMOGRAPHY PE	10/1/2005	\$228.10	3	NO
K	72194	COMPUTERIZED AXIAL TOMOGRAPHY PE	10/1/2005	\$274.81	3	NO
K	72195	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$354.48	3	NO
K	72196	MAGNETIC RESONANSE (EG, PROTON)	10/1/2005	\$424.02	3	NO
K	72197	MAGNETIC RESONANCE IMAGING, PELV	10/1/2005	\$749.96	3	NO
K	72198	MAGNETIC RESONANCE ANGIOGRPAHY,	10/1/2005	\$370.05	3	NO
K	72200	RADIOLOGIC EXAMINATION SACROILIA	10/1/2005	\$20.24	3	NO
K	72202	RADIOLOGIC EXAMINATION SACROILIA	10/1/2005	\$23.87	3	NO
K	72220	RADIOLOGIC EXAMINATION SACRUM AN	10/1/2005	\$22.06	3	NO
K	72240	MYELOGRAPHY, CERVICAL, RADIOLOGI	10/1/2005	\$161.93	3	NO
K	72255	MYELOGRAPHY, THORACIC, RADIOLOGI	10/1/2005	\$149.73	3	NO
K	72265	MYELOGRAPHY, LUMBOSACRAL, RADIOL	10/1/2005	\$140.39	3	NO
K	72270	MYELOGRAPHY, ENTIRE SPINAL CANAL	10/1/2005	\$213.83	3	NO
K	72275	EPIDUROGRAPHY, RADIOLOGICAL SUPE	10/1/2005	\$86.15	3	NO
K	72285	DISKOGRAPHY, CERVICAL, RADIOLOGI	10/1/2005	\$269.88	3	NO
K	72295	DISKOGRAPHY, LUMBAR, RADIOLOGICA	10/1/2005	\$244.45	3	NO
K	73000	RADIOLOGIC EXAMINATION CLAVICLE	10/1/2005	\$19.72	3	NO
K	73010	RADIOLOGIC EXAMINATION; SCAPULA	10/1/2005	\$20.24	3	NO
K	73020	RADIOLOGIC EXAMINATION SHOULDER	10/1/2005	\$18.17	3	NO
K	73030	RADIOLOGIC EXAMINATION SHOULDER;	10/1/2005	\$22.32	3	NO
K	73040	RADIOLOGICAL EXAMINATION, SHOULD	10/1/2005	\$76.81	3	NO
K	73050	RADIOLOGIC EXAMINATION ACROMIOCL	10/1/2005	\$25.69	3	NO
K	73060	RADIOLOGIC EXAMINATION; HUMERUS	10/1/2005	\$22.06	3	NO
K	73070	RADIOLOGIC EXAMINATION, ELBOW; T	10/1/2005	\$19.46	3	NO
K	73080	RADIOLOGIC EXAMINATION ELBOW; CO	10/1/2005	\$22.06	3	NO
K	73085	RADIOLIGIC EXAMINATION, ELBOW, A	10/1/2005	\$77.33	3	NO
K	73090	RADIOLOGIC EXAMINATION; FOREARM,	10/1/2005	\$19.72	3	NO
K	73092	RADIOLOGIC EXAMINATION; UPPER EX	10/1/2005	\$18.94	3	NO
K	73100	RADIOLOGIC EXAMINATION, WRIST; T	10/1/2005	\$18.94	3	NO
K	73110	RADIOLOGIC EXAMINATION WRIST; CO	10/1/2005	\$20.50	3	NO
K	73115	RADIOLOGIC EXAMINATION, WRIST, A	10/1/2005	\$63.06	3	NO
K	73120	RADIOLOGIC EXAMINATION HAND TWO	10/1/2005	\$18.94	3	NO
K	73130	RADIOLOGIC EXAMINATION HAND; MIN	10/1/2005	\$20.50	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	73140	RADIOLOGIC EXAMINATION FINGER OR	10/1/2005	\$16.09	3	NO
K	73200	COMPUTED TOMOGRAPHY, UPPER EXTRE	10/1/2005	\$174.12	3	NO
K	73201	COMPUTERIZED AXIAL TOMOGRAPHY UP	10/1/2005	\$202.67	3	NO
K	73202	COMPUTERIZED AXIAL TOMOGRAPHY UP	10/1/2005	\$246.27	3	NO
K	73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$358.89	3	NO
K	73218	MAGNETIC RESONANCE IMAGING, UPPE	10/1/2005	\$348.77	3	NO
K	73219	MAGNETIC RESONANCE IMAGING, UPPE	10/1/2005	\$418.83	3	NO
K	73220	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$744.25	3	NO
K	73221	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$348.77	3	NO
K	73222	MAGNETIC RESONANCE IMAGING, ANY	10/1/2005	\$418.57	3	NO
K	73223	MAGNETIC RESONANCE IMAGING, ANY	10/1/2005	\$744.25	3	NO
K	73225	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$365.90	3	NO
K	73500	RADIOLOGIC EXAMINATION HIP UNILA	10/1/2005	\$18.94	3	NO
K	73510	RADIOLOGIC EXAMINATION HIP; COMP	10/1/2005	\$23.36	3	NO
K	73520	RADIOLOGIC EXAMINATION HIPS BILA	10/1/2005	\$27.77	3	NO
K	73525	RADIOLOGIC EXAMINATION, HIP, ART	10/1/2005	\$77.07	3	NO
K	73530	RADIOLOGIC EXAMINATION HIP DURIN	10/1/2005	\$24.39	3	NO
K	73540	RADIOLOGIC EXAMINATION PELVIS AN	10/1/2005	\$23.10	3	NO
K	73542	RADIOLOGICAL EXAMINATION, SACROI	10/1/2005	\$78.11	3	NO
K	73550	RADIOLOGIC EXAMINATION, FEMUR, T	10/1/2005	\$22.06	3	NO
K	73560	RADIOLOGIC EXAMINATION KNEE ANTE	10/1/2005	\$20.24	3	NO
K	73562	RADIOLOGIC EXAMINATION KNEE ANTE	10/1/2005	\$22.32	3	NO
K	73564	RADIOLOGIC EXAM, KNEE; COMPLETE,	10/1/2005	\$24.91	3	NO
K	73565	RADIOLOGIC EXAMINATION, KNEE; BO	10/1/2005	\$19.46	3	NO
K	73580	RADIOLOGIC EXAMINATION, KNEE, AR	10/1/2005	\$90.83	3	NO
K	73590	RADIOLOGIC EXAMINATION; TIBIA AN	10/1/2005	\$20.24	3	NO
K	73592	RADIOLOGIC EXAMINATION; LOWER EX	10/1/2005	\$18.94	3	NO
K	73600	RADIOLOGIC EXAMINATION, ANKLE; T	10/1/2005	\$18.94	3	NO
K	73610	RADIOLOGIC EXAMINATION ANKLE; CO	10/1/2005	\$20.50	3	NO
K	73615	RADIOLOGIC EXAMINATION, ANKLE, A	10/1/2005	\$77.07	3	NO
K	73620	RADIOLOGIC EXAMINATION, FOOT; TW	10/1/2005	\$18.94	3	NO
K	73630	RADIOLOGIC EXAMINATION FOOT; COM	10/1/2005	\$20.50	3	NO
K	73650	RADIOLOGIC EXAMINATION CALCANEUS	10/1/2005	\$18.42	3	NO
K	73660	RADIOLOGIC EXAMINATION; TOE OR T	10/1/2005	\$16.09	3	NO
K	73700	COMPUTED TOMOGRAPHY, LOWER EXTRE	10/1/2005	\$174.12	3	NO
K	73701	COMPUTERIZED AXIAL TOMOGRAPHY LO	10/1/2005	\$202.67	3	NO
K	73702	COMPUTIERIZED AXIAL TOMOGRAPHY L	10/1/2005	\$246.01	3	NO
K	73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$362.26	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	73718	MAGNETIC RESONANCE IMAGING, LOWE	10/1/2005	\$348.77	3	NO
K	73719	MAGNETIC RESONANCE IMAGING, LOWE	10/1/2005	\$418.57	3	NO
K	73720	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$743.99	3	NO
K	73721	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$348.77	3	NO
K	73722	MAGNETIC RESONANCE IMAGING, ANY	10/1/2005	\$418.57	3	NO
K	73723	MAGNETIC RESONANCE IMAGING, ANY	10/1/2005	\$744.25	3	NO
K	73725	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$370.83	3	NO
K	74000	RADIOLOGIC EXAMINATION ABDOMEN S	10/1/2005	\$20.50	3	NO
K	74010	RADIOLOGIC EXAMINATION ABDOMEN;	10/1/2005	\$24.13	3	NO
K	74020	RADIOLOGIC EXAMINATION ABDOMEN;	10/1/2005	\$26.73	3	NO
K	74022	RADIOLOGIC EXAMINATION, ABDOMEN;	10/1/2005	\$31.40	3	NO
K	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WI	10/1/2005	\$196.96	3	NO
K	74160	COMPUTERIZED AXIAL TOMOGRAPHY AB	10/1/2005	\$232.25	3	NO
K	74170	COMPUTERIZED AXIAL TOMOGRAPHY AB	10/1/2005	\$281.30	3	NO
K	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$389.77	3	NO
K	74181	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$354.22	3	NO
K	74182	MAGNETIC RESONANCE IMAGING, ABDO	10/1/2005	\$424.02	3	NO
K	74183	MAGNETIC RESONANCE IMAGING, ABDO	10/1/2005	\$749.96	3	NO
K	74185	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$370.05	3	NO
K	74190	PERITONEOGRAM, RADIOLOGICAL SUPER	10/1/2005	\$52.94	3	NO
K	74210	RADIOLOGIC EXAMINATION PHARYNX A	10/1/2005	\$45.41	3	NO
K	74220	RADIOLOGIC EXAMINATION; ESOPHAGU	10/1/2005	\$48.79	3	NO
K	74230	SWALLOWING FUNCTION, WITH CINERA	10/1/2005	\$54.50	3	NO
K	74235	REMOVAL OF FOREIGN BODY(S), ESOP	10/1/2005	\$114.18	3	NO
K	74240	RADIOLOGIC EXAMINATION GASTROINT	10/1/2005	\$64.62	3	NO
K	74241	RADIOLOGIC EXAMINATION GASTROINT	10/1/2005	\$65.39	3	NO
K	74245	RADIOLOGIC EXAM, GASTROINTESTINA	10/1/2005	\$97.57	3	NO
K	74246	RADIOLOGICAL EXAMINATION GASTROI	10/1/2005	\$69.81	3	NO
K	74247	RADIOLOGICAL EXAMINATION GASTROI	10/1/2005	\$71.10	3	NO
K	74249	RADIOLOGICAL EXAM, GASTROINTESTI	10/1/2005	\$102.76	3	NO
K	74250	RADIOLOGIC EXAMINATION, SMALL IN	10/1/2005	\$52.42	3	NO
K	74251	RADIOLOGIC EXAMINATION, SMALL BO	10/1/2005	\$60.46	3	NO
K	74260	DUODENOGRAPHY HYPOTONIC	10/1/2005	\$58.39	3	NO
K	74270	RADIOLOGIC EXAMINATION, COLON; B	10/1/2005	\$71.62	3	NO
K	74280	RADIOLOGIC EXAMINATION COLON AIR	10/1/2005	\$96.27	3	NO
K	74283	BARIUM ENEMA, THERAPEUTIC, FOR R	10/1/2005	\$141.95	3	NO
K	74290	CHOLECYSTOGRAPHY ORAL CONTRAST	10/1/2005	\$31.40	3	NO
K	74291	CHOLECYSTOGRAPHY ORAL CONTRAST A	10/1/2005	\$18.68	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	74300	CHOLANGIOGRAPHY AND/OR PANCREATO	10/1/2005	\$97.84	3	NO
K	74301	CHOLANGIOGRAPHY; ADDITIONAL SET	10/1/2005	\$7.53	3	NO
K	74305	CHOLANGIOGRAPHY AND/OR PANCREATO	10/1/2005	\$36.59	3	NO
K	74320	CHOLANGIOGRAPHY, PERCUTANEOUS, T	10/1/2005	\$105.36	3	NO
K	74327	POSTOPERATIVE BILIARY DUCT CALCU	10/1/2005	\$73.44	3	NO
K	74328	ENDOSCOPIC CATHETERIZATION OF TH	10/1/2005	\$111.07	3	NO
K	74329	ENDOSCOPIC CATHETERIZATION OF TH	10/1/2005	\$111.07	3	NO
K	74330	COMBINED ENDOSCOPIC CATHETERIZAT	10/1/2005	\$118.07	3	NO
K	74340	INTRO OF LONG GASTROINTESTINAL T	10/1/2005	\$90.83	3	NO
K	74350	PERCUTANEOUD PLACEMENT OF GASTRO	10/1/2005	\$113.14	3	NO
K	74355	PERCUTANEOUS PLACEMENT OF ENTERO	10/1/2005	\$98.61	3	NO
K	74360	INTRALUMINAL DILATION OF STRICTU	10/1/2005	\$105.88	3	NO
K	74363	PERCUTANEOUS TRANSHEPATIC DILATA	10/1/2005	\$198.26	3	NO
K	74400	UROGRAPHY (PYELOGRAPHY), INTRAVE	10/1/2005	\$63.84	3	NO
K	74410	UROGRAPHY, INFUSION, DRIP TECHN	10/1/2005	\$70.84	3	NO
K	74415	UROGRAPHY INFUSION DRIP TECHNIQU	10/1/2005	\$75.51	3	NO
K	74420	UROGRAPHY RETROGRADE WITH OR WIT	10/1/2005	\$84.60	3	NO
K	74425	UROGRAPHY, ANTEGRADE, (PYELOSTOG	10/1/2005	\$48.79	3	NO
K	74430	CYSTOGRAPHY, MINIMUM OF THREE VI	10/1/2005	\$40.22	3	NO
K	74440	VASOGRAPHY, VESICULOGRAPHY, OR E	10/1/2005	\$44.37	3	NO
K	74445	CORPORA CAVERNOSOGRAPHY, RADIOLO	10/1/2005	\$71.88	3	NO
K	74450	URETHROCYSTOGRAPHY, RETROGRADE,	10/1/2005	\$51.90	3	NO
K	74455	URETHROCYSTOGRAPHY, VOIDING, RAD	10/1/2005	\$55.53	3	NO
K	74470	RADIOLOGIC EXAMINATION, RENAL CY	10/1/2005	\$53.46	3	NO
K	74475	INTRODUCTION OF INTRACATHETER OR	10/1/2005	\$130.53	3	NO
K	74480	INTRO OF URETERAL CATHETER OR ST	10/1/2005	\$130.53	3	NO
K	74485	DILATION OF NEPHROSTOMY, URETERS	10/1/2005	\$105.36	3	NO
K	74710	PELVIMETRY WITH OR WITHOUT PLACE	10/1/2005	\$41.00	3	NO
K	74740	HYSTEROSALPINGOGRAPHY, RADIOLOGI	8/11/2003	NC	9	NO
K	74742	TRANSCERVICAL CATHETERIZATION OF	1/1/1993	NC	9	NO
K	74775	PERINEOGRAM (EG, VAGINOGRAM, FOR	10/1/2005	\$62.28	3	NO
K	75552	CARDIAC MAGNETIC RESONANCE IMAGI	10/1/2005	\$363.04	3	NO
K	75553	CARDIAC MAGNETIC RESONANCE IMAGI	10/1/2005	\$376.53	3	NO
K	75554	CARDIAC MAGNETIC RESONANCE IMAGI	10/1/2005	\$371.86	3	NO
K	75555	CARDIAC MAGNETIC RESONANCE IMAGI	10/1/2005	\$369.53	3	NO
K	75556	CARDIAC MAGNETIC RESONANCE IMAGI	10/1/2001	\$0.01	5	NO
K	75600	AORTOGRAPHY, THORACIC, W/OUT SER	10/1/2005	\$362.00	3	NO
K	75605	AORTOGRAPHY, THORACIC, BY SERIAL	10/1/2005	\$385.10	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	75625	AORTOGRAPHY, ABDOMINAL, BY SERIA	10/1/2005	\$384.84	3	NO
K	75630	AORTOGRAPHY, ABDOM PLUS BILAT IL	10/1/2005	\$423.76	3	NO
K	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$508.62	3	NO
K	75650	ANGIOGRAPHY, CERVICOCEREBRAL, CA	10/1/2005	\$397.29	3	NO
K	75658	ANGIOGRAPHY, BRACHIAL, RETROGRAD	10/1/2005	\$391.85	3	NO
K	75660	ANGIOGRAPHY, EXTERNAL CAROTID, U	10/1/2005	\$391.33	3	NO
K	75662	ANGIOGRAPHY, EXTERNAL CAROTID, B	10/1/2005	\$404.30	3	NO
K	75665	ANGIOGRAPHY, CAROTID, CEREBRAL,	10/1/2005	\$391.59	3	NO
K	75671	ANGIOGRAPHY, CAROTID, CEREBRAL,	10/1/2005	\$403.52	3	NO
K	75676	ANGIOGRAPHY, CAROTID, CERVICAL,	10/1/2005	\$391.59	3	NO
K	75680	ANGIOGRAPHY, CAROTID, CERVICAL,	10/1/2005	\$403.52	3	NO
K	75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL	10/1/2005	\$390.81	3	NO
K	75705	ANGIOGRAPHY, SPINAL, SELECTIVE,	10/1/2005	\$422.73	3	NO
K	75710	ANGIOGRAPHY, EXTREMITY, UNILATER	10/1/2005	\$385.36	3	NO
K	75716	ANGIOGRAPHY, EXTREMITY, BILATERA	10/1/2005	\$390.81	3	NO
K	75722	ANGIOGRAPHY, RENAL, UNILATERAL,	10/1/2005	\$385.36	3	NO
K	75724	ANGIOGRAPHY, RENAL, BILATERAL, S	10/1/2005	\$398.59	3	NO
K	75726	ANGIOGRAPHY, VISCERAL, SELECTIVE O	10/1/2005	\$384.32	3	NO
K	75731	ANGIOGRAPHY, ADRENAL, UNILATERAL	10/1/2005	\$384.58	3	NO
K	75733	ANGIOGRAPHY, ADRENAL, BILATERAL,	10/1/2005	\$390.81	3	NO
K	75736	ANGIOGRAPHY, PELVIC, SELECTIVE O	10/1/2005	\$384.84	3	NO
K	75741	ANGIOGRAPHY, PULMONARY, UNILATER	10/1/2005	\$390.55	3	NO
K	75743	ANGIOGRAPHY, PULMONARY, BILATERA	10/1/2005	\$402.74	3	NO
K	75746	ANGIOGRAPHY, PULMONARY, BY NONSE	10/1/2005	\$384.58	3	NO
K	75756	ANGIOGRAPHY, INTERNAL MAMMARY, R	10/1/2005	\$386.14	3	NO
K	75774	ANGIOGRAPHY, SELECTIVE, EACH ADD	10/1/2005	\$356.81	3	NO
K	75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT	10/1/2005	\$103.02	3	NO
K	75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY	10/1/2005	\$177.76	3	NO
K	75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY	10/1/2005	\$189.44	3	NO
K	75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMIN	10/1/2005	\$196.18	3	NO
K	75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMIN	10/1/2005	\$208.38	3	NO
K	75809	SHUNTOGRAM FOR INVESTIGATION OF	10/1/2005	\$38.15	3	NO
K	75810	SPLENOPTOGRAPHY, RADIOLOGICAL	10/1/2005	\$384.32	3	NO
K	75820	VENOGRAPHY, EXTREMITY, UNILATERA	10/1/2005	\$51.38	3	NO
K	75822	VENOGRAPHY, EXTREMITY, BILATERAL	10/1/2005	\$78.37	3	NO
K	75825	VENOGRAPHY, CAVAL, INFERIOR, W/S	10/1/2005	\$384.84	3	NO
K	75827	VENOGRAPHY, CAVAL, SUPERIOR, W/S	10/1/2005	\$384.58	3	NO
K	75831	VENOGRAPHY, RENAL, UNILATERAL, S	10/1/2005	\$384.84	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	75833	VENOGRAPHY, RENAL, BILATERAL, SE	10/1/2005	\$397.55	3	NO
K	75840	VENOGRAPHY, ADRENAL, UNILATERAL,	10/1/2005	\$385.10	3	NO
K	75842	VENOGRAPHY, ADRENAL, BILATERAL,	10/1/2005	\$396.78	3	NO
K	75860	VENOGRAPHY, SINUS OR JUGULAR, CA	10/1/2005	\$384.84	3	NO
K	75870	VENOGRAPHY, SUPERIOR SAGITTAL SI	10/1/2005	\$384.84	3	NO
K	75872	VENOGRAPHY, EPIDURAL, RADIOLOGIC	10/1/2005	\$386.40	3	NO
K	75880	VENOGRAPHY, ORBITAL, RADIOLOGICA	10/1/2005	\$51.12	3	NO
K	75885	PERCUTANEOUS TRANSHEPATIC PORTOG	10/1/2005	\$395.22	3	NO
K	75887	PERCUTANEOUS TRANSHEPATIC PORTOG	10/1/2005	\$394.96	3	NO
K	75889	HEPATIC VENOGRAPHY, WEDGED OR FR	10/1/2005	\$384.32	3	NO
K	75891	HEPATIC VENOGRAPHY, WEDGED OR FR	10/1/2005	\$384.32	3	NO
K	75893	VENOUS SAMPLING THRU CATH, W/OR	10/1/2005	\$363.30	3	NO
K	75894	TRANSCATHETER THERAPY, EMBOLIZAT	10/1/2005	\$706.36	3	NO
K	75896	TRANSCATHETER THERAPY, INFUSION,	10/1/2005	\$620.72	3	NO
K	75898	ANGIOGRAPHY THRU EXISTING CATHET	10/1/2005	\$87.97	3	NO
K	75900	EXCHANGE OF A PREVIOUSLY PLACED	10/1/2005	\$590.62	3	NO
K	75901	MECHANICAL REMOVAL OF PERICATHET	10/1/2005	\$72.92	3	NO
K	75902	MECHANICAL REMOVAL OF INTRALUMIN	10/1/2005	\$69.55	3	NO
K	75940	PERCUTANEOUS PLACEMENT OF IVC FI	10/1/2005	\$363.56	3	NO
K	75945	INTRAVASCULAR ULTRASOUND (NON-CO	10/1/2005	\$139.61	3	NO
K	75946	INTRAVASCULAR ULTRASOUND (NON-CO	10/1/2005	\$78.11	3	NO
K	75952	ENDOVASCULAR REPAIR OF INFRARENA	6/1/2004	\$0.01	5	NO
K	75953	PLACEMENT OF PROXIMAL OR DISTAL	6/1/2004	\$0.01	5	NO
K	75954	ENDOVASCULAR REPAIR OF ILIAC ART	1/1/2003	\$0.01	5	NO
K	75960	TRANSCATHETER INTRO OF INTRAVASC	10/1/2005	\$436.48	3	NO
K	75961	TRANSCATHETER RETRIEVAL,PERCUTAN	10/1/2005	\$438.56	3	NO
K	75962	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$449.71	3	NO
K	75964	TRANSLUMIANL BALLOON ANGIOPLASTY	10/1/2005	\$242.11	3	NO
K	75966	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$477.74	3	NO
K	75968	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$242.11	3	NO
K	75970	TRANSCATHETER BIOPSY, RADIOLOGIC	10/1/2005	\$344.88	3	NO
K	75978	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$449.45	3	NO
K	75980	PERCUTANEOUS TRANSHEPATIC BILIRY	10/1/2005	\$199.04	3	NO
K	75982	PERCUTANEOUS PLACE OF DRAIN CATH	10/1/2005	\$217.98	3	NO
K	75984	CHANGE OF PERCUTANEOUS TUBE OR D	10/1/2005	\$78.89	3	NO
K	75989	RADIOLOGICAL GUIDANCE FOR PERCUT	10/1/2005	\$128.45	3	NO
K	75992	TRANSLUMINAL ATHERECTOMY, PERIPH	10/1/2005	\$449.71	3	NO
K	75993	TRANSLUMINAL ATHERECTOMY, EACH A	10/1/2005	\$242.11	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	75994	TRANSLUMINAL ATHERECTOMY, RENAL,	10/1/2005	\$477.74	3	NO
K	75995	TRANSLUMINAL ATHERECTOMY, VISCER	10/1/2005	\$477.48	3	NO
K	75996	TRANSLUMINAL ATHERECTOMY, EACH A	10/1/2005	\$241.85	3	NO
K	75998	FLUOROSCOPIC GUIDANCE FOR CENTRA	10/1/2005	\$50.08	3	NO
K	76000	FLUOROSCOPY (SEP PROC), UP TO ON	10/1/2005	\$41.78	3	NO
K	76001	FLUOROSCOPY, PHYS TIME MORE THAN	10/1/2005	\$96.02	3	NO
K	76003	FLUOROSCOPIC GUIDANCE FOR NEEDLE	10/1/2005	\$55.01	3	NO
K	76005	FLUOROSCOPIC GUIDANCE AND LOCALI	10/1/2005	\$56.31	3	NO
K	76006	MANUAL APPLICATION OF STRESS PER	10/1/2005	\$16.87	3	NO
K	76010	RADIOLOGIC EXAMINATION FROM NOSE	10/1/2005	\$20.50	3	NO
K	76012	RADIOLOGICAL SUPERVISION AND INT	6/1/2004	\$0.01	5	NO
K	76013	RADIOLOGICAL SUPERVISION AND INT	6/1/2004	\$0.01	5	NO
K	76020	BONE AGE STUDIES	10/1/2005	\$20.76	3	NO
K	76040	BONE LENGTH STUDIES (ORTHO ROENTG	10/1/2005	\$31.14	3	NO
K	76061	RADIOLOGIC EXAMINATION OSSEOUS S	10/1/2005	\$43.60	3	NO
K	76062	RADIOLOGIC EXAMINATION OSSEOUS S	10/1/2005	\$58.65	3	NO
K	76065	INFANT	10/1/2005	\$45.15	3	NO
K	76066	JOINT SURVEY, SINGLE VIEW, TWO O	10/1/2005	\$41.52	3	NO
K	76070	COMPUTED TOMOGRAPHY, BONE MINERA	10/1/2005	\$89.53	3	NO
K	76071	COMPUTED TOMOGRAPHY, BONE MINERA	10/1/2005	\$85.64	3	NO
K	76075	DUAL ENERGY X-RAY ABSORPTIOMETRY	10/1/2005	\$95.24	3	NO
K	76076	DUAL ENERGY X-RAY ABSORPTIOMETRY	10/1/2005	\$28.80	3	NO
K	76077	DUAL ENERGY X-RAY ABSORPTIOMETRY	10/1/2005	\$26.99	3	NO
K	76078	RADIOGRAPHIC ABSORPTIOMETRY (EG,	10/1/2005	\$28.03	3	NO
K	76080	RADIOLOGIC EXAM, FISTULA OR SINU	10/1/2005	\$48.01	3	NO
K	76082	COMPUTER AIDED DETECTION WITH FU	10/1/2005	\$13.49	3	NO
K	76083	COMPUTER AIDED DETECTION WITH FU	10/1/2005	\$13.49	3	NO
K	76085	DIGITIZATION OF FILM RADIOGRAPHI	4/1/2004	INVALID	N	NO
K	76086	MAMMARY DUCTOGRAM OR GALACTOGRAM	10/1/2005	\$84.60	3	NO
K	76088	MAMMARY DUCTOGRAM OR GALACTOGRAM	10/1/2005	\$116.00	3	NO
K	76090	MAMMOGRAPHY UNILATERAL	10/1/2005	\$53.72	3	NO
K	76091	MAMMOGRAPHY; BILATERAL	10/1/2005	\$66.69	3	NO
K	76092	SCREENING MAMMOGRAPHY, BILATERAL	10/1/2005	\$58.65	3	NO
K	76093	MAGNETIC RESONANCE IMAGING, BREA	10/1/2005	\$538.98	3	NO
K	76094	MAGNETIC RESONANCE IMAGING, BREA	10/1/2005	\$710.51	3	NO
K	76095	STEREOTACTIC LOCALIZATION GUIDAN	10/1/2005	\$252.49	3	NO
K	76096	MAMMOGRAPHIC GUIDANCE FOR NEEDLE	10/1/2005	\$55.79	3	NO
K	76098	RADIOLOGICAL EXAMINATION, SURGIC	10/1/2005	\$17.13	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	76100	RADIOLOGICAL EXAMINATION, SINGLE	10/1/2005	\$55.01	3	NO
K	76101	RADIOLOGIC EXAM,CMLPX MOTION(HYP	10/1/2005	\$59.69	3	NO
K	76102	RADIOLOGIC EXAMINATION COMPLEX M	10/1/2005	\$68.51	3	NO
K	76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY	10/1/2005	\$42.56	3	NO
K	76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY	10/1/2005	\$31.14	3	NO
K	76140	CONSULTATION ON X-RAY EXAMINATIO	4/1/1982	\$0.01	5	NO
K	76150	XERORADIOGRAPHY	10/1/2005	\$11.42	3	NO
K	76350	SUBTRACTION IN CONJUNCTION WITH	1/1/2003	\$78.20	3	NO
K	76355	COMPUTED TOMOGRAPHY GUIDANCE FOR	10/1/2005	\$268.58	3	NO
K	76360	COMPUTED TOMOGRAPHY GUIDANCE FOR	10/1/2005	\$266.51	3	NO
K	76362	COMPUTERIZED AXIAL TOMOGRAPHIC G	10/1/2005	\$394.44	3	NO
K	76370	COMPUTED TOMOGRAPHY GUIDANCE FOR	10/1/2005	\$111.07	3	NO
K	76375	CORONAL, SAGITTAL, MULTIPLANAR,	1/1/2006	INVALID	N	NO
K	76376	3D RENDERING W/INTERPRETATION AN	1/1/2006	\$98.61	3	NO
K	76377	3D RENDERING W/INTERPRETATION AN	1/1/2006	\$126.64	3	NO
K	76380	COMPUTED TOMOGRAPHY, LIMITED OR	10/1/2005	\$130.27	3	NO
K	76390	MAGNETIC RESONANCE SPECTROSCOPY	10/1/2005	\$351.36	3	NO
K	76393	MAGNETIC RESONANCE GUIDANCE FOR	10/1/2005	\$359.15	3	NO
K	76394	MAGNETIC RESONANCE GUIDANCE FOR,	10/1/2005	\$483.19	3	NO
K	76400	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$362.78	3	NO
K	76490	ULTRASOUND GUIDANCE FOR, AND MON	4/1/2004	INVALID	N	NO
K	76496	UNLISTED FLUOROSCOPIC PROCEDURE	1/1/2003	\$0.01	5	NO
K	76497	UNLISTED COMPUTED TOMOGRAPHY PRO	1/1/2003	\$0.01	5	NO
K	76498	UNLISTED MAGNETIC RESONANCE PROC	1/1/2003	\$0.01	5	NO
K	76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC	4/1/1982	\$0.01	5	NO
K	76506	ECHOENCEPHALOGRAPHY, B-MODE (GRA	10/1/2005	\$62.80	3	NO
K	76510	OPHTHALMIC ULTRASOUND, DIAGNOSTI	10/1/2005	\$117.03	3	NO
K	76511	OPHTHALMIC ULTRASOUND, DIAGNOSTI	10/1/2005	\$90.05	3	NO
K	76512	OPHTHALMIC ULTRASOUND, DIAGNOSTI	10/1/2005	\$85.38	3	NO
K	76513	OPHTHALMIC ULTRASOUND, ECHOGRAPH	10/1/2005	\$67.21	3	NO
K	76514	OPHTHALMIC ULTRASOUND, ECHOGRAPH	10/1/2005	\$8.30	3	NO
K	76516	OPHTHALMIC BIOMETRY BY ULTRASOUN	10/1/2005	\$53.98	3	NO
K	76519	OPHTHALMIC BIOMETRY BY ULTRASOUN	10/1/2005	\$56.31	3	NO
K	76529	OPHTHALMIC ULTRASONIC FOREIGN BO	10/1/2005	\$52.94	3	NO
K	76536	ULTRASOUND, SOFT TISSUES OF HEAD	10/1/2005	\$58.91	3	NO
K	76604	ULTRASOUND, CHEST, B-SCAN (INCL	10/1/2005	\$55.27	3	NO
K	76645	ULTRASOUND, BREAST(S) (UNILATERA	10/1/2005	\$48.01	3	NO
K	76700	ULTRASOUND, ABDOMINAL, B-SCAN AN	10/1/2005	\$83.04	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	76705	ECHOGRAPHY ABDOMINAL B-SCAN AND/	10/1/2005	\$59.94	3	NO
K	76770	ULTRASOUND, RETROPERITONEAL (REN	10/1/2005	\$80.19	3	NO
K	76775	ECHOGRAPHY RETROPERITONEAL B-SCA	10/1/2005	\$59.69	3	NO
K	76778	ULTRASOUND, TRANSPLANTED KIDNEY,	10/1/2005	\$80.19	3	NO
K	76800	ULTRASOUND, SPINAL CANAL AND CON	10/1/2005	\$78.37	3	NO
K	76801	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$93.16	3	NO
K	76802	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$60.46	3	NO
K	76805	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$93.16	3	NO
K	76810	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$68.25	3	NO
K	76811	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$172.83	3	NO
K	76812	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$103.28	3	NO
K	76815	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$62.54	3	NO
K	76816	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$61.76	3	NO
K	76817	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$67.99	3	NO
K	76818	FETAL BIOPHYSICAL PROFILE; WITH	10/1/2005	\$83.04	3	NO
K	76819	FETAL BIOPHYSICAL PROFILE; WITHO	10/1/2005	\$72.40	3	NO
K	76820	DOPPLER VELOCIMETRY, FETAL; UMBI	10/1/2005	\$63.58	3	NO
K	76821	DOPPLER VELOCIMETRY, FETAL; MIDD	10/1/2005	\$70.84	3	NO
K	76825	ECHOCARDIOGRAPHY, FETAL, CARDIOV	10/1/2005	\$114.70	3	NO
K	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOV	10/1/2005	\$49.56	3	NO
K	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL,	10/1/2005	\$69.03	3	NO
K	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL,	10/1/2005	\$51.90	3	NO
K	76830	ULTRASOUND, TRANSVAGINAL	10/1/2005	\$66.69	3	NO
K	76831	HYSTEROSONOGRAPHY, WITH OR WITHO	10/1/2005	\$67.99	3	NO
K	76856	ULTRASOUND, PELVIC (NON-OBSTETRI	10/1/2005	\$66.69	3	NO
K	76857	ECHOGRAPHY, PELVIC (NON-OBSTETRI	10/1/2005	\$59.43	3	NO
K	76870	ULTRASOUND, SCROTUM AND CONTENTS	10/1/2005	\$64.88	3	NO
K	76872	ECHOGRAPHY, TRANSRECTAL	10/1/2005	\$79.67	3	NO
K	76873	ECHOGRAPHY, TRANSRECTAL; PROSTAT	10/1/2005	\$114.18	3	NO
K	76880	ULTRASOUND, EXTREMITY, NON-VASCU	10/1/2005	\$59.94	3	NO
K	76885	ULTRASOUND, INFANT HIPS, REAL TI	10/1/2005	\$68.25	3	NO
K	76886	ULTRASOUND, INFANT HIPS, REAL TI	10/1/2005	\$60.98	3	NO
K	76930	ULTRASONIC GUIDANCE FOR PERICARD	10/1/2005	\$66.43	3	NO
K	76932	ULTRASONIC GUIDANCE FOR ENDOMYOC	10/1/2005	\$66.43	3	NO
K	76936	ULTRASOUND GUIDED COMPRESSION RE	10/1/2005	\$244.19	3	NO
K	76937	ULTRASOUND GUIDANCE FOR VASCULAR	10/1/2005	\$23.61	3	NO
K	76940	ULTRASOUND GUIDANCE FOR, AND MON	10/1/2005	\$123.26	3	NO
K	76941	ULTRASONIC GUIDANCE FOR INTRAUTE	10/1/2005	\$90.57	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	76942	ULTRASONIC GUIDANCE FOR NEEDLE P	10/1/2005	\$99.39	3	NO
K	76945	ULTRASONIC GUIDANCE FOR CHORIONI	10/1/2005	\$65.91	3	NO
K	76946	ULTRASONIC GUIDANCE FOR AMNIOCEN	10/1/2005	\$56.05	3	NO
K	76948	ULTRASONIC GUIDANCE FOR ASPIRATI	10/1/2005	\$55.79	3	NO
K	76950	ULTRASONIC GUIDANCE FOR PLACEMEN	10/1/2005	\$56.57	3	NO
K	76965	ULTRASONIC GUIDANCE FOR INTERSTI	10/1/2005	\$200.07	3	NO
K	76970	ULTRASOUND STUDY FOLLOW-UP (SPEC	10/1/2005	\$43.08	3	NO
K	76975	GASTROINTESTINAL ENDOSCOPIC ULTR	10/1/2005	\$71.36	3	NO
K	76977	ULTRASOUND BOND DENSITY MEASUREM	10/1/2005	\$24.65	3	NO
K	76986	ULTRASONIC GUIDANCE, INTRAOPERAT	10/1/2005	\$116.26	3	NO
K	76999	UNLISTED ULTRASOUND PROCEDURE (E	4/1/1982	\$0.01	5	NO
K	77261	THERAPEUTIC RADIOLOGY TREATMENT	10/1/2005	\$51.12	3	NO
K	77262	THERAPEUTIC RADIOLOGY TREATMENT	10/1/2005	\$77.07	3	NO
K	77263	THERAPEUTIC RADIOLOGY TREATMENT	10/1/2005	\$114.44	3	NO
K	77280	THERAPEUTIC RADIOLOGY SIMULATION	10/1/2005	\$119.63	3	NO
K	77285	THERAPEUTIC RADIOLOGY SIMULATION	10/1/2005	\$189.69	3	NO
K	77290	THERAPEUTIC RADIOLOGY SIMULATION	10/1/2005	\$233.55	3	NO
K	77295	THERAPEUTIC RADIOLOGY SIMULATION	10/1/2005	\$925.64	3	NO
K	77299	UNLISTED PROCEDURE, THERAPEUTIC	4/1/1982	\$0.01	5	NO
K	77300	BASIC RADIATION DOSIMETRY CALCUL	10/1/2005	\$58.65	3	NO
K	77301	INTENSITY MODULATED RADIOTHERAPY	10/1/2005	\$1,047.34	3	NO
K	77305	TELEETHERAPY ISODOSE PLAN (WHETHE	10/1/2005	\$76.29	3	NO
K	77310	TELEETHERAPY ISODOSE PLAN (WHETHE	10/1/2005	\$101.21	3	NO
K	77315	TELEETHERAPY, ISODOSE PLAN (WHETH	10/1/2005	\$128.19	3	NO
K	77321	SPECIAL TELEETHERAPY PORT PLAN, P	10/1/2005	\$144.02	3	NO
K	77326	BRACHYTHERAPY ISODOSE PLAN; SIMP	10/1/2005	\$97.83	3	NO
K	77327	BRACHYTHERAPY ISODOSE CALCULATIO	10/1/2005	\$144.02	3	NO
K	77328	BRACHYTHERAPY ISODOSE CALCULATIO	10/1/2005	\$209.68	3	NO
K	77331	SPECIAL DOSIMETRY (EG, TLD, MICR	10/1/2005	\$44.37	3	NO
K	77332	TREATMENT DEVICES, DESIGN AND CO	10/1/2005	\$55.79	3	NO
K	77333	TREATMENT DEVICES DESIGN AND CON	10/1/2005	\$81.74	3	NO
K	77334	TREATMENT DEVICES DESIGN AND CON	10/1/2005	\$132.86	3	NO
K	77336	CONTINUING MEDICAL RADIATION PHY	10/1/2005	\$81.48	3	NO
K	77370	SPECIAL MEDICAL RADIATION PHYSIC	10/1/2005	\$95.24	3	NO
K	77399	UNLISTED PROCEDURE MEDICAL RADIA	4/1/1982	\$0.01	5	NO
K	77401	RADIATION TREATMENT DELIVERY, SU	10/1/2005	\$48.79	3	NO
K	77402	RADIATION TREATMENT DELIVERY,SIN	10/1/2005	\$48.79	3	NO
K	77403	RADIATION TREATMENT DELIVERY,SIN	10/1/2005	\$48.79	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	77404	RADIATION TREATMENT DELIVERY,SIN	10/1/2005	\$48.79	3	NO
K	77406	RADIATION TREATMENT DELIVERY,SIN	10/1/2005	\$48.79	3	NO
K	77407	RADIATION TREATMENT DELIVERY,TWO	10/1/2005	\$57.35	3	NO
K	77408	RADIATION TREATMENT DELIVERY,TWO	10/1/2005	\$57.35	3	NO
K	77409	RADIATION TREATMENT DELIVERY,TWO	10/1/2005	\$57.35	3	NO
K	77411	RADIATION TREATMENT DELIVERY,TWO	10/1/2005	\$57.35	3	NO
K	77412	RADIATION TREATMENT DELIVERY,THR	10/1/2005	\$63.84	3	NO
K	77413	RADIATION TREATMENT DELIVERY,THR	10/1/2005	\$63.84	3	NO
K	77414	RADIATION TREATMENT DELIVERY,THR	10/1/2005	\$63.84	3	NO
K	77416	RADIATION TREATMENT DELIVERY,THR	10/1/2005	\$63.84	3	NO
K	77417	THERAPEUTIC RADIOLOGY PORT FILM(	10/1/2005	\$16.35	3	NO
K	77418	INTENSITY MODULATED TREATMENT DE	10/1/2005	\$469.95	3	NO
K	77421	STEREOSCOPIC X-RAY GUIDANCE FOR	1/1/2006	\$103.80	3	NO
K	77422	HIGH ENERGY NEUTRON RADIATION TR	1/1/2006	\$47.75	3	NO
K	77423	HIGH ENERGY NEUTRON RADIATION TR	1/1/2006	\$62.02	3	NO
K	77427	RADIATION TREATMENT MANAGEMENT,	10/1/2005	\$117.81	3	NO
K	77431	RADIATION THERAPY MANAGEMENT W/C	10/1/2005	\$66.95	3	NO
K	77432	STEREOTACTIC RADIATION TREATMENT	10/1/2005	\$291.42	3	NO
K	77470	SPECIAL TREATMENT PROCEDURE (EG,	10/1/2005	\$379.13	3	NO
K	77499	UNLISTED PROCEDURE THERAPEUTIC R	9/20/1993	\$0.01	5	NO
K	77520	PROTON TREATMENT DELIVERY; SIMPL	12/1/2002	\$0.01	5	NO
K	77522	PROTON TREATMENT DELIVERY; SIMPL	12/1/2002	\$0.01	5	NO
K	77523	PROTON TREATMENT DELIVERY; INTER	12/1/2002	\$0.01	5	NO
K	77525	PROTON TREATMENT DELIVERY; COMPL	10/1/2001	\$0.01	5	NO
K	77600	HYPERTHERMIA, EXTERNALLY GENERAT	10/1/2005	\$138.83	3	NO
K	77605	HYPERTHERMIA, EXTERNALLY GENERAT	10/1/2005	\$186.58	3	NO
K	77610	HYPERTHERMIA GENERATED BY INTERS	10/1/2005	\$139.09	3	NO
K	77615	HYPERTHERMIA GENERATED BY INTERS	10/1/2005	\$185.28	3	NO
K	77620	HYPERTHERMIA GENERATED BY INTRAC	10/1/2005	\$142.47	3	NO
K	77750	INFUSION OR INSTILLATION OF RADI	10/1/2005	\$210.97	3	NO
K	77761	INTRACAVITARY RADIATION SOURCE A	10/1/2005	\$200.33	3	NO
K	77762	INTRACAVITARY RADIOELEMENT APPLI	10/1/2005	\$302.06	3	NO
K	77763	INTRACAVITARY RADIOELEMENT APPLI	10/1/2005	\$427.40	3	NO
K	77776	INTERSTITIAL RADIATION SOURCE AP	10/1/2005	\$216.42	3	NO
K	77777	INTERSTITIAL RADIOELEMENT APPLIC	10/1/2005	\$381.47	3	NO
K	77778	INTERSTITIAL RADIOELEMENT APPLIC	10/1/2005	\$537.42	3	NO
K	77781	REMOTE AFTERLOADING HIGH INTENSI	10/1/2005	\$613.20	3	NO
K	77782	REMOTE AFTERLOADING HIGH INTENSI	10/1/2005	\$643.04	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	77783	REMOTE AFTERLOADING HIGH INTENSI	10/1/2005	\$686.64	3	NO
K	77784	REMOTE AFTERLOADING HIGH INTENSI	10/1/2005	\$753.59	3	NO
K	77789	SURFACE APPLICATION OF RADIATION	10/1/2005	\$52.16	3	NO
K	77790	SUPERVISION, HANDLING, LOADING O	10/1/2005	\$50.86	3	NO
K	77799	UNLISTED PROCEDURE CLINICAL BRAC	4/1/1982	\$0.01	5	NO
K	78000	THYROID UPTAKE; SINGLE DETERMINA	10/1/2005	\$33.48	3	NO
K	78001	THYROID UPTAKE; MULTIPLE DETERMI	10/1/2005	\$45.15	3	NO
K	78003	THYROID UPTAKE; STIMULATION SUPP	10/1/2005	\$38.41	3	NO
K	78006	THYROID IMAGING WITH UPTAKE SING	10/1/2005	\$82.52	3	NO
K	78007	THYROID IMAGING WITH UPTAKE; MUL	10/1/2005	\$88.23	3	NO
K	78010	THYROID IMAGING; ONLY	10/1/2005	\$64.10	3	NO
K	78011	THYROID IMAGING; WITH VASCULAR F	10/1/2005	\$82.00	3	NO
K	78015	THYROID CARCINOMA METASTASES IMA	10/1/2005	\$94.46	3	NO
K	78016	THYROID CARCINOMA METASTASES IMA	10/1/2005	\$124.56	3	NO
K	78018	THYROID CARCINOMA METASTASES IMA	10/1/2005	\$179.31	3	NO
K	78020	THYROID CARCINOMA METASTASES UPT	10/1/2005	\$59.17	3	NO
K	78070	PARATHYROID IMAGING	10/1/2005	\$143.24	3	NO
K	78075	ADRENAL IMAGING, CORTEX AND/OR M	10/1/2005	\$174.90	3	NO
K	78099	UNLISTED ENDOCRINE PROCEDURE DIA	10/1/2001	\$0.01	5	NO
K	78102	BONE MARROW IMAGING LIMITED AREA	10/1/2005	\$75.77	3	NO
K	78103	BONE MARROW IMAGING; MULTIPLE AR	10/1/2005	\$113.66	3	NO
K	78104	BONE MARROW IMAGING; WHOLE BODY	10/1/2005	\$139.87	3	NO
K	78110	PLASMA VOLUME, RADIOPHARMACEUTIC	10/1/2005	\$33.22	3	NO
K	78111	BLOOD OR PLASMA VOLUME RADIOISOT	10/1/2005	\$78.37	3	NO
K	78120	RED CELL VOLUME DETERMINATION (S	10/1/2005	\$56.05	3	NO
K	78121	RED CELL MASS DETERMINATION; MUL	10/1/2005	\$90.57	3	NO
K	78122	WHOLE BLOOD BOLUME DETERMINATION	10/1/2005	\$141.95	3	NO
K	78130	RED CELL SURVIVAL STUDY;	10/1/2005	\$99.65	3	NO
K	78135	RED CELL SURVIVAL STUDY; DIFFERE	10/1/2005	\$155.96	3	NO
K	78140	LABELED RED CELL SEQUESTRATION,	10/1/2005	\$129.23	3	NO
K	78160	PLASMA RADIOIRON DISAPPEARANCE (	1/1/2006	INVALID	N	NO
K	78162	RADIOIRON ORAL ABSORPTION	1/1/2006	INVALID	N	NO
K	78170	RADIOIRON RED CELL UTILIZATION	1/1/2006	INVALID	N	NO
K	78172	CHELATABLE IRON FOR ESTIMATION O	1/1/2006	INVALID	N	NO
K	78185	SPLEEN IMAGING ONLY, WITH OR WIT	10/1/2005	\$79.15	3	NO
K	78190	KINETICS, STUDY OF PLATELET SURVI	10/1/2005	\$196.44	3	NO
K	78191	PLATELET SURVIVAL STUDY	10/1/2005	\$221.87	3	NO
K	78195	LYMPHATICS AND LYMPH NODES IMAGI	10/1/2005	\$154.66	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	78199	UNLISTED HEMATOPOIETIC, RETICULO	4/1/1982	\$0.01	5	NO
K	78201	LIVER IMAGING STATIC ONLY	10/1/2005	\$80.45	3	NO
K	78202	LIVER IMAGING; WITH VASCULAR FLO	10/1/2005	\$96.53	3	NO
K	78205	LIVER IMAGING (SPECT)	10/1/2005	\$186.84	3	NO
K	78206	LIVERY IMAGING (SPECT); WITH VAS	10/1/2005	\$190.73	3	NO
K	78215	LIVER AND SPLEEN IMAGING STATIC	10/1/2005	\$97.31	3	NO
K	78216	LIVER AND SPLEEN IMAGING; WITH V	10/1/2005	\$115.22	3	NO
K	78220	LIVER FUNCTION STUDY WITH HEPATO	10/1/2005	\$118.85	3	NO
K	78223	HEPATOBIILIARY DUCTAL SYSTEM IMAG	10/1/2005	\$130.01	3	NO
K	78230	SALIVARY GLAND IMAGING;	10/1/2005	\$76.03	3	NO
K	78231	SALIVARY GLAND IMAGING; WITH SER	10/1/2005	\$105.36	3	NO
K	78232	SALIVARY GLAND FUNCTION STUDY	10/1/2005	\$113.40	3	NO
K	78258	ESOPHAGEAL MOTILITY	10/1/2005	\$104.84	3	NO
K	78261	GASTRIC MUCOSA IMAGING	10/1/2005	\$137.02	3	NO
K	78262	GASTROESOPHAGEAL REFLUX STUDY	10/1/2005	\$140.39	3	NO
K	78264	GASTRIC EMPTYING STUDY	10/1/2005	\$140.65	3	NO
K	78267	UREA BREATH TEST, C-14; ACQUISIT	10/1/2001	\$6.53	3	NO
K	78268	UREA BREATH TEST, C-14; ANALYSIS	10/1/2001	\$55.99	3	NO
K	78270	VITAMIN B-12 ABSORPTION STUDY (E	10/1/2005	\$50.08	3	NO
K	78271	VITAMIN B-12 ABSORPTION STUDY (E	10/1/2005	\$52.42	3	NO
K	78272	VITAMIN B-12 ABSORPTION STUDIES	10/1/2005	\$73.18	3	NO
K	78278	ACUTE GASTROINTESTINAL BLOOD LOS	10/1/2005	\$168.16	3	NO
K	78282	GASTROINTESTINAL PROTEIN LOSS	10/1/2001	\$0.01	5	NO
K	78290	INTESTING IMAGING (EG, ECTOPIC G	10/1/2005	\$107.69	3	NO
K	78291	PERITONEAL-VEINUS SHUNT PATENCY	10/1/2005	\$115.22	3	NO
K	78299	UNLISTED GASTROINTESTINAL PROCED	4/1/1982	\$0.01	5	NO
K	78300	BONE AND/OR JOINT IMAGING; LIMIT	10/1/2005	\$90.31	3	NO
K	78305	BONE IMAGING; MULTIPLE AREAS	10/1/2005	\$129.75	3	NO
K	78306	BONE IMAGING; WHOLE BODY	10/1/2005	\$147.40	3	NO
K	78315	BONE AND/OR JOINT IMAGING; THREE	10/1/2005	\$166.86	3	NO
K	78320	BONE IMAGING; TOMOGRAPHIC (SPECT	10/1/2005	\$198.78	3	NO
K	78350	BONE DENSITY (BONE MINERAL CONTE	10/1/2005	\$28.55	3	NO
K	78351	BONE DENSITY (BONE MINERAL CONTE	10/1/2005	\$52.68	3	NO
K	78399	UNLISTED MUSCULOSKELETAL PROCEDU	4/1/1982	\$0.01	5	NO
K	78414	DETERMINATION OF CENTRAL C-V HEM	7/1/2003	\$0.01	5	NO
K	78428	CARDIAC SHUNT DETECTION	10/1/2005	\$90.31	3	NO
K	78445	NON-CARDIAC VASCULAR FLOW IMAGIN	10/1/2005	\$68.77	3	NO
K	78455	VENOUS THROMBOSIS STUDY (EG RADI	1/1/2006	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	78456	ACUTE VENOUS THROMBOSIS IMAGING,	10/1/2005	\$146.62	3	NO
K	78457	VENOUS THROMBOSOS IMAGING(E.G.,V	10/1/2005	\$100.43	3	NO
K	78458	VENOUS THROMBOSIS IMAGING (EG VE	10/1/2005	\$142.47	3	NO
K	78459	MYOCARDIAL IMAGING, POSITRON EMI	10/1/2005	NC	9	YES
K	78460	MYOCARDIAL PERFUSION IMAGING; (P	10/1/2005	\$95.50	3	NO
K	78461	MYOCARDIAL PERFUSION IMAGING; MU	10/1/2005	\$173.35	3	NO
K	78464	MYOCARDIAL PERFUSION IMAGING; TO	10/1/2005	\$232.25	3	NO
K	78465	MYOCARDIAL PERFUSION IMAGING; TO	10/1/2005	\$374.98	3	NO
K	78466	MYOCARDIAL IMAGING, INFARCT AVID	10/1/2005	\$96.53	3	NO
K	78468	MYOCARDIAL IMAGING, INFARCT AVID	10/1/2005	\$128.45	3	NO
K	78469	MYOCARDIAL IMAGING, INFARCT AVID	10/1/2005	\$175.42	3	NO
K	78472	CARDIAC BLOOD POOL IMAGING, GATE	10/1/2005	\$186.06	3	NO
K	78473	CARDIAC BLOOD POOL IMAGING, GATE	10/1/2005	\$278.18	3	NO
K	78478	MYOCARDIAL PERFUSION STUDY W/WAL	10/1/2005	\$65.65	3	NO
K	78480	MYOCARDIAL PERFUSION STUDY W/EJE	10/1/2005	\$65.39	3	NO
K	78481	CARDIAC BLOOD POOL IMAGING, (PLA	10/1/2005	\$178.54	3	NO
K	78483	CARDIAC BLOOD POOL IMAGING, (PLA	10/1/2005	\$268.32	3	NO
K	78491	MYOCARDIAL IMAGING, POSITRON EMI	10/1/2005	NC	9	YES
K	78492	MYOCARDIAL IMAGING, POSITRON EMI	10/1/2005	NC	9	YES
K	78494	CARDIAC BLOOD POOL IMAGING, GATE	10/1/2005	\$156.48	3	NO
K	78496	CARDIAC BLOOD POOL IMAGING, GATE	10/1/2005	\$209.42	3	NO
K	78499	UNLISTED CARDIOVASCULAR PROCEDUR	4/1/1982	\$0.01	5	NO
K	78580	PULMONARY PERFUSION IMAGING PART	10/1/2005	\$120.15	3	NO
K	78584	PULMONARY PERFUSION IMAGING,PART	10/1/2005	\$122.74	3	NO
K	78585	PULMONARY PERFUSION IMAGING PART	10/1/2005	\$193.07	3	NO
K	78586	PULMONARY VENTILATION IMAGING AE	10/1/2005	\$85.12	3	NO
K	78587	PULMONARY VENTILATION IMAGING AE	10/1/2005	\$93.94	3	NO
K	78588	PULMONARY PERFUSION IMAGING, PAR	10/1/2005	\$126.64	3	NO
K	78591	PULMONARY VENTILATION IMAGING GA	10/1/2005	\$91.86	3	NO
K	78593	PULMONARY VENTILATION IMAGING GA	10/1/2005	\$111.59	3	NO
K	78594	PULMONARY VENTILATION IMAGING GA	10/1/2005	\$154.66	3	NO
K	78596	PULMONARY QUANTITATIVE DIFFERENT	10/1/2005	\$238.22	3	NO
K	78599	UNLISTED RESPIRATORY PROCEDURE D	4/1/1982	\$0.01	5	NO
K	78600	BRAIN IMAGING, LIMITED PROCEDURE	10/1/2005	\$94.20	3	NO
K	78601	BRAIN IMAGING LIMITED PRODEDURE;	10/1/2005	\$111.07	3	NO
K	78605	BRAIN IMAGING COMPLETE STUDY STA	10/1/2005	\$111.84	3	NO
K	78606	BRAIN IMAGING COMPLETE STUDY; WI	10/1/2005	\$128.71	3	NO
K	78607	BRAIN IMAGING, COMPLETE STUDY; T	10/1/2005	\$223.43	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	78608	BRAIN IMAGING, POSITRON EMISSION	6/1/2005	\$1,212.91	3	YES
K	78609	BRAIN IMAGING, POSITRON EMISSION	6/1/2005	\$1,212.91	3	YES
K	78610	BRAIN IMAGING, VASCULAR FLOW ONL	10/1/2005	\$54.50	3	NO
K	78615	CEREBRAL VASCULAR FLOW	10/1/2005	\$120.67	3	NO
K	78630	CEREBROSPINAL FLUID FLOW IMAGING	10/1/2005	\$162.19	3	NO
K	78635	CEREBROSPINAL FLUID FLOW IMAGING	10/1/2005	\$91.86	3	NO
K	78645	CEREBROSPINAL FLUID FLOW IMAGING	10/1/2005	\$113.92	3	NO
K	78647	CEREBROSPINAL FLUID FLOW, IMAGIN	10/1/2005	\$193.85	3	NO
K	78650	CEREBROSPINAL FLUID LEAKAGE DETE	10/1/2005	\$148.69	3	NO
K	78660	RADIOPHARMACEUTICAL DACRYOCYSTOG	10/1/2005	\$77.07	3	NO
K	78699	UNLISTED NERVOUS SYSTEM PROCEDUR	4/1/1982	\$0.01	5	NO
K	78700	KIDNEY IMAGING STATIC ONLY	10/1/2005	\$99.39	3	NO
K	78701	KIDNEY IMAGING; WITH VASCULAR FL	10/1/2005	\$114.44	3	NO
K	78704	KIDNEY IMAGING; WITH FUNCTION ST	10/1/2005	\$134.42	3	NO
K	78707	KIDNEY IMAGING; WITH VASCULAR FL	10/1/2005	\$156.22	3	NO
K	78708	KIDNEY IMAGING WITH VASCULAR FLO	10/1/2005	\$165.30	3	NO
K	78709	KIDNEY IMAGING WITH VASCULAR FLO	10/1/2005	\$172.31	3	NO
K	78710	KIDNEY IMAGING; TOMOGRAPHIC (SEP	10/1/2005	\$185.02	3	NO
K	78715	KIDNEY VASCULAR FLOW ONLY	10/1/2005	\$54.50	3	NO
K	78725	KIDNEY FUNCTION STUDY WITHOUT PH	10/1/2005	\$62.80	3	NO
K	78730	URINARY BLADDER RESIDUAL STUDY	10/1/2005	\$52.94	3	NO
K	78740	URETERAL REFLUX STUDY (RADIOPHAR	10/1/2005	\$78.63	3	NO
K	78760	TESTICULAR IMAGING	10/1/2005	\$96.79	3	NO
K	78761	TESTICULAR IMAGING; WITH VASCULA	10/1/2005	\$112.88	3	NO
K	78799	UNLISTED GENITOURINARY PROCEDURE	4/1/1982	\$0.01	5	NO
K	78800	RADIOPHARMACEUTICAL LOCALIZATION	10/1/2005	\$116.78	3	NO
K	78801	TUMOR LOCALIZATION; MULTIPLE ARE	10/1/2005	\$144.02	3	NO
K	78802	TUMOR LOCALIZATION; WHOLE BODY	10/1/2005	\$182.17	3	NO
K	78803	RADIOPHARMACEUTICAL LOCALIZATION	10/1/2005	\$218.50	3	NO
K	78804	RADIOPHARMACEUTICAL LOCALIZATION	10/1/2005	\$333.20	3	NO
K	78805	RADIOPHARMACEUTICAL LOCALIZATION	10/1/2005	\$119.11	3	NO
K	78806	ABSCESS LOCALIZATION; WHOLE BODY	10/1/2005	\$206.82	3	NO
K	78807	RADIOPHARMACEUTICAL LOCALIZATION	10/1/2005	\$218.50	3	NO
K	78810	TUMOR IMAGING, POSITRON EMISSION	1/1/2005	INVALID	N	YES
K	78811	TUMOR IMAGING, POSITRON EMISSION	4/1/2005	\$1,040.87	3	YES
K	78812	TUMOR IMAGING, POSITRON EMISSION	1/1/2005	\$1,224.16	3	YES
K	78813	TUMOR IMAGING, POSITRON EMISSION	1/1/2005	\$1,356.66	3	YES
K	78814	TUMOR IMAGING, POSITRON EMISSION	4/1/2005	\$1,212.91	3	YES



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	78815	TUMOR IMAGING, POSITRON EMISSION	4/1/2005	\$1,431.24	3	YES
K	78816	TUMOR IMAGING, POSITRON EMISSION	4/1/2005	\$1,531.57	3	YES
K	78890	GENERATION OF AUTOMATED DATA: IN	10/1/2005	\$37.63	3	NO
K	78891	GENERATION OF AUTOMATED DATA INT	10/1/2005	\$75.26	3	NO
K	78990	PROVISION OF DIAGNOSTIC RADIOPHA	1/1/2005	INVALID	N	NO
K	78999	UNLISTED MISCELLANEOUS PROCEDURE	4/1/1982	\$0.01	5	NO
K	79000	RADIOPHARMACEUTICAL THERAPY, HYP	1/1/2005	INVALID	N	NO
K	79001	RADIONUCLIDE THERAPY HYPERTHYROI	1/1/2005	INVALID	N	NO
K	79005	RADIOPHARMACEUTICAL THERAPY, BY	10/1/2005	\$135.98	3	NO
K	79020	RADIOPHARMACEUTICAL THERAPY, THYR	1/1/2005	INVALID	N	NO
K	79030	RADIOPHARMACEUTICAL ABLATION OF	1/1/2005	INVALID	N	NO
K	79035	RADIOPHARMACEUTICAL THERAPY FOR	1/1/2005	INVALID	N	NO
K	79100	RADIOPHARMACEUTICAL THERAPY, POL	1/1/2005	INVALID	N	NO
K	79101	RADIOPHARMACEUTICAL THERAPY, BY	10/1/2005	\$141.95	3	NO
K	79200	RADIOPHARMACEUTICAL THERAPY, BY	10/1/2005	\$143.50	3	NO
K	79300	RADIOPHARMACEUTICAL THERAPY, BY	4/1/1982	\$0.01	5	NO
K	79400	RADIOPHARMACEUTICAL THERAPY, NON	1/1/2005	INVALID	N	NO
K	79403	RADIOPHARMACEUTICAL THERAPY, RAD	10/1/2005	\$198.52	3	NO
K	79420	INTRAVASCULAR RADIOPHARMACEUTICA	1/1/2005	INVALID	N	NO
K	79440	RADIOPHARMACEUTICAL THERAPY, BY	10/1/2005	\$144.02	3	NO
K	79445	RADIOPHARMACEUTICAL THERAPY, BY	10/1/2005	\$158.81	3	NO
K	79900	PROVISION OF THERAPEUTIC RADIOPH	1/1/2005	INVALID	N	NO
K	79999	RADIOPHARMACEUTICAL THERAPY, UNL	4/1/1982	\$0.01	5	NO
K	80048	BASIC METABOLIC PANEL	11/1/2001	\$8.66	3	NO
K	80050	GENERAL HEALTH PANEL	10/1/2001	\$36.75	3	NO
K	80051	ELECROLYTE PANEL	11/1/2001	\$7.17	3	NO
K	80053	COMPREHENSIVE METABOLIC PANEL	11/1/2001	\$10.81	3	NO
K	80055	OBSTETRIC PANEL	10/1/2001	\$40.00	3	NO
K	80061	LIPID PANEL; CHOLESTEROL, SERUM,	11/1/2001	\$13.70	3	NO
K	80069	RENAL FUNCTION PANEL	11/1/2001	\$8.88	3	NO
K	80072	ARTHRITIS PANEL; URIC ACID, BLOO	4/1/2002	INVALID	N	NO
K	80074	ACUTE HEPATITIS PANEL	11/1/2001	\$48.71	3	NO
K	80076	HEPATIC FUNCTION PANEL	11/1/2001	\$8.35	3	NO
K	80090	TORCH ANTIBODY PANEL; ANTIBODY,	7/1/2003	INVALID	N	NO
K	80100	DRUG SCREEN, QUALITATIVE; MULTIP	11/1/2001	\$14.87	3	NO
K	80101	DRUG SCREEN, QUALITATIVE; SINGLE	11/1/2001	\$14.08	3	NO
K	80102	DRUG, CONFIRMATION, EACH PROCEDU	11/1/2001	\$13.55	3	NO
K	80103	TISSUE PREPARATION FOR DRUG ANAL	10/1/2005	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	80150	AMIKACIN	11/1/2001	\$15.41	3	NO
K	80152	AMITRIPTYLINE	11/1/2001	\$18.31	3	NO
K	80154	BENZODIAZEPINES	11/1/2001	\$18.91	3	NO
K	80156	CARBAMAZEPINE; TOTAL	11/1/2001	\$14.89	3	NO
K	80157	CARBAMAZEPINE; FREE	11/1/2001	\$10.17	3	NO
K	80158	CYCLOSPORINE	11/1/2001	\$18.46	3	NO
K	80160	DESIPRAMINE	11/1/2001	\$17.60	3	NO
K	80162	DIGOXIN	11/1/2001	\$13.58	3	NO
K	80164	DIPROPYLACETIC ACID (VALPROIC AC	11/1/2001	\$13.85	3	NO
K	80166	DOXEPIN	11/1/2001	\$15.85	3	NO
K	80168	ETHOSUXIMIDE	11/1/2001	\$16.71	3	NO
K	80170	GENTAMICIN	11/1/2001	\$16.76	3	NO
K	80172	GOLD	11/1/2001	\$16.66	3	NO
K	80173	HALOPERIDOL	11/1/2001	\$14.89	3	NO
K	80174	IMIPRAMINE	11/1/2001	\$17.60	3	NO
K	80176	LIDOCAINE	11/1/2001	\$15.02	3	NO
K	80178	LITHIUM	11/1/2001	\$6.76	3	NO
K	80182	NORTRIPTYLINE	11/1/2001	\$13.85	3	NO
K	80184	PHENOBARBITAL	11/1/2001	\$11.71	3	NO
K	80185	PHENYTOIN; TOTAL	11/1/2001	\$13.56	3	NO
K	80186	PHENYTOIN; FREE	11/1/2001	\$14.08	3	NO
K	80188	PRIMIDONE	11/1/2001	\$16.97	3	NO
K	80190	PROCAINAMIDE;	11/1/2001	\$17.13	3	NO
K	80192	PROCAINAMIDE; WITH METABOLITES (	11/1/2001	\$17.13	3	NO
K	80194	QUINIDINE	11/1/2001	\$14.93	3	NO
K	80195	SIROLIMUS	1/1/2006	\$14.19	3	NO
K	80196	SALICYLATE	11/1/2001	\$7.26	3	NO
K	80197	TACROLIMUS	11/1/2001	\$14.04	3	NO
K	80198	THEOPHYLLINE	11/1/2001	\$14.47	3	NO
K	80200	TOBRAMYCIN	11/1/2001	\$16.48	3	NO
K	80201	TOPIRAMATE	11/1/2001	\$12.20	3	NO
K	80202	VANCOMYCIN	11/1/2001	\$13.85	3	NO
K	80299	QUANTITATION OF DRUG, NOT ELSEWH	11/1/2001	\$14.00	3	NO
K	80400	ACTH STIMULATION PANEL; FOR ADRE	11/1/2001	\$33.34	3	NO
K	80402	ACTH STIMUALTION PANEL; FOR 21 H	11/1/2001	\$88.90	3	NO
K	80406	ACTH STIMUALTION PANEL; FOR 3 BE	11/1/2001	\$80.02	3	NO
K	80408	ALDOSTERONE SUPPRESSION EVALUATI	11/1/2001	\$128.35	3	NO
K	80410	CALCITONIN STIMULATION PANEL (EG	11/1/2001	\$82.10	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	80412	CORTICOTROPIC RELEASING HORMONE	11/1/2001	\$337.04	3	NO
K	80414	CHORIONIC GONADOTROPHIN STIMULAT	1/1/1994	NC	9	NO
K	80415	CHORIONIC GONADOTROPHIN STIMULAT	1/1/1994	NC	9	NO
K	80416	RENAL VEIN RENIN STIMUALTION PAN	11/1/2001	\$134.98	3	NO
K	80417	PERIPHERAL VEIN RENIN STIMULATIO	11/1/2001	\$44.99	3	NO
K	80418	COMBINED RAPID ANTERIOR PITUITAR	11/1/2001	\$592.68	3	NO
K	80420	DEXAMETHASONE SUPPRESSION PANEL;	11/1/2001	\$73.66	3	NO
K	80422	GLUCAGON TOLERANCE PANEL; FOR IN	11/1/2001	\$47.13	3	NO
K	80424	GLUCAGON TOLERANCE PANEL; FOR PH	11/1/2001	\$51.65	3	NO
K	80426	GONADOTROPIN RELEASING HORMONE S	11/1/2001	\$151.82	3	NO
K	80428	GROWTH HORMONE STIMULATION PANEL	11/1/2001	\$68.20	3	NO
K	80430	GROWTH HORMONE SUPPRESSION PANEL	11/1/2001	\$80.23	3	NO
K	80432	INSULIN-INDUCED C-PEPTIDE SUPPRE	11/1/2001	\$138.13	3	NO
K	80434	INSULIN TOLERANCE PANEL; FOR ACT	11/1/2001	\$103.42	3	NO
K	80435	INSULIN TOLERANCE PANEL; FOR GRO	11/1/2001	\$105.30	3	NO
K	80436	METYRAPONE PANEL	11/1/2001	\$93.23	3	NO
K	80438	THYROTROPIN RELEASING HORMONE (T	11/1/2001	\$51.53	3	NO
K	80439	THYROTROPIN RELEASING HORMONE (T	11/1/2001	\$68.70	3	NO
K	80440	THYROTROPIN RELEASING HORMONE (T	11/1/2001	\$59.45	3	NO
K	80500	CLINICAL PATHOLOGY CONSULTATION;	10/1/2005	\$15.31	3	NO
K	80502	CLINICAL PATHOLOGY CONSULTATION	10/1/2005	\$50.08	3	NO
K	81000	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$3.23	3	NO
K	81001	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$3.23	3	NO
K	81002	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$2.62	3	NO
K	81003	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$2.29	3	NO
K	81005	URINALYSIS; QUALITATIVE OR SEMIQ	11/1/2001	\$2.22	3	NO
K	81007	URINALYSIS; BACTERIURIA SCREEN,	11/1/2001	\$2.63	3	NO
K	81015	URINALYSIS; MICROSCOPIC ONLY	11/1/2001	\$3.11	3	NO
K	81020	URINALYSIS; TWO OR THREE GLASS T	11/1/2001	\$3.77	3	NO
K	81025	URINE PREGNANCY TEST, BY VISUAL	11/1/2001	\$6.47	3	NO
K	81050	VOLUME MEASUREMENT FOR TIMED COL	11/1/2001	\$3.06	3	NO
K	81099	UNLISTED URINALYSIS PROCEDURE	10/1/2005	\$0.01	5	NO
K	82000	ACETALDEHYDE BLOOD	11/1/2001	\$12.67	3	NO
K	82003	ACETAMINOPHEN	11/1/2001	\$20.69	3	NO
K	82009	ACETONE OR OTHER KETONE BODIES,	11/1/2001	\$4.63	3	NO
K	82010	ACETONE; QUANTITATIVE	11/1/2001	\$8.35	3	NO
K	82013	ACETYLCHOLINESTRASE	11/1/2001	\$11.43	3	NO
K	82016	ACYLCARNITINES; QUALITATIVE, EAC	11/1/2001	\$14.18	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	82017	ACYLCARNITINES; QUANTITATIVE, EA	11/1/2001	\$17.25	3	NO
K	82024	ADRENOCORTICOTROPIC HORMONE (ACT	11/1/2001	\$39.50	3	NO
K	82030	ADENOSINE; 5'-MONOPHOSPHATE, CYC	11/1/2001	\$16.38	3	NO
K	82040	ALBUMIN SERUM	11/1/2001	\$5.07	3	NO
K	82042	ALBUMIN; URINE OR OTHER SOURCE,	11/1/2001	\$5.29	3	NO
K	82043	ALBUMIN; URINE, MICROALBUMIN, QU	11/1/2001	\$5.92	3	NO
K	82044	ALBUMIN; URINE, MICROALBUMIN, SE	11/1/2001	\$4.68	3	NO
K	82045	ALBUMIN; ISCHEMIA MODIFIED	1/1/2005	\$35.10	3	NO
K	82055	ALCOHOL (ETHANOL); ANY SPECIMEN	11/1/2001	\$11.05	3	NO
K	82075	ALCOHOL (ETHANOL); BREATH	11/1/2001	\$12.33	3	NO
K	82085	ALDOLASE	11/1/2001	\$9.93	3	NO
K	82088	ALDOSTERONE	11/1/2001	\$41.68	3	NO
K	82101	ALKALOIDS, URINE, QUANTITATIVE	11/1/2001	\$30.70	3	NO
K	82103	ALPHA-1-ANTITRYPSIN; TOTAL	11/1/2001	\$13.73	3	NO
K	82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	11/1/2001	\$14.79	3	NO
K	82105	ALPHA-FETOPROTEIN; SERUM	11/1/2001	\$16.38	3	NO
K	82106	ALPHA-FETOPROTEIN; AMNIOTIC FLUI	11/1/2001	\$16.38	3	NO
K	82108	ALUMINUM	11/1/2001	\$16.35	3	NO
K	82120	AMINES, VAGINAL FLUID, QUALITATI	11/1/2001	\$3.23	3	NO
K	82127	AMINO ACIDS; SINGLE, QUALITATIVE	11/1/2001	\$14.18	3	NO
K	82128	AMINO ACIDS QUALITATIVE	11/1/2001	\$14.18	3	NO
K	82131	AMINO ACIDS, QUANTITATION, EACH	11/1/2001	\$17.25	3	NO
K	82135	AMINOLEVULINIC ACID DELTA (ALA)	11/1/2001	\$16.84	3	NO
K	82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS,	11/1/2001	\$17.25	3	NO
K	82139	AMINO ACIDS, 6 OR MORE AMINO ACI	11/1/2001	\$17.25	3	NO
K	82140	AMMONIA	11/1/2001	\$14.90	3	NO
K	82143	AMNIOTIC FLUID SCAN (SPECTROPHOT	11/1/2001	\$7.03	3	NO
K	82145	AMPHETAMINE OR METHAMPHETAMINE	11/1/2001	\$15.90	3	NO
K	82150	AMYLASE	11/1/2001	\$6.63	3	NO
K	82154	ANDROSTANEDIOL GLUCURONIDE	11/1/2001	\$29.49	3	NO
K	82157	ANDROSTENEDIONE	11/1/2001	\$29.94	3	NO
K	82160	ANDROSTERONE	11/1/2001	\$25.58	3	NO
K	82163	ANGIOTENSIN II	11/1/2001	\$20.99	3	NO
K	82164	ANGIOTENSIN I - CONVERTING ENZYM	11/1/2001	\$14.93	3	NO
K	82172	APOLIPOPROTEIN, EACH	11/1/2001	\$15.84	3	NO
K	82175	ARSENIC	11/1/2001	\$19.40	3	NO
K	82180	ASCORBIC ACID (VITAMIN C) BLOOD	11/1/2001	\$10.11	3	NO
K	82190	ATOMIC ABSORPTION SPECTROSCOPY,	11/1/2001	\$15.24	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	82205	BARBITURATES, NOT ELSEWHERE SPEC	11/1/2001	\$11.71	3	NO
K	82232	BETA-2 MICROGLOBULIN	11/1/2001	\$16.55	3	NO
K	82239	BILE ACIDS; TOTAL	11/1/2001	\$17.52	3	NO
K	82240	BILE ACIDS; CHOLYLGLYCINE	11/1/2001	\$27.18	3	NO
K	82247	BILIRUBIN; TOTAL	11/1/2001	\$5.14	3	NO
K	82248	BILIRUBIN; DIRECT	11/1/2001	\$5.14	3	NO
K	82252	BILIRUBIN; FECES QUALITATIVE	11/1/2001	\$4.65	3	NO
K	82261	BIOTINIDASE, EACH SPECIMEN	11/1/2001	\$17.25	3	NO
K	82270	BLOOD, OCCULT, BY PEROXIDASE ACT	11/1/2001	\$3.32	3	NO
K	82271	BLOOD, OCCULT, BY PEROXIDASE ACT	1/1/2006	\$3.36	3	NO
K	82272	BLOOD, OCCULT, BY PEROXIDASE ACT	1/1/2006	\$3.36	3	NO
K	82273	BLOOD, OCCULT, BY PEROXIDASE ACT	1/1/2006	INVALID	N	NO
K	82274	BLOOD, OCCULT, BY FECAL HEMOGLOB	12/1/2002	\$3.32	3	NO
K	82286	BRADYKININ	11/1/2001	\$7.04	3	NO
K	82300	CADMIUM	11/1/2001	\$20.94	3	NO
K	82306	CALCIFEDIOL (25-OH VITAMIN D-3)	11/1/2001	\$24.55	3	NO
K	82307	CALCIFEROL (VITAMIN D)	11/1/2001	\$32.95	3	NO
K	82308	CALCITONIN	11/1/2001	\$27.39	3	NO
K	82310	CALCIUM; TOTAL	11/1/2001	\$5.27	3	NO
K	82330	CALCIUM; IONIZED	11/1/2001	\$13.97	3	NO
K	82331	CALCIUM BLOOD; AFTER CALCIUM INF	11/1/2001	\$5.29	3	NO
K	82340	CALCIUM; URINE QUANTITATIVE, TIM	11/1/2001	\$5.33	3	NO
K	82355	CALCULUS; QUALITATIVE ANALYSIS	11/1/2001	\$11.83	3	NO
K	82360	CALCULUS (STONE); QUANTITATIVE A	11/1/2001	\$13.17	3	NO
K	82365	CALCULUS (STONE) QUANTITATIVE; I	11/1/2001	\$13.19	3	NO
K	82370	CALCULUS (STONE) QUANTITATIVE; X	11/1/2001	\$12.82	3	NO
K	82373	CARBOHYDRATE DEFICIENT TRANSFERR	11/1/2001	\$7.36	3	NO
K	82374	CARBON DIOXIDE (BICARBONATE)	11/1/2001	\$5.00	3	NO
K	82375	CARON MONOXIDE (CARBOXYHEMOGLOBI	11/1/2001	\$12.60	3	NO
K	82376	CARBON MONOXIDE (CARBOXYHEMOGLOB	11/1/2001	\$5.70	3	NO
K	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	11/1/2001	\$19.40	3	NO
K	82379	CARNITINE (TOTAL AND FREE), QUAN	11/1/2001	\$17.25	3	NO
K	82380	CAROTENE	11/1/2001	\$9.44	3	NO
K	82382	CATECHOLAMINES; TOTAL URINE	11/1/2001	\$17.58	3	NO
K	82383	CATECHOLAMINES (DOPAMINE NOREPIN	11/1/2001	\$21.42	3	NO
K	82384	CATECHOLAMINES (DOPAMINE NOREPIN	11/1/2001	\$25.83	3	NO
K	82387	CATHEPSIN-D	11/1/2001	\$21.28	3	NO
K	82390	CERULOPLASMIN	11/1/2001	\$10.98	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	82397	CHEMILUMINESCENT ASSAY	11/1/2001	\$14.45	3	NO
K	82415	CHLORAMPHENICOL	11/1/2001	\$12.96	3	NO
K	82435	CHLORIDE; BLOOD	11/1/2001	\$4.70	3	NO
K	82436	CHLORIDE; URINE	11/1/2001	\$5.14	3	NO
K	82438	CHLORIDE; OTHER SOURCE	11/1/2001	\$5.00	3	NO
K	82441	CHLORINATED HYDROCARBONS SCREEN	11/1/2001	\$6.14	3	NO
K	82465	CHOLESTEROL, SERUM OR WHOLE BLOO	11/1/2001	\$4.45	3	NO
K	82480	CHOLINESTERASE SERUM	11/1/2001	\$8.06	3	NO
K	82482	CHOLINESTERASE; RBC	11/1/2001	\$7.86	3	NO
K	82485	CHONDROITIN B SULFATE QUANTITATI	11/1/2001	\$21.12	3	NO
K	82486	CHROMATOGRAPHY, QUALITATIVE; COL	11/1/2001	\$18.47	3	NO
K	82487	CHROMATOGRAPHY, QUALITATIVE; PAP	11/1/2001	\$14.75	3	NO
K	82488	CHROMATOGRAPHY, QUALITATIVE; PAP	11/1/2001	\$21.85	3	NO
K	82489	CHROMATOGRAPHY, QUALITATIVE; THI	11/1/2001	\$18.91	3	NO
K	82491	CHROMOTOGRAPHY, QUANTITATIVE; CO	11/1/2001	\$18.47	3	NO
K	82492	CHROMATOGRAPHY; MULTIPLE ANALYTE	11/1/2001	\$18.47	3	NO
K	82495	CHROMIUM	11/1/2001	\$20.74	3	NO
K	82507	CITRIC ACID	11/1/2001	\$28.44	3	NO
K	82520	COCAINE OR METABOLITE	11/1/2001	\$15.50	3	NO
K	82523	COLLAGEN CROSS LINKS, ANY METHOD	11/1/2001	\$19.11	3	NO
K	82525	COPPER	11/1/2001	\$12.69	3	NO
K	82528	CORTICOSTERONE	11/1/2001	\$23.02	3	NO
K	82530	CORTISOL; FREE	11/1/2001	\$17.09	3	NO
K	82533	CORTISOL; TOTAL	11/1/2001	\$16.67	3	NO
K	82540	CREATINE	11/1/2001	\$4.74	3	NO
K	82541	COLUMN CHROMATOGRAPHY/MASS SPECT	11/1/2001	\$18.47	3	NO
K	82542	COLUMN CHROMATOGRAPHY/MASS SPECT	11/1/2001	\$18.47	3	NO
K	82543	COLUMN CHROMATOGRAPHY/MASS SPECT	11/1/2001	\$18.47	3	NO
K	82544	COLUMN CHROMATOGRAPHY/MASS SPECT	11/1/2001	\$18.47	3	NO
K	82550	CREATINE KINASE (CK), (CPK); TOT	11/1/2001	\$6.67	3	NO
K	82552	CREATINE PHOSPHOKINASE (CPK) BLO	11/1/2001	\$13.70	3	NO
K	82553	CREATINE KINASE (CK), (CPK); MB	11/1/2001	\$11.80	3	NO
K	82554	CREATINE KINASE (CK), (CPK); ISOF	11/1/2001	\$12.14	3	NO
K	82565	CREATININE; BLOOD	11/1/2001	\$5.23	3	NO
K	82570	CREATININE; OTHER SOURCE	11/1/2001	\$5.29	3	NO
K	82575	CREATININE; CLEARANCE	11/1/2001	\$9.66	3	NO
K	82585	CRYOFIBRINOGEN	11/1/2001	\$8.77	3	NO
K	82595	CRYOGLOBULIN, QUALITATIVE OR SEM	11/1/2001	\$6.62	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	82600	CYANIDE	11/1/2001	\$19.84	3	NO
K	82607	CYANOCOBALAMIN (VITAMIN B-12)	11/1/2001	\$15.41	3	NO
K	82608	CYANOCOBALAMIN (VITAMIN B-12); U	11/1/2001	\$14.65	3	NO
K	82615	CYSTINE AND HOMOCYSTINE URINE QU	11/1/2001	\$8.35	3	NO
K	82626	DEHYDROEPIANDROSTERONE (DHEA)	11/1/2001	\$25.85	3	NO
K	82627	DEHYDROEPIANDROSTERONE-SULFATE (	11/1/2001	\$22.73	3	NO
K	82633	DESOXYCORTICOSTERONE, 11-	11/1/2001	\$31.68	3	NO
K	82634	DESOXYCORTISOL, 11-	11/1/2001	\$29.94	3	NO
K	82638	DIBUCAINE NUMBER	11/1/2001	\$12.52	3	NO
K	82646	DIHYDROCODINONE	11/1/2001	\$21.12	3	NO
K	82649	DIHYDROMORPHINONE	11/1/2001	\$26.28	3	NO
K	82651	DIHYDROTESTOSTERONE (DHT)	11/1/2001	\$26.40	3	NO
K	82652	DIHYDROXYVITAMIN D, 1, 25	11/1/2001	\$39.36	3	NO
K	82654	DIMETHADIONE	11/1/2001	\$14.16	3	NO
K	82656	ELASTASE, PANCREATIC (EL-1), FEC	1/1/2005	\$11.93	3	NO
K	82657	ENZYME ACTIVITY IN BLOOD CELLS,	11/1/2001	\$18.47	3	NO
K	82658	ENZYME ACTIVITY IN BLOOD CELLS,	11/1/2001	\$18.47	3	NO
K	82664	ELECTROPHORETIC TECHNIQUE NOT EL	11/1/2001	\$35.14	3	NO
K	82666	EPIANDROSTERONE	11/1/2001	\$21.97	3	NO
K	82668	ERYTHROPOIETIN	11/1/2001	\$19.22	3	NO
K	82670	ESTRADIOL	11/1/2001	\$28.58	3	NO
K	82671	ESTROGENS FRACTIONATED	11/1/2001	\$33.03	3	NO
K	82672	ESTROGENS; TOTAL	11/1/2001	\$22.18	3	NO
K	82677	ESTRIOL	11/1/2001	\$24.74	3	NO
K	82679	ESTRONE	11/1/2001	\$25.53	3	NO
K	82690	ETHCHLORVYNOL	11/1/2001	\$17.68	3	NO
K	82693	ETHYLENE GLYCOL	11/1/2001	\$15.24	3	NO
K	82696	ETIOCHOLANOLONE	11/1/2001	\$24.12	3	NO
K	82705	FAT OR LIPIDS, FECES; QUALITATIV	11/1/2001	\$4.51	3	NO
K	82710	FAT OR LIPIDS, FECES; QUANTITATI	11/1/2001	\$17.18	3	NO
K	82715	FAT DIFFERENTIAL FECES QUANTITAT	11/1/2001	\$17.60	3	NO
K	82725	FATTY ACIDS, NONESTERIFIED	11/1/2001	\$13.62	3	NO
K	82726	VERY LONG CHAIN FATTY ACIDS	11/1/2001	\$18.47	3	NO
K	82728	FERRITIN	11/1/2001	\$8.95	3	NO
K	82731	FETAL FIBRONECTIN, CERVICOVAGINA	11/1/2001	\$65.87	3	NO
K	82735	FLUORIDE	11/1/2001	\$18.97	3	NO
K	82742	FLURAZEPAM	11/1/2001	\$20.25	3	NO
K	82746	FOLIC ACID; SERUM	11/1/2001	\$15.04	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	82747	FOLIC ACID; RBC	11/1/2001	\$17.71	3	NO
K	82757	FRUCTOSE SEMEN	2/22/1994	NC	9	NO
K	82759	GALACTOKINASE RBC	11/1/2001	\$21.97	3	NO
K	82760	GALACTOSE	11/1/2001	\$11.45	3	NO
K	82775	GALACTOSE-1-PHOSPHATE URIDYL TRA	11/1/2001	\$21.54	3	NO
K	82776	GALACTOSE-1-PHOSPHATE URIDYL TRA	11/1/2001	\$8.58	3	NO
K	82784	GAMMAGLOBULIN; IGA, IGD, IGG, IG	11/1/2001	\$6.56	3	NO
K	82785	GAMMAGLOBULIN; IGE	11/1/2001	\$16.84	3	NO
K	82787	GAMMAGLOBULIN; IMMUNOGLOBULIN SU	11/1/2001	\$8.21	3	NO
K	82800	GASES BLOOD PH ONLY	11/1/2001	\$8.67	3	NO
K	82803	GASES, BLOOD, ANY COMBINATION OF	11/1/2001	\$19.79	3	NO
K	82805	GASES, BLOOD, ANY COMBINATION OF	11/1/2001	\$29.02	3	NO
K	82810	GASES, BLOOD, O2 SATURATION ONLY	11/1/2001	\$8.92	3	NO
K	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2	11/1/2001	\$10.23	3	NO
K	82926	GASTRIC ACID, FREE AND TOTAL; EA	11/1/2001	\$4.95	3	NO
K	82928	GASTRIC ACID, FREE OR TOTAL; EAC	11/1/2001	\$6.70	3	NO
K	82938	GASTRIN AFTER SECRETIN STIMULATI	11/1/2001	\$18.10	3	NO
K	82941	GASTRIN	11/1/2001	\$18.04	3	NO
K	82943	GLUCAGON	11/1/2001	\$14.62	3	NO
K	82945	GLUCOSE, BODY FLUID, OTHER THAN	11/1/2001	\$4.01	3	NO
K	82946	GLUCAGON TOLERANCE TEST	11/1/2001	\$15.41	3	NO
K	82947	GLUCOSE; QUANTITATIVE, BLOOD (EX	11/1/2001	\$4.01	3	NO
K	82948	GLUCOSE; BLOOD, REAGENT STRIP	11/1/2001	\$3.23	3	NO
K	82950	GLUCOSE; POST GLUCOSE DOSE (INCL	11/1/2001	\$4.85	3	NO
K	82951	GLUCOSE; TOLERANCE TEST (GTT) TH	11/1/2001	\$7.71	3	NO
K	82952	GLUCOSE; TOLERANCE TEST EACH ADD	11/1/2001	\$4.01	3	NO
K	82953	GLUCOSE; TOLBUTAMIDE TOLERANCE T	11/1/2001	\$15.49	3	NO
K	82955	GLUCOSE-6-PHOSPHATE DEHYDROGENAS	11/1/2001	\$9.92	3	NO
K	82960	GLUCOSE-6-PHOSPHATE DEHYDROGENAS	11/1/2001	\$6.20	3	NO
K	82962	GLUCOSE, BLOOD, BY GLUCOSE MONIT	10/1/2001	\$4.34	3	NO
K	82963	GLUCOSIDASE, BETA	11/1/2001	\$21.97	3	NO
K	82965	GLUTAMATE DEHYDROGENASE	11/1/2001	\$7.90	3	NO
K	82975	GLUTAMINE (GLUTAMIC ACID AMIDE)	11/1/2001	\$16.19	3	NO
K	82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	11/1/2001	\$7.36	3	NO
K	82978	GLUTATHIONE	11/1/2001	\$14.58	3	NO
K	82979	GLUTATHIONE REDUCTASE RBC	11/1/2001	\$7.04	3	NO
K	82980	GLUTETHIMIDE	11/1/2001	\$12.28	3	NO
K	82985	GLYCATED PROTEIN	11/1/2001	\$15.41	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	83001	GONADOTROPIN; FOLLICLE STIMULATI	11/1/2001	\$19.01	3	NO
K	83002	GONADTROPIN; LUTEINIZING HORMONE	11/1/2001	\$18.94	3	NO
K	83003	GROWTH HORMONE, HUMAN (HGH) (SOM	11/1/2001	\$17.05	3	NO
K	83008	GUANOSINE MONOPHOSPHATE (GMP), C	11/1/2001	\$17.17	3	NO
K	83009	HELICOBACTER PYLORI, BLOOD TEST	1/1/2005	\$69.64	3	NO
K	83010	HAPTOGLOBIN; QUANTITATIVE	11/1/2001	\$12.86	3	NO
K	83012	HAPTOGLOBIN; PHENOTYPES	11/1/2001	\$15.41	3	NO
K	83013	HELICOBACTER PYLORI; BREATH TEST	11/1/2001	\$68.89	3	NO
K	83014	HELICOBACTER PYLORI; DRUG ADMINI	11/1/2001	\$8.04	3	NO
K	83015	HEAVY METAL (ARSENIC, BARIUM, BE	11/1/2001	\$18.56	3	NO
K	83018	HEAVY METAL (ARSENIC, BARIUM, BE	11/1/2001	\$22.46	3	NO
K	83020	HEMOGLOBIN; ELECTROPHORESIS (EG,	7/1/1997	\$17.67	3	NO
K	83021	HEMOGLOBIN FRACTIONATION AND QUA	11/1/2001	\$18.47	3	NO
K	83026	HEMOGLOBIN; BY COPPER SULFATE ME	11/1/2001	\$2.41	3	NO
K	83030	HEMOGLOBIN; F(FETAL) CHEMICAL	11/1/2001	\$8.46	3	NO
K	83033	HEMOGLOBIN; F (FETAL), QUALITATI	11/1/2001	\$6.10	3	NO
K	83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	11/1/2001	\$9.93	3	NO
K	83037	HEMOGLOBIN; GLYCOSYLATED (A1C) B	1/1/2006	NC	9	NO
K	83045	HEMOGLOBIN; METHEMOGLOBIN QUALIT	11/1/2001	\$5.07	3	NO
K	83050	HEMOGLOBIN; METHEMOGLOBIN QUANTI	11/1/2001	\$7.49	3	NO
K	83051	HEMOGLOBIN; PLASMA	11/1/2001	\$7.47	3	NO
K	83055	HEMOGLOBIN; SULFHEMOGLOBIN QUALI	11/1/2001	\$5.03	3	NO
K	83060	HEMOGLOBIN; SULFHEMOGLOBIN QUANT	11/1/2001	\$8.46	3	NO
K	83065	HEMOGLOBIN; THERMOLABILE	11/1/2001	\$7.04	3	NO
K	83068	HEMOGLOBIN; UNSTABLE SCREEN	11/1/2001	\$8.67	3	NO
K	83069	HEMOBLOBIN; URINE	11/1/2001	\$2.95	3	NO
K	83070	HEMOSIDERIN; QUALITATIVE	11/1/2001	\$4.85	3	NO
K	83071	HEMOSIDERIN; QUANTITATIVE	11/1/2001	\$7.03	3	NO
K	83080	B-HEXOSAMINIDASE, EACH ASSAY	11/1/2001	\$17.25	3	NO
K	83088	HISTAMINE	11/1/2001	\$30.20	3	NO
K	83090	HOMOCYSTINE	11/1/2001	\$17.25	3	NO
K	83150	HOMOVANILLIC ACID (HVA)	11/1/2001	\$19.79	3	NO
K	83491	HYDROXYCORTICOSTEROIDS, 17- (17-	11/1/2001	\$17.92	3	NO
K	83497	HYDROCYINDOLACETIC ACID 5-(HIAA)	11/1/2001	\$13.19	3	NO
K	83498	HYDROXYPROGESTERONE, 17-D	11/1/2001	\$27.78	3	NO
K	83499	HYDROXYPROGESTERONE 20	11/1/2001	\$25.77	3	NO
K	83500	HYDROXYPROLINE; FREE	11/1/2001	\$23.16	3	NO
K	83505	HYDROXYPROLINE; TOTAL	11/1/2001	\$24.86	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	83516	IMMUNOASSAY FOR ANALYTE OTHER TH	11/1/2001	\$11.80	3	NO
K	83518	IMMUNOASSAY FOR ANALYTE OTHER TH	11/1/2001	\$8.67	3	NO
K	83519	IMMUNOASSAY, ANALYTE, QUANTITATI	11/1/2001	\$13.82	3	NO
K	83520	IMMUNOASSAY, ANALYTE; NOT OTHERW	11/1/2001	\$13.24	3	NO
K	83525	INSULIN; TOTAL	11/1/2001	\$11.70	3	NO
K	83527	INSULIN; FREE	11/1/2001	\$13.25	3	NO
K	83528	INTRINSIC FACTOR	11/1/2001	\$16.27	3	NO
K	83540	IRON	11/1/2001	\$6.62	3	NO
K	83550	IRON BINDING CAPACITY	11/1/2001	\$8.94	3	NO
K	83570	ISOCITRIC DEHYDROGENASE (IDH)	11/1/2001	\$9.04	3	NO
K	83582	KETOGENIC STEROIDS; FRACTIONATIO	11/1/2001	\$14.50	3	NO
K	83586	KETOSTEROIDS, 17- (17-KS); TOTAL	11/1/2001	\$13.09	3	NO
K	83593	KETOSTEROIDS, 17- (17-KS); FRACT	11/1/2001	\$26.90	3	NO
K	83605	LACTATE (LACTIC ACID)	11/1/2001	\$10.92	3	NO
K	83615	LACTATE DEHYDROGENASE (LD), (LDH	11/1/2001	\$6.18	3	NO
K	83625	LACTATE DEHYDROGENASE (LD), (LDH	11/1/2001	\$13.09	3	NO
K	83630	LACTOFERRIN, FECAL; QUALITATIVE	1/1/2005	\$11.93	3	NO
K	83631	LACTOFERRIN, FECAL; QUANTITATIVE	1/1/2006	\$20.29	3	NO
K	83632	LACTOGEN, HUMAN PLACENTAL (HPL)	11/1/2001	\$20.67	3	NO
K	83633	LACTOSE URINE QUALITATIVE	11/1/2001	\$5.63	3	NO
K	83634	LACTOSE URINE; QUANTITATIVE	11/1/2001	\$11.78	3	NO
K	83655	LEAD	11/1/2001	\$12.37	3	NO
K	83661	FETAL LUNG MATURITY ASSESSMENT;	11/1/2001	\$22.48	3	NO
K	83662	LECITHIN-SPHINGOMYELIN RATIO (L/	11/1/2001	\$19.34	3	NO
K	83663	FETAL LUNG MATURITY ASSESSMENT;	11/1/2001	\$9.67	3	NO
K	83664	FETAL LUNG MATURITY ASSESSMENT;	11/1/2001	\$4.83	3	NO
K	83670	LEUCINE AMINOPEPTIDASE (LAP)	11/1/2001	\$9.37	3	NO
K	83690	LIPASE	11/1/2001	\$7.04	3	NO
K	83695	LIPOPROTEIN (A)	1/1/2006	\$13.39	3	NO
K	83700	LIPOPROTEIN, BLOOD; ELECTROPHORE	1/1/2006	\$11.64	3	NO
K	83701	LIPOPROTEIN, BLOOD; HIGH RESOLUT	1/1/2006	\$25.66	3	NO
K	83704	LIPOPROTEIN, BLOOD; QUANTITATION	1/1/2006	\$32.62	3	NO
K	83715	LIPOPROTEIN, BLOOD; ELECTROPHORE	1/1/2006	INVALID	N	NO
K	83716	LIPOPROTEIN, BLOOD; HIGH RESOLUT	1/1/2006	INVALID	N	NO
K	83718	LIPOPROTEIN, DIRECT MEASUREMENT;	11/1/2001	\$8.37	3	NO
K	83719	LIPOPROTEIN, DIRECT MEASUREMENT;	11/1/2001	\$11.90	3	NO
K	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	11/1/2001	\$9.75	3	NO
K	83727	LUTEINIZING RELEASING FACTOR (LR	11/1/2001	\$17.58	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	83735	MAGNESIUM	11/1/2001	\$6.85	3	NO
K	83775	MALATE DEHYDROGENASE	11/1/2001	\$7.54	3	NO
K	83785	MANGANESE	11/1/2001	\$25.15	3	NO
K	83788	MASS SPECTROMETRY AND TANDEM MAS	11/1/2001	\$18.47	3	NO
K	83789	MASS SPECTROMETRY AND TANDEM MAS	11/1/2001	\$18.47	3	NO
K	83805	MEPROBAMATE	11/1/2001	\$18.03	3	NO
K	83825	MERCURY, QUANTITATIVE	11/1/2001	\$16.63	3	NO
K	83835	METANEPHRINES	11/1/2001	\$17.32	3	NO
K	83840	METHADONE	11/1/2001	\$16.69	3	NO
K	83857	METHEMALBUMIN	11/1/2001	\$10.98	3	NO
K	83858	METHSUXIMIDE	11/1/2001	\$15.16	3	NO
K	83864	MUCOPOLYSACCHARIDES, ACID; QUANT	11/1/2001	\$20.36	3	NO
K	83866	MUCOPOLYSACCHARIDES ACID URINE;	11/1/2001	\$10.08	3	NO
K	83872	MUCIN SYNOVIAL FLUID (ROPES TEST	11/1/2001	\$5.70	3	NO
K	83873	MYELIN BASIC PROTEIN, CEREBROSPI	11/1/2001	\$7.38	3	NO
K	83874	MYOGLOBIN	11/1/2001	\$13.20	3	NO
K	83880	NATRIURETIC PEPTIDE	1/1/2003	\$25.10	3	NO
K	83883	NEPHELOMETRY, EACH ANALYTE NOT E	11/1/2001	\$13.90	3	NO
K	83885	NICKEL	11/1/2001	\$25.06	3	NO
K	83887	NICOTINE	11/1/2001	\$24.22	3	NO
K	83890	MOLECULAR DIAGNOSTICS; MOLECULAR	11/1/2001	\$4.10	3	NO
K	83891	MOLECULAR DIAGNOSTICS; ISOLATION	11/1/2001	\$4.10	3	NO
K	83892	NUCLEAR MOLECULAR DIAGNOSTICS; E	11/1/2001	\$4.10	3	NO
K	83893	MOLECULAR DIAGNOSTICS; DOT/SLOT	11/1/2001	\$4.10	3	NO
K	83894	NUCLEAR MOLECULAR DIAGNOSTICS; S	11/1/2001	\$4.10	3	NO
K	83896	NUCLEAR MOLECULAR DIAGNOSTICS; N	11/1/2001	\$4.10	3	NO
K	83897	MOLECULAR DIAGNOSTICS; NUCLEIC A	11/1/2001	\$4.10	3	NO
K	83898	MOLECULAR DIAGNOSTICS; AMPLIFICA	11/1/2001	\$17.15	3	NO
K	83900	MOLECULAR DIAGNOSTICS; AMPLIFICA	1/1/2006	\$34.66	3	NO
K	83901	MOLECULAR DIAGNOSTICS; AMPLIFICA	11/1/2001	\$17.15	3	NO
K	83902	MOLECULAR DIAGNOSTICS; REVERSE T	11/1/2001	\$8.79	3	NO
K	83903	MOLECULAR DIAGNOSTICS; MUTATION	11/1/2001	\$17.15	3	NO
K	83904	MOLECULAR DIAGNOSTICS; MUTATION	11/1/2001	\$17.15	3	NO
K	83905	MOLECULAR DIAGNOSTICS; MUTATION	11/1/2001	\$17.15	3	NO
K	83906	MOLECULAR DIAGNOSTICS; MUTATION	11/1/2001	\$17.15	3	NO
K	83907	MOLECULAR DIAGNOSTICS; LYSIS OF	1/1/2006	\$13.81	3	NO
K	83908	MOLECULAR DIAGNOSTICS; SIGNAL AM	1/1/2006	\$17.33	3	NO
K	83909	MOLECULAR DIAGNOSTICS; SEPARATIO	1/1/2006	\$17.33	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	83912	NUCLEAR MOLECULAR DIAGNOSTICS; I	10/1/2005	\$12.98	3	NO
K	83914	MUTATION IDENTIFICATION BY ENZYM	1/1/2006	\$17.33	3	NO
K	83915	NUCLEOTIDASE 5	11/1/2001	\$11.40	3	NO
K	83916	OLIGOCLONAL IMMUNE (OLIGOCLONAL	11/1/2001	\$20.56	3	NO
K	83918	ORGANIC ACIDS; TOTAL, QUANTITATI	11/1/2001	\$16.84	3	NO
K	83919	ORGANIC ACIDS; QUALITATIVE, EACH	11/1/2001	\$16.84	3	NO
K	83921	ORGANIC ACID, SINGLE, QUANTITATI	11/1/2001	\$16.84	3	NO
K	83925	OPIATES, (EG, MORPHINE, MEPERIDI	11/1/2001	\$19.90	3	NO
K	83930	OSMOLALITY BLOOD	11/1/2001	\$6.76	3	NO
K	83935	OSMOLALITY; URINE	11/1/2001	\$6.97	3	NO
K	83937	OSTEOCALCIN (BONE G1A PROTEIN)	11/1/2001	\$30.53	3	NO
K	83945	OXALATE	11/1/2001	\$13.17	3	NO
K	83950	ONCOPROTEIN, HER-2/NEU	12/1/2002	\$65.87	3	NO
K	83970	PARATHORMONE (PARATHYROID HORMON	11/1/2001	\$42.21	3	NO
K	83986	PH BODY FLUID EXCEPT BLOOD	11/1/2001	\$3.66	3	NO
K	83992	PHENCYCLIDINE (PCP)	11/1/2001	\$15.03	3	NO
K	84022	PHENOTHIAZINE	11/1/2001	\$15.93	3	NO
K	84030	PHENYLALANINE (PKU), BLOOD	3/1/1992	NC	9	NO
K	84035	PHENYLKETONES, QUALITATIVE	11/1/2001	\$3.74	3	NO
K	84060	PHOSPHATASE, ACID; TOTAL	11/1/2001	\$7.55	3	NO
K	84061	PHOSPHATASE, ACID; FORENSIC EXAM	11/1/2001	\$8.10	3	NO
K	84066	PHOSPHATASE, ACID; PROSTATIC	11/1/2001	\$9.88	3	NO
K	84075	PHOSPHATASE, ALKALINE;	11/1/2001	\$5.29	3	NO
K	84078	PHOSPHATASE ALKALINE BLOOD; HEAT	11/1/2001	\$7.47	3	NO
K	84080	PHOSPHATASE, ALKALINE; ISOENZYME	11/1/2001	\$15.13	3	NO
K	84081	PHOSPHATIDYLGYCEROL	11/1/2001	\$16.90	3	NO
K	84085	PHOSPHOGLUCONATE 6- DEHYDROGENAS	11/1/2001	\$6.90	3	NO
K	84087	PHOSPHOHEXOSE ISOMERASE	11/1/2001	\$10.56	3	NO
K	84100	PHOSPHORUS INORGANIC (PHOSPHATE)	11/1/2001	\$4.85	3	NO
K	84105	PHOSPHORUS (PHOSPHATE); URINE	11/1/2001	\$5.29	3	NO
K	84106	PORPHOBILINOGEN URINE QUALITATIV	11/1/2001	\$4.38	3	NO
K	84110	PORPHOBILINOGEN URINE; QUANTITAT	11/1/2001	\$8.64	3	NO
K	84119	PORPHYRINS, URINE; QUALITATIVE	11/1/2001	\$8.81	3	NO
K	84120	PORPHYRINS, URINE; QUANTITATION	11/1/2001	\$15.04	3	NO
K	84126	PORPHYRINS, FECES; QUANTITATIVE	11/1/2001	\$26.05	3	NO
K	84127	PORPHYRINS, FECES; QUALITATIVE	11/1/2001	\$11.91	3	NO
K	84132	POTASSIUM; SERUM	11/1/2001	\$4.70	3	NO
K	84133	POTASSIUM; URINE	11/1/2001	\$4.40	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	84134	PREALBUMIN	11/1/2001	\$14.92	3	NO
K	84135	PREGNANEDIOL	11/1/2001	\$19.57	3	NO
K	84138	PREGNANETRIOL	11/1/2001	\$19.36	3	NO
K	84140	PREGNENOLONE	11/1/2001	\$21.15	3	NO
K	84143	17-HYDROXPREGNENOLONE	11/1/2001	\$23.34	3	NO
K	84144	PROGESTERONE	11/1/2001	\$21.33	3	NO
K	84146	PROLACTIN	11/1/2001	\$19.82	3	NO
K	84150	PROSTAGLANDIN, EACH	11/1/2001	\$25.53	3	NO
K	84152	PROSTATE SPECIFIC ANTIGEN (PSA);	11/1/2001	\$18.81	3	NO
K	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	11/1/2001	\$18.81	3	NO
K	84154	PROSTATE SPECIFIC ANTIGEN (PSA);	11/1/2001	\$18.81	3	NO
K	84155	PROTEIN; TOTAL, EXCEPT REFRACTOM	11/1/2001	\$3.74	3	NO
K	84156	PROTEIN, TOTAL, EXCEPT BY REFRAC	1/1/2004	\$3.79	3	NO
K	84157	PROTEIN, TOTAL, EXCEPT BY REFRAC	1/1/2004	\$3.79	3	NO
K	84160	PROTEIN TOTAL SERUM; REFRACTOMET	11/1/2001	\$5.29	3	NO
K	84163	PREGNANCY-ASSOCIATED PLASMA PROT	1/1/2005	\$15.56	3	NO
K	84165	PROTEIN; ELECTROPHORETIC FRACTIO	7/1/1997	\$15.45	3	NO
K	84166	PROTEIN; ELECTROPHORETIC FRACTIO	10/1/2005	\$18.44	3	NO
K	84181	PROTEIN; WESTERN BLOT, WITH INTE	7/1/1997	\$24.55	3	NO
K	84182	PROTEIN; WESTERN BLOT, WITH INTE	7/1/1997	\$25.95	3	NO
K	84202	PROTOPORPHYRIN RBC QUANTITATIVE	10/1/2001	\$14.67	3	NO
K	84203	PROTOPORPHYRIN RBC; SCREEN	11/1/2001	\$8.80	3	NO
K	84206	PROINSULIN	11/1/2001	\$18.22	3	NO
K	84207	PYRIDOXAL PHOSPHATE (VITAMIN B-6	11/1/2001	\$28.73	3	NO
K	84210	PYRUVATE	11/1/2001	\$11.11	3	NO
K	84220	PYRUVATE KINASE	11/1/2001	\$9.65	3	NO
K	84228	QUININE	11/1/2001	\$11.90	3	NO
K	84233	RECEPTOR ASSAY; ESTROGEN	11/1/2001	\$65.87	3	NO
K	84234	RECEPTOR ASSAY; PROGESTERONE	11/1/2001	\$66.33	3	NO
K	84235	RECEPTOR ASSAY; ENDOCRINE OTHER	11/1/2001	\$53.51	3	NO
K	84238	RECEPTOR ASSAY; NON-ENDOCRINE (S	11/1/2001	\$37.39	3	NO
K	84244	RENIN	11/1/2001	\$22.50	3	NO
K	84252	RIBOFLAVIN (VITAMIN B-2)	11/1/2001	\$20.69	3	NO
K	84255	SELENIUM	11/1/2001	\$26.11	3	NO
K	84260	SEROTONIN	11/1/2001	\$31.68	3	NO
K	84270	SEX HORMONE BINDING GLOBULIN (SH	11/1/2001	\$22.22	3	NO
K	84275	SIALIC ACID	11/1/2001	\$13.73	3	NO
K	84285	SILICA	11/1/2001	\$24.09	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	84295	SODIUM; SERUM	11/1/2001	\$4.92	3	NO
K	84300	SODIUM; URINE	11/1/2001	\$4.97	3	NO
K	84302	SODIUM; OTHER SOURCE	1/1/2003	\$5.02	3	NO
K	84305	SOMATOMEDIN	11/1/2001	\$21.74	3	NO
K	84307	SOMATOSTATIN	11/1/2001	\$18.70	3	NO
K	84311	SPECTROPHOTOMETRY, ANALYTE NOT E	11/1/2001	\$7.15	3	NO
K	84315	SPECIFIC GRAVITY (EXCEPT URINE)	11/1/2001	\$2.56	3	NO
K	84375	SUGARS CHROMATOGRAPHIC TLC OR PA	11/1/2001	\$8.95	3	NO
K	84376	SUGARS (MON-, DI, AND OLIGOSACCH	11/1/2001	\$5.63	3	NO
K	84377	SUGARS (MON-, DI, AND OLIGOSACCH	11/1/2001	\$5.63	3	NO
K	84378	SUGARS (MON-, DI, AND OLIGOSACCH	11/1/2001	\$11.78	3	NO
K	84379	SUGARS (MON-, DI, AND OLIGOSACCH	11/1/2001	\$11.78	3	NO
K	84392	SULFATE, URINE	11/1/2001	\$4.85	3	NO
K	84402	TESTOSTERONE; FREE	11/1/2001	\$26.04	3	NO
K	84403	TESTOSTERONE; TOTAL	11/1/2001	\$26.40	3	NO
K	84425	THIAMINE (VITAMIN B-1)	11/1/2001	\$21.72	3	NO
K	84430	THIOCYANATE	11/1/2001	\$8.95	3	NO
K	84432	THYROGLOBULIN	11/1/2001	\$16.43	3	NO
K	84436	THYROXINE; TOTAL	11/1/2001	\$7.03	3	NO
K	84437	THYROXINE; REQUIRING ELUTION (EG	11/1/2001	\$6.62	3	NO
K	84439	THYROXINE; FREE	11/1/2001	\$9.22	3	NO
K	84442	THYROXINE BINDING GLOBULIN (TBG)	11/1/2001	\$15.13	3	NO
K	84443	THYROID STIMULATING HORMONE (TSH	11/1/2001	\$17.18	3	NO
K	84445	THYROID STIMULATING IMMUNE GLOBU	11/1/2001	\$52.01	3	NO
K	84446	TOCOPHEROL ALPHA (VITAMIN E)	11/1/2001	\$14.50	3	NO
K	84449	TRANSCORTIN (CORTISOL BINDING GL	11/1/2001	\$18.40	3	NO
K	84450	TRANSFERASSE; ASPARTATE AMINO (A	11/1/2001	\$5.28	3	NO
K	84460	TRANSFERASE; ALANINE AMINO (ALT)	11/1/2001	\$5.42	3	NO
K	84466	TRANSFERRIN	11/1/2001	\$13.06	3	NO
K	84478	TRIGLYCERIDES	11/1/2001	\$5.88	3	NO
K	84479	THYROID HORMONE (T3 OR T4) UPTAK	11/1/2001	\$6.62	3	NO
K	84480	TRIIODOTHYRONINE T3; TOTAL (TT-3	11/1/2001	\$14.50	3	NO
K	84481	TRIDOTHYRONINE (T-3); FREE	11/1/2001	\$17.32	3	NO
K	84482	TRIDOTHYRONINE (T-3); REVERSE	11/1/2001	\$16.12	3	NO
K	84484	TROPONIN	11/1/2001	\$10.06	3	NO
K	84485	TRYPSIN DUODENAL FLUID	11/1/2001	\$7.67	3	NO
K	84488	TRYPSIN; FECES, QUALITATIVE	11/1/2001	\$7.47	3	NO
K	84490	TRYPSIN; FECES, QUANTITATIVE, 24	11/1/2001	\$7.78	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	84510	TYROSINE	11/1/2001	\$10.64	3	NO
K	84512	TROPONIN, QUALITATIVE	11/1/2001	\$7.87	3	NO
K	84520	UREA NITROGEN; QUANTITATIVE	11/1/2001	\$4.03	3	NO
K	84525	UREA NITROGEN; SEMIQUANTITATIVE	11/1/2001	\$3.23	3	NO
K	84540	UREA NITROGEN URINE	11/1/2001	\$4.85	3	NO
K	84545	UREA NITROGEN CLEARANCE	11/1/2001	\$6.75	3	NO
K	84550	URIC ACID; BLOOD	11/1/2001	\$4.63	3	NO
K	84560	URIC ACID; OTHER SOURCE	11/1/2001	\$4.85	3	NO
K	84577	UROBILINOGEN FECES QUANTITATIVE	11/1/2001	\$3.90	3	NO
K	84578	UROBILINOGEN URINE QUALITATIVE	11/1/2001	\$3.32	3	NO
K	84580	UROBILINOGEN URINE; QUANTITATIVE	11/1/2001	\$7.26	3	NO
K	84583	UROBILINOGEN URINE; SEMIQUANTITA	11/1/2001	\$5.14	3	NO
K	84585	VANILLYLMANDELIC ACID (VMA) URIN	11/1/2001	\$15.85	3	NO
K	84586	VASOACTIVE INTESTINAL PEPTIDE (V	11/1/2001	\$36.13	3	NO
K	84588	VASOPRESSIN (ANTIDIURETIC HORMON	11/1/2001	\$34.71	3	NO
K	84590	VITAMIN A	11/1/2001	\$11.85	3	NO
K	84591	VITAMIN, NOT OTHERWISE SPECIFIED	11/1/2001	\$11.85	3	NO
K	84597	VITAMIN K	11/1/2001	\$14.02	3	NO
K	84600	VOLATILES (EG, ACETIC ANHYDRIDE,	11/1/2001	\$16.44	3	NO
K	84620	XYLOSE ABSORPTION TEST, BLOOD AN	11/1/2001	\$12.11	3	NO
K	84630	ZINC	11/1/2001	\$11.65	3	NO
K	84681	C-PEPTIDE	11/1/2001	\$21.28	3	NO
K	84702	GONADOTROPIN, CHORIONIC (HCG); Q	11/1/2001	\$15.39	3	NO
K	84703	GONADOTROPIN CHORIONIC QUALITAVE	11/1/2001	\$7.68	3	NO
K	84830	OVULATION TESTS, BY VISUAL COLOR	2/22/1994	NC	9	NO
K	84999	UNLISTED CHEMISTRY PROCEDURE	4/1/1982	\$0.01	5	NO
K	85002	BLEEDING TIME	11/1/2001	\$4.60	3	NO
K	85004	BLOOD COUNT; AUTOMATED DIFFERENT	1/1/2003	\$6.69	3	NO
K	85007	BLOOD COUNT; BLOOD SMEAR, MICROS	7/1/1997	\$4.06	3	NO
K	85008	BLOOD COUNT; BLOOD SMEAR, MICROS	11/1/2001	\$3.52	3	NO
K	85009	BLOOD COUNT; MANUAL DIFFERENTIAL	11/1/2001	\$3.80	3	NO
K	85013	BLOOD COUNT; SPUN MICROHEMATOCRI	11/1/2001	\$2.42	3	NO
K	85014	BLOOD COUNT; HEMATOCRIT (HCT)	11/1/2001	\$2.42	3	NO
K	85018	BLOOD COUNT; HEMOGLOBIN (HGB)	11/1/2001	\$2.42	3	NO
K	85021	BLOOD COUNT; HEMOGRAM AUTOMATED	7/1/2003	INVALID	N	NO
K	85022	BLOOD COUNT HEMOGRAM AUTOMATED A	7/1/2003	INVALID	N	NO
K	85023	BLOOD COUNT HEMOGRAM AND PLATELE	7/1/2003	INVALID	N	NO
K	85024	BLOOD COUNT HEMOGRAM AND PLATELE	7/1/2003	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	85025	BLOOD COUNT; COMPLETE (CBC), AUT	11/1/2001	\$7.95	3	NO
K	85027	BLOOD COUNT; COMPLETE (CBC), AUT	11/1/2001	\$6.62	3	NO
K	85031	BLOOD COUNT HEMOGRAM MANUAL COMP	7/1/2003	INVALID	N	NO
K	85032	BLOOD COUNT; MANUAL CELL COUNT (	1/1/2003	\$4.45	3	NO
K	85041	BLOOD COUNT; RED BLOOD CELL (RBC	11/1/2001	\$3.08	3	NO
K	85044	BLOOD COUNT; RETICULOCYTE, MANUA	11/1/2001	\$4.40	3	NO
K	85045	BLOOD COUNT; RETICULOCYTE, AUTOM	11/1/2001	\$4.10	3	NO
K	85046	BLOOD COUNT; RETICULOCYTES, AUTO	11/1/2001	\$5.70	3	NO
K	85048	BLOOD COUNT; LEUKOCYTE (WBC), AU	11/1/2001	\$2.60	3	NO
K	85049	BLOOD COUNT; PLATELET, AUTOMATED	1/1/2003	\$4.63	3	NO
K	85055	RETICULATED PLATELET ASSAY	1/1/2004	\$18.71	3	NO
K	85060	BLOOD SMEAR, PERIPHERAL, INTERPR	10/1/2005	\$16.87	3	NO
K	85095	BONE MARROW; ASPIRATION ONLY	4/1/2002	INVALID	N	NO
K	85097	BONE MARROW, SMEAR INTERPRETATIO	10/1/2005	\$75.00	3	NO
K	85102	BONE MARROW BIOPSY, NEEDLE OR TR	4/1/2002	INVALID	N	NO
K	85130	CHROMOGENIC SUBSTRATE ASSAY	11/1/2001	\$12.17	3	NO
K	85170	CLOT RETRACTION	11/1/2001	\$3.70	3	NO
K	85175	CLOT LYSIS TIME WHOLE BLOOD DILU	11/1/2001	\$4.65	3	NO
K	85210	CLOTTING FACTOR II PROTHROMBIN S	11/1/2001	\$13.28	3	NO
K	85220	CLOTTING; FACTOR V (ACG OR PROAC	11/1/2001	\$16.38	3	NO
K	85230	CLOTTING; FACTOR VII (PROCONVERT	11/1/2001	\$16.38	3	NO
K	85240	CLOTTING; FACTOR VIII (AHG) ONE	11/1/2001	\$16.38	3	NO
K	85244	CLOTTING; FACTOR VIII RELATED AN	11/1/2001	\$20.88	3	NO
K	85245	CLOTTING; FACTOR VIII, VW FACTOR	11/1/2001	\$23.47	3	NO
K	85246	CLOTTING; FACTOR VIII, VW FACTOR	11/1/2001	\$23.47	3	NO
K	85247	CLOTTING; FACTOR VIII, VON WILLE	11/1/2001	\$23.47	3	NO
K	85250	CLOTTING; FACTOR IX (PTC OR CHRI	11/1/2001	\$16.38	3	NO
K	85260	CLOTTING; FACTOR X (STUART-PROWE	11/1/2001	\$16.38	3	NO
K	85270	CLOTTING; FACTOR XI (PTA)	11/1/2001	\$16.38	3	NO
K	85280	CLOTTING; FACTOR XII (HAGEMAN)	11/1/2001	\$19.79	3	NO
K	85290	CLOTTING; FACTOR XIII (FIBRIN ST	11/1/2001	\$16.38	3	NO
K	85291	CLOTTING; FACTOR XIII (FIBRIN ST	11/1/2001	\$9.09	3	NO
K	85292	CLOTTING; PREKALLIKREIN ASSAY (F	11/1/2001	\$19.37	3	NO
K	85293	CLOTTING; HIGH MOLECULAR WEIGHT	11/1/2001	\$19.37	3	NO
K	85300	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$12.12	3	NO
K	85301	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$11.06	3	NO
K	85302	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$12.29	3	NO
K	85303	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$14.14	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	85305	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$11.85	3	NO
K	85306	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$15.67	3	NO
K	85307	ACTIVATED PROTEIN C (APC) RESIST	11/1/2001	\$15.67	3	NO
K	85335	FACTOR INHIBITOR TEST	11/1/2001	\$13.17	3	NO
K	85337	THROMBOMODULIN	11/1/2001	\$10.66	3	NO
K	85345	COAGULATION TIME LEE AND WHITE	11/1/2001	\$4.40	3	NO
K	85347	COAGULATION TIME; ACTIVATED	11/1/2001	\$3.23	3	NO
K	85348	COAGULATION TIME; OTHER METHODS	11/1/2001	\$3.80	3	NO
K	85360	EUGLOBULIN LYSIS	11/1/2001	\$8.59	3	NO
K	85362	FIBRIN(OGEN) DEGRADATION (SPLIT)	11/1/2001	\$6.56	3	NO
K	85366	FIBRIN(OGEN) DEGRADATION (SPLIT)	11/1/2001	\$8.81	3	NO
K	85370	FIBRIN(OGEN) DEGRADATION (SPLIT)	11/1/2001	\$11.62	3	NO
K	85378	FIBRIN DEGRADATION PRODUCTS, D-D	11/1/2001	\$7.30	3	NO
K	85379	FIBRIN DEGRADATION PRODUCTS, D-D	11/1/2001	\$10.40	3	NO
K	85380	FIBRIN DEGRADATION PRODUCTS, D-D	1/1/2003	\$10.52	3	NO
K	85384	FIBRINOGEN; ACTIVITY	11/1/2001	\$8.69	3	NO
K	85385	FIBRINOGEN; ANTIGEN	11/1/2001	\$8.69	3	NO
K	85390	FIBRINOLYSINS OR COAGULOPATHY SC	7/1/1997	\$7.08	3	NO
K	85396	COAGULATION/FIBRINOLYSIS ASSAY,	10/1/2005	\$14.79	3	NO
K	85400	FIBRINOLYTIC FACTORS AND INHIBIT	11/1/2001	\$9.04	3	NO
K	85410	FIBRINOLYTIC MECHANISMS ALPHA-2	11/1/2001	\$7.89	3	NO
K	85415	FIBRINOLYTIC FACTORS AND INHIBIT	11/1/2001	\$17.58	3	NO
K	85420	FIBRINOLYTIC MECHANISMS; PLASMIN	11/1/2001	\$6.69	3	NO
K	85421	FIBRINOLYTIC MECHANISMS; PLASMIN	11/1/2001	\$10.41	3	NO
K	85441	HEINZ BODIES DIRECT	11/1/2001	\$4.30	3	NO
K	85445	HEINZ BODIES; INDUCED ACETYL PHE	11/1/2001	\$6.97	3	NO
K	85460	HEMOGLOBIN OR RBCS, FETAL, FOR F	11/1/2001	\$7.91	3	NO
K	85461	HEMOGLOBIN OR RBCS, FETAL, FOR F	11/1/2001	\$6.79	3	NO
K	85475	HEMOLYSIN, ACID	11/1/2001	\$9.07	3	NO
K	85520	HEPARIN ASSAY	11/1/2001	\$13.39	3	NO
K	85525	HEPARIN NEUTRALIZATION	11/1/2001	\$12.12	3	NO
K	85530	HEPARIN-PROTAMINE TOLERANCE TEST	11/1/2001	\$14.50	3	NO
K	85535	IRON STAIN (RBC OR BONE MARROW S	4/1/2002	INVALID	N	NO
K	85536	IRON STAIN, PERIPHERAL BLOOD	11/1/2001	\$6.62	3	NO
K	85540	LEUKOCYTE ALKALINE PHOSPHATASE W	11/1/2001	\$8.79	3	NO
K	85547	MECHANICAL FRAGILITY RBC	11/1/2001	\$8.79	3	NO
K	85549	MURAMIDASE	11/1/2001	\$19.18	3	NO
K	85555	OSMOTIC FRAGILITY, RBC; UNINCUBA	11/1/2001	\$6.84	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	85557	OSMOTIC FRAGILITY, RBC; INCUBATE	11/1/2001	\$6.85	3	NO
K	85576	PLATELET; AGGREGATION (IN VITRO)	7/1/1997	\$29.50	3	NO
K	85585	PLATELET; ESTIMATION ON SMEAR ON	7/1/2003	INVALID	N	NO
K	85590	PLATELET; MANUAL COUNT	7/1/2003	INVALID	N	NO
K	85595	PLATELET; AUTOMATED COUNT	7/1/2003	INVALID	N	NO
K	85597	PLATELET NEUTRALIZATION	11/1/2001	\$18.38	3	NO
K	85610	PROTHROMBIN TIME	11/1/2001	\$4.02	3	NO
K	85611	PROTHROMBIN TIME; SUBSTITUTION,	11/1/2001	\$4.03	3	NO
K	85612	RUSSELL VIPER VENOM TIME (INCLUD	11/1/2001	\$6.56	3	NO
K	85613	RUSSELL VIPER VENOM TIME (INCLUD	11/1/2001	\$6.56	3	NO
K	85635	REPTILASE TEST	11/1/2001	\$10.07	3	NO
K	85651	SEDIMENTATION RATE, ERYTHROCYTE;	11/1/2001	\$3.63	3	NO
K	85652	SEDIMENTATION RATE, ERYTHROCYTE;	11/1/2001	\$2.76	3	NO
K	85660	SICKLING OF RBC REDUCTION SLIDE	11/1/2001	\$5.65	3	NO
K	85670	THROMBIN TIME; PLASMA	11/1/2001	\$5.91	3	NO
K	85675	THROMBIN TIME; TITER	10/1/2001	\$7.01	3	NO
K	85705	THROMBOPLASTIN INHIBITION; TISSU	11/1/2001	\$9.85	3	NO
K	85730	THROMBOPLASTIN TIME PARTIAL (PTT	11/1/2001	\$6.14	3	NO
K	85732	THROMBOPLASTIN TIME, PARTIAL (PT	11/1/2001	\$6.62	3	NO
K	85810	VISCOSITY	11/1/2001	\$11.94	3	NO
K	85999	UNLISTED HEMATOLOGY PROCEDURE	10/1/2001	\$0.01	5	NO
K	86000	AGGLUTININS, FEBRILE, EACH ANTIG	11/1/2001	\$7.14	3	NO
K	86001	ALLERGEN SPECIFIC IGG QUANTITATI	11/1/2001	\$5.34	3	NO
K	86003	ALLERGEN SPECIFIC IGE; QUANTITAT	11/1/2001	\$5.34	3	NO
K	86005	ALLERGEN SPECIFIC IGE; QUALITATI	11/1/2001	\$8.15	3	NO
K	86021	ANTIBODY IDENTIFICATION LEUKOCYT	11/1/2001	\$15.39	3	NO
K	86022	ANTIBODY IDENTIFICATION; PLATELE	11/1/2001	\$18.78	3	NO
K	86023	ANTIBODY IDENTIFICATION; PLATELE	11/1/2001	\$12.74	3	NO
K	86038	ANTINUCLEAR ANTIBODIES (ANA);	11/1/2001	\$12.36	3	NO
K	86039	ANTINUCLEAR ANTIBODIES (ANA); TI	11/1/2001	\$11.42	3	NO
K	86060	ANTISTREPTOLYSIN O TITER	11/1/2001	\$7.47	3	NO
K	86063	ANTISTREPTOLYSIN O; SCREEN	11/1/2001	\$5.91	3	NO
K	86064	B CELLS, TOTAL COUNT	1/1/2006	INVALID	N	NO
K	86077	BLOOD BANK PHYSICIAN SERVICES; D	10/1/2005	\$35.55	3	NO
K	86078	BLOOD BANK PHYSICIAN SERVICES IN	10/1/2005	\$37.37	3	NO
K	86079	BLOOD BANK PHYSICIAN SERVICES AU	10/1/2005	\$36.85	3	NO
K	86140	C-REACTIVE PROTEIN	11/1/2001	\$5.29	3	NO
K	86141	C-REACTIVE PROTEIN; HIGH SENSITI	12/1/2002	\$13.24	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	86146	BETA 2 BLYCOPROTEIN I ANTIBODY,	11/1/2001	\$26.02	3	NO
K	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIB	11/1/2001	\$26.02	3	NO
K	86148	ANTI-PHOSPHATIDYLSERINE (PHOSPHO	11/1/2001	\$16.43	3	NO
K	86155	CHEMOTAXIS ASSAY SPECIFY METHOD	11/1/2001	\$16.34	3	NO
K	86156	COLD AGGLUTININ; SCREEN	11/1/2001	\$6.85	3	NO
K	86157	COLD AGGLUTININ; TITER	11/1/2001	\$8.24	3	NO
K	86160	COMPLEMENT; ANTIGEN, EACH COMPON	11/1/2001	\$12.28	3	NO
K	86161	COMPLEMENT; FUNCTIONAL ACTIVITY,	11/1/2001	\$12.28	3	NO
K	86162	COMPLEMENT; TOTAL HEMOLYTIC (CH5	11/1/2001	\$20.78	3	NO
K	86171	COMPLEMENT FIXATION TESTS, EACH	11/1/2001	\$10.25	3	NO
K	86185	COUNTERIMMUNOELECTROPHORESIS, EA	11/1/2001	\$9.15	3	NO
K	86200	CYCLIC CITRULLINATED PEPTIDE (CC	1/1/2006	\$13.39	3	NO
K	86215	DEOXYRIBONUCLEASE ANTIBODY	11/1/2001	\$13.56	3	NO
K	86225	DEOXYRIBONUCLEIC ACID (DNA) ANTI	11/1/2001	\$14.05	3	NO
K	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTI	11/1/2001	\$12.38	3	NO
K	86235	EXTRACTABLE NUCLEAR ANTIGEN, ANT	11/1/2001	\$16.38	3	NO
K	86243	FC RECEPTOR	11/1/2001	\$20.99	3	NO
K	86255	FLUORESCENT ANTIBODY; SCREEN, EA	7/1/1997	\$15.33	3	NO
K	86256	FLUORESCENT ANTIBODY; TITER, EAC	7/1/1997	\$16.55	3	NO
K	86277	GROWTH HORMONE, HUMAN (HGH), ANT	11/1/2001	\$16.10	3	NO
K	86280	HEMAGGLUTINATION INHIBITION TEST	11/1/2001	\$8.37	3	NO
K	86294	IMMUNOASSAY FOR TUMOR ANTIGEN, Q	10/1/2001	\$0.01	5	NO
K	86300	IMMUNOASSAY FOR TUMOR ANTIGEN, Q	11/1/2001	\$21.28	3	NO
K	86301	IMMUNOASSAY FOR TUMOR ANTIGEN, Q	11/1/2001	\$21.28	3	NO
K	86304	IMMUNOASSAY FOR TUMOR ANTIGEN, Q	11/1/2001	\$21.28	3	NO
K	86308	HETEROPHILE ANTIBODIES; SCREENIN	11/1/2001	\$5.29	3	NO
K	86309	HETEROPHILE ANTIBODIES; TITER	11/1/2001	\$6.62	3	NO
K	86310	HETEROPHILE ANTIBODIES; TITERS A	11/1/2001	\$7.54	3	NO
K	86316	IMMUNOASSAY FOR TUMOR ANTIGEN; O	11/1/2001	\$21.28	3	NO
K	86317	IMMUNOASSAY FOR INFECTIOUS AGENT	11/1/2001	\$15.33	3	NO
K	86318	IMMUNOASSAY FOR INFECTIOUS AGENT	11/1/2001	\$13.24	3	NO
K	86320	IMMUNOELECTROPHORESIS; SERUM	7/1/1997	\$30.77	3	NO
K	86325	IMMUNOELECTROPHORESIS; OTHER FLU	7/1/1997	\$30.69	3	NO
K	86327	IMMUNOELECTROPHORISIS; CROSSED (	7/1/1997	\$31.15	3	NO
K	86329	IMMUNODIFFUSION, NOT ELSEWHERE S	11/1/2001	\$14.36	3	NO
K	86331	IMMUNODIFFUSION; GEL DIFFUSION,	11/1/2001	\$12.25	3	NO
K	86332	IMMUNE COMPLEX ASSAY	11/1/2001	\$24.92	3	NO
K	86334	IMMUNOFIXATION ELECTROPHORESIS;	7/1/1997	\$30.66	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	86335	IMMUNOFIXATION ELECTROPHORESIS;	1/1/2005	\$30.34	3	NO
K	86336	INHIBIN A	12/1/2002	\$15.29	3	NO
K	86337	INSULIN ANTIBODIES	11/1/2001	\$21.90	3	NO
K	86340	INTRINSIC FACTOR ANTIBODIES	11/1/2001	\$15.41	3	NO
K	86341	ISLET CELL ANTIBODY	11/1/2001	\$20.23	3	NO
K	86343	LEUKOCYTE HISTAMINE RELEASE TEST	11/1/2001	\$12.74	3	NO
K	86344	LEUKOCYTE PHAGOCYTOSIS	11/1/2001	\$8.17	3	NO
K	86353	LYMPHOCYTE TRANSFORMATION, MITOG	11/1/2001	\$50.14	3	NO
K	86355	B CELLS, TOTAL COUNT	1/1/2006	\$39.00	3	NO
K	86357	NATURAL KILLER (NK) CELLS, TOTAL	1/1/2006	\$39.00	3	NO
K	86359	T CELLS; TOTAL COUNT	11/1/2001	\$38.58	3	NO
K	86360	T CELLS; T4 AND T8, INCLUDING RA	11/1/2001	\$48.05	3	NO
K	86361	T CELLS; ABSOLUTE CD4 COUNT	11/1/2001	\$18.50	3	NO
K	86367	STEM CELLS (IE, CD34), TOTAL COU	1/1/2006	\$39.00	3	NO
K	86376	MICROSOMAL ANTIBODIES (EG, THYRO	11/1/2001	\$14.88	3	NO
K	86378	MIGRATION INHIBITORY FACTOR TEST	11/1/2001	\$20.14	3	NO
K	86379	NATURAL KILLER (NK) CELLS, TOTAL	1/1/2006	INVALID	N	NO
K	86382	NEUTRALIZATION TEST VIRAL	11/1/2001	\$17.29	3	NO
K	86384	NITROBLUE TETRAZOLIUM DYE TEST (	11/1/2001	\$11.65	3	NO
K	86403	PARTICLE AGGLUTINATION; SCREEN,	11/1/2001	\$10.42	3	NO
K	86406	PARTICLE AGGLUTINATION; TITER, E	11/1/2001	\$10.88	3	NO
K	86430	RHEUMATOID FACTOR; QUALITATIVE	11/1/2001	\$5.81	3	NO
K	86431	RHEUMATOID FACTOR; QUANTITATIVE	11/1/2001	\$5.81	3	NO
K	86480	TUBERCULOSIS TEST, CELL MEDIATED	1/1/2006	\$64.08	3	NO
K	86485	SKIN TEST; CANDIDA	10/1/2001	\$27.75	3	NO
K	86490	SKIN TEST; COCCIDIOIDOMYCOSIS	10/1/2005	\$8.04	3	NO
K	86510	SKIN TEST; HISTOPLASMOSIS	10/1/2005	\$8.82	3	NO
K	86580	SKIN TEST; TUBERCULOSIS INTRADER	10/1/2005	\$7.01	3	NO
K	86585	SKIN TEST; TUBERCULOSIS TINE TES	1/1/2006	INVALID	N	NO
K	86586	SKIN TEST; UNLISTED ANTIGEN, EAC	10/1/2001	\$15.33	3	NO
K	86587	STEM CELLS (IE, CD34), TOTAL COU	1/1/2006	INVALID	N	NO
K	86590	STREPTOKINASE ANTIBODY	11/1/2001	\$11.28	3	NO
K	86592	SYPHILIS TEST; QUALITATIVE (EG,	11/1/2001	\$4.37	3	NO
K	86593	SYPHILIS TEST; QUANTITATIVE	11/1/2001	\$4.51	3	NO
K	86602	ANTIBODY; ACTINOMYCES	11/1/2001	\$10.40	3	NO
K	86603	ANTIBODY; ADENOVIRUS	11/1/2001	\$13.16	3	NO
K	86606	ANTIBODY; ASPIRGILLUS	11/1/2001	\$15.39	3	NO
K	86609	ANTIBODY; BACTERIUM, NOT ELSEWHE	11/1/2001	\$13.18	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	86611	BARTONELLA	11/1/2001	\$10.40	3	NO
K	86612	ANTIBODY; BLASTOMYCES	11/1/2001	\$13.19	3	NO
K	86615	ANTIBODY; BORDETELLA	11/1/2001	\$13.49	3	NO
K	86617	ANTIBODY; BORRELIA BURGDORFERI (	11/1/2001	\$15.84	3	NO
K	86618	ANTIBODY; BORELLIA BUFGDORFERI (	11/1/2001	\$17.42	3	NO
K	86619	ANTIBODY; BORRELIA (RELAPSING FE	11/1/2001	\$13.68	3	NO
K	86622	ANTIBODY; BRUCELLA	11/1/2001	\$9.14	3	NO
K	86625	ANTIBODY; CAMPYLOBACTER	11/1/2001	\$13.42	3	NO
K	86628	ANTIBODY; CANDIDA	11/1/2001	\$12.28	3	NO
K	86631	ANTIBODY; CHLAMYDIA	11/1/2001	\$12.10	3	NO
K	86632	ANTIBODY; CHLAMYDIA, IGM	11/1/2001	\$12.99	3	NO
K	86635	ANTIBODY; COCCIDIOIDES	11/1/2001	\$11.73	3	NO
K	86638	ANTIBODY; COXIELLA BRUNETII (Q F	11/1/2001	\$12.40	3	NO
K	86641	ANTIBODY; CRYPTOCOCCUS	11/1/2001	\$14.74	3	NO
K	86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	11/1/2001	\$14.72	3	NO
K	86645	ANTIBODY; CYTOMEGALOVIRUS (CMV),	11/1/2001	\$17.23	3	NO
K	86648	ANTIBODY; DIPHTHERIA	11/1/2001	\$15.55	3	NO
K	86651	ANTIBODY; ENCEPHALITIS, CALIFORN	11/1/2001	\$13.49	3	NO
K	86652	ANTIBODY; ENCEPHALITIS, EASTERN	11/1/2001	\$13.49	3	NO
K	86653	ANTIBODY; ENCEPHALITIS, ST. LOUI	11/1/2001	\$13.49	3	NO
K	86654	ANTIBODY; ENCEPHALITIS, WESTERN	11/1/2001	\$13.49	3	NO
K	86658	ANTIBODY; ENTEROVIRUS (EG, COXSA	11/1/2001	\$13.33	3	NO
K	86663	ANTIBODY; EPSTEIN-BARR (EB) VIRU	11/1/2001	\$13.42	3	NO
K	86664	ANTIBODY; EPSTEIN-BARR (EB) VIRU	11/1/2001	\$15.64	3	NO
K	86665	ANTIBODY; EPSTEIN-BARR (EB) VIRU	11/1/2001	\$18.55	3	NO
K	86666	EHRlichia	11/1/2001	\$10.40	3	NO
K	86668	ANTIBODY; FRANCISELLA TULARENSIS	11/1/2001	\$10.64	3	NO
K	86671	ANTIBODY; FUNGUS, NOT ELSEWHERE	11/1/2001	\$12.54	3	NO
K	86674	ANTIBODY; GIARDIA LAMBLIA	11/1/2001	\$15.05	3	NO
K	86677	ANTIBODY; HELICOBACTER PYLORI	11/1/2001	\$14.84	3	NO
K	86682	ANTIBODY; HELMINTH, NOT ELSEWHER	11/1/2001	\$13.30	3	NO
K	86683	HEMOGLOBIN, FECAL	4/1/2002	INVALID	N	NO
K	86684	ANTIBODY; HEMOPHILUS INFLUENZA	11/1/2001	\$16.21	3	NO
K	86687	ANTIBODY; HTLV I	11/1/2001	\$8.58	3	NO
K	86688	ANTIBODY; HTLV-II	11/1/2001	\$14.33	3	NO
K	86689	ANTIBODY; HTLV OR HIV ANTIBODY,	11/1/2001	\$19.80	3	NO
K	86692	ANTIBODY; HEPATITIS, DELTA AGENT	11/1/2001	\$17.55	3	NO
K	86694	ANTIBODY; HERPES SIMPLEX, NON-SP	11/1/2001	\$14.72	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	86695	ANTIBODY; HERPES SIMPLEX, TYPE I	11/1/2001	\$13.49	3	NO
K	86696	HERPES SIMPLEX, TYPE 2	3/1/2003	\$25.00	3	NO
K	86698	ANTIBODY; HISTOPLASMA	11/1/2001	\$12.79	3	NO
K	86701	ANTIBODY; HIV-1	11/1/2001	\$9.09	3	NO
K	86702	ANTIBODY; HIV-2	11/1/2001	\$13.83	3	NO
K	86703	ANTIBODY; HIV-1 AND HIV-2, SINGL	11/1/2001	\$14.03	3	NO
K	86704	HEPATITIS B CORE ANTIBODY (HBCAB	11/1/2001	\$12.33	3	NO
K	86705	HEPATITIS B CORE ANTIBODY (HBCAB	11/1/2001	\$12.04	3	NO
K	86706	HEPATITIS B SURFACE ANTIBODY (HB	11/1/2001	\$10.98	3	NO
K	86707	HEPATITIS BE ANTIBODY (HBEAB)	11/1/2001	\$11.83	3	NO
K	86708	HEPATITIS A ANTIBODY (HAAB), TOT	11/1/2001	\$12.67	3	NO
K	86709	HEPATITIS A ANTIBODY (HAAB); IGM	11/1/2001	\$11.51	3	NO
K	86710	ANTIBODY; INFLUENZA VIRUS	11/1/2001	\$13.87	3	NO
K	86713	ANTIBODY; LEGIONELLA	11/1/2001	\$15.65	3	NO
K	86717	ANTIBODY; LEISHMANIA	11/1/2001	\$12.53	3	NO
K	86720	ANTIBODY; LEPTOSPIRA	11/1/2001	\$13.49	3	NO
K	86723	ANTIBODY; LISTERIA MONOCYTOGENES	11/1/2001	\$13.49	3	NO
K	86727	ANTIBODY; LYMPHOCYTIC CHORIOMENI	11/1/2001	\$13.16	3	NO
K	86729	ANTIBODY; LYMPHOGRANULOMA VENERE	11/1/2001	\$12.22	3	NO
K	86732	ANTIBODY; MUCORMYCOSIS	11/1/2001	\$13.49	3	NO
K	86735	ANTIBODY; MUMPS	11/1/2001	\$13.34	3	NO
K	86738	ANTIBODY; MYCOPLASMA	11/1/2001	\$13.55	3	NO
K	86741	ANTIBODY; NEISSERIA MENINGITIS	11/1/2001	\$13.49	3	NO
K	86744	ANTIBODY; NOCARDIA	11/1/2001	\$13.49	3	NO
K	86747	ANTIBODY; PAROVIRUS	11/1/2001	\$15.37	3	NO
K	86750	ANTIBODY; PLASMODIUM (MALARIA)	11/1/2001	\$13.49	3	NO
K	86753	ANTIBODY; PROTOZOA, NOT ELSEWHER	11/1/2001	\$12.67	3	NO
K	86756	ANTIBODY; RESPIRATORY SYNCYTIAL	11/1/2001	\$13.18	3	NO
K	86757	RICKETTSIA	11/1/2001	\$19.80	3	NO
K	86759	ANTIBODY; ROTAVIRUS	11/1/2001	\$13.49	3	NO
K	86762	ANTIBODY; RUBELLA	11/1/2001	\$14.72	3	NO
K	86765	ANTIBODY; RUBEOLA	11/1/2001	\$13.18	3	NO
K	86768	ANTIBODY; SALMONELLA	11/1/2001	\$13.49	3	NO
K	86771	ANTIBODY; SHIGELLA	11/1/2001	\$13.49	3	NO
K	86774	ANTIBODY; TETANUS	11/1/2001	\$15.13	3	NO
K	86777	ANTIBODY; TOXOPLASMA	11/1/2001	\$14.72	3	NO
K	86778	ANTIBODY; TOXOPLASMA, IGM	11/1/2001	\$14.73	3	NO
K	86781	ANTIBODY; TREPONEMA PALLIDUM, CO	11/1/2001	\$13.54	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	86784	ANTIBODY; TRICHINELLA	11/1/2001	\$12.85	3	NO
K	86787	ANTIBODY; VARICELLA-ZOSTER	11/1/2001	\$13.18	3	NO
K	86790	ANTIBODY; VIRUS, NOT ELSEWHERE S	11/1/2001	\$13.18	3	NO
K	86793	ANTIBODY; YERSINIA	11/1/2001	\$13.49	3	NO
K	86800	THYROGLOBULIN ANTIBODY	11/1/2001	\$16.27	3	NO
K	86803	HEPATITIS C ANTIBODY;	11/1/2001	\$14.60	3	NO
K	86804	HEPATITIS C ANTIBODY; CONFIRMATO	11/1/2001	\$15.84	3	NO
K	86805	LYMPHOCYTOTOXICITY ASSAY, VISUAL	11/1/2001	\$53.47	3	NO
K	86806	LYMPHOCYTOTOXICITY ASSAY, VISUAL	11/1/2001	\$48.66	3	NO
K	86807	SERUM SCREENING FOR CYTOTOXIC PE	11/1/2001	\$40.47	3	NO
K	86808	SERUM SCREENING FOR CYTOTOXIC PE	11/1/2001	\$30.35	3	NO
K	86812	HLA TYPING; A, B, OR C (EG, A10,	11/1/2001	\$26.39	3	NO
K	86813	HLA TYPING; A, B, OR C, MULTIPLE	11/1/2001	\$59.30	3	NO
K	86816	HLA TYPING; DR/DQ, SINGLE ANTIGE	11/1/2001	\$28.48	3	NO
K	86817	HLA TYPING; DR/DQ, MULTIPLE ANTI	11/1/2001	\$65.85	3	NO
K	86821	TISSUE TYPING; LYMPHOCYTE CULTUR	11/1/2001	\$57.74	3	NO
K	86822	TISSUE TYPING; LYMPHOCYTE CULTUR	11/1/2001	\$37.38	3	NO
K	86849	UNLISTED IMMUNOLOGY PROCEDURE	10/1/2005	\$0.01	5	NO
K	86850	ANTIBODY SCREEN, RBC, EACH SERUM	7/1/1997	\$7.81	3	NO
K	86860	ANTIBODY ELUTION (RBC), EACH ELU	2/15/2000	\$32.48	3	NO
K	86870	ANTIBODY IDENTIFICATION, RBC ANT	10/1/2001	\$38.52	3	NO
K	86880	ANTI HUMAN GLOBULIN TEST (COOMBS	11/1/2001	\$5.49	3	NO
K	86885	ANTI HUMAN GLOBULIN TEST; INDIREC	11/1/2001	\$5.85	3	NO
K	86886	ANTI HUMAN GLOBULIN TEST (COOMBS	11/1/2001	\$5.29	3	NO
K	86890	AUTOLOGOUS BLOOD OR COMPONENT, C	10/1/2001	\$46.51	3	NO
K	86891	AUTOLOGOUS BLOOD OR COMPONENT, C	10/1/2005	\$0.01	5	NO
K	86900	BLOOD TYPING; ABO	11/1/2001	\$3.05	3	NO
K	86901	BLOOD TYPING; RH (D)	10/1/2001	\$6.62	3	NO
K	86903	BLOOD TYPING; ANTIGEN SCREENING	11/1/2001	\$9.66	3	NO
K	86904	BLOOD TYPING; ANTIGEN SCREENING	11/1/2001	\$9.72	3	NO
K	86905	BLOOD TYPING; RBC ANTIGENS, OTHE	11/1/2001	\$3.91	3	NO
K	86906	BLOOD TYPING; RH PHENOTYPING, CO	11/1/2001	\$7.93	3	NO
K	86910	BLOOD TYPING, FOR PATERNITY TEST	2/22/1994	NC	9	NO
K	86911	BLOOD TYPING, FOR PATERNITY TEST	1/1/1994	NC	9	NO
K	86915	BONE MARROW, MODIFICATION OR TRE	7/1/2003	INVALID	N	NO
K	86920	COMPATIBILITY TEST EACH UNIT; IM	10/1/2001	\$58.92	3	NO
K	86921	COMPATIBILITY TEST EACH UNIT; IN	10/1/2005	\$0.01	5	NO
K	86922	COMPATIBILITY TEST EACH UNIT; AN	12/5/2005	\$58.92	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	86923	COMPATIBILITY TEST EACH UNIT; EL	1/1/2006	NC	9	NO
K	86927	FRESH FROZEN PLASMA, THAWING, EA	10/1/2005	\$0.01	5	NO
K	86930	FROZEN BLOOD, EACH UNIT; FREEZIN	10/1/2005	\$0.01	5	NO
K	86931	FROZEN BLOOD, EACH UNIT; THAWING	10/1/2005	\$0.01	5	NO
K	86932	FROZEN BLOOD, EACH UNIT; FREEZIN	10/1/2005	\$0.01	5	NO
K	86940	HEMOLYSINS AND AGGLUTININS, AUTO	11/1/2001	\$8.38	3	NO
K	86941	HEMOLYSINS AND AGGLUTININS, AUTO	11/1/2001	\$12.38	3	NO
K	86950	LEUKOCYTE TRANSFUSION	11/1/2000	\$0.01	5	NO
K	86960	VOLUME REDUCTION OF BLOOD OR BLO	1/1/2006	NC	9	NO
K	86965	POOLING OF PLATELETS OR OTHER BL	10/1/2001	\$27.35	3	NO
K	86970	PRETREATMENT OF RBC'S FOR USE IN	10/1/2005	\$0.01	5	NO
K	86971	PRETREATMENT OF RBC'S FOR USE IN	10/1/2005	\$0.01	5	NO
K	86972	PRETREATMENT OF RBC'S FOR USE IN	10/1/2005	\$0.01	5	NO
K	86975	PRETREATMENT OF SERUM FOR USE IN	10/1/2005	\$0.01	5	NO
K	86976	PRETREATMENT OF SERUM FOR USE IN	10/1/2005	\$0.01	5	NO
K	86977	PRETREATMENT OF SERUM FOR USE IN	10/1/2005	\$0.01	5	NO
K	86978	PRETREATMENT OF SERUM FOR USE IN	10/1/2005	\$0.01	5	NO
K	86985	SPLITTING OF BLOOD OR BLOOD PROD	10/1/2005	\$0.01	5	NO
K	86999	UNLISTED TRANSFUSION MEDICINE PR	10/1/2005	\$0.01	5	NO
K	87001	ANIMAL INOCULATION SMALL ANIMAL	11/1/2001	\$13.52	3	NO
K	87003	ANIMAL INOCULATION SMALL ANIMAL;	11/1/2001	\$17.21	3	NO
K	87015	CONCENTRATION (ANY TYPE), FOR IN	11/1/2001	\$6.83	3	NO
K	87040	CULTURE, BACTERIAL; BLOOD, WITH	11/1/2001	\$10.56	3	NO
K	87045	CULTURE, BACTERIAL; FECES, W/ISO	11/1/2001	\$9.65	3	NO
K	87046	CULTURE, BACTERIAL; STOOL, AEROB	11/1/2001	\$2.41	3	NO
K	87070	CULTURE, BACTERIAL; ANY OTHER SO	11/1/2001	\$8.81	3	NO
K	87071	CULTURE, BACTERIAL; QUANTITATIVE	11/1/2001	\$4.82	3	NO
K	87073	CULTURE, BACTERIAL; QUANTITATIVE	11/1/2001	\$4.82	3	NO
K	87075	CULTURE, BACTERIAL; ANY SOURCE,	11/1/2001	\$9.68	3	NO
K	87076	CULTURE, BACTERIAL; ANAEROBIC IS	11/1/2001	\$8.26	3	NO
K	87077	CULTURE, BACTERIAL; AEROBIC ISOL	11/1/2001	\$8.26	3	NO
K	87081	CULTURE, PRESUMPTIVE, PATHOGENIC	11/1/2001	\$6.78	3	NO
K	87084	CULTURE PRESUMPTIVE PATHOGENIC O	11/1/2001	\$8.81	3	NO
K	87086	CULTURE, BACTERIAL; QUANTITATIVE	11/1/2001	\$8.26	3	NO
K	87088	CULTURE, BACTERIAL; WITH ISOLATI	11/1/2001	\$8.27	3	NO
K	87101	CULTURE, FUNGI (MOLD OR YEAST) I	11/1/2001	\$7.89	3	NO
K	87102	CULTURE, FUNGI, ISOLATION; OTHER	11/1/2001	\$8.59	3	NO
K	87103	CULTURE, FUNGI, ISOLATION; BLOOD	11/1/2001	\$9.22	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	87106	CULTURE, FUNGI, DEFINITIVE IDENT	11/1/2001	\$8.95	3	NO
K	87107	CULTURE, FUNGI, DEFINITIVE IDENT	11/1/2001	\$8.95	3	NO
K	87109	CULTURE MYCOPLASMA ANY SOURCE	11/1/2001	\$15.73	3	NO
K	87110	CULTURE, CHLAMYDIA, ANY SOURCE	11/1/2001	\$20.04	3	NO
K	87116	CULTURE, TUBERCLE OR OTHER ACID-	11/1/2001	\$11.05	3	NO
K	87118	CULTURE, MYCOBACTERIAL, DEFINITI	11/1/2001	\$11.20	3	NO
K	87140	CULTURE, TYPING; IMMUNOFLUORESCE	11/1/2001	\$5.71	3	NO
K	87143	CULTURE, TYPING; GAS LIQUID CHRO	11/1/2001	\$12.82	3	NO
K	87147	CULTURE, TYPING; IMMUNOLOGIC MET	11/1/2001	\$5.29	3	NO
K	87149	CULTURE, TYPING; IDENTIFICATION	11/1/2001	\$20.51	3	NO
K	87152	CULTURE, TYPING; IDENTIFICATION	11/1/2001	\$5.35	3	NO
K	87158	CULTURE TYPING; OTHER METHODS	11/1/2001	\$5.35	3	NO
K	87164	DARK FIELD EXAMINATION ANY SOURC	7/1/1997	\$14.74	3	NO
K	87166	DARK FIELD EXAMINATION ANY SOURC	11/1/2001	\$11.55	3	NO
K	87168	MACROSCOPIC EXAMINATION; ARTHROP	11/1/2001	\$4.37	3	NO
K	87169	MACROSCOPIC EXAMINATION; PARASIT	11/1/2001	\$4.37	3	NO
K	87172	PINWORM EXAM (EG, CELLOPHANE TAP	11/1/2001	\$4.37	3	NO
K	87176	HOMOGENIZATION, TISSUE, FOR CULT	11/1/2001	\$6.02	3	NO
K	87177	OVA AND PARASITES DIRECT SMEARS	11/1/2001	\$9.10	3	NO
K	87181	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$0.86	3	NO
K	87184	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$7.05	3	NO
K	87185	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$0.86	3	NO
K	87186	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$8.84	3	NO
K	87187	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$10.60	3	NO
K	87188	SUSCEPTIBILITY STUDIES, ANTIMIRO	11/1/2001	\$6.79	3	NO
K	87190	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$4.95	3	NO
K	87197	SERUM BACTERICIDAL TITER (SCHLIC	11/1/2001	\$12.27	3	NO
K	87198	CYTOMEGALOVIRUS, DIRECT FLUORESC	7/1/2003	INVALID	N	NO
K	87199	ENTEROVIRUS, DIRECT FLUORESCENT	7/1/2003	INVALID	N	NO
K	87205	SMEAR, PRIMARY SOURCE WITH INTER	11/1/2001	\$4.37	3	NO
K	87206	SMEAR, PRIMARY SOURCE WITH INTER	11/1/2001	\$5.49	3	NO
K	87207	SMEAR, PRIMARY SOURCE WITH INTER	7/1/1997	\$7.58	3	NO
K	87209	SMEAR, PRIMARY SOURCE W/INTERPRE	1/1/2006	\$18.58	3	NO
K	87210	SMEAR, PRIMARY SOURCE WITH INTER	11/1/2001	\$4.37	3	NO
K	87220	TISSUE EXAMINATION BY KOH SLIDE	11/1/2001	\$4.37	3	NO
K	87230	TOXIN OR ANTITOXIN ASSAY, TISSUE	11/1/2001	\$20.19	3	NO
K	87250	VIRUS ISOLATION; INOCULATION OF	11/1/2001	\$19.99	3	NO
K	87252	VIRUS ISOLATION; TISSUE CULTURE	11/1/2001	\$24.54	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	87253	VIRUS ISOLATION; TISSUE CULTURE,	11/1/2001	\$20.65	3	NO
K	87254	VIRUS ISOLATION; CENTRIFUGE ENHA	11/1/2001	\$5.00	3	NO
K	87255	VIRUS ISOLATION; INCLUDING IDENT	1/1/2003	\$35.01	3	NO
K	87260	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87265	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87267	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2003	\$12.40	3	NO
K	87269	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2004	\$12.40	3	NO
K	87270	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87271	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2003	\$12.40	3	NO
K	87272	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87273	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87274	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87275	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87276	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87277	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87278	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87279	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87280	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87281	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87283	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87285	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87290	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87299	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87300	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$6.13	3	NO
K	87301	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87320	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87324	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87327	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87328	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87329	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2004	\$12.40	3	NO
K	87332	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87335	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87336	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87337	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87338	HELICOBACTER PYLORI, STOOL	10/1/2005	\$0.01	5	NO
K	87339	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87340	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$10.56	3	NO
K	87341	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$10.56	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	87350	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$11.78	3	NO
K	87380	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$16.79	3	NO
K	87385	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87390	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$18.04	3	NO
K	87391	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$18.04	3	NO
K	87400	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$6.13	3	NO
K	87420	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87425	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87427	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87430	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87449	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87450	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$9.81	3	NO
K	87451	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$9.81	3	NO
K	87470	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$20.51	3	NO
K	87471	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87472	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87475	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87476	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87477	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87480	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87481	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87482	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
K	87485	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87486	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87487	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87490	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87491	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87492	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.75	3	NO
K	87495	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87496	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87497	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87510	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87511	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87512	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
K	87515	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87516	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87517	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87520	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	87521	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87522	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87525	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87526	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87527	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
K	87528	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87529	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87530	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87531	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87532	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87533	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
K	87534	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87535	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87536	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$87.02	3	NO
K	87537	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87538	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87539	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87540	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87541	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87542	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
K	87550	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87551	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87552	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87555	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87556	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87557	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87560	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87561	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87562	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87580	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87581	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87582	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
K	87590	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87591	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87592	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87620	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87621	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87622	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	87650	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87651	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87652	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
K	87660	INFECTIOUS AGENT DETECTION BY NU	1/1/2004	\$20.73	3	NO
K	87797	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$20.51	3	NO
K	87798	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$35.89	3	NO
K	87799	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$0.01	5	NO
K	87800	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$20.51	3	NO
K	87801	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$35.89	3	NO
K	87802	INFECTIOUS AGENT ANTIGEN DETECTI	12/1/2002	\$12.27	3	NO
K	87803	INFECTIOUS AGENT ANTIGEN DETECTI	12/1/2002	\$12.27	3	NO
K	87804	INFECTIOUS AGENT ANTIGEN DETECTI	12/1/2002	\$12.27	3	NO
K	87807	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2005	\$12.40	3	NO
K	87810	INFECTIOUS AGENT DETECTION BY IM	11/1/2001	\$12.27	3	NO
K	87850	INFECTIOUS AGENT DETECTION BY IM	11/1/2001	\$12.27	3	NO
K	87880	INFECTIOUS AGENT DETECTION BY IM	11/1/2001	\$12.27	3	NO
K	87899	INFECTIOUS AGENT DETECTION BY IM	8/1/2003	\$12.27	3	NO
K	87900	INFECTIOUS AGENT DRUG SUSCEPTIBI	1/1/2006	\$124.02	3	NO
K	87901	INFECTIOUS AGENT GENOTYPE ANALYS	11/1/2001	\$263.28	3	NO
K	87902	INFECTIOUS AGENT GENOTYPE ANALYS	12/1/2002	\$263.28	3	NO
K	87903	INFECTIOUS AGENT PHENOTYPE ANALY	11/1/2001	\$499.71	3	NO
K	87904	INFECTIOUS AGENT PHENOTYPE ANALY	11/1/2001	\$24.54	3	NO
K	87999	UNLISTED MICROBIOLOGY PROCEDURE	10/1/2001	\$0.01	5	NO
K	88000	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
K	88005	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
K	88007	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
K	88012	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
K	88014	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
K	88016	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
K	88020	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
K	88025	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
K	88027	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
K	88028	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
K	88029	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
K	88036	NECROPSY (AUTOPSY) LIMITED GROSS	4/1/1982	NC	9	NO
K	88037	NECROPSY (AUTOPSY) LIMITED GROSS	4/1/1982	NC	9	NO
K	88040	NECROPSY (AUTOPSY) FORENSIC EXAM	4/1/1982	NC	9	NO
K	88045	NECROPSY (AUTOPSY); CORONER'S CA	4/1/1982	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	88099	UNLISTED NECROPSY (AUTOPSY) PROC	4/1/1982	NC	9	NO
K	88104	CYTOPATHOLOGY, FLUIDS,WASHINGS O	10/1/2005	\$37.63	3	NO
K	88106	CYTOPATHOLOGY FLUIDS WASHINGS OR	10/1/2005	\$50.60	3	NO
K	88107	CYTOPATHOLOGY FLUIDS WASHINGS OR	10/1/2005	\$60.98	3	NO
K	88108	CYTOPATHOLOGY FLUIDS WASHINGS OR	10/1/2005	\$46.97	3	NO
K	88112	CYTOPATHOLOGY, SELECTIVE CELLULA	10/1/2005	\$82.78	3	NO
K	88125	CYTOPATHOLOGY, FERENSIC, (EG, SP	10/1/2002	NC	9	NO
K	88130	SEX CHROMATIN IDENTIFICATION BAR	10/1/2001	\$21.69	3	NO
K	88140	SEX CHROMATIN IDENTIFICATION; PE	11/1/2001	\$8.18	3	NO
K	88141	CYTOPATHOLOGY, CERVICAL OR VAGIN	10/1/2005	\$15.31	3	NO
K	88142	CYTOPATHOLOGY, CERVICAL OR VAGIN	1/1/2003	\$20.95	3	NO
K	88143	CYTOPATHOLOGY; WITH MANUAL SCREE	1/1/2003	\$20.95	3	NO
K	88144	CYTOPATHOLOGY; WITH MANUAL SCREE	7/1/2003	INVALID	N	NO
K	88145	CYTOPATHOLOGY; WITH MANUAL SCREE	7/1/2003	INVALID	N	NO
K	88147	CYTOPATHOLOGY SMEARS, CERVICAL O	1/1/2003	\$14.76	3	NO
K	88148	CYTOPATHOLOGY SMEARS, CERVICAL O	1/1/2003	\$20.95	3	NO
K	88150	SYTOPATHOLOGY, SMEARS, CERVICAL	1/1/2003	\$14.76	3	NO
K	88152	CYTOPATHOLOGY, SMEARS, CERVICAL	1/1/2003	\$14.76	3	NO
K	88153	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
K	88154	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
K	88155	CYTOPATHOLOGY SMEARS WITH DEFINI	1/1/2003	\$6.19	3	NO
K	88160	CYTOPATHOLOGY, SMEARS, ANY OTHER	10/1/2005	\$35.55	3	NO
K	88161	CYTOPATHOLOGY ANY OTHER SOURCE;	10/1/2005	\$38.41	3	NO
K	88162	CYTOPATHOLOGY ANY OTHER SOURCE;	10/1/2005	\$47.49	3	NO
K	88164	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
K	88165	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
K	88166	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
K	88167	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
K	88170	FINE NEEDLE ASPIRATION; SUPERFIC	4/1/2002	INVALID	N	NO
K	88171	FINE NEEDLE ASPIRATION WITH OR W	4/1/2002	INVALID	N	NO
K	88172	CYTOPATHOLOGY, EVALUATION OF FIN	10/1/2005	\$35.55	3	NO
K	88173	EVALUATION OF FINE NEEDLE ASPIRA	10/1/2005	\$93.42	3	NO
K	88174	CYTOPATHOLOGY, CERVICAL OR VAGIN	1/1/2003	\$22.13	3	NO
K	88175	CYTOPATHOLOGY, CERVICAL OR VAGIN	1/1/2003	\$30.17	3	NO
K	88180	FLOW CYTOMETRY; EACH CELL SURFAC	1/1/2005	INVALID	N	NO
K	88182	FLOW CYTOMETRY; CELL CYCLE OR DN	10/1/2005	\$73.18	3	NO
K	88184	FLOW CYTOMETRY, CELL SURFACE, CY	10/1/2005	\$34.77	3	NO
K	88185	FLOW CYTOMETRY, CELL SURFACE, CY	10/1/2005	\$17.13	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	88187	FLOW CYTOMETRY, INTERPRETATION;	10/1/2005	\$47.23	3	NO
K	88188	FLOW CYTOMETRY, INTERPRETATION;	10/1/2005	\$58.91	3	NO
K	88189	FLOW CYTOMETRY, INTERPRETATION;	10/1/2005	\$77.59	3	NO
K	88199	UNLISTED CYTOPATHOLOGY PROCEDURE	4/1/1982	\$0.01	5	NO
K	88230	TISSUE CULTURE FOR CHROMOSOME AN	11/1/2001	\$78.53	3	NO
K	88233	TISSUE CULTURE FOR CHROMOSOME AN	11/1/2001	\$143.92	3	NO
K	88235	TISSUE CULTURE FOR CHROMOSOME A	11/1/2001	\$82.15	3	NO
K	88237	TISSUE CULTURE FOR CHROMOSOME AN	11/1/2001	\$129.17	3	NO
K	88239	TISSUE CULTURE FOR CHROMOSOME AN	11/1/2001	\$144.43	3	NO
K	88240	CRYOPRESERVATION, FREEZING AND S	11/1/2001	\$10.33	3	NO
K	88241	THAWING AND EXPANSION OF FRAZEN	11/1/2001	\$10.33	3	NO
K	88245	CHROMOSOME ANALYSIS FOR BREAKAGE	11/1/2001	\$152.23	3	NO
K	88248	CHROMOSOME ANALYSIS FOR BREAKAGE	11/1/2001	\$177.10	3	NO
K	88249	CHROMOSOME ANALYSIS FOR BREAKAGE	11/1/2001	\$177.10	3	NO
K	88261	CHROMOSOME ANALYSIS; COUNT 5 CEL	11/1/2001	\$180.74	3	NO
K	88262	CHROMOSOME ANALYSIS; COUNT 15-20	11/1/2001	\$127.47	3	NO
K	88263	CHROMOSOME ANALYSIS; COUNT 45 CE	11/1/2001	\$153.68	3	NO
K	88264	CHROMOSOME ANALYSIS; ANALYZE 20	11/1/2001	\$127.47	3	NO
K	88267	CHROMOSOME ANALYSIS, AMNIOTIC FL	11/1/2001	\$183.85	3	NO
K	88269	CHROMOSOME ANALYSIS IN SITU FOR	11/1/2001	\$170.09	3	NO
K	88271	MOLECULAR CYTOGENETICS; DNA PROB	11/1/2001	\$21.90	3	NO
K	88272	MOLECULAR CYTOGENETICS; CHROMOSO	11/1/2001	\$27.38	3	NO
K	88273	MOLECULAR CYTOGENETICS; CHROMOSO	11/1/2001	\$32.86	3	NO
K	88274	MOLECULAR CYTOGENETICS; INTERPHA	11/1/2001	\$35.59	3	NO
K	88275	MOLECULAR CYTOGENETICS; INTERPHA	11/1/2001	\$41.07	3	NO
K	88280	CHROMOSOME ANALYSIS; ADDITIONAL	11/1/2001	\$25.66	3	NO
K	88283	CHROMOSOME ANALYSIS; ADDITIONAL	11/1/2001	\$70.14	3	NO
K	88285	CHROMOSOME ANALYSIS; ADDITIONAL	11/1/2001	\$19.43	3	NO
K	88289	CHROMOSOME ANALYSIS; ADDITIONAL	11/1/2001	\$22.57	3	NO
K	88291	CYTOGENETICS AND MOLECULAR CYTOG	10/1/2005	\$18.42	3	NO
K	88299	UNLISTED CYTOGENETIC STUDY	4/1/1982	\$0.01	5	NO
K	88300	LEVEL I - SURGICAL PATHOLOGY, GR	10/1/2005	\$14.27	3	NO
K	88302	LEVEL II - SURGICAL PATHOLOGY, G	10/1/2005	\$30.88	3	NO
K	88304	LEVEL III - SURGICAL PATHOLOGY,	10/1/2005	\$40.74	3	NO
K	88305	LEVEL IV - SURGICAL PATHOLOGY, G	10/1/2005	\$70.84	3	NO
K	88307	LEVEL V - SURGICAL PATHOLOGY, GR	10/1/2005	\$126.12	3	NO
K	88309	LEVEL VI - SURGICAL PATHOLOGY, G	10/1/2005	\$176.72	3	NO
K	88311	DECALCIFICATION PROCEDURE (LIST	10/1/2005	\$12.72	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	88312	SPECIAL STAINS (LIST SEPERATELY	10/1/2005	\$54.24	3	NO
K	88313	SPECIAL STAINS GROUP II ALL OTHE	10/1/2005	\$39.18	3	NO
K	88314	SPECIAL STAINS HISTOCHEMICAL STA	10/1/2005	\$66.17	3	NO
K	88318	DETERMINATIVE HISTOCHEMISTRY TO	10/1/2005	\$54.50	3	NO
K	88319	DETERMINATIVE HISTOCHEMISTRY OR	10/1/2005	\$103.28	3	NO
K	88321	CONSULTATION AND REPORT ON REFER	10/1/2005	\$55.53	3	NO
K	88323	CONSULTATION AND REPORT ON REFER	10/1/2005	\$83.04	3	NO
K	88325	CONSULTATION, COMPREHENSIVE, WIT	10/1/2005	\$135.98	3	NO
K	88329	PATHOLOGY CONSULTATION DURING SU	10/1/2005	\$35.03	3	NO
K	88331	PATHOLOGY CONSULTATION DURING SU	10/1/2005	\$61.50	3	NO
K	88332	CONSULTATION DURING SURGERY; EAC	10/1/2005	\$28.29	3	NO
K	88333	PATHOLOGY CONSULTATION DURING SU	1/1/2006	\$61.24	3	NO
K	88334	PATHOLOGY CONSULTATION DURING SU	1/1/2006	\$31.92	3	NO
K	88342	IMMUNOCYTOCHEMISTRY (INCLUDING T	10/1/2005	\$61.24	3	NO
K	88346	IMMUNOFLUORESCENT STUDY, EACH AN	10/1/2005	\$64.36	3	NO
K	88347	IMMUNOFLUORESCENT STUDY, EACH AN	10/1/2005	\$56.31	3	NO
K	88348	ELECTRON MICROSCOPY DIAGNOSTIC	10/1/2005	\$285.19	3	NO
K	88349	SCANNING	10/1/2005	\$114.44	3	NO
K	88355	MORPHOMETRIC ANALYSIS SKELETAL M	10/1/2005	\$278.96	3	NO
K	88356	MORPHOMETRIC ANALYSIS NERVE	10/1/2005	\$191.77	3	NO
K	88358	MORPHOMETRIC ANALYSIS; TUMOR	10/1/2005	\$51.12	3	NO
K	88360	MORPHOMETRIC ANALYSIS, TUMOR IMM	10/1/2005	\$75.51	3	NO
K	88361	MORPHOMETRIC ANALYSIS; TUMOR IMM	10/1/2005	\$113.66	3	NO
K	88362	NERVE TEASING PREPARATIONS	10/1/2005	\$182.17	3	NO
K	88365	IN SITU HYBRIDIZATION (EG, FISH)	10/1/2005	\$87.71	3	NO
K	88367	MORPHOMETRIC ANALYSIS, IN SITU H	10/1/2005	\$143.50	3	NO
K	88368	MORPHOMETRIC ANALYSIS, IN SITU H	10/1/2005	\$130.27	3	NO
K	88371	PROTEIN ANALYSIS OF TISSUE BY WE	7/1/1997	\$30.44	3	NO
K	88372	PROTEIN ANALYSIS OF TISSUE BY WE	7/1/1997	\$31.04	3	NO
K	88380	MICRODISSECTION (EG, MECHANICAL,	10/1/2005	\$0.01	5	NO
K	88384	ARRAY-BASED EVALUATION OF MULTIP	1/1/2006	NC	9	NO
K	88399	UNLISTED SURGICAL PATHOLOGY PROC	4/1/1982	\$0.01	5	NO
K	88400	BILIRUBIN, TOTAL, TRANSCUTANEOUS	11/1/2001	\$2.57	3	NO
K	89049	CAFFEINE HALOTHANE CONTRACTURE T	1/1/2006	\$130.27	3	NO
K	89050	CELL COUNT, MISCELLANEOUS BODY F	11/1/2001	\$4.83	3	NO
K	89051	CELL COUNT MISCELLANEOUS BODY FL	11/1/2001	\$5.63	3	NO
K	89055	LEUKOCYTE COUNT, FECAL	1/1/2003	\$4.41	3	NO
K	89060	CRYSTAL IDENTIFICATION BY LIGHT	10/1/2005	\$14.01	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	89100	DUODENAL INTUBATION AND ASPIRATI	10/1/2005	\$63.84	3	NO
K	89105	DUODENAL INTUBATION AND ASPIRATI	10/1/2005	\$71.10	3	NO
K	89125	FAT STAIN, FECES, URINE, OR RESP	11/1/2001	\$2.95	3	NO
K	89130	GASTRIC INTUBATION AND ASPIRATIO	10/1/2005	\$57.35	3	NO
K	89132	GASTRIC INTUBATION AND ASPIRATIO	10/1/2005	\$45.41	3	NO
K	89135	GASTRIC INTUBATION ASPIRATION AN	10/1/2005	\$70.58	3	NO
K	89136	GASTRIC INTUBATION ASPIRATION AN	10/1/2005	\$50.60	3	NO
K	89140	GASTRIC INTUBATION ASPIRATION AN	10/1/2005	\$79.41	3	NO
K	89141	GASTRIC INTUBATION ASPIRATION AN	10/1/2005	\$95.24	3	NO
K	89160	MEAT FIBERS FECES	11/1/2001	\$3.77	3	NO
K	89190	NASAL SMEAR FOR EOSINOPHILS	11/1/2001	\$4.85	3	NO
K	89220	SPUTUM, OBTAINING SPECIMEN, AERO	10/1/2005	\$10.64	3	NO
K	89225	STARCH GRANULES, FECES	1/1/2004	\$2.97	3	NO
K	89230	SWEAT COLLECTION BY IONTOPHORESI	10/1/2005	\$3.37	3	NO
K	89235	WATER LOAD TEST	1/1/2004	NC	9	NO
K	89240	UNLISTED MISCELLANEOUS PATHOLOGY	1/1/2004	NC	9	NO
K	89250	CULTURE AND FERTILIZATION OF OOC	1/1/1996	NC	9	NO
K	89251	CULTURE AND FERTILIZATION OF OOC	1/1/1998	NC	9	NO
K	89252	ASSISTED OOCYTE FERTILIZATION, M	4/1/2004	INVALID	N	NO
K	89253	ASSISTED EMBRYO HATCHING, MICROT	1/1/1998	NC	9	NO
K	89254	OOCYTE IDENTIFICATION FROM FOLLI	1/1/1998	NC	9	NO
K	89255	PREPARATION OF EMBRYO FOR TRANSF	1/1/1998	NC	9	NO
K	89256	PREPARATION OF CRYOPRESERVED EMB	4/1/2004	INVALID	N	NO
K	89257	SPERM IDENTIFICATION FROM ASPIRA	1/1/1998	NC	9	NO
K	89258	CRYOPRESERVATION; EMBRYO	1/1/1998	NC	9	NO
K	89259	CRYOPRESERVATION; SPERM	1/1/1998	NC	9	NO
K	89260	SPERM ISOLATION; SIMPLE PREP FOR	1/1/1998	NC	9	NO
K	89261	SPERM ISOLATION; COMPLEX PREP FO	1/1/1998	NC	9	NO
K	89264	SPERM IDENTIFICATION FROM TESTIS	1/1/1999	NC	9	NO
K	89268	INSEMINATION OF OOCYTES	1/1/2004	NC	9	NO
K	89272	EXTENDED CULTURE OF OOCYTE(S)/EM	1/1/2004	NC	9	NO
K	89280	ASSISTED OOCYTE FERTILIZATION, M	1/1/2004	NC	9	NO
K	89281	ASSISTED OOCYTE FERTILIZATION, M	1/1/2004	NC	9	NO
K	89290	BIOPSY, OOCYTE POLAR BODY OR EMB	1/1/2004	NC	9	NO
K	89291	BIOPSY, OOCYTE POLAR BODY OR EMB	1/1/2004	NC	9	NO
K	89300	SEMEN ANALYSIS PRESENCE AND/OR M	12/7/1993	NC	9	NO
K	89310	SEMEN ANALYSIS; MOTILITY AND COU	4/1/1982	NC	9	NO
K	89320	SEMEN ANALYSIS; COMPLETE (VOLUME	4/1/1982	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	89321	SEMEN ANALYSIS, PRESENCE AND/OR	1/1/2001	NC	9	NO
K	89325	SPERM ANTIBODIES	4/1/1982	NC	9	NO
K	89329	SPERM EVALUATION HAMSTER PENETRA	3/1/1987	NC	9	NO
K	89330	SPERM EVALUATION CERVICAL MUCUS	8/1/1986	NC	9	NO
K	89335	CRYOPRESERVATION, REPRODUCTIVE T	1/1/2004	NC	9	NO
K	89342	STORAGE, (PER YEAR); EMBRYO(S)	1/1/2004	NC	9	NO
K	89343	STORAGE, (PER YEAR); SPERM/SEMEN	1/1/2004	NC	9	NO
K	89344	STORAGE, (PER YEAR); REPRODUCTIV	1/1/2004	NC	9	NO
K	89346	STORAGE, (PER YEAR); OOCYTE(S)	1/1/2004	NC	9	NO
K	89350	SPUTUM OBTAINING SPECIMEN AEROSO	4/1/2004	INVALID	N	NO
K	89352	THAWING OF CRYOPRESERVED; EMBRYO	1/1/2004	NC	9	NO
K	89353	THAWING OF CRYOPRESERVED; SPERM/	1/1/2004	NC	9	NO
K	89354	THAWING OF CRYOPRESERVED; REPROD	1/1/2004	NC	9	NO
K	89355	STARCH GRANULES FECES	4/1/2004	INVALID	N	NO
K	89356	THAWING OF CRYOPRESERVED; OOCYTE	1/1/2004	NC	9	NO
K	89360	SWEAT COLLECTION BY IONTOPHORESI	4/1/2004	INVALID	N	NO
K	89365	WATER LOAD TEST	4/1/2004	INVALID	N	NO
K	89399	UNLISTED MISCELLANEOUS PATHOLOGY	4/1/2004	INVALID	N	NO
L	A4454	TAPE, ALL TYPES, ALL SIZES	7/1/2003	INVALID	N	NO
L	A4460	ELASTIC BANDAGE, PER ROLL (EG; C	7/1/2003	INVALID	N	NO
L	A4465	NONELASTIC BINDER FOR EXREMITY	10/1/2000	\$21.63	3	NO
L	A4490	SURGICAL STOCKING ABOVE KNEE LEN	4/1/2003	NC	9	NO
L	A4495	SURGICAL STOCKING THIGH LENGTH,	4/1/2003	NC	9	NO
L	A4500	SURGICAL STOCKING BELOW KNEE LEN	1/1/2003	NC	9	NO
L	A4510	SURGICAL STOCKING FULL-LENGTH, E	1/1/2003	NC	9	NO
L	A4550	SURGICAL TRAYS	10/1/2000	\$27.04	3	NO
L	A4570	SPLINT -H	7/1/2002	NC	9	NO
L	A4572	RIB BELT -H	7/1/2003	INVALID	N	NO
L	A4580	CAST SUPPLIES (E.G.,PLASTER)	7/1/2002	NC	9	NO
L	A4590	SPECIAL CASTING MATERIAL (E.G.,F	7/1/2002	NC	9	NO
L	A4649	SURGICAL SUPPLY; MISCELLANEOUS	#####	\$0.01	5	NO
L	A5500	FOR DIABETICS ONLY, FITTING (INC	10/1/2005	\$57.87	3	NO
L	A5501	FOR DIABETICS ONLY, FITTING (INC	10/1/2005	\$166.04	3	NO
L	A5502	FOR DIABETICS ONLY, MULTIPLE DEN	4/1/2002	INVALID	N	NO
L	A5503	FOR DIABETICS ONLY, MODIFICATION	10/1/2005	\$26.40	3	NO
L	A5504	FOR DIABETICS ONLY, MODIFICATION	10/1/2005	\$26.40	3	NO
L	A5505	FOR DIABETICS ONLY, MODIFICATION	10/1/2005	\$26.40	3	NO
L	A5506	FOR DIABETICS ONLY, MODIFICATION	10/1/2005	\$26.40	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	A5507	FOR DIABETICS ONLY, NOT OTHERWIS	10/1/2005	\$26.40	3	NO
L	A5509	FOR DIABETICS ONLY, DIRECT FORME	1/1/2006	INVALID	N	NO
L	A5510	FOR DIABETICS ONLY, DIRECT FORME	2/15/2003	\$33.00	3	NO
L	A5511	FOR DIABETICS ONLY, CUSTOM-MOLDE	1/1/2006	INVALID	N	NO
L	A5512	FOR DIABETICS ONLY, MULT DENSITY	1/1/2006	\$24.22	3	NO
L	A5513	FOR DIABETICS ONLY, MULT DENSITY	1/1/2006	\$36.14	3	NO
L	A9160	NONCOVERED SERVICE BY PODIATRIST	4/1/2002	INVALID	N	NO
L	E0100	CANE, INCLUDES CANES OF ALL MATE	10/1/2005	\$20.39	3	NO
L	E0105	CANE, QUAD OR THREE-PRONG, INCLU	10/1/2005	\$48.35	3	NO
L	E0110	CRUTCHES, FOREARM, INCLUDES CRUT	10/1/2005	\$76.38	3	NO
L	E0111	CRUTCH, FOREARM, INCLUDES CRUTCH	10/1/2005	\$52.43	3	NO
L	E0112	CRUTCHES, UNDERARM, WOOD, ADJUST	10/1/2005	\$36.42	3	NO
L	E0113	CRUTCH, UNDERARM, WOOD, ADJUSTAB	10/1/2005	\$20.79	3	NO
L	E0114	CRUTCHES UNDERARM, OTHER THAN WO	10/1/2005	\$46.45	3	NO
L	E0116	CRUTCH, UNDERARM, OTHER THAN WOO	10/1/2005	\$27.31	3	NO
L	E0191	HEEL OR ELBOW PROTECTOR, EACH	10/1/2005	\$8.36	3	NO
L	E1399	DURABLE MEDICAL EQUIPMENT, MISCE	11/1/2001	\$0.01	5	NO
L	G0001	ROUTINE VENIPUNCTURE FOR COLLECT	1/1/2005	INVALID	N	NO
L	G0127	TRIMMING OF DYSTROPHIC NAILS, AN	1/1/1999	NC	9	NO
L	J0120	INJECTION, TETRACYCLINE, UP TO 2	2/13/2006	\$0.01	5	NO
L	J0150	INJECTION, ADENOSINE FOR THERAPE	5/16/2002	\$39.75	3	NO
L	J0170	INJECTION, ADRENALIN, EPINEPHRIN	1/23/2006	\$2.88	3	NO
L	J0190	INJECTION, BIPERIDEN LACTATE, PE	3/7/2005	\$1.38	3	NO
L	J0205	INJECTION, ALGLUCERASE, PER 10 U	5/24/2001	\$39.50	3	NO
L	J0210	INJECTION, METHYLDOPATE HCL, UP	11/1/2003	\$12.50	3	NO
L	J0270	INJECTION, ALPROSTADIL, PER 1.25	3/26/2003	\$0.56	3	NO
L	J0280	INJECTION, AMINOPHYLLIN, UP TO 2	6/1/2003	\$3.80	3	NO
L	J0290	INJECTION, AMPICILLIN, UP TO 500	3/1/2003	\$4.37	3	NO
L	J0300	INJECTION, AMOBARBITAL, UP TO 12	4/1/2003	\$3.06	3	NO
L	J0330	INJECTION, SUCCINYLMCHOLINE CHLOR	3/7/2005	\$2.00	3	NO
L	J0340	INJECTION, NANDROLONE PHENPROPIO	4/1/2002	INVALID	N	NO
L	J0360	INJECTION, HYDRALAZINE HCL, UP T	1/1/2000	\$18.75	3	NO
L	J0380	INJECTION, METARAMINOL BITARTRAT	#####	\$1.33	3	NO
L	J0390	INJECTION, CHLOROQUINE HCL, UP T	2/13/2006	\$0.01	5	NO
L	J0400	INJECTION, TRIMETHAPHAN CAMSYLAT	4/1/2002	INVALID	N	NO
L	J0460	INJECTION, ATROPINE SULFATE, UP	1/30/2006	\$2.25	3	NO
L	J0470	INJECTION, DIMERCAPROL, PER 100	3/7/2005	\$28.66	3	NO
L	J0475	INJECTION, BACLOFEN, 10 MG (LIOR	1/23/2006	\$240.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	J0500	INJECTION, DICYCLOMINE HCL, UP T	#####	\$21.74	3	NO
L	J0510	INJECTION, BENZQUINAMIDE HCL, UP	4/1/2002	INVALID	N	NO
L	J0520	INJECTION, BETHANECHOL CHLORIDE,	2/13/2006	\$0.01	5	NO
L	J0530	INJECTION, PENICILLIN G BENZATHI	7/18/2005	\$17.39	3	NO
L	J0540	INJECTION, PENICILLIN G BENZATHI	1/23/2006	\$18.60	3	NO
L	J0550	INJECTION, PENICILLIN G BENZATHI	7/18/2005	\$18.28	3	NO
L	J0560	INJECTION, PENICILLIN G BENZATHI	1/23/2006	\$26.95	3	NO
L	J0570	INJECTION, PENICILLIN G BENZATHI	1/23/2006	\$46.68	3	NO
L	J0580	INJECTION, PENICILLIN G BENZATHI	1/23/2006	\$95.64	3	NO
L	J0590	INJECTION, ETHYLNOREPINEPHRINE H	4/1/2002	INVALID	N	NO
L	J0600	INJECTION, EDETATE CALCIUM DISOC	6/1/2003	\$48.35	3	NO
L	J0610	INJECTION, CALCIUM GLUCONATE, PE	#####	\$1.00	3	NO
L	J0620	INJECTION, CALCIUM GLYCEROPHOSPH	1/23/2006	\$13.04	3	NO
L	J0630	INJECTION, CALCITONIN-SALMON, UP	1/23/2006	\$49.04	3	NO
L	J0635	INJECTION, CALCITRIOL, 1 MCG AMP	7/1/2003	INVALID	N	NO
L	J0640	INJECTION, LEUCOVORIN CALCIUM, P	6/14/2004	\$3.75	3	NO
L	J0670	INJECTION, MEPIVACAINE HCL, PER	#####	\$6.36	3	NO
L	J0690	INJECTION, CEFAZOLIN SODIUM, UP	1/31/2005	\$2.25	3	NO
L	J0694	INJECTION, CEFOXITIN SODIUM, 1 G	6/1/2003	\$11.41	3	NO
L	J0695	INJECTION, CEFONICID SODIUM, 1 G	4/1/2002	INVALID	N	NO
L	J0696	INJECTION, CEFTRIAZONE SODIUM, P	5/1/2002	\$17.73	3	NO
L	J0698	CEFOTAXIME SODIUM, PER G (CLAFOR	6/1/2003	\$10.60	3	NO
L	J0702	INJECTION, BETAMETHASONE ACETATE	1/23/2006	\$3.13	3	NO
L	J0710	INJECTION, CEPHAPIRIN SODIUM, UP	2/13/2006	\$0.01	5	NO
L	J0720	INJECTION, CHLORAMPHENICOL SODIU	4/4/2005	\$22.75	3	NO
L	J0725	INJECTION, CHORIONIC GONADOTROPI	6/1/2003	\$4.86	3	NO
L	J0730	INJECTION, CHLORPHENIRAMINE MALE	4/1/2002	INVALID	N	NO
L	J0743	INJECTION, CILASTATIN SODIUM IMI	1/23/2006	\$20.64	3	NO
L	J0745	INJECTION, CODEINE PHOSPHATE, PE	7/11/2005	\$0.56	3	NO
L	J0760	INJECTION, COLCHICINE, PER 1 MG	3/18/2002	\$7.75	3	NO
L	J0770	INJECTION, COLISTIMETHATE SODIUM	1/23/2006	\$71.05	3	NO
L	J0780	INJECTION, PROCHLORPERAZINE, UP	6/28/2004	\$9.62	3	NO
L	J0800	INJECTION, CORTICOTROPIN, UP TO	1/23/2006	\$140.05	3	NO
L	J0810	INJECTION, CORTISONE ACETATE, UP	4/1/2002	INVALID	N	NO
L	J0895	INJECTION, DEFEROXAMINE MESYLATE	1/23/2006	\$23.00	3	NO
L	J0900	INJECTION, TESTOSTERONE ENANTHAT	6/28/2004	\$1.72	3	NO
L	J0945	INJECTION, BROMPHENIRAMINE MALEA	5/24/2001	\$1.67	3	NO
L	J0970	INJECTION, ESTRADIOL VALERATE, U	1/23/2006	\$36.31	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	J1000	INJECTION, DEPO-ESTRADIOL CYPION	1/23/2006	\$6.76	3	NO
L	J1020	INJECTION, METHYLPREDNISOLONE AC	1/23/2006	\$3.58	3	NO
L	J1030	INJECTION, METHYLPREDNISOLONE AC	1/23/2006	\$8.54	3	NO
L	J1040	INJECTION, METHYLPREDNISOLONE AC	1/23/2006	\$14.81	3	NO
L	J1050	INJECTION, MEDROXYPROGESTERONE A	7/1/2003	INVALID	N	NO
L	J1060	INJECTION, TESTOSTERONE CYPIONAT	6/13/2005	\$0.01	5	NO
L	J1070	INJECTION, TESTOSTERONE CYPIONAT	1/23/2006	\$6.57	3	NO
L	J1080	INJECTION, TESTOSTERONE CYPIONAT	#####	\$28.74	3	NO
L	J1090	INJECTION, TESTOSTERONE CYPIONAT	4/1/2002	INVALID	N	NO
L	J1095	INJECTION, DEXAMETHASONE ACETATE	7/1/2003	INVALID	N	NO
L	J1100	INJECTION, DEXAMETHASONE SODIUM	6/13/2005	\$0.34	3	NO
L	J1110	INJECTION, DIHYDROERGOTAMINE MES	1/31/2005	\$51.04	3	NO
L	J1120	INJECTION, ACETAZOLAMIDE SODIUM,	8/1/2003	\$22.50	3	NO
L	J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	8/1/2003	\$1.88	3	NO
L	J1165	INJECTION, PHENYTOIN SODIUM, PER	7/1/2002	\$1.98	3	NO
L	J1170	INJECTION, HYDROMORPHONE HCL, UP	1/30/2006	\$2.28	3	NO
L	J1180	INJECTION, DYPHYLLINE, UP TO 500	8/1/2001	\$9.49	3	NO
L	J1190	INJECTION, DEXRAZOXANE HCL, PER	8/1/2003	\$256.54	3	NO
L	J1200	INJECTION, DIPHENHYDRAMINE HCL,	7/16/2002	\$3.44	3	NO
L	J1205	INJECTION, CHLOROTHIAZIDE SODIUM	#####	\$15.45	3	NO
L	J1212	INJECTION, DMSO, DIMETHYL SULFOX	5/24/2001	\$60.00	3	NO
L	J1230	INJECTION, METHADONE HCL, UP TO	3/18/2002	\$0.79	3	NO
L	J1240	INJECTION, DIMENHYDRINATE, UP TO	7/11/2005	\$5.94	3	NO
L	J1250	INJECTION, DOBUTAMINE HCL, PER 2	7/14/2003	\$12.00	3	NO
L	J1320	INJECTION, AMITRIPTYLINE HCL, UP	2/13/2006	\$0.01	5	NO
L	J1330	INJECTION, ERGONOVINE MALEATE, U	2/13/2006	\$0.01	5	NO
L	J1380	INJECTION, ESTRADIOL VALERATE, U	1/23/2006	\$15.53	3	NO
L	J1390	INJECTION, ESTRADIOL VALERATE, U	1/23/2006	\$21.89	3	NO
L	J1410	INJECTION, ESTROGEN CONJUGATED,	1/23/2006	\$70.56	3	NO
L	J1435	INJECTION, ESTRONE, PER 1 MG(EST	3/18/2002	\$0.20	3	NO
L	J1440	INJECTION, FILGRASTIM (G-CSF), 3	#####	\$238.00	3	NO
L	J1441	INJECTION, FILGRASTIM (G-CSF), 4	#####	\$379.19	3	NO
L	J1460	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$17.65	3	NO
L	J1470	INJECTION, GAMMA GLOBULIN, INTRA	#####	\$35.30	3	NO
L	J1480	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$52.95	3	NO
L	J1490	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$70.60	3	NO
L	J1500	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$88.25	3	NO
L	J1510	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$105.90	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	J1520	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$123.55	3	NO
L	J1530	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$141.20	3	NO
L	J1540	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$158.85	3	NO
L	J1550	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$176.50	3	NO
L	J1561	INJECTION, IMMUNE GLOBULIN, INTR	7/1/2003	INVALID	N	NO
L	J1570	INJECTION, GANCICLOVIR SODIUM, 5	1/23/2006	\$49.01	3	NO
L	J1580	INJECTION, GARAMYCIN, GENTAMICIN	6/1/2005	\$6.63	3	NO
L	J1600	INJECTION, GOLD SODIUM THIOMALAT	6/7/2004	\$17.07	3	NO
L	J1630	INJECTION, HALOPERIDOL, UP TO 5	6/1/2005	\$11.53	3	NO
L	J1631	INJECTION, HALOPERIDOL DECANOATE	6/16/2002	\$42.03	3	NO
L	J1645	INJECTION, DALTEPARIN SODIUM, PE	7/18/2005	\$18.84	3	NO
L	J1650	INJECTION, ENOXAPARIN SODIUM, 10	2/21/2005	\$7.43	3	NO
L	J1670	INJECTION, TETANUS IMMUNE GLOBUL	1/31/2005	\$131.25	3	NO
L	J1690	INJECTION, PREDNISOLONE TEBUTATE	4/1/2002	INVALID	N	NO
L	J1700	INJECTION, HYDROCORTISONE ACETAT	4/1/2003	\$0.24	3	NO
L	J1710	INJECTION, HYDROCORTISONE SODIUM	2/13/2006	\$0.01	5	NO
L	J1720	INJECTION, HYDROCORTISONE SODIUM	1/23/2006	\$2.54	3	NO
L	J1730	INJECTION, DIAZOXIDE, UP TO 300	10/8/2003	\$129.40	3	NO
L	J1739	INJECTION, HYDROXYPROGESTERONE C	4/1/2002	INVALID	N	NO
L	J1741	INJECTION, HYDROXYPROGESTERONE C	4/1/2002	INVALID	N	NO
L	J1790	INJECTION, DROPERIDOL, UP TO 5 M	#####	\$4.25	3	NO
L	J1800	INJECTION, PROPRANOLOL HCL, UP T	7/18/2005	\$9.69	3	NO
L	J1810	INJECTION, DROPERIDOL AND FENTAN	5/24/2001	\$23.14	3	NO
L	J1820	INJECTION, INSULIN, UP TO 100 UN	7/1/2003	INVALID	N	NO
L	J1840	INJECTION, KANAMYCIN SULFATE, UP	1/23/2006	\$6.57	3	NO
L	J1850	INJECTION, KANAMYCIN SULFATE, UP	6/23/2000	\$3.50	3	NO
L	J1885	INJECTION, KETOROLAC TROMETHAMIN	6/6/2005	\$4.57	3	NO
L	J1890	INJECTION, CEPHALOTHIN SODIUM, U	7/11/2005	\$0.01	5	NO
L	J1910	INJECTION, KUTAPRESSIN, UP TO 2	4/1/2004	INVALID	N	NO
L	J1930	INJECTION, PROPIOMAZINE, UP TO 2	4/1/2002	INVALID	N	NO
L	J1940	INJECTION, FUROSEMIDE, UP TO 20	5/16/2001	\$2.89	3	NO
L	J1955	INJECTION, LEVOCARNITINE, PER 1	9/1/2001	\$40.00	3	NO
L	J1960	INJECTION, LEVORPHANOL TARTRATE,	1/30/2006	\$4.54	3	NO
L	J1970	INJECTION, METHOTRIMEPRAZINE, UP	4/1/2002	INVALID	N	NO
L	J1980	INJECTION, HYOSCYAMINE SULFATE,	#####	\$11.05	3	NO
L	J1990	INJECTION, CHLORDIAZEPOXIDE HCL,	4/16/2001	\$26.31	3	NO
L	J2000	INJECTION, LIDOCAINE HCL, 50 CC	4/1/2004	INVALID	N	NO
L	J2010	INJECTION, LINCOMYCIN HCL, UP TO	1/23/2006	\$5.80	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	J2060	INJECTION, LORAZEPAM, 2 MG (ATIV	7/25/2005	\$9.70	3	NO
L	J2150	INJECTION, MANNITOL, 25% IN 50 M	1/30/2006	\$3.56	3	NO
L	J2175	INJECTION, MEPERIDINE HCL, PER 1	1/30/2006	\$1.08	3	NO
L	J2180	INJECTION, MEPERIDINE AND PROMET	7/11/2005	\$0.01	5	NO
L	J2210	INJECTION, METHYLERGONOVINE MALE	1/23/2006	\$5.59	3	NO
L	J2240	INJECTION, METOCURINE IODIDE, UP	4/1/2002	INVALID	N	NO
L	J2250	INJECTION, MIDAZOLAM HCL, PER 1	6/6/2005	\$0.71	3	NO
L	J2270	INJECTION, MORPHINE SULFATE, UP	5/16/2002	\$5.26	3	NO
L	J2275	INJECTION, MORPHINE SULFATE (PRE	7/18/2005	\$12.01	3	NO
L	J2300	INJECTION, NALBUPHINE HCL, PER 1	8/1/2002	\$3.59	3	NO
L	J2310	INJECTION, NALOXONE HCL, PER 1 M	8/1/2003	\$10.59	3	NO
L	J2320	INJECTION, NANDROLONE DECANOATE,	6/6/2005	\$4.04	3	NO
L	J2321	INJECTION, NANDROLONE DECANOATE,	6/6/2005	\$8.07	3	NO
L	J2322	INJECTION, NANDROLONE DECANOATE,	6/6/2005	\$17.00	3	NO
L	J2330	INJECTION, THIOTHIXENE, UP TO 4	4/1/2002	INVALID	N	NO
L	J2350	INJECTION, NIACINAMIDE, NIACIN,	4/1/2002	INVALID	N	NO
L	J2360	INJECTION, ORPHENADRINE CITRATE,	#####	\$22.50	3	NO
L	J2370	INJECTION, PHENYLEPHRINE HCL, UP	6/13/2005	\$4.15	3	NO
L	J2400	INJECTION, CHLOROPROCAINE HCL, P	1/31/2005	\$2.19	3	NO
L	J2405	INJECTION, ONDANSETRON HCL, PER	#####	\$6.68	3	NO
L	J2410	INJECTION, OXYMORPHONE HCL, UP T	6/13/2005	\$3.26	3	NO
L	J2440	INJECTION, PAPAVERINE HCL, UP TO	6/13/2005	\$3.37	3	NO
L	J2460	INJECTION, OXYTETRACYCLINE HCL,	7/11/2005	\$0.93	3	NO
L	J2480	INJECTION, HYDROCHLORIDES OF OPI	4/1/2002	INVALID	N	NO
L	J2510	INJECTION, PENICILLIN G PROCAINE	#####	\$12.36	3	NO
L	J2515	INJECTION, PENTOBARBITAL SODIUM,	1/30/2006	\$7.34	3	NO
L	J2540	INJECTION, PENICILLIN G POTASSIU	6/7/2004	\$7.79	3	NO
L	J2550	INJECTION, PROMETHAZINE HCL, UP	#####	\$6.86	3	NO
L	J2560	INJECTION, PHENOBARBITAL SODIUM,	1/30/2006	\$7.16	3	NO
L	J2590	INJECTION, OXYTOCIN, UP TO 10 UN	1/23/2006	\$4.69	3	NO
L	J2597	INJECTION, DESMOPRESSIN ACETATE,	1/23/2006	\$8.23	3	NO
L	J2640	INJECTION, PREDNISOLONE SODIUM P	4/1/2002	NC	9	NO
L	J2650	INJECTION, PREDNISOLONE ACETATE,	7/11/2005	\$1.18	3	NO
L	J2675	INJECTION, PROGESTERONE, PER 50	1/1/2003	\$4.45	3	NO
L	J2680	INJECTION, FLUPHENAZINE DECANOAT	6/13/2005	\$5.00	3	NO
L	J2690	INJECTION, PROCAINAMIDE HCL, UP	1/30/2006	\$3.68	3	NO
L	J2700	INJECTION, OXACILLIN SODIUM, UP	1/31/2005	\$1.87	3	NO
L	J2710	INJECTION, NEOSTIGMINE METHYLSUL	7/25/2005	\$0.89	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	J2720	INJECTION, PROTAMINE SULFATE, PE	6/13/2005	\$1.60	3	NO
L	J2730	INJECTION, PRALIDOXIME CHLORIDE,	8/1/2001	\$108.38	3	NO
L	J2760	INJECTION, PHENTOLAMINE MESYLATE	5/16/2000	\$35.00	3	NO
L	J2765	INJECTION, METOCLOPRAMIDE HCL, U	6/21/2004	\$1.34	3	NO
L	J2790	INJECTION, RHO D IMMUNE GLOBULIN	7/26/2002	\$126.14	3	NO
L	J2800	INJECTION, METHOCARBAMOL, UP TO	1/23/2006	\$17.48	3	NO
L	J2820	INJECTION, SARGRAMOSTIM (GM-CSF)	1/30/2006	\$33.91	3	NO
L	J2860	INJECTION, SECOBARBITAL SODIUM,	4/1/2002	INVALID	N	NO
L	J2910	INJECTION, AUROTHIOGLUCOSE, UP T	2/13/2006	\$0.01	5	NO
L	J2912	INJECTION, SODIUM CHLORIDE, 0.9%	3/1/2003	\$1.26	3	NO
L	J2920	INJECTION, METHYLPREDNISOLONE SO	6/13/2005	\$5.85	3	NO
L	J2930	INJECTION, METHYLPREDNISOLONE SO	6/13/2005	\$4.66	3	NO
L	J2950	INJECTION, PROMAZINE HCL, UP TO	5/24/2001	\$0.48	3	NO
L	J2970	INJECTION, METHICILLIN SODIUM, U	4/1/2002	INVALID	N	NO
L	J2995	INJECTION, STREPTOKINASE, PER 25	7/25/2005	\$93.75	3	NO
L	J3000	INJECTION, STREPTOMYCIN, UP TO 1	6/21/2004	\$9.75	3	NO
L	J3010	INJECTION, FENTANYL CITRATE, 0.1	6/13/2005	\$2.25	3	NO
L	J3070	INJECTION, PENTAZOCINE, 30 MG (T	7/25/2005	\$8.68	3	NO
L	J3080	INJECTION, CHLORPROTHIXENE, UP T	4/1/2002	INVALID	N	NO
L	J3105	INJECTION, TERBUTALINE SULFATE,	1/30/2006	\$32.49	3	NO
L	J3120	INJECTION, TESTOSTERONE ENANTHAT	6/14/2004	\$14.21	3	NO
L	J3130	INJECTION, TESTOSTERONE ENANTHAT	2/7/2005	\$28.43	3	NO
L	J3140	INJECTION, TESTOSTERONE SUSPENS	7/5/2004	\$0.62	3	NO
L	J3150	INJECTION, TESTOSTERONE PROPIONA	7/1/2005	\$0.01	5	NO
L	J3230	INJECTION, CHLORPROMAZINE HCL, U	#####	\$12.91	3	NO
L	J3240	INJECTION, THYROTROPIN ALPHA, 0.	1/23/2006	\$906.25	3	NO
L	J3250	INJECTION, TRIMETHOBENZAMIDE HCL	6/16/2002	\$3.30	3	NO
L	J3260	INJECTION, TOBRAMYCIN SULFATE, U	1/23/2006	\$2.48	3	NO
L	J3265	INJECTION, TORSEMIDE, 10 MG/ML (	1/31/2005	\$3.65	3	NO
L	J3270	INJECTION, IMIPRAMINE HCL, UP TO	4/1/2002	INVALID	N	NO
L	J3280	INJECTION, THIETHYLPERAZINE MALE	2/13/2006	\$0.01	5	NO
L	J3301	INJECTION, TRIAMCINOLONE ACETONI	6/16/2002	\$2.06	3	NO
L	J3302	INJECTION, TRIAMCINOLONE DIACETA	8/1/2001	\$0.93	3	NO
L	J3303	INJECTION, TRAMCINOLONE HEXACETO	1/17/2005	\$3.24	3	NO
L	J3305	INJECTION, TRIMETREXATE GLUCORON	7/18/2005	\$176.55	3	NO
L	J3310	INJECTION, PERPHENAZINE, UP TO 5	2/13/2006	\$0.01	5	NO
L	J3320	INJECTION, SPECTINOMYCIN HCL, UP	#####	\$35.48	3	NO
L	J3350	INJECTION, UREA, UP TO 40 G (URE	2/13/2006	\$0.01	5	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	J3360	INJECTION, DIAZEPAM, UP TO 5 MG	2/16/2001	\$3.81	3	NO
L	J3364	INJECTION, UROKINASE, 5000 IU VI	6/7/2004	\$10.80	3	NO
L	J3365	INJECTION, IV, UROKINASE, 250,00	6/28/2004	\$539.78	3	NO
L	J3370	INJECTION, VANCOMYCIN HCL, UP TO	#####	\$3.94	3	NO
L	J3390	INJECTION, METHOXAMINE, UP TO 20	4/1/2002	INVALID	N	NO
L	J3400	INJECTION, TRIFLUPROMAZINE HCL,	2/13/2006	\$0.01	5	NO
L	J3410	INJECTION, HYDROXYZINE HCL, UP T	1/17/2005	\$2.04	3	NO
L	J3420	INJECTION, VITAMIN B-12 CYANOCOB	11/1/2002	\$4.80	3	NO
L	J3430	INJECTION, PHYTONADIONE (VITAMIN	1/17/2005	\$2.58	3	NO
L	J3450	INJECTION, MEPHENTERMINE SULFATE	4/1/2002	INVALID	N	NO
L	J3470	INJECTION, HYALURONIDASE, UP TO	5/30/2001	\$23.09	3	NO
L	J3475	INJECTION, MAGNESIUM SULFATE, PE	7/11/2005	\$0.53	3	NO
L	J3480	INJECTION, POTASSIUM CHLORIDE, P	2/7/2005	\$0.11	3	NO
L	J3490	UNCLASSIFIED DRUGS	11/1/2004	\$0.01	5	NO
L	J3520	EDETATE DISODIUM, PER 150 MG (EN	1/1/2001	NC	9	NO
L	J3530	NASAL VACCINE INHALATION	1/17/2005	NC	9	NO
L	J3535	DRUG ADMINISTERED THROUGH A METE	1/1/2005	\$0.01	5	NO
L	J3570	LAETRILE, AMYGDALIN, VITAMIN B17	3/1/1989	NC	9	NO
L	J7030	INFUSION, NORMAL SALINE SOLUTION	3/1/2003	\$9.86	3	NO
L	J7040	INFUSION, NORMAL SALINE SOLUTION	1/17/2005	\$2.89	3	NO
L	J7042	5% DEXTROSE/NORMAL SALINE (500 M	1/17/2005	\$1.80	3	NO
L	J7050	INFUSION, NORMAL SALINE SOLUTION	5/16/2001	\$1.95	3	NO
L	J7051	STERILE SALINE OR WATER, UP TO 5	1/1/2006	INVALID	N	NO
L	J7060	5% DEXTROSE/WATER (500 ML = 1 UN	1/31/2005	\$15.00	3	NO
L	J7070	INFUSION, D-5-W, 1000 CC	1/17/2005	\$13.07	3	NO
L	J7100	INFUSION, DEXTRAN 40, 500 ML (GE	5/16/2001	\$26.50	3	NO
L	J7110	INFUSION, DEXTRAN 75, 500 ML (GE	5/16/2001	\$31.25	3	NO
L	J7120	RINGERS LACTATE INFUSION, UP TO	3/1/2003	\$17.32	3	NO
L	J7130	HYPERTONIC SALINE SOLUTION, 50 O	3/1/1989	\$0.01	5	NO
L	J7191	FACTOR VIII (ANTI-HEMOPHILIC FAC	2/1/1999	\$2.20	3	NO
L	J7197	ANTITHROMBIN III (HUMAN), PER I.	2/13/2006	\$0.01	5	NO
L	J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING	#####	NC	9	NO
L	J7506	PREDNISONE, ORAL, PER 5 MG (LIQU	6/16/2002	\$0.31	3	NO
L	J7509	METHYLPREDNISOLONE, ORAL, PER 4	7/16/2002	\$1.13	3	NO
L	J7510	PREDNISOLONE, ORAL, PER 5 MG (DE	5/1/2001	\$0.14	3	NO
L	J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHE	1/1/1996	NC	9	NO
L	J7627	BITOLTEROL MESYLATE, 0.2%, PER 1	4/1/2001	NC	9	NO
L	J9015	ALDESLEUKIN, PER SINGLE USE VIAL	#####	\$894.38	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	J9211	IDARUBICIN HCL, 5 MG (IDAMYCIN)	7/11/2005	\$491.15	3	NO
L	J9213	INTERFERON ALFA-2A, RECOMBINANT,	6/13/2005	\$42.18	3	NO
L	J9214	INTERFERON ALFA-2B, RECOMBINANT,	2/14/2005	\$16.96	3	NO
L	J9215	INTERFERON ALFA-N3, (HUMAN LEUKO	2/13/2006	\$0.01	5	NO
L	J9216	INTERFERON GAMMA-1B, 3 MILLION U	#####	\$368.55	3	NO
L	J9217	LEUPROLIDE ACETATE (FOR DEPOT SU	#####	\$738.75	3	NO
L	J9266	PEGASPARGASE, PER SINGLE DOSE VI	7/18/2005	\$1,900.00	3	NO
L	J9270	PLICAMYCIN, 2500 MCG (MITHRACIN)	5/24/2001	\$98.74	3	NO
L	J9340	THIOTEPA, 15 MG (THIOPLEX)	1/23/2006	\$72.50	3	NO
L	K0628	FOR DIABETICS ONLY, MULTIPLE DEN	1/1/2006	INVALID	N	NO
L	K0629	FOR DIABETICS ONLY, MULT DENSITY	1/1/2006	INVALID	N	NO
L	L1902	ANKLE FOOT ORTHOSIS, ANKLE GAUNT	10/1/2005	\$63.99	3	NO
L	L1906	ANKLE FOOT ORTHOSIS, MULTILIGAME	10/1/2005	\$78.62	3	NO
L	L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR	10/1/2005	\$180.61	3	NO
L	L1970	ANKLE FOOT ORTHOSIS, PLASTIC WIT	10/1/2005	\$483.57	3	NO
L	L2112	ANKLE FOOT ORTHOSIS, FRACTURE OR	10/1/2005	\$316.24	3	NO
L	L2114	ANKLE FOOT ORTHOSIS, FRACTURE OR	10/1/2005	\$388.05	3	NO
L	L2116	ANKLE FOOT ORTHOSIS, FRACTURE OR	10/1/2005	\$465.40	3	NO
L	L2270	ADDITIONS TO LOWER EXTREMITY VAR	10/1/2005	\$46.81	3	NO
L	L2999	LOWER LIMB ORTHOSES, NOT OTHERWI	10/1/2005	\$5,572.80	3	NO
L	L3000	FOOT INSERT, REMOVABLE, MOLDED T	10/1/2005	\$193.65	3	NO
L	L3001	FOOT INSERT, REMOVABLE, MOLDED T	10/1/2005	\$81.55	3	NO
L	L3002	FOOT INSERT, REMOVABLE, MOLDED T	10/1/2005	\$99.57	3	NO
L	L3003	FOOT INSERT, REMOVABLE, MOLDED T	10/1/2005	\$107.41	3	NO
L	L3010	FOOT INSERT, REMOVABLE, MOLDED T	10/1/2005	\$107.41	3	NO
L	L3020	FOOT INSERT, REMOVABLE, MOLDED T	10/1/2005	\$122.30	3	NO
L	L3030	FOOT INSERT, REMOVABLE, FORMED T	10/1/2005	\$47.04	3	NO
L	L3040	FOOT, ARCH SUPPORT, REMOVABLE, P	10/1/2005	\$29.00	3	NO
L	L3050	FOOT, ARCH SUPPORT, REMOVABLE, P	10/1/2005	\$29.00	3	NO
L	L3060	FOOT, ARCH SUPPORT, REMOVABLE, P	10/1/2005	\$45.46	3	NO
L	L3070	FOOT, ARCH SUPPORT, NONREMOVABLE	10/1/2005	\$19.61	3	NO
L	L3080	FOOT, ARCH SUPPORT, NONREMOVABLE	10/1/2005	\$19.61	3	NO
L	L3090	FOOT, ARCH SUPPORT, NONREMOVABLE	10/1/2005	\$25.10	3	NO
L	L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLI	10/1/2005	\$26.66	3	NO
L	L3140	FOOT, ABDUCTION ROTATION BAR, IN	10/1/2005	\$54.88	3	NO
L	L3150	FOOT, ABDUCTION ROTATION BAR, WI	10/1/2005	\$50.19	3	NO
L	L3170	FOOT, PLASTIC, SILICONE OR EQUAL	10/1/2005	\$31.36	3	NO
L	L3201	ORTHOPEDIC SHOE, OXFORD WITH SUP	10/1/2005	\$45.20	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	L3202	ORTHOPEDIC SHOE, OXFORD WITH SUP	10/1/2005	\$45.20	3	NO
L	L3203	ORTHOPEDIC SHOE, OXFORD WITH SUP	10/1/2005	\$50.23	3	NO
L	L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SU	10/1/2005	\$45.20	3	NO
L	L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SU	10/1/2005	\$50.23	3	NO
L	L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SU	10/1/2005	\$50.23	3	NO
L	L3208	SURGICAL BOOT, EACH, INFANT	10/1/2005	\$35.16	3	NO
L	L3209	SURGICAL BOOT, EACH, CHILD	10/1/2005	\$35.16	3	NO
L	L3211	SURGTICAL BOOT, EACH, JUNIOR	10/1/2005	\$40.18	3	NO
L	L3212	BENESCH BOOT, PAIR, INFANT	10/1/2005	\$45.20	3	NO
L	L3213	BENESCH BOOT, PAIR, CHILD	10/1/2005	\$45.20	3	NO
L	L3214	BENESCH BOOT, PAIR, JUNIOR	10/1/2005	\$50.23	3	NO
L	L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE	10/1/2005	\$67.40	3	NO
L	L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE	10/1/2005	\$107.30	3	NO
L	L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE	10/1/2005	\$83.55	3	NO
L	L3218	ORTHOPEDIC FOOTWEAR, WOMAN'S SUR	7/1/2003	INVALID	N	NO
L	L3219	ORHTOPEDIC FOOTWEAR, MENS SHOE,	10/1/2005	\$78.46	3	NO
L	L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE,	10/1/2005	\$137.20	3	NO
L	L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE,	10/1/2005	\$101.15	3	NO
L	L3223	ORTHOPEDIC FOOTWEAR, MAN'S SURGI	7/1/2003	INVALID	N	NO
L	L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE	10/1/2005	\$241.49	3	NO
L	L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLD	10/1/2005	\$203.84	3	NO
L	L3251	FOOT, SHOE MOLDED TO PATIENT MOD	1/1/1994	NC	9	NO
L	L3252	FOOT, SHOE MOLDED TO PATIENT MOD	10/1/2005	\$164.66	3	NO
L	L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR	10/1/2005	\$78.28	3	NO
L	L3254	NONSTANDARD SIZE OR WIDTH	10/1/2005	\$16.08	3	NO
L	L3255	NONSTANDARD SIZE OR LENGTH	10/1/2005	\$16.08	3	NO
L	L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL	10/1/2005	\$45.20	3	NO
L	L3260	AMBULATORY SURGICAL BOOT, EACH	10/1/2005	\$100.45	3	NO
L	L3265	PLASTAZOTE SANDAL, EACH	10/1/2005	\$45.20	3	NO
L	L3300	LIFT, ELEVATION, HEEL, TAPERED T	10/1/2005	\$32.15	3	NO
L	L3310	LIFT, ELEVATION, HEEL AND SHOE,	10/1/2005	\$49.92	3	NO
L	L3320	LIFT, ELEVATION, HEEL AND SOLE,	10/1/2005	\$52.78	3	NO
L	L3330	LIFT, ELEVATION, METAL EXTENSION	10/1/2005	\$348.89	3	NO
L	L3332	LIFT, ELEVATION, INSIDE SHOE, TA	10/1/2005	\$45.46	3	NO
L	L3334	LIFT, ELEVATION, HEEL, PER INCH	10/1/2005	\$23.52	3	NO
L	L3340	HEEL WEDGE, SACH	10/1/2005	\$52.53	3	NO
L	L3350	HEELK WEDGE	10/1/2005	\$14.11	3	NO
L	L3360	SOLE WEDGE, OUTSIDE SOLE	10/1/2005	\$21.95	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	L3370	SOLE WEDGE, BETWEEN SOLE	10/1/2005	\$30.59	3	NO
L	L3380	CLUBFOOT WEDGE	10/1/2005	\$30.59	3	NO
L	L3390	OUTFLARE WEDGE	10/1/2005	\$30.59	3	NO
L	L3400	METATARSAL BAR WEDGE, ROCKER	10/1/2005	\$25.10	3	NO
L	L3410	METATARSAL BAR WEDGE, BETWEEN SO	10/1/2005	\$57.23	3	NO
L	L3420	FULL SOLE AND HEEL WEDGE, BETWEE	10/1/2005	\$33.72	3	NO
L	L3430	HEEL, COUNTER, PLASTIC REINFORCE	10/1/2005	\$98.78	3	NO
L	L3440	HEEL, COUNTER, LEATHER REINFORCE	10/1/2005	\$47.04	3	NO
L	L3450	HEEL, SACH CUSHION TYPE	10/1/2005	\$65.07	3	NO
L	L3455	HEEL, NEW LEATHER, STANDARD	10/1/2005	\$25.10	3	NO
L	L3460	HEEL, NEW RUBBER, STANDARD	10/1/2005	\$21.17	3	NO
L	L3465	HEEL, THOMAS WITH WEDGE	10/1/2005	\$36.07	3	NO
L	L3470	HEEL, THOMAS EXTENDED TO BALL	10/1/2005	\$38.41	3	NO
L	L3480	HEEL, PAD AND DEPRESSION FOR SPU	10/1/2005	\$38.41	3	NO
L	L3485	HEEL, PAD, REMOVABLE FOR SPUR	10/1/2005	\$16.71	3	NO
L	L3500	MISCELLANEOUS SHOE ADDITION, INS	10/1/2005	\$18.04	3	NO
L	L3510	MISCELLANEOUS SHOE ADDITION, INS	10/1/2005	\$18.04	3	NO
L	L3520	MISCELLANEOUS SHOE ADDITION, INS	10/1/2005	\$19.61	3	NO
L	L3530	MISCELLANEOUS SHOE ADDITION, SOL	10/1/2005	\$19.61	3	NO
L	L3540	MISCELLANEOUS SHOE ADDITION, SOL	10/1/2005	\$31.36	3	NO
L	L3550	MISCELLANEOUS SHOE ADDITION, TOE	10/1/2005	\$5.50	3	NO
L	L3560	MISCELLANEOUS SHOE ADDITION, TOE	10/1/2005	\$14.11	3	NO
L	L3570	MISCELLANEOUS SHOE ADDITION, SPE	10/1/2005	\$52.53	3	NO
L	L3580	MISCELLANEOUS SHOE ADDITON, CONV	10/1/2005	\$16.27	3	NO
L	L3590	MISCELLANEOUS SHOE ADDITION, CON	10/1/2005	\$31.64	3	NO
L	L3595	MISCELLANEOUS SHOE ADDITION, MAR	10/1/2005	\$18.08	3	NO
L	L3600	TRANSFER OF AN ORTHOSIS FROM ONE	10/1/2005	\$47.04	3	NO
L	L3610	TRANSFER OF AN ORTHOSIS FROM ONE	10/1/2005	\$61.93	3	NO
L	L3620	TRANSFER OF AN ORTHOSIS FROM ONE	10/1/2005	\$47.04	3	NO
L	L3630	TRANSFER OF AN ORTHOSIS FROM ONE	10/1/2005	\$61.93	3	NO
L	L3640	TRANSFER OF AN ORTHOSIS FROM ONE	10/1/2005	\$26.66	3	NO
L	L3649	UNLISTED PROCEDURES FOR FOOT ORT	10/1/2005	\$928.80	3	NO
L	L4210	REPAIR OF ORTHOTIC DEVICE, REPAI	10/1/2005	\$200.92	3	NO
L	L4360	PNEUMATIC ANKLE FOOT ORTHOSIS, W	10/1/2005	\$241.34	3	NO
L	L4386	NON-PNEUMATIC WALKING SPLINT, WIT	10/1/2005	\$115.71	3	NO
L	L5000	PARTIAL FOOT, SHOE INSERT WITH L	10/1/2005	\$351.90	3	NO
L	L5010	PARTIAL FOOT, MOLDED SOCKET, ANK	10/1/2005	\$847.92	3	NO
L	L5020	PARTIAL FOOT, MOLDED SOCKET, TIB	10/1/2005	\$1,572.48	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	L8100	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8110	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8120	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8130	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8140	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8150	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8160	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8170	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8180	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8190	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8200	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8210	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8220	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8230	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	M0300	IV CHELATION THERAPY (CHEMICAL E	8/30/1994	NC	9	NO
L	Q0185	DERMAL AND EPIDERMAL TISSUE, OF	4/1/2002	INVALID	N	NO
L	Q4037	CAST SUPPLIES, SHORT LEG CAST, A	7/1/2001	\$11.69	3	NO
L	Q4038	CAST SUPPLIES, SHORT LEG CAST, A	7/1/2001	\$29.27	3	NO
L	Q4039	CAST SUPPLIES, SHORT LEG CAST, P	7/1/2001	\$5.85	3	NO
L	Q4040	CAST SUPPLIES, SHORT LEG CAST, P	7/1/2001	\$14.64	3	NO
L	Q4045	CAST SUPPLIES, SHORT LEG SPLINT,	7/1/2001	\$8.25	3	NO
L	Q4046	CAST SUPPLIES, SHORT LEG SPLINT,	7/1/2001	\$13.27	3	NO
L	Q4047	CAST SUPPLIES, SHORT LEG SPLINT,	7/1/2001	\$4.12	3	NO
L	Q4048	CAST SUPPLIES, SHORT LEG SPLINT,	7/1/2001	\$6.64	3	NO
L	S0390	ROUTINE FOOT CARE; REMOVAL AND/O	1/1/2003	NC	9	NO
L	10060	INCISION AND DRAINAGE OF ABSCESS	10/1/2005	\$64.88	3	NO
L	10061	INCISION AND DRAINAGE OF ABSCESS	10/1/2005	\$116.26	3	NO
L	10120	INCISION AND REMOVAL OF FOREIGN	10/1/2005	\$91.08	3	NO
L	10121	INCISION AND REMOVAL OF FOREIGN	10/1/2005	\$169.19	3	NO
L	10140	INCISION AND DRAINAGE OF HEMATOM	10/1/2005	\$90.57	3	NO
L	10160	PUNCTURE ASPIRATION OF ABSCESS H	10/1/2005	\$76.29	3	NO
L	10180	INCISION AND DRAINAGE, COMPLEX,	10/1/2005	\$144.28	3	NO
L	11000	DEBRIDEMENT OF EXTENSIVE ECZEMAT	10/1/2005	\$32.44	3	NO
L	11010	DEBRIDEMENT INCLUDING REMOVAL OF	10/1/2005	\$302.58	3	NO
L	11011	DEBRIDEMENT INCLUDING REMOVAL OF	10/1/2005	\$358.11	3	NO
L	11012	DEBRIDEMENT INCLUDING REMOVAL OF	10/1/2005	\$521.34	3	NO
L	11040	DEBRIDEMENT; SKIN PARTIAL THICKN	10/1/2005	\$28.03	3	NO
L	11041	DEBRIDEMENT; SKIN FULL THICKNESS	10/1/2005	\$41.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	11042	DEBRIDEMENT; SKIN AND SUBCUTANEO	10/1/2005	\$57.61	3	NO
L	11043	DEBRIDEMENT; SKIN SUBCUTANEOUS T	10/1/2005	\$157.00	3	NO
L	11044	DEBRIDEMENT; SKIN SUBCUTANEOUS T	10/1/2005	\$205.26	3	NO
L	11055	PARING OR CUTTING OF BENIGN HYPE	10/1/2005	\$26.99	3	NO
L	11056	PARING OR CUTTING OF BENIGN HYPE	10/1/2005	\$34.25	3	NO
L	11057	PARING OR CUTTING OF BENIGN HYPE	10/1/2005	\$42.30	3	NO
L	11100	BIOPSY OF SKIN SUBCUTANEOUS TISS	10/1/2005	\$54.50	3	NO
L	11101	BIOPSY OF SKIN SUBCUTANEOUS TISS	10/1/2005	\$19.72	3	NO
L	11200	REMOVAL OF SKIN TAGS, MULTIPLE F	6/8/1994	NC	9	NO
L	11420	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$73.70	3	NO
L	11421	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$93.68	3	NO
L	11422	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$104.58	3	NO
L	11423	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$124.30	3	NO
L	11424	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$142.21	3	NO
L	11426	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$199.04	3	NO
L	11620	EXCISION MALIGNANT LESION SCALP	10/1/2005	\$100.69	3	NO
L	11621	EXCISION MELIGNANT LESION SCALP	10/1/2005	\$118.85	3	NO
L	11622	EXCISION MALIGNANT LESION SCALP	10/1/2005	\$134.68	3	NO
L	11623	EXCISION MALIGNANT LESION SCALP	10/1/2005	\$159.33	3	NO
L	11624	EXCISION MALIGNANT LESION SCALP	10/1/2005	\$183.47	3	NO
L	11626	EXCISION MALIGNANT LESION SCALP	10/1/2005	\$242.89	3	NO
L	11719	TRIMMING OF NONDYSTROPHIC NAILS,	10/1/2005	\$11.42	3	NO
L	11720	DEBRIDEMENT OF NAIL(S) BY ANY ME	10/1/2005	\$18.17	3	NO
L	11721	DEBRIDEMENT OF NAIL(S) BY ANY ME	10/1/2005	\$27.25	3	NO
L	11730	AVULSION OF NAIL PLATE PARTIAL O	10/1/2005	\$59.69	3	NO
L	11732	AVULSION OF NAIL PLATE PARTIAL O	10/1/2005	\$28.03	3	NO
L	11740	EVACUATION OF SUBUNGUAL HEMATOMA	10/1/2005	\$24.91	3	NO
L	11750	EXCISION OF NAIL AND NAIL MATRIX	10/1/2005	\$110.03	3	NO
L	11752	EXCISION OF NAIL & NAIL MATRIX P	10/1/2005	\$155.96	3	NO
L	11760	REPAIR OF NAIL BED	10/1/2005	\$114.18	3	NO
L	11762	RECONSTRUCTION OF NAIL BED WITH	10/1/2005	\$159.07	3	NO
L	11765	WEDGE EXCICION OF SKIN OF NAIL F	10/1/2005	\$66.17	3	NO
L	11900	INJECTION INTRALESIONAL UP TO AN	10/1/2005	\$31.14	3	NO
L	11901	INJECTION INTRALESIONAL; MORE TH	10/1/2005	\$38.67	3	NO
L	12001	SIMPLE REPAIR OF SUPERFICIAL WOU	10/1/2005	\$99.65	3	NO
L	12002	SIM REP OF SUPERFICIAL WOUNDS SC	10/1/2005	\$105.88	3	NO
L	12004	SIM REP OF SUPERFICIAL WOUNDS SC	10/1/2005	\$124.04	3	NO
L	12041	LAYER CLOSURE OF WOUNDS OF NECK	10/1/2005	\$132.60	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	12042	LAYER CLOSURE OF WOUNDS OF NECK	10/1/2005	\$160.63	3	NO
L	12044	LAYER CL;OSURE OF WOUNDS OF NECK	10/1/2005	\$172.31	3	NO
L	13131	REPAIR COMPLEX FOREHEAD CHEEKS C	10/1/2005	\$218.50	3	NO
L	13132	REPAIR COMPLEX FOREHEAD CHEEKS C	10/1/2005	\$316.33	3	NO
L	13160	SECONDARY CLOSURE OF SURGICAL WO	10/1/2005	\$495.90	3	NO
L	14040	ADJACENT TISSUE TRANSFER OR REAR	10/1/2005	\$449.19	3	NO
L	14041	ADJACENT TISSUE TRANSFER OR REAR	10/1/2005	\$592.18	3	NO
L	15000	SURGICAL PREP OR CREATION OF REC	10/1/2005	\$214.35	3	NO
L	15050	PINCH GRAFT SINGLE OR MULTIPLE T	10/1/2005	\$305.17	3	NO
L	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK	10/1/2005	\$593.48	3	NO
L	15101	SPLIT GRAFT, TRUNK, ARMS, LEGS;	10/1/2005	\$147.66	3	NO
L	15342	APPLICATION OF BILAMINATE SKIN S	1/1/2006	INVALID	N	NO
L	15350	APPLICATION OF ALLOGRAFT (HOMOGR	1/1/2006	INVALID	N	NO
L	15351	APPLICATION OF ALLOGRAFT, SKIN;	1/1/2006	INVALID	N	NO
L	15400	XENOGRAFT, SKIN (DERMAL), FOR TE	10/1/2005	\$219.54	3	NO
L	15401	XENOGRAFT, SKIN, FOR TEMP WOUND	10/1/2005	\$78.63	3	NO
L	15574	FORMATION OF DIRECT OR TUBED PED	10/1/2005	\$563.89	3	NO
L	15620	INTERMEDIATE DELAY OF ANY FLAP P	10/1/2005	\$287.27	3	NO
L	16000	INITIAL TREATMENT FIRST DEGREE B	10/1/2005	\$47.49	3	NO
L	16020	DRESSINGS AND/OR DEBRIDEMENT OF	10/1/2005	\$56.31	3	NO
L	16025	DRESSINGS AND/OR DEBRIDEMENT OF	10/1/2005	\$98.61	3	NO
L	16030	DRESSINGS AND/OR DEBRIDEMENT OF	10/1/2005	\$116.52	3	NO
L	16035	ESCHAROTOMY; INITIAL INCISION	10/1/2005	\$149.73	3	NO
L	16036	ESCHAROTOMY; EACH ADDITIONAL INC	10/1/2005	\$59.69	3	NO
L	17000	DESTRUCTION BY ANY METHOD, INCLU	10/1/2005	\$41.52	3	NO
L	17003	DESTRUCTION BY ANY METHOD, INCLU	10/1/2005	\$7.01	3	NO
L	17004	DESTRUCTION, ALL BENIGN OR PREMA	10/1/2005	\$135.46	3	NO
L	17110	DESTRUCTION, OF FLAT WARTS, MOLL	10/1/2005	\$60.20	3	NO
L	17999	UNLISTED PROCEDURE, SKIN, MUCOUS	9/1/1986	\$0.01	5	NO
L	20520	REMOVAL OF FOREIGN BODY IN MUSCL	10/1/2005	\$128.97	3	NO
L	20525	REMOVAL OF FOREIGN BODY IN MUSCL	10/1/2005	\$340.46	3	NO
L	20550	INJECTION(S); TENDON SHEATH, LIG	10/1/2005	\$39.96	3	NO
L	20600	ARTHROCENTESIS, ASPIRATION AND/O	10/1/2005	\$36.07	3	NO
L	20605	ARTHROCENTESIS, ASPIRATION AND/O	10/1/2005	\$39.44	3	NO
L	20670	REMOVAL OF IMPLANT; SUPERFICIAL	10/1/2005	\$351.62	3	NO
L	20680	REMOVAL OF IMPLANT; DEEP (EG BUR	10/1/2005	\$328.53	3	NO
L	20900	BONE GRAFT ANY DONOR AREA MINOR	10/1/2005	\$387.17	3	NO
L	27603	INCISION AND DRAINAGE DEEP ABSCE	10/1/2005	\$340.72	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	27604	INCISION AND DRAINAGE; INFECTED	10/1/2005	\$291.16	3	NO
L	27605	TENOTOMY ACHILLES TENDON SUBCUTA	10/1/2005	\$284.41	3	NO
L	27606	TENOTOMY ACHILLES TENDON SUBCUTA	10/1/2005	\$212.01	3	NO
L	27607	INCISION DEEP WITH OPENING OF BO	10/1/2005	\$400.15	3	NO
L	27610	ARTHROTOMY, ANKLE, FOR INFECTION	10/1/2005	\$433.37	3	NO
L	27612	ARTHROTOMY ANKLE POSTERIOR CAPSU	10/1/2005	\$377.05	3	NO
L	27613	BIOPSY SOFT TISSUES SUPERFICIAL	10/1/2005	\$145.58	3	NO
L	27614	BIOPSY SOFT TISSUES; DEEP	10/1/2005	\$351.62	3	NO
L	27620	ARTHROTOMY WITH EXPLORATION DRAI	10/1/2005	\$321.26	3	NO
L	27625	ARTHROTOMY, ANKLE, WITH SYNOVECT	10/1/2005	\$415.98	3	NO
L	27626	ARTHROTOMY ANKLE FOR SYNOVECTOMY	10/1/2005	\$448.68	3	NO
L	27630	EXCISION OF LESION OF TENDON SHE	10/1/2005	\$339.43	3	NO
L	27647	RADICAL RESECTION OF TUMOR, BONE	10/1/2005	\$559.74	3	NO
L	27648	INJECTION PROCEDURE FOR ANKLE AR	10/1/2005	\$118.33	3	NO
L	27650	REPAIR PRIMARY OPEN OR PERCUTANE	10/1/2005	\$486.82	3	NO
L	27652	SUTURE PRIMARY RUPTURED ACHILLES	10/1/2005	\$519.52	3	NO
L	27654	REPAIR SECONDARY RUPTURED ACHILL	10/1/2005	\$485.27	3	NO
L	27680	TENOLYSIS, INCLUDING TIBIA, FIBU	10/1/2005	\$305.43	3	NO
L	27681	TENOLYSIS, INCLUDING TIBIA, FIBU	10/1/2005	\$359.67	3	NO
L	27685	LENGTHENING OR SHORTENING OF TEN	10/1/2005	\$382.76	3	NO
L	27686	LENGTHENING OR SHORTENING OF TEN	10/1/2005	\$393.92	3	NO
L	27687	GASTROCNEMIUS RECESSION (EG STRA	10/1/2003	\$415.72	3	NO
L	27690	TRANSFER OR TRANSPLANT OF SINGLE	10/1/2005	\$424.80	3	NO
L	27691	TRANSFER OR TRANSPLANT OF SINGLE	10/1/2005	\$501.87	3	NO
L	27692	TRANSFER OR TRANSPLANT OF SINGLE	10/1/2005	\$80.96	3	NO
L	27695	SUTURE PRIMARY TORN RUPTURED OR	10/1/2005	\$347.99	3	NO
L	27696	SUTURE PRIMARY TORN RUPTURED OR	10/1/2005	\$414.42	3	NO
L	27698	SUTURE SECONDARY REPAIR TORN RUP	10/1/2005	\$460.87	3	NO
L	27705	OSTEOTOMY TIBIA	10/1/2005	\$526.01	3	NO
L	27792	OPEN TREATMENT OF DISTAL FIBULAR	10/1/2005	\$412.86	3	NO
L	27840	CLOSED TREATMENT OF ANKLE DISLOC	10/1/2005	\$227.84	3	NO
L	27842	CLOSED TREATMENT OF ANKLE DISLOC	10/1/2005	\$318.93	3	NO
L	27846	OPEN TREATMENT OF ANKLE DISLOCAT	10/1/2005	\$501.87	3	NO
L	27848	OPEN TREATMENT OF ANKLE DISLOCAT	10/1/2005	\$590.88	3	NO
L	27860	MANIPULATION OF ANKLE UNDER GENE	10/1/2005	\$121.97	3	NO
L	27870	ARTHRODESIS, ANKLE, OPEN	10/1/2005	\$694.16	3	NO
L	27899	UNLISTED PROCEDURE LEG OR ANKLE	2/1/1993	\$0.01	5	NO
L	28001	INCISION AND DRAINAGE INFECTED B	10/1/2005	\$157.00	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	28002	DEEP INFECTION BELOW FASCIA REQU	10/1/2005	\$265.21	3	NO
L	28003	DEEP INFECTION BELOW FASCIA REQU	10/1/2005	\$408.97	3	NO
L	28005	INCISION DEEP WITH OPENING OF BO	10/1/2005	\$412.09	3	NO
L	28008	FASCIOTOMY, FOOT AND/OR TOE	10/1/2005	\$248.34	3	NO
L	28010	TENOTOMY SUBCUTANEOUS TOE SINGLE	10/1/2005	\$144.80	3	NO
L	28011	TENOTOMY SUBCUTANEOUS TOE; MULTI	10/1/2005	\$208.12	3	NO
L	28020	ARTHROTOMY WITH EXPLORATION DRAI	10/1/2005	\$304.39	3	YES
L	28022	ARTHROTOMY WITH EXPLORATION DRAI	10/1/2005	\$271.96	3	NO
L	28024	ARTHROTOMY WITH EXPLORATION DRAI	10/1/2005	\$263.39	3	NO
L	28030	NEURECTOMY OF INTRINSIC MUSCULAT	10/1/2005	\$273.77	3	NO
L	28035	TARSAL TUNNEL RELEASE (POSTERIOR	10/1/2005	\$301.80	3	NO
L	28043	EXCISION, TUMOR, FOOT; SUBCUTANE	10/1/2005	\$202.41	3	NO
L	28045	EXCISION, TUMOR, FOOT; DEEP, SUB	10/1/2005	\$277.92	3	NO
L	28050	ARTHROTOMY FOR SYNOVIAL BIOPSY I	10/1/2005	\$252.49	3	NO
L	28052	ARTHROTOMY FOR SYNOVIAL BIOPSY;	10/1/2005	\$243.15	3	NO
L	28054	ARTHROTOMY FOR SYNOVIAL BIOPSY;	10/1/2005	\$223.69	3	NO
L	28060	FASCIECTOMY EXCISION OF PLANTAR	10/1/2005	\$295.57	3	NO
L	28062	FASCIECTOMY EXCISION OF PLANTAR	10/1/2005	\$359.67	3	NO
L	28070	SYNOVECTOMY INTERTARSAL OR TARSO	10/1/2005	\$286.23	3	NO
L	28072	SYNOVECTOMY; METATARSOPHALANGEAL	10/1/2005	\$279.22	3	NO
L	28080	EXCISION OF INTERDIGITAL (MORTON	10/1/2005	\$237.44	3	NO
L	28086	SYNOVECTOMY TENDON SHEATH FLEXOR	10/1/2005	\$350.33	3	NO
L	28088	SYNOVECTOMY TENDON SHEATH; EXTEN	10/1/2005	\$264.69	3	NO
L	28090	EXCISION OF LESION OF TENDON OR	10/1/2005	\$262.87	3	NO
L	28092	EXCISION OF LESION OF TENDON/FIB	10/1/2005	\$242.11	3	NO
L	28100	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$373.94	3	NO
L	28102	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$384.32	3	NO
L	28103	EXCISION OF CURETTAGE OF BONE CY	10/1/2005	\$311.66	3	NO
L	28104	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$292.98	3	NO
L	28106	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$325.67	3	NO
L	28107	EXCISION OF CURETTAGE OF BONE CY	10/1/2005	\$332.42	3	NO
L	28108	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$240.56	3	NO
L	28110	OSTECTOMY PARTIAL EXCISION FIFTH	10/1/2005	\$254.83	3	NO
L	28111	OSTECTOMY COMPLETE EXCISION OF F	10/1/2005	\$310.10	3	NO
L	28112	OSTECTOMY COMPLETE EXCISION; OTH	10/1/2005	\$282.86	3	NO
L	28113	OSTECTOMY COMPLETE EXCISION; FIF	10/1/2005	\$297.39	3	NO
L	28114	OSTECTOMY, COMP EXCISION; ALL ME	10/1/2005	\$592.44	3	NO
L	28116	OSTECTOMY EXCISION OF TARSAL COA	10/1/2005	\$404.04	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	28118	OSTECTOMY, CALCANEUS	10/1/2005	\$338.13	3	NO
L	28119	OSTECTOMY CALCANEUS; FOR SPUR WI	10/1/2005	\$298.43	3	NO
L	28120	PART EXCISION(CRATERIZATION,SAUC	10/1/2005	\$348.77	3	NO
L	28122	PART EXCISION(CRATERIZATION,SAUC	10/1/2005	\$391.59	3	NO
L	28124	PARTIAL EXCISION (CRATERIZATION,	10/1/2005	\$269.62	3	NO
L	28126	RESECTION, PARTIAL OR COMPLETE,	10/1/2005	\$212.01	3	NO
L	28130	TALECTOMY (ASTRAGALECTOMY)	10/1/2005	\$416.76	3	NO
L	28140	METATARSECTOMY	10/1/2005	\$390.29	3	NO
L	28150	PHALANGECTOMY SINGLE EACH	10/1/2005	\$244.97	3	NO
L	28153	RESECTION HEAD OF PHALANX	10/1/2005	\$218.76	3	NO
L	28160	HEMIPHALANGECTOMY OR INTERPHALAN	10/1/2005	\$227.84	3	NO
L	28171	RADICAL RESECTION OF TUMOR, BONE	10/1/2005	\$424.02	3	NO
L	28173	RADICAL RESECTION OF TUMOR, BONE	10/1/2005	\$454.38	3	NO
L	28175	RADICAL RESECTION OF TUMOR, BONE	10/1/2005	\$323.86	3	NO
L	28190	REMOVE FOREIGN BODY SUBCUTANEOUS	10/1/2005	\$144.54	3	NO
L	28192	REMOVE FOREIGN BODY; DEEP	10/1/2005	\$277.41	3	NO
L	28193	REMOVE FOREIGN BODY; COMPLICATED	10/1/2005	\$312.44	3	NO
L	28200	REPAIR OR SUTURE OF TENDON FOOT	10/1/2005	\$267.03	3	NO
L	28202	REPAIR OR SUTURE OF TENDON FOOT	10/1/2005	\$387.95	3	NO
L	28208	REPAIR OR SUTURE OF TENDON FOOT	10/1/2005	\$253.01	3	NO
L	28210	REPAIR OR SUTURE OF TENDON FOOT	10/1/2005	\$346.95	3	NO
L	28220	TENOLYSIS FLEXOR SINGLE	10/1/2005	\$253.27	3	NO
L	28222	TENOLYSIS FLEXOR; MULTIPLE (THRO	10/1/2005	\$299.46	3	NO
L	28225	TENOLYSIS EXTENSOR SINGLE	10/1/2005	\$217.98	3	NO
L	28226	TENOLYSIS EXTENSOR; MULTIPLE (TH	10/1/2005	\$256.65	3	NO
L	28230	TENOTOMY OPEN FLEXOR FOOT SINGLE	10/1/2005	\$245.49	3	NO
L	28232	TENOTOMY OPEN FLEXOR; TOE SINGLE	10/1/2005	\$216.68	3	NO
L	28234	TENOTOMY OPEN EXTENSOR FOOT OR T	10/1/2005	\$219.80	3	NO
L	28238	RECONSTRUCTION, POSTERIOR TIBIAL	10/1/2005	\$415.72	3	NO
L	28240	TENOTOMY LENGTHENING, OR RELEASE	10/1/2005	\$248.08	3	NO
L	28250	DIVISION OF PLANTAR FASCIA AND M	10/1/2005	\$320.74	3	NO
L	28260	CAPSULOTOMY MIDFOOT MEDIAL RELEA	10/1/2005	\$399.89	3	NO
L	28261	CAPSULOTOMY MIDFOOT; WITH TENDON	10/1/2005	\$568.05	3	NO
L	28262	CAPSULOTOMY,MIDFOOT;EXTEN,INCL P	10/1/2005	\$828.58	3	NO
L	28264	CAPSULOTOMY MIDTARSAL (HEYMAN TY	10/1/2005	\$508.62	3	NO
L	28270	CAPSULOTOMY; METATARSOPHALANGEAL	10/1/2005	\$266.25	3	NO
L	28272	CAPSULOTOMY FOR CONTRACTURE INTE	10/1/2005	\$219.02	3	NO
L	28280	WEBBING OPERATION (CREATE SYNDAC	10/1/2005	\$315.29	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	28285	HAMMERTOES OPERATION; ONE TOE (EG	10/1/2005	\$260.54	3	NO
L	28286	HAMMERTOES OPERATION, ONE TOE (EG	10/1/2005	\$257.42	3	NO
L	28288	OSTECTOMY, PARTIAL, EXOSTECTOMY	10/1/2005	\$293.49	3	NO
L	28289	HALLUX RIGIDUS CORRECTION WITH C	10/1/2005	\$415.98	3	NO
L	28290	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$330.08	3	NO
L	28292	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2003	NC	9	NO
L	28293	HALLUS VALGUS (BUNION) CORRECTIO	10/1/2003	NC	9	NO
L	28294	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$443.23	3	NO
L	28296	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$480.59	3	NO
L	28297	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$504.21	3	NO
L	28298	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$420.13	3	NO
L	28299	CORRECTION, HALLUX VALGUS (BUNIO	10/1/2005	\$537.17	3	NO
L	28300	OSTEOTOMY CALCANEUS (DWYER OR CH	10/1/2005	\$469.44	3	NO
L	28302	OSTEOTOMY; TALUS	10/1/2005	\$462.95	3	NO
L	28304	OSTEOTOMY MIDTARSAL BONES OTHER	10/1/2005	\$476.44	3	NO
L	28305	OSTEOTOMY MIDTARSAL BONES OTHER	10/1/2005	\$479.30	3	NO
L	28306	OSTEOTOMY, METATARSAL, BASE/SHAF	10/1/2005	\$350.84	3	NO
L	28307	OSTEOTOMY, METATARSAL, BASE/SHAFT	10/1/2005	\$473.59	3	NO
L	28308	OSTEOTOMY METATARSAL BASE OR SHA	10/1/2005	\$304.13	3	NO
L	28309	OSTEOTOMY METATARSALS MULTIPLE F	10/1/2005	\$589.84	3	NO
L	28310	OSTEOTOMY FOR SHORTENING ANGULAR	10/1/2005	\$307.77	3	NO
L	28312	OSTEOTOMY FOR SHORTENING ANGULAR	10/1/2005	\$275.07	3	NO
L	28313	RECONSTRUCTION, ANGULAR DEFORMIT	10/1/2005	\$285.45	3	NO
L	28315	SESAMOIDECTOMY FIRST TOE (SEPARA	10/1/2005	\$269.10	3	NO
L	28320	REPAIR OF NONUNION OR MALUNION T	10/1/2005	\$448.94	3	NO
L	28322	REPAIR OF NONUNION OR MALUNION M	10/1/2005	\$486.82	3	NO
L	28340	RECONSTRUCTION, TOE, MACRODACTYL	10/1/2005	\$370.05	3	YES
L	28341	RECONSTRUCTION, TOE, MACRODACTYL	10/1/2005	\$425.06	3	YES
L	28360	RECONSTRUCTION, CLEFT FOOT	10/1/2005	\$676.78	3	NO
L	28400	CLOSED TREATMENT OF CALCANEAL FR	10/1/2005	\$158.81	3	NO
L	28405	CLOSED TREATMENT OF CALCANEAL FR	10/1/2005	\$262.35	3	NO
L	28406	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$367.97	3	NO
L	28415	OPEN TREATMENT OF CALCANEAL FRAC	10/1/2005	\$826.77	3	NO
L	28420	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$837.67	3	NO
L	28430	CLOSED TREATMENT OF TALUS FRACTU	10/1/2005	\$149.99	3	NO
L	28435	TREATMENT OF CLOSED TALUS FRACTU	10/1/2005	\$202.41	3	NO
L	28436	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$295.57	3	NO
L	28445	OPEN TREATMENT OF TALUS FRACTURE	10/1/2005	\$757.22	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	28450	TREATMENT OF TARSAL BONE FRACTUR	10/1/2005	\$137.28	3	NO
L	28455	TREATMENT OF CLOSED TARSAL BONE	10/1/2005	\$180.09	3	NO
L	28456	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$188.66	3	NO
L	28465	OPEN TREATMENT OF TARSAL BONE FR	10/1/2005	\$373.42	3	NO
L	28470	CLOSED TREATMENT OF METATARSAL F	10/1/2005	\$140.13	3	NO
L	28475	TREATMENT OF CLOSED METATARSAL F	10/1/2005	\$174.64	3	NO
L	28476	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$230.70	3	NO
L	28485	OPEN TREATMENT OF METATARSAL FRA	10/1/2005	\$310.62	3	NO
L	28490	CLOSED TREATMENT OF FRACTURE GRE	10/1/2005	\$84.08	3	NO
L	28495	TREATMENT OF CLOSED FRACTURE GRE	10/1/2005	\$102.50	3	NO
L	28496	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$283.89	3	NO
L	28505	OPEN TREATMENT OF FRACTURE GREAT	10/1/2005	\$323.08	3	NO
L	28510	CLOSED TREATMENT OF FRACTURE, PH	10/1/2005	\$71.36	3	NO
L	28515	TREATMENT OF CLOSED FRACTURE PHA	10/1/2005	\$91.60	3	NO
L	28525	OPEN TREATMENT OF FRACTURE, PHAL	10/1/2005	\$293.24	3	NO
L	28530	CLOSED TREATMENT OF SESAMOID FRA	10/1/2005	\$68.51	3	NO
L	28540	CLOSED TREATMENT OF TARSAL BONE	10/1/2005	\$121.71	3	NO
L	28545	TREATMENT OF CLOSED TARSAL BONE	10/1/2005	\$133.90	3	NO
L	28546	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$275.85	3	NO
L	28555	OPEN TREATMENT OF TARSAL BONE DI	10/1/2005	\$447.12	3	NO
L	28570	CLOSED TREATMENT OF TALOTARSAL J	10/1/2005	\$111.59	3	NO
L	28575	TREATMENT OF CLOSED TALOTARSAL J	10/1/2005	\$196.96	3	NO
L	28585	OPEN TREATMENT OF TALOTARSAL JOI	10/1/2005	\$428.95	3	NO
L	28600	CLOSED TREATMENT OF TARSOMETATAR	10/1/2005	\$128.97	3	NO
L	28605	TREATMENT OF CLOSED TARSOMETATAR	10/1/2005	\$161.67	3	NO
L	28606	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$269.88	3	NO
L	28615	OPEN TREATMENT OF TARSOMETATARSA	10/1/2005	\$443.49	3	NO
L	28630	CLOSED TREATMENT OF METATARSOPHA	10/1/2005	\$89.79	3	NO
L	28635	TREATMENT OF CLOSED METATARSOPHA	10/1/2005	\$108.73	3	NO
L	28645	OPEN TREATMENT OF METATARSOPHALA	10/1/2005	\$252.75	3	NO
L	28660	CLOSED TREATMENT OF INTERPHALANG	10/1/2005	\$67.99	3	NO
L	28665	TREATMENT OF CLOSED INTERPHALANG	10/1/2005	\$93.42	3	NO
L	28675	OPEN TREATMENT OF INTERPHALANGEA	10/1/2005	\$272.73	3	NO
L	28705	PANTALAR ARTHRODESIS	10/1/2005	\$888.79	3	NO
L	28715	TRIPLE ARTHRODESIS	10/1/2005	\$647.97	3	NO
L	28725	SUBTALAR ARTHRODESIS	10/1/2005	\$562.60	3	NO
L	28730	ARTHRODESIS MIDTARSAL OR TARSOME	10/1/2005	\$542.36	3	NO
L	28735	ATHRODESIS MIDTARSAL OR TARSOMET	10/1/2005	\$527.30	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	28737	ARTHRODESIS, WITH TENDON LENGTHE	10/1/2005	\$464.25	3	NO
L	28740	ARTHRODESIS MIDTARSAL OR TARSOME	10/1/2005	\$521.34	3	NO
L	28750	ARTHRODESIS GREAT TOE METATARSOP	10/1/2005	\$527.04	3	NO
L	28755	ARTHRODESIS GREAT TOE; INTERPHAL	10/1/2005	\$297.91	3	NO
L	28760	ARTHRODESIS GREAT TOE INTERPHALA	10/1/2005	\$435.18	3	NO
L	28800	AMPUTATION FOOT MIDTARSAL (CHOPA	10/1/2005	\$392.88	3	NO
L	28805	AMPUTATION FOOT; TRANSMETATARSAL	10/1/2005	\$394.18	3	NO
L	28810	AMPUTATION METATARSAL WITH TOE S	10/1/2005	\$299.20	3	NO
L	28820	AMPUTATION TOE METATARSOPHALANGE	10/1/2005	\$325.93	3	NO
L	28825	AMPUTATION TOE; INTERPHALANGEAL	10/1/2005	\$287.27	3	NO
L	28899	UNLISTED PROCEDURE FOOT OR TOES	2/1/1994	\$0.01	5	NO
L	29345	APPLICATION OF LONG LEG CAST (TH	10/1/2005	\$87.97	3	NO
L	29355	APPLICATION OF LONG LEG CAST (TH	10/1/2005	\$90.31	3	NO
L	29405	APPLICATION OF SHORT LEG CAST (B	10/1/2005	\$57.61	3	NO
L	29425	APPLICATION OF SHORT LEG CAST (B	10/1/2005	\$62.02	3	NO
L	29440	ADDING WALKER TO PREVIOUSLY APPL	10/1/2005	\$34.77	3	NO
L	29445	APPLICATION OF RIGID TOTAL CONTA	10/1/2005	\$99.65	3	NO
L	29450	APPLICATION OF CLUBFOOT CAST WIT	10/1/2005	\$99.13	3	NO
L	29505	APPLICATION LONG LEG SPLINT (THI	10/1/2005	\$50.34	3	NO
L	29515	APPLICATION OF SHORT LEG SPLINT	10/1/2005	\$43.86	3	NO
L	29540	STRAPPING; ANKLE AND/OR FOOT	10/1/2005	\$25.69	3	NO
L	29550	STRAPPING; TOES	10/1/2005	\$24.65	3	NO
L	29580	STRAPPING; UNNA BOOT	10/1/2005	\$33.48	3	NO
L	29590	DENIS-BROWNE SPLINT STRAPPING	10/1/2005	\$35.29	3	NO
L	29700	REMOVAL OR BIVALVING GAUNTLET BO	10/1/2005	\$39.70	3	NO
L	29730	WINDOWING OF CAST	10/1/2005	\$43.60	3	NO
L	29740	WEDGING OF CAST (EXCEPT CLUBFOOT	10/1/2005	\$63.32	3	NO
L	29750	WEDGING OF CLUBFOOT CAST	10/1/2005	\$65.39	3	NO
L	29799	UNLISTED PROCEDURE CASTING OR ST	5/1/1982	\$0.01	5	NO
L	36415	COLLECTION OF VENOUS BLOOD BY VE	2/13/2003	\$3.00	3	NO
L	36416	COLLECTION OF CAPILLARY BLOOD SP	1/1/2003	\$3.00	3	NO
L	64450	INJECTION ANESTHETIC AGENT; OTHE	10/1/2005	\$68.51	3	NO
L	64550	APPLICATION OF SURFACE (TRANSCUT	10/1/2005	\$12.20	3	NO
L	64640	DESTRUCTION BY NEUROLYTIC AGENT;	10/1/2005	\$187.36	3	NO
L	64702	NEUROPLASTY; DIGITAL, ONE OR BOT	10/1/2005	\$225.51	3	NO
L	64704	NEUROLYSIS; NERVE OF HAND OR FOO	10/1/2005	\$220.06	3	NO
L	64726	DECOMPRESSION; PLANTAR DIGITAL N	10/1/2005	\$194.88	3	NO
L	64774	EXCISION OF NEUROMA CUTANEOUS NE	10/1/2005	\$252.75	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	64776	EXCISION OF NEUROMA; DIGITAL NER	10/1/2005	\$247.04	3	NO
L	64778	EXCISION OF NEUROMA; DIGITAL NER	10/1/2005	\$131.31	3	NO
L	64782	EXCISION OF NEUROMA; HAND OR FOO	10/1/2005	\$281.82	3	NO
L	64783	EXCISION OF NEUROMA; HAND OR FOO	10/1/2005	\$157.00	3	NO
L	64787	INSERTION OF PLASTIC CAP ON NERV	10/1/2005	\$181.39	3	NO
L	64788	EXCISION OF NEUROFIBROMA OR NEUR	10/1/2005	\$226.80	3	NO
L	64831	SUTURE OF DIGITAL NERVE HAND OR	10/1/2005	\$464.25	3	NO
L	64832	SUTURE OF DIGITAL NERVE HAND OR	10/1/2005	\$244.45	3	NO
L	64834	SUTURE OF ONE NERVE HAND OR FOOT	10/1/2005	\$487.34	3	NO
L	64837	SUTURE OF EACH ADDITIONAL NERVE	10/1/2005	\$270.92	3	NO
L	90471	IMMUNIZATION ADMIN; SINGLE OR CO	10/1/2005	\$12.72	3	NO
L	90703	IMMUNIZATION ACTIVE; TETANUS TOX	7/1/1991	\$6.70	3	NO
L	90782	THERAPEUTIC OR DIAGNOSTIC INJECT	10/1/2005	\$12.98	3	NO
L	90788	INTRAMUSCULAR INJECTION OF ANTIB	1/1/2006	INVALID	N	NO
L	90799	UNLISTED THERAPEUTIC OR DIAGNOST	1/1/2006	INVALID	N	NO
L	93922	NONINVASIVE PHYSIOLOGIC STUDIES	10/1/2005	\$79.93	3	NO
L	93923	NONINVASIVE PHYSIOLOGIC STUDIES	10/1/2005	\$123.00	3	NO
L	95831	MUSCLE TESTING, MANUAL (SEPARATE	10/1/2005	\$19.46	3	NO
L	97010	APPLICATION OF A MODALITY TO ONE	10/1/2004	NC	9	NO
L	97014	PHYSICAL MEDICINE TREATMENT TO O	10/1/2005	\$9.86	3	NO
L	97016	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
L	97018	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
L	97022	PHYSICAL MEDICINE TREATMENT TO O	10/1/2005	\$10.12	3	NO
L	97024	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
L	97032	APPLICATION OF A MODALITY TO ONE	10/1/2005	\$10.90	3	NO
L	97035	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
L	97039	UNLISTED MODALITY (SPECIFY TYPE	4/1/2005	NC	9	NO
L	97110	THERAPEUTIC PROC, ONE OR MORE AR	10/1/2005	\$19.20	3	NO
L	97124	THERAPEUTIC PROC, ONE OR MORE AR	10/1/2005	\$15.31	3	NO
L	97139	THERAPEUTIC PROC, ONE OR MORE AR	4/1/2005	NC	9	NO
L	97799	UNLISTED PHYSICAL MEDICINE/REHAB	10/1/1991	\$0.01	5	NO
L	99000	HANDLING AND/OR CONVEYANCE OF SP	8/1/1989	NC	9	NO
L	99002	HANDLING, CONVEYANCE, AND/OR ANY	3/1/1987	NC	9	NO
L	99025	INITIAL (NEW PATIENT) VISIT WHEN	4/1/2004	INVALID	N	NO
L	99050	SERVICES PROVIDED IN THE OFFICE	10/1/2000	\$11.71	3	NO
L	99052	SERVICES REQUESTED BETWEEN 10:00	1/1/2006	INVALID	N	NO
L	99054	SERVICES REQUESTED ON SUNDAYS AN	1/1/2006	INVALID	N	NO
L	99056	SVCS TYPICALLY PROVIDED IN THE O	3/1/1987	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	99058	SVCS PROVIDED ON AN EMERGENCY BA	10/1/2000	\$4.71	3	NO
L	99071	EDUCATIONAL SUPPLIES SUCH AS BOO	10/1/2004	NC	9	NO
L	99082	UNUSUAL TRAVEL (EG, TRANSPORTATI	1/1/1991	NC	9	NO
L	99199	UNLISTED SPECIAL SERVICE OR REPO	8/1/1986	\$0.01	5	NO
L	99201	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$25.17	3	NO
L	99202	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$44.63	3	NO
L	99203	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$66.43	3	NO
L	99204	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$93.94	3	NO
L	99205	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$118.85	3	NO
L	99211	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$14.79	3	NO
L	99212	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$26.47	3	NO
L	99213	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$36.07	3	NO
L	99214	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$56.57	3	NO
L	99215	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$82.26	3	NO
L	99231	SUBSEQUENT HOSP CARE, PER DAY, F	10/1/2005	\$23.36	3	NO
L	99232	SUBSEQUENT HOSP CARE, PER DAY, F	10/1/2005	\$38.15	3	NO
L	99233	SUBSEQUENT HOSP CARE, PER DAY, F	10/1/2005	\$54.24	3	NO
L	99238	HOSPITAL DISCHARGE DAY MANAGEMEN	10/1/2005	\$48.53	3	NO
L	99241	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$34.51	3	NO
L	99242	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$63.06	3	NO
L	99243	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$84.08	3	NO
L	99244	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$118.33	3	NO
L	99245	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$153.11	3	NO
L	99251	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$24.65	3	NO
L	99252	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$49.56	3	NO
L	99253	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$67.73	3	NO
L	99254	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$97.31	3	NO
L	99255	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$134.16	3	NO
L	99261	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
L	99262	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
L	99263	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
L	99271	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
L	99272	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
L	99273	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
L	99274	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
L	99275	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
L	99281	EMERG DEPT VISIT FOR E/M OF PT,	10/1/2005	\$11.42	3	NO
L	99282	EMERG DEPT VISIT FOR E/M OF PT,	10/1/2005	\$18.94	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	99283	EMERGENCY DEPT VISIT FOR THE E/M	10/1/2005	\$42.56	3	NO
L	99284	EMERG DEPT VISIT FOR E/M OF PT,	10/1/2005	\$66.43	3	NO
L	99285	EMER DEPT VISIT FOR E/M OF PT, W	10/1/2005	\$104.06	3	NO
L	99301	E/M OF NEW OR EST PT INVOLVING A	1/1/2006	INVALID	N	NO
L	99302	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
L	99303	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
L	99307	SUBSEQUENT NURSING FACILITY CARE	1/1/2006	\$23.36	3	NO
L	99308	SUBSEQUENT NURSING FACILITY CARE	1/1/2006	\$38.67	3	NO
L	99309	SUBSEQUENT NURSING FACILITY CARE	1/1/2006	\$54.50	3	NO
L	99311	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
L	99312	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
L	99313	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
L	99321	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
L	99322	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
L	99323	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
L	99324	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$40.22	3	NO
L	99325	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$58.91	3	NO
L	99326	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$85.38	3	NO
L	99327	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$112.36	3	NO
L	99331	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
L	99332	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
L	99333	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
L	99334	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$31.14	3	NO
L	99335	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$49.31	3	NO
L	99336	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$76.03	3	NO
L	99341	HOME VISIT FOR E/M OF NEW PT, WH	10/1/2005	\$39.96	3	NO
L	99342	HOME VISIT FOR E/M OF NEW PT, WH	10/1/2005	\$58.91	3	NO
L	99343	HOME VISIT FOR E/M OF NEW PT, WH	10/1/2005	\$85.89	3	NO
L	99499	UNLISTED EVALUATION AND MANAGEME	1/1/1992	\$0.01	5	NO
N	A4214	STERILE SALINE OR WATER, 30CC VI	4/1/2004	INVALID	N	NO
N	A4260	LEVONORGESTREL (CONTRACEPTIVE) I	1/1/2006	INVALID	N	NO
N	A4261	CERVICAL CAP FOR CONTRACEPTIVE U	8/1/2003	\$86.25	3	NO
N	A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	11/1/2003	\$21.28	3	NO
N	A4310	INSERTION TRAY WITHOUT DRAINAGE	10/1/2005	\$6.33	3	NO
N	A4311	INSERTION TRAY WITHOUT DRAINAGE	10/1/2005	\$12.18	3	NO
N	A4312	INSERTION TRAY WITHOUT DRAINAGE	10/1/2005	\$14.79	3	NO
N	A4313	INSERTION TRAY WITHOUT DRAINAGE	10/1/2005	\$15.19	3	NO
N	A4314	INSERTION TRAY WITH DRAINAGE BAG	10/1/2005	\$20.73	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	A4315	INSERTION TRAY WITH DRAINAGE BAG	10/1/2005	\$21.63	3	NO
N	A4316	INSERTION TRAY WITH DRAINAGE BAG	10/1/2005	\$23.29	3	NO
N	A4320	IRRIGATION TRAY WITH BULB OR PIS	10/1/2005	\$5.14	3	NO
N	A4322	IRRIGATION SYRINGE, BULB OR PIST	10/1/2005	\$2.64	3	NO
N	A4323	STERILE SALINE IRRIGATION SOLUTI	4/1/2004	INVALID	N	NO
N	A4326	MALE EXTERNAL CATHETER SPECIALTY	10/1/2005	\$10.00	3	NO
N	A4327	FEMALE EXTERNAL URINARY COLLECTI	10/1/2005	\$43.04	3	NO
N	A4328	FEMALE EXTERNAL URINARY COLLECTI	10/1/2005	\$9.53	3	NO
N	A4329	EXTERNAL CATHETER STARTER SET, M	4/1/2002	INVALID	N	NO
N	A4330	PERIANAL FECAL COLLECTION POUCH	10/1/2005	\$6.82	3	NO
N	A4335	INCONTINENCE SUPPLY; MISCELLANEO	10/1/2001	\$12.00	3	NO
N	A4338	INDWELLING CATHETER; FOLEY TYPE;	10/1/2005	\$11.84	3	NO
N	A4340	INDWELLING CATHETER; SPECIALTY T	10/1/2005	\$30.62	3	NO
N	A4344	INDWELLING CATHETER, FOLEY TYPE,	10/1/2005	\$15.45	3	NO
N	A4346	INDWELLING CATHETER; FOLEY TYPE,	10/1/2005	\$18.91	3	NO
N	A4347	MALE EXTERNAL CATHETER WITH OR W	1/1/2005	INVALID	N	NO
N	A4351	INTERMITTENT URINARY CATHETER; S	10/1/2005	\$1.75	3	NO
N	A4352	INTERMITTENT URINARY CATHETER; C	10/1/2005	\$6.19	3	NO
N	A4354	INSERTION TRAY WITH DRAINAGE BAG	10/1/2005	\$9.67	3	NO
N	A4355	IRRIGATION TUBING SET FOR CONTIN	10/1/2005	\$8.60	3	NO
N	A4356	EXTERNAL URETHRAL CLAMP OR COMPR	10/1/2005	\$40.92	3	NO
N	A4357	BEDSIDE DRAINAGE BAG, DAY OR NIG	10/1/2005	\$9.35	3	NO
N	A4358	URINARY DRAINAGE BAG, LEG OR ABD	10/1/2005	\$5.65	3	NO
N	A4359	URINARY SUSPENSORY WITHOUT LEG B	10/1/2005	\$25.12	3	NO
N	A4361	OSTOMY FACEPLATE, EACH	10/1/2005	\$18.08	3	NO
N	A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQ	10/1/2005	\$2.94	3	NO
N	A4367	OSTOMY BELT, EACH	10/1/2005	\$7.23	3	NO
N	A4397	IRRIGATION SUPPLY; SLEEVE, EACH	10/1/2005	\$4.00	3	NO
N	A4398	OSTOMY IRRIGATION SUPPLY; BAG, E	10/1/2005	\$13.59	3	NO
N	A4399	OSTOMY IRRIGATION SUPPLY; CONE/C	10/1/2005	\$12.07	3	NO
N	A4400	OSTOMY IRRIGATION SET	4/1/2005	NC	9	NO
N	A4402	LUBRICANT, PER OUNCE	10/1/2005	\$1.57	3	NO
N	A4404	OSTOMY RING, EACH	10/1/2005	\$1.41	3	NO
N	A4421	OSTOMY SUPPLY; MISCELLANEOUS	1/1/1994	\$100.00	3	NO
N	A4454	TAPE, ALL TYPES, ALL SIZES	7/1/2003	INVALID	N	NO
N	A4460	ELASTIC BANDAGE, PER ROLL (EG; C	7/1/2003	INVALID	N	NO
N	A4465	NONELASTIC BINDER FOR EXREMITY	10/1/2000	\$21.63	3	NO
N	A4470	GRAVLEE JET WASHER	10/1/2001	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	A4480	VABRA ASPIRATOR	10/1/2001	NC	9	NO
N	A4490	SURGICAL STOCKING ABOVE KNEE LEN	4/1/2003	NC	9	NO
N	A4495	SURGICAL STOCKING THIGH LENGTH,	4/1/2003	NC	9	NO
N	A4500	SURGICAL STOCKING BELOW KNEE LEN	1/1/2003	NC	9	NO
N	A4510	SURGICAL STOCKING FULL-LENGTH, E	1/1/2003	NC	9	NO
N	A4550	SURGICAL TRAYS	10/1/2000	\$27.04	3	NO
N	A4565	SLINGS	10/1/2000	\$10.82	3	NO
N	A4570	SPLINT	7/1/2002	NC	9	NO
N	A4572	RIB BELT	7/1/2003	INVALID	N	NO
N	A4580	CAST SUPPLIES (EG; PLASTER)	7/1/2002	NC	9	NO
N	A4590	SPECIAL CASTING MATERIAL (E.G.,F	7/1/2002	NC	9	NO
N	A4621	TRACHEOTOMY MASK OR COLLAR	4/1/2004	INVALID	N	NO
N	A4622	TRACHEOSTOMY OR LARYNGECTOMY TUB	4/1/2004	INVALID	N	NO
N	A4649	SURGICAL SUPPLY; MISCELLANEOUS	#####	\$0.01	5	NO
N	A4712	WATER, STERILE, FOR INJECTION, P	4/1/2004	INVALID	N	NO
N	A4750	BLOOD TUBING, ARTERIAL OR VENOUS	1/1/2004	NC	9	NO
N	A5051	OSTOMY POUCH, CLOSED; WITH BARRI	10/1/2005	\$2.06	3	NO
N	A5052	OSTOMY POUCH, CLOSED; WITHOUT BA	10/1/2005	\$1.49	3	NO
N	A5053	OSTOMY POUCH, CLOSED; FOR USE ON	10/1/2005	\$1.71	3	NO
N	A5054	OSTOMY POUCH, CLOSED; FOR USE ON	10/1/2005	\$1.66	3	NO
N	A5055	STOMA CAP	10/1/2005	\$1.41	3	NO
N	A5062	OSTOMY POUCH, DRAINABLE; WITHOUT	10/1/2005	\$2.06	3	NO
N	A5063	OSTOMY POUCH, DRAINABLE; FOR USE	10/1/2005	\$2.14	3	NO
N	A5064	POUCH, DRAINABLE; WITH FACEPLATE	4/1/2002	INVALID	N	NO
N	A5071	OSTOMY POUCH, URINARY; WITH BARR	10/1/2005	\$3.64	3	NO
N	A5072	OSTOMY POUCH, URINARY; WITHOUT B	10/1/2005	\$3.45	3	NO
N	A5073	OSTOMY POUCH, URINARY; FOR USE O	10/1/2005	\$3.14	3	NO
N	A5074	POUCH, URINARY; WITH FACEPLATE A	4/1/2002	INVALID	N	NO
N	A5075	POUCH, URINARY; FOR USE ON FACEP	4/1/2002	INVALID	N	NO
N	A5081	CONTINENT DEVICE; PLUG FOR CONTI	10/1/2005	\$2.76	3	NO
N	A5082	CONTINENT DEVICE; CATHETER FOR C	10/1/2005	\$9.99	3	NO
N	A5093	OSTOMY ACCESSORY; CONVEX INSERT	10/1/2005	\$1.63	3	NO
N	A5102	BEDSIDE DRAINAGE BOTTLE, WITH OR	10/1/2005	\$21.78	3	NO
N	A5105	URINARY SUSPENSORY; WITH LEG BAG	10/1/2005	\$33.43	3	NO
N	A5112	URINARY LEG BAG; LATEX	10/1/2005	\$33.40	3	NO
N	A5119	SKIN BARRIER; WIPES OR SWABS, PE	1/1/2006	INVALID	N	NO
N	A5123	SKIN BARRIER; WITH FLANGE (SOLID	7/1/2003	INVALID	N	NO
N	B4081	NASOGASTRIC TUBING WITH SYLET	10/1/2000	\$19.85	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	B4082	NASOGASTRIC TUBING WITHOUT STYLE	10/1/2000	\$15.03	3	NO
N	B4083	STOMACH TUBE - LEVINE TYPE	10/1/2000	\$2.23	3	NO
N	B4084	GASTROSTOMY/JEJUNOSTOMY TUBING	4/1/2002	INVALID	N	NO
N	D1203	TOPICAL APPLICATION OF FLUORIDE	10/1/2000	\$12.73	3	NO
N	D1204	TOPICAL APPLICATION OF FLUORIDE	10/1/2003	\$12.73	3	NO
N	E0100	CANE, INCLUDES CANES OF ALL MATE	10/1/2005	\$20.39	3	NO
N	E0105	CANE, QUAD OR THREE-PRONG, INCLU	10/1/2005	\$48.35	3	NO
N	E0110	CRUTCHES, FOREARM, INC CRUTCHES	10/1/2005	\$76.38	3	NO
N	E0111	CRUTCH, FOREARM, INC CRUTCHES OF	10/1/2005	\$52.43	3	NO
N	E0112	CRUTCHES, UNDERARM, WOOD, ADJUST	10/1/2005	\$36.42	3	NO
N	E0113	CRUTCH, UNDERARM, WOOD, ADJUSTAB	10/1/2005	\$20.79	3	NO
N	E0114	CRUTCHES, UNDERARM, OTHER THAN W	10/1/2005	\$46.45	3	NO
N	E0116	CRUTCH, UNDERARM, OTHER THAN WOO	10/1/2005	\$27.31	3	NO
N	E0191	HEEL OR ELBOW PROTECTOR, EACH	10/1/2005	\$8.36	3	NO
N	E0602	BREAST PUMP, MANUAL, ANY TYPE	10/1/2005	\$15.48	3	NO
N	E1399	DURABLE MEDICAL EQUIPMENT, MISCE	11/1/2001	\$0.01	5	NO
N	G0001	ROUTINE VENIPUNCTURE FOR COLLECT	1/1/2005	INVALID	N	NO
N	G0002	OFFICE PROCEDURE, INSERTION OF T	7/1/2003	INVALID	N	NO
N	G0008	ADMINISTRATION OF INFLUENZA VIRU	2/15/2000	NC	9	NO
N	G0009	ADMINISTRATION OF PNEUMOCOCCAL V	2/15/2000	NC	9	NO
N	G0010	ADMINISTRATION OF HEPATITIS B VA	2/15/2000	NC	9	NO
N	G0101	CERVICAL OR VAGINAL CANCER SCREE	10/1/2005	\$25.69	3	NO
N	G0104	COLORECTAL CANCER SCREENING; FLE	10/1/2005	\$85.89	3	NO
N	G0108	DIABETES OUTPATIENT SELF-MANAGEM	10/1/2005	\$21.80	3	NO
N	G0109	DIABETES OUTPATIENT SELF-MANAGEM	#####	NC	9	NO
N	G0123	SCREENING CYTOPATHOLOGY, CERVICA	11/1/2003	\$20.95	3	NO
N	G0124	SCREENING CYTOPATHOLOGY, CERVICA	10/1/2005	\$15.31	3	NO
N	G0127	TRIMMING OF DYSTROPHIC NAILS, AN	1/1/1999	NC	9	NO
N	G0345	INTRAVENOUS INFUSION, HYDRATION;	1/1/2006	INVALID	N	NO
N	G0346	EACH ADDITIONAL HOUR, UP TO EIGH	1/1/2006	INVALID	N	NO
N	G0347	INTRAVENOUS INFUSION, FOR THERAP	1/1/2006	INVALID	N	NO
N	G0348	EACH ADDITIONAL HOUR, UP TO EIGH	1/1/2006	INVALID	N	NO
N	G0349	ADDITIONAL SEQUENTIAL INFUSION,	1/1/2006	INVALID	N	NO
N	G0350	CONCURRENT INFUSIN REPORT ONLY O	1/1/2006	INVALID	N	NO
N	G0351	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
N	G0353	INTRAVENOUS PUSH, SINGLE OR INIT	1/1/2006	INVALID	N	NO
N	G0354	EACH ADDITIONAL SEQUENTIAL INTRA	1/1/2006	INVALID	N	NO
N	G0355	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2006	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	G0356	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2006	INVALID	N	NO
N	G0357	INTRAVENOUS, PUSH TECHNIQUE, SIN	1/1/2006	INVALID	N	NO
N	G0358	INTRAVENOUS, PUSH TECHNIQUE, EAC	1/1/2006	INVALID	N	NO
N	G0359	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
N	G0360	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
N	G0361	INITIATION OF PROLONGED CHEMOTHE	1/1/2006	INVALID	N	NO
N	G0362	EACH ADDITIONAL SEQUENTIAL INFUS	1/1/2006	INVALID	N	NO
N	G0363	IRRIGATION OF IMPLANTED VENOUS A	1/1/2006	INVALID	N	NO
N	G0364	BONE MARROW ASPIRATION PERFORMED	7/14/2005	\$8.82	3	NO
N	G0375	SMOKING AND TOBACCO USE CESSATIO	1/1/2006	\$10.00	3	NO
N	G0376	SMOKING AND TOBACCO USE CESSATIO	1/1/2006	\$0.01	5	NO
N	G9001	COORDINATED CARE FEE (MCM INITIA	4/1/2003	\$22.93	3	NO
N	G9002	COORDINATED CARE FEE (MCM FULL C	4/1/2003	\$70.00	3	NO
N	G9003	COORDINATED CARE FEE, RISK ADJUS	1/1/2003	\$0.01	P	NO
N	G9004	COORDINATED CARE FEE, RISK ADJUS	1/1/2003	\$0.01	P	NO
N	G9005	COORDINATED CARE FEE, (MCM FULL-	4/1/2003	\$120.00	3	NO
N	G9006	COORDINATED CARE FEE (MCM-HOME/E	4/1/2003	\$40.00	3	NO
N	G9009	COORDINATED CARE FEE (MCM-PARTIA	4/1/2003	\$35.00	3	NO
N	G9010	COORDINATED CARE FEE (MCM-PARTIA	4/1/2003	\$60.00	3	NO
N	G9011	COORDINATED CARE FEE (MCM-TELEPH	4/1/2003	\$10.00	3	NO
N	G9012	COORDINATED CARE FEE (MCM-CASE M	4/1/2003	\$40.00	3	NO
N	G9016	SMOKING CESSATION COUNSELING, IN	4/1/2001	\$10.00	3	NO
N	J0120	INJECTION, TETRACYCLINE, UP TO 2	2/13/2006	\$0.01	5	NO
N	J0130	INJECTION ABCISIMAB, 10 MG (REOP	1/23/2006	\$658.05	3	NO
N	J0150	INJECTION, ADENOSINE FOR THERAPE	10/1/2002	\$40.94	3	NO
N	J0151	INJECTION, ADENOSINE, 90 MG (NOT	4/1/2004	INVALID	N	NO
N	J0170	INJECTION, ADRENALIN, EPINEPHRIN	1/23/2006	\$2.88	3	NO
N	J0190	INJECTION, BIPERIDEN LACTATE, PE	3/7/2005	\$1.38	3	NO
N	J0205	INJECTION, ALGLUCERASE, PER 10 U	5/24/2001	\$39.50	3	NO
N	J0207	INJECTION, AMIFOSTINE, 500 MG (E	1/23/2006	\$558.03	3	NO
N	J0210	INJECTION, METHYLDOPATE HCL, UP	11/1/2003	\$12.50	3	NO
N	J0256	INJECTION, ALPHA 1-PROTEINASE IN	3/7/2005	\$3.50	3	NO
N	J0270	INJECTION, ALPROSTADIL, PER 1.25	3/26/2003	\$0.56	3	NO
N	J0280	INJECTION, AMINOPHYLLIN, UP TO 2	6/1/2003	\$3.80	3	NO
N	J0285	INJECTION, AMPHOTERICIN B, 50 MG	1/23/2006	\$19.50	3	NO
N	J0286	INJECTION, AMPHOTERICIN B, ANY L	7/1/2003	INVALID	N	NO
N	J0290	INJECTION, AMPICILLIN, UP TO 500	3/1/2003	\$4.37	3	NO
N	J0295	INJECTION, AMPICILLIN SODIUM/SUL	1/23/2006	\$9.05	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J0300	INJECTION, AMO BARBITAL, UP TO 12	4/1/2003	\$3.06	3	NO
N	J0330	INJECTION, SUCCINYLCHOLINE CHLOR	3/7/2005	\$2.00	3	NO
N	J0340	INJECTION, NANDROLONE PHENPROPIO	4/1/2002	INVALID	N	NO
N	J0350	INJECTION, ANISTREPLASE, PER 30	7/25/2005	NC	9	NO
N	J0360	INJECTION, HYDRALAZINE HCL, UP T	1/1/2000	\$18.75	3	NO
N	J0380	INJECTION, METARAMINOL BITARTRAT	#####	\$1.33	3	NO
N	J0390	INJECTION, CHLOROQUINE HCL, UP T	2/13/2006	\$0.01	5	NO
N	J0395	INJECTION, ARBUTAMINE HCL, 1 MG	2/13/2006	\$0.01	5	NO
N	J0400	INJECTION, TRIMETHAPHAN CAMSYLAT	4/1/2002	INVALID	N	NO
N	J0460	INJECTION, ATROPINE SULFATE, UP	1/30/2006	\$2.25	3	NO
N	J0470	INJECTION, DIMERCAPROL, PER 100	3/7/2005	\$28.66	3	NO
N	J0475	INJECTION, BACLOFEN, 10 MG (LIOR	1/23/2006	\$240.00	3	NO
N	J0476	INJECTION, BACLOFEN, 50 MCG FOR	11/1/2003	\$84.00	3	NO
N	J0500	INJECTION, DICYCLOMINE HCL, UP T	#####	\$21.74	3	NO
N	J0510	INJECTION, BENZQUINAMIDE HCL, UP	4/1/2002	INVALID	N	NO
N	J0515	INJECTION, BENZTROPINE MESYLATE,	3/7/2005	\$4.27	3	NO
N	J0520	INJECTION, BETHANECHOL CHLORIDE,	2/13/2006	\$0.01	5	NO
N	J0530	INJECTION, PENICILLIN G BENZATHI	7/18/2005	\$17.39	3	NO
N	J0540	INJECTION, PENICILLIN G BENZATHI	1/23/2006	\$18.60	3	NO
N	J0550	INJECTION, PENICILLIN G BENZATHI	7/18/2005	\$18.28	3	NO
N	J0560	INJECTION, PENICILLIN G BENZATHI	1/23/2006	\$26.95	3	NO
N	J0570	INJECTION, PENICILLIN G BENZATHI	1/23/2006	\$46.68	3	NO
N	J0580	INJECTION, PENICILLIN G BENZATHI	1/23/2006	\$95.64	3	NO
N	J0585	BOTULINUM TOXIN TYPE A, PER UNIT	1/23/2006	\$6.06	3	NO
N	J0590	INJECTION, ETHYLNOREPINEPHRINE H	4/1/2002	INVALID	N	NO
N	J0600	INJECTION, EDETATE CALCIUM DISOD	6/1/2003	\$48.35	3	NO
N	J0610	INJECTION, CALCIUM GLUCONATE, PE	#####	\$1.00	3	NO
N	J0620	INJECTION, CALCIUM GLYCEROPHOSPH	1/23/2006	\$13.04	3	NO
N	J0630	INJECTION, CALCITONIN-SALMON, UP	1/23/2006	\$49.04	3	NO
N	J0635	INJECTION, CALCITRIOL, 1 MCG AMP	7/1/2003	INVALID	N	NO
N	J0640	INJECTION, LEUCOVORIN CALCIUM, P	6/14/2004	\$3.75	3	NO
N	J0670	INJECTION, MEPIVACAINE HCL, PER	#####	\$6.36	3	NO
N	J0690	INJECTION, CEFAZOLIN SODIUM, UP	1/31/2005	\$2.25	3	NO
N	J0694	INJECTION, CEFOTAXIN SODIUM, 1 G	6/1/2003	\$11.41	3	NO
N	J0695	INJECTION, CEFONICID SODIUM, 1 G	4/1/2002	INVALID	N	NO
N	J0696	INJECTION, CEFTRIAZONE SODIUM, P	5/1/2002	\$17.73	3	NO
N	J0698	CEFOTAXIME SODIUM, PER G (CLAFOR	6/1/2003	\$10.60	3	NO
N	J0702	INJECTION, BETAMETHASONE ACETATE	1/23/2006	\$3.13	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J0704	INJECTION, BETAMETHASONE SODIUM	6/7/2004	\$4.28	3	NO
N	J0710	INJECTION, CEPHAPIRIN SODIUM, UP	2/13/2006	\$0.01	5	NO
N	J0713	INJECTION, CEFTAZIDIME, PER 500	1/30/2006	\$7.41	3	NO
N	J0715	INJECTION, CEFTIZOXIME SODIUM, P	1/17/2005	\$6.41	3	NO
N	J0720	INJECTION, CHLORAMPHENICOL SODIU	4/4/2005	\$22.75	3	NO
N	J0725	INJECTION, CHORIONIC GONADOTROPI	6/1/2003	\$4.86	3	NO
N	J0730	INJECTION, CHLORPHENIRAMINE MALE	4/1/2002	INVALID	N	NO
N	J0735	INJECTION, CLONIDINE HCL, 1 MG (	1/30/2006	\$80.66	3	NO
N	J0743	INJECTION, CILASTATIN SODIUM IMI	1/23/2006	\$20.64	3	NO
N	J0745	INJECTION, CODEINE PHOSPHATE, PE	7/11/2005	\$0.56	3	NO
N	J0760	INJECTION, COLCHICINE, PER 1 MG	3/18/2002	\$7.75	3	NO
N	J0770	INJECTION, COLISTIMETHATE SODIUM	1/23/2006	\$71.05	3	NO
N	J0780	INJECTION, PROCHLORPERAZINE, UP	6/28/2004	\$9.62	3	NO
N	J0800	INJECTION, CORTICOTROPIN, UP TO	1/23/2006	\$140.05	3	NO
N	J0810	INJECTION, CORTISONE ACETATE, UP	4/1/2002	INVALID	N	NO
N	J0835	INJECTION, COSYNTROPIN, PER 0.25	8/1/2004	\$88.83	3	NO
N	J0850	INJECTION, CYTOMEGALOVIRUS IMMUN	1/23/2006	\$944.21	3	NO
N	J0880	INJECTION, DARBEPOETIN ALFA, 5 M	1/1/2006	INVALID	N	NO
N	J0895	INJECTION, DEFEROXAMINE MESYLATE	1/23/2006	\$23.00	3	NO
N	J0900	INJECTION, TESTOSTERONE ENANTHAT	6/28/2004	\$1.72	3	NO
N	J0945	INJECTION, BROMPHENIRAMINE MALEA	5/24/2001	\$1.67	3	NO
N	J0970	INJECTION, ESTRADIOL VALERATE, U	1/23/2006	\$36.31	3	NO
N	J1000	INJECTION, DEPO-ESTRADIOL CYPION	1/23/2006	\$6.76	3	NO
N	J1020	INJECTION, METHYLPREDNISOLONE AC	1/23/2006	\$3.58	3	NO
N	J1030	INJECTION, METHYLPREDNISOLONE AC	1/23/2006	\$8.54	3	NO
N	J1040	INJECTION, METHYLPREDNISOLONE AC	1/23/2006	\$14.81	3	NO
N	J1050	INJECTION, MEDROXYPROGESTERONE A	7/1/2003	INVALID	N	NO
N	J1055	INJECTION, MEDROXYPROGESTERONE A	1/23/2006	\$65.54	3	NO
N	J1056	INJECTION, MEDROXYPROGESTERONE A	#####	NC	9	NO
N	J1060	INJECTION, TESTOSTERONE CYPIONAT	6/13/2005	\$0.01	5	NO
N	J1070	INJECTION, TESTOSTERONE CYPIONAT	1/23/2006	\$6.57	3	NO
N	J1080	INJECTION, TESTOSTERONE CYPIONAT	#####	\$28.74	3	NO
N	J1090	INJECTION, TESTOSTERONE CYPIONAT	4/1/2002	INVALID	N	NO
N	J1095	INJECTION, DEXAMEHTASONE ACETATE	7/1/2003	INVALID	N	NO
N	J1100	INJECTION, DEXAMETHASONE SODIUM	6/13/2005	\$0.34	3	NO
N	J1110	INJECTION, DIHYDROERGOTAMINE MES	1/31/2005	\$51.04	3	NO
N	J1120	INJECTION, ACETAZOLAMIDE SODIUM,	8/1/2003	\$22.50	3	NO
N	J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	8/1/2003	\$1.88	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J1165	INJECTION, PHENYTOIN SODIUM, PER	7/1/2002	\$1.98	3	NO
N	J1170	INJECTION, HYDROMORPHONE HCL, UP	1/30/2006	\$2.28	3	NO
N	J1180	INJECTION, DYPHYLLINE, UP TO 500	8/1/2001	\$9.49	3	NO
N	J1190	INJECTION, DEXRAZOXANE HCL, PER	8/1/2003	\$256.54	3	NO
N	J1200	INJECTION, DIPHENHYDRAMINE HCL,	7/16/2002	\$3.44	3	NO
N	J1205	INJECTION, CHLOROTHIAZIDE SODIUM	#####	\$15.45	3	NO
N	J1212	INJECTION, DMSO, DIMETHYL SULFOX	5/24/2001	\$60.00	3	NO
N	J1230	INJECTION, METHADONE HCL, UP TO	3/18/2002	\$0.79	3	NO
N	J1240	INJECTION, DIMENHYDRINATE, UP TO	7/11/2005	\$5.94	3	NO
N	J1245	INJECTION, DIPYRIDAMOLE, PER 10	#####	\$29.93	3	NO
N	J1250	INJECTION, DOBUTAMINE HCL, PER 2	7/14/2003	\$12.00	3	NO
N	J1320	INJECTION, AMITRIPTYLINE HCL, UP	2/13/2006	\$0.01	5	NO
N	J1325	INJECTION, EPOPROSTENOL, 0.5 MG	5/9/2005	\$22.25	3	NO
N	J1330	INJECTION, ERGONOVINE MALEATE, U	2/13/2006	\$0.01	5	NO
N	J1362	INJECTION, ERYTHROMYCIN GLUCEPTA	4/1/2002	INVALID	N	NO
N	J1364	INJECTION, ERYTHROMYCIN LACTOBIO	7/18/2005	\$9.01	3	NO
N	J1380	INJECTION, ESTRADIOL VALERATE, U	1/23/2006	\$15.53	3	NO
N	J1390	INJECTION, ESTRADIOL VALERATE, U	1/23/2006	\$21.89	3	NO
N	J1410	INJECTION, ESTROGEN CONJUGATED,	1/23/2006	\$70.56	3	NO
N	J1435	INJECTION, ESTRONE, PER 1 MG(EST	3/18/2002	\$0.20	3	NO
N	J1440	INJECTION, FILGRASTIM (G-CSF), 3	#####	\$238.00	3	NO
N	J1441	INJECTION, FILGRASTIM (G-CSF), 4	#####	\$379.19	3	NO
N	J1455	INJECTION, FOSCARNET SODIUM, PER	1/30/2006	\$14.68	3	NO
N	J1460	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$17.65	3	NO
N	J1470	INJECTION, GAMMA GLOBULIN, INTRA	#####	\$35.30	3	NO
N	J1480	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$52.95	3	NO
N	J1490	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$70.60	3	NO
N	J1500	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$88.25	3	NO
N	J1510	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$105.90	3	NO
N	J1520	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$123.55	3	NO
N	J1530	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$141.20	3	NO
N	J1540	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$158.85	3	NO
N	J1550	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$176.50	3	NO
N	J1560	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$194.15	3	NO
N	J1561	INJECTION, IMMUNE GLOBULIN, INTR	7/1/2003	INVALID	N	NO
N	J1565	INJECTION, RESPIRATORY SYNCYTIAL	10/1/2001	NC	9	NO
N	J1570	INJECTION, GANCICLOVIR SODIUM, 5	1/23/2006	\$49.01	3	NO
N	J1580	INJECTION, GARAMYCIN, GENTAMICIN	6/1/2005	\$6.63	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J1600	INJECTION, GOLD SODIUM THIOMALAT	6/7/2004	\$17.07	3	NO
N	J1610	INJECTION, GLUCAGON HYDROCHLORID	10/6/2003	\$78.13	3	NO
N	J1620	INJECTION, GONADORELIN HYDROCHLO	7/31/2001	\$212.61	3	NO
N	J1626	INJECTION, GRANISETRON HYDROCHLO	6/1/2005	\$19.52	3	NO
N	J1630	INJECTION, HALOPERIDOL, UP TO 5	6/1/2005	\$11.53	3	NO
N	J1631	INJECTION, HALOPERIDOL DECANOATE	6/16/2002	\$42.03	3	NO
N	J1642	INJECTION, HEPARIN SODIUM, (HEPA	5/16/2001	\$2.75	3	NO
N	J1644	INJECTION, HEPARIN SODIUM, PER 1	10/6/2003	\$1.84	3	NO
N	J1645	INJECTION, DALTEPARIN SODIUM, PE	7/18/2005	\$18.84	3	NO
N	J1650	INJECTION, ENOXAPARIN SODIUM, 10	2/21/2005	\$7.43	3	NO
N	J1670	INJECTION, TETANUS IMMUNE GLOBUL	1/31/2005	\$131.25	3	NO
N	J1690	INJECTION, PREDNISOLONE TEBUTATE	4/1/2002	INVALID	N	NO
N	J1700	INJECTION, HYDROCORTISONE ACETAT	4/1/2003	\$0.24	3	NO
N	J1710	INJECTION, HYDROCORTISONE SODIUM	2/13/2006	\$0.01	5	NO
N	J1720	INJECTION, HYDROCORTISONE SODIUM	1/23/2006	\$2.54	3	NO
N	J1730	INJECTION, DIAZOXIDE, UP TO 300	10/8/2003	\$129.40	3	NO
N	J1739	INJECTION, HYDROXYPROGESTERONE C	4/1/2002	INVALID	N	NO
N	J1741	INJECTION, HYDROXYPROGESTERONE C	4/1/2002	INVALID	N	NO
N	J1742	INJECTION, IBUTILIDE FUMARATE, 1	1/23/2006	\$321.80	3	NO
N	J1750	INJECTION, IRON DEXTRAN, 50 MG (	1/1/2006	INVALID	N	NO
N	J1785	INJECTION, IMIGLUCERASE, PER UNI	6/6/2005	\$4.63	3	NO
N	J1790	INJECTION, DROPERIDOL, UP TO 5 M	#####	\$4.25	3	NO
N	J1800	INJECTION, PROPRANOLOL HCL, UP T	7/18/2005	\$9.69	3	NO
N	J1810	INJECTION, DROPERIDOL AND FENTAN	5/24/2001	\$23.14	3	NO
N	J1820	INJECTION, INSULIN, UP TO 100 UN	7/1/2003	INVALID	N	NO
N	J1825	INJECTION, INTERFERON BETA-1A, 3	1/23/2006	\$398.44	3	NO
N	J1830	INTERFERON BETA-1B, PER 0.25 MG	1/31/2005	\$87.37	3	NO
N	J1840	INJECTION, KANAMYCIN SULFATE, UP	1/23/2006	\$6.57	3	NO
N	J1850	INJECTION, KANAMYCIN SULFATE, UP	6/23/2000	\$3.50	3	NO
N	J1885	INJECTION, KETOROLAC TROMETHAMIN	6/6/2005	\$4.57	3	NO
N	J1890	INJECTION, CEPHALOTHIN SODIUM, U	7/11/2005	\$0.01	5	NO
N	J1910	INJECTION, KUTAPRESSIN, UP TO 2	4/1/2004	INVALID	N	NO
N	J1930	INJECTION, PROPIOMAZINE, UP TO 2	4/1/2002	INVALID	N	NO
N	J1940	INJECTION, FUROSEMIDE, UP TO 20	5/16/2001	\$2.89	3	NO
N	J1950	INJECTION, LEUPROLIDE ACETATE (F	#####	\$614.09	3	NO
N	J1955	INJECTION, LEVOCARNITINE, PER 1	9/1/2001	\$40.00	3	NO
N	J1956	INJECTION, LEVOFLOXACIN, 250 MG	#####	\$22.83	3	NO
N	J1960	INJECTION, LEVORPHANOL TARTRATE,	1/30/2006	\$4.54	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J1970	INJECTION, METHOTRIMEPRAZINE, UP	4/1/2002	INVALID	N	NO
N	J1980	INJECTION, HYOSCYAMINE SULFATE,	#####	\$11.05	3	NO
N	J1990	INJECTION, CHLORDIAZEPOXIDE HCL,	4/16/2001	\$26.31	3	NO
N	J2000	INJECTION, LIDOCAINE HCL, 50 CC	4/1/2004	INVALID	N	NO
N	J2010	INJECTION, LINCOMYCIN HCL, UP TO	1/23/2006	\$5.80	3	NO
N	J2060	INJECTION, LORAZEPAM, 2 MG (ATIV	7/25/2005	\$9.70	3	NO
N	J2150	INJECTION, MANNITOL, 25% IN 50 M	1/30/2006	\$3.56	3	NO
N	J2175	INJECTION, MEPERIDINE HCL, PER 1	1/30/2006	\$1.08	3	NO
N	J2180	INJECTION, MEPERIDINE AND PROMET	7/11/2005	\$0.01	5	NO
N	J2210	INJECTION, METHYLERGONOVINE MALE	1/23/2006	\$5.59	3	NO
N	J2240	INJECTION, METOCURINE IODIDE, UP	4/1/2002	INVALID	N	NO
N	J2250	INJECTION, MIDAZOLAM HCL, PER 1	6/6/2005	\$0.71	3	NO
N	J2260	INJECTION, MILRINONE LACTATE, 5	#####	\$49.40	3	NO
N	J2270	INJECTION, MORPHINE SULFATE, UP	5/16/2002	\$5.26	3	NO
N	J2271	INJECTION, MORPHINE SULFATE, 100	5/1/2001	\$9.44	3	NO
N	J2275	INJECTION, MORPHINE SULFATE (PRE	7/18/2005	\$12.01	3	NO
N	J2300	INJECTION, NALBUPHINE HCL, PER 1	8/1/2002	\$3.59	3	NO
N	J2310	INJECTION, NALOXONE HCL, PER 1 M	8/1/2003	\$10.59	3	NO
N	J2320	INJECTION, NANDROLONE DECANOATE,	6/6/2005	\$4.04	3	NO
N	J2321	INJECTION, NANDROLONE DECANOATE,	6/6/2005	\$8.07	3	NO
N	J2322	INJECTION, NANDROLONE DECANOATE,	6/6/2005	\$17.00	3	NO
N	J2330	INJECTION, THIOTHIXENE, UP TO 4	4/1/2002	INVALID	N	NO
N	J2350	INJECTION, NIACINAMIDE, NIACIN,	4/1/2002	INVALID	N	NO
N	J2355	INJECTION, OPRELVEKIN, 5 MG (NEU	6/13/2005	\$306.00	3	NO
N	J2360	INJECTION, ORPHENADRINE CITRATE,	#####	\$22.50	3	NO
N	J2370	INJECTION, PHENYLEPHRINE HCL, UP	6/13/2005	\$4.15	3	NO
N	J2400	INJECTION, CHLOROPROCAINE HCL, P	1/31/2005	\$2.19	3	NO
N	J2405	INJECTION, ONDANSETRON HCL, PER	#####	\$6.68	3	NO
N	J2410	INJECTION, OXYMORPHONE HCL, UP T	6/13/2005	\$3.26	3	NO
N	J2440	INJECTION, PAPAVERINE HCL, UP TO	6/13/2005	\$3.37	3	NO
N	J2460	INJECTION, OXYTETRACYCLINE HCL,	7/11/2003	\$0.93	3	NO
N	J2469	INJECTION, PALONOSETRON HCL, 25	#####	\$35.76	3	NO
N	J2480	INJECTION, HYDROCHLORIDES OF OPI	4/1/2002	INVALID	N	NO
N	J2505	INJECTION, PEGFILGRASTIM, 6 MG (	#####	\$3,351.25	3	NO
N	J2510	INJECTION, PENICILLIN G PROCAINE	#####	\$12.36	3	NO
N	J2512	INJECTION, PENTAGASTRIN, PER 2 M	4/1/2002	INVALID	N	NO
N	J2515	INJECTION, PENTOBARBITAL SODIUM,	1/30/2006	\$7.34	3	NO
N	J2540	INJECTION, PENICILLIN G POTASSIU	6/7/2004	\$7.79	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J2543	INJECTION, PIPERACILLIN SODIUM/T	#####	\$6.22	3	NO
N	J2545	PENTAMIDINE ISETHIONATE, INHALAT	6/16/2002	\$114.82	3	NO
N	J2550	INJECTION, PROMETHAZINE HCL, UP	#####	\$6.86	3	NO
N	J2560	INJECTION, PHENOBARBITAL SODIUM,	1/30/2006	\$7.16	3	NO
N	J2590	INJECTION, OXYTOCIN, UP TO 10 UN	1/23/2006	\$4.69	3	NO
N	J2597	INJECTION, DESMOPRESSIN ACETATE,	1/23/2006	\$8.23	3	NO
N	J2640	INJECTION, PREDNISOLONE SODIUM P	4/1/2002	NC	9	NO
N	J2650	INJECTION, PREDNISOLONE ACETATE,	7/11/2005	\$1.18	3	NO
N	J2670	INJECTION, TOLAZOLINE HCL, UP TO	7/1/2005	\$0.01	5	NO
N	J2675	INJECTION, PROGESTERONE, PER 50	1/1/2003	\$4.45	3	NO
N	J2680	INJECTION, FLUPHENAZINE DECANOAT	6/13/2005	\$5.00	3	NO
N	J2690	INJECTION, PROCAINAMIDE HCL, UP	1/30/2006	\$3.68	3	NO
N	J2700	INJECTION, OXACILLIN SODIUM, UP	1/31/2005	\$1.87	3	NO
N	J2710	INJECTION, NEOSTIGMINE METHYLSUL	7/25/2005	\$0.89	3	NO
N	J2720	INJECTION, PROTAMINE SULFATE, PE	6/13/2005	\$1.60	3	NO
N	J2725	INJECTION, PROTIRELIN, PER 250 M	8/1/2001	\$25.68	3	NO
N	J2730	INJECTION, PRALIDOXIME CHLORIDE,	8/1/2001	\$108.38	3	NO
N	J2760	INJECTION, PHENTOLAMINE MESYLATE	5/16/2000	\$35.00	3	NO
N	J2765	INJECTION, METOCLOPRAMIDE HCL, U	6/21/2004	\$1.34	3	NO
N	J2788	INJECTION, RHO D IMMUNE GLOBULIN	7/18/2005	\$38.13	3	NO
N	J2790	INJECTION, RHO D IMMUNE GLOBULIN	7/26/2002	\$126.14	3	NO
N	J2792	INJECTION, RHO D IMMUNE GLOBULIN	#####	\$23.67	3	NO
N	J2800	INJECTION, METHOCARBAMOL, UP TO	1/23/2006	\$17.48	3	NO
N	J2810	INJECTION, THEOPHYLLINE, PER 40	7/25/2005	\$0.01	5	NO
N	J2820	INJECTION, SARGRAMOSTIM (GM-CSF)	1/30/2006	\$33.91	3	NO
N	J2860	INJECTION, SECOBARBITAL SODIUM,	4/1/2002	INVALID	N	NO
N	J2910	INJECTION, AUROTHIOGLUCOSE, UP T	2/13/2006	\$0.01	5	NO
N	J2912	INJECTION, SODIUM CHLORIDE, 0.9%	3/1/2003	\$1.26	3	NO
N	J2920	INJECTION, METHYLPREDNISOLONE SO	6/13/2005	\$5.85	3	NO
N	J2930	INJECTION, METHYLPREDNISOLONE SO	6/13/2005	\$4.66	3	NO
N	J2950	INJECTION, PROMAZINE HCL, UP TO	5/24/2001	\$0.48	3	NO
N	J2970	INJECTION, METHICILLIN SODIUM, U	4/1/2002	INVALID	N	NO
N	J2995	INJECTION, STREPTOKINASE, PER 25	7/25/2005	\$93.75	3	NO
N	J3000	INJECTION, STREPTOMYCIN, UP TO 1	6/21/2004	\$9.75	3	NO
N	J3010	INJECTION, FENTANYL CITRATE, 0.1	6/13/2005	\$2.25	3	NO
N	J3030	INJECTION, SUMATRIPTAN SUCCINATE	1/23/2006	\$69.51	3	NO
N	J3070	INJECTION, PENTAZOCINE, 30 MG (T	7/25/2005	\$8.68	3	NO
N	J3080	INJECTION, CHLORPROTHIXENE, UP T	4/1/2002	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J3105	INJECTION, TERBUTALINE SULFATE,	1/30/2006	\$32.49	3	NO
N	J3120	INJECTION, TESTOSTERONE ENANTHAT	6/14/2004	\$14.21	3	NO
N	J3130	INJECTION, TESTOSTERONE ENANTHAT	2/7/2005	\$28.43	3	NO
N	J3140	INJECTION, TESTOSTERONE SUSPENS	7/5/2004	\$0.62	3	NO
N	J3150	INJECTION, TESTOSTERONE PROPIONA	7/1/2005	\$0.01	5	NO
N	J3230	INJECTION, CHLORPROMAZINE HCL, U	#####	\$12.91	3	NO
N	J3240	INJECTION, THYROTROPIN ALPHA, 0.	1/23/2006	\$906.25	3	NO
N	J3250	INJECTION, TRIMETHOBENZAMIDE HCL	6/16/2002	\$3.30	3	NO
N	J3260	INJECTION, TOBRAMYCIN SULFATE, U	1/23/2006	\$2.48	3	NO
N	J3265	INJECTION, TORSEMIDE, 10 MG/ML (	1/31/2005	\$3.65	3	NO
N	J3270	INJECTION, IMIPRAMINE HCL, UP TO	4/1/2002	INVALID	N	NO
N	J3280	INJECTION, THIETHYLPERAZINE MALE	2/13/2006	\$0.01	5	NO
N	J3301	INJECTION, TRIAMCINOLONE ACETONI	6/16/2002	\$2.06	3	NO
N	J3302	INJECTION, TRIAMCINOLONE DIACETA	8/1/2001	\$0.93	3	NO
N	J3303	INJECTION, TRIAMCINOLONE HEXACET	1/17/2005	\$3.24	3	NO
N	J3305	INJECTION, TRIMETREXATE GLUCORON	7/18/2005	\$176.55	3	NO
N	J3310	INJECTION, PERPHENAZINE, UP TO 5	2/13/2006	\$0.01	5	NO
N	J3320	INJECTION, SPECTINOMYCIN HCL, UP	#####	\$35.48	3	NO
N	J3350	INJECTION, UREA, UP TO 40 G (URE	2/13/2006	\$0.01	5	NO
N	J3360	INJECTION, DIAZEPAM, UP TO 5 MG	2/16/2001	\$3.81	3	NO
N	J3364	INJECTION, UROKINASE, 5000 IU VI	6/7/2004	\$10.80	3	NO
N	J3365	INJECTION, IV, UROKINASE, 250,00	6/28/2004	\$539.78	3	NO
N	J3370	INJECTION, VANCOMYCIN HCL, UP TO	#####	\$3.94	3	NO
N	J3390	INJECTION, METHOXAMINE, UP TO 20	4/1/2002	INVALID	N	NO
N	J3400	INJECTION, TRIFLUPROMAZINE HCL,	2/13/2006	\$0.01	5	NO
N	J3410	INJECTION, HYDROXYZINE HCL, UP T	1/17/2005	\$2.04	3	NO
N	J3420	INJECTION, VITAMIN B-12 CYANOCOB	11/1/2002	\$4.80	3	NO
N	J3430	INJECTION, PHYTONADIONE (VITAMIN	1/17/2005	\$2.58	3	NO
N	J3450	INJECTION, MEPHENTERMINE SULFATE	4/1/2002	INVALID	N	NO
N	J3470	INJECTION, HYALURONIDASE, UP TO	5/30/2001	\$23.09	3	NO
N	J3475	INJECTION, MAGNESIUM SULFATE, PE	7/11/2005	\$0.53	3	NO
N	J3480	INJECTION, POTASSIUM CHLORIDE, P	2/7/2005	\$0.11	3	NO
N	J3490	UNCLASSIFIED DRUGS	11/1/2004	\$0.01	5	NO
N	J3520	EDETATE DISODIUM, PER 150 MG (EN	1/1/2001	NC	9	NO
N	J3530	NASAL VACCINE INHALATION	1/17/2005	NC	9	NO
N	J3535	DRUG ADMINISTERED THROUGH A METE	1/1/2005	\$0.01	5	NO
N	J3570	LAETRILE, AMYGDALIN, VITAMIN B17	3/1/1989	NC	9	NO
N	J7030	INFUSION, NORMAL SALINE SOLUTION	3/1/2003	\$9.86	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J7040	INFUSION, NORMAL SALINE SOLUTION	1/17/2005	\$2.89	3	NO
N	J7042	5% DEXTROSE/NORMAL SALINE (500 M	1/17/2005	\$1.80	3	NO
N	J7050	INFUSION, NORMAL SALINE SOLUTION	5/16/2001	\$1.95	3	NO
N	J7051	STERILE SALINE OR WATER, UP TO 5	1/1/2006	INVALID	N	NO
N	J7060	5% DEXTROSE/WATER (500 ML = 1 UN	1/31/2005	\$15.00	3	NO
N	J7070	INFUSION, D-5-W, 1000 CC	1/17/2005	\$13.07	3	NO
N	J7100	INFUSION, DEXTRAN 40, 500 ML (GE	5/16/2001	\$26.50	3	NO
N	J7110	INFUSION, DEXTRAN 75, 500 ML (GE	5/16/2001	\$31.25	3	NO
N	J7120	RINGERS LACTATE INFUSION, UP TO	3/1/2003	\$17.32	3	NO
N	J7130	HYPERTONIC SALINE SOLUTION, 50 O	3/1/1989	\$0.01	5	NO
N	J7190	FACTOR VIII (ANTI-HEMOPHILIC FAC	9/1/2001	\$1.23	3	NO
N	J7191	FACTOR VIII (ANTI-HEMOPHILIC FAC	2/1/1999	\$2.20	3	NO
N	J7194	FACTOR IX COMPLEX, PER IU (KONYN	#####	\$0.60	3	NO
N	J7197	ANTITHROMBIN III (HUMAN), PER I.	2/13/2006	\$0.01	5	NO
N	J7300	INTRAUTERINE COPPER CONTRACEPTIV	1/23/2006	\$475.00	3	NO
N	J7302	LEVONOGESTREL-RELEASING INTRAUTE	1/23/2006	\$515.29	3	NO
N	J7304	CONTRACEPTIVE SUPPLY, HORMONE CO	1/1/2005	\$0.01	5	NO
N	J7306	LEVONORGESTREL (CONTRACEPTIVE) I	1/1/2006	NC	9	NO
N	J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING	#####	NC	9	NO
N	J7315	SODIUM HYALURONATE, 20 MG, FOR I	4/1/2002	INVALID	N	NO
N	J7320	HYLAN G-F 20, 16 MG, FOR INTRA A	4/1/2005	NC	9	NO
N	J7500	AZATHIOPRINE, ORAL, 50 MG (IMURA	#####	\$2.50	3	NO
N	J7501	AZATHIOPRINE, PARENTERAL, 100 MG	2/13/2006	\$0.01	5	NO
N	J7502	CYCLOSPORINE, ORAL, 100 MG (NEOR	2/1/2001	\$6.73	3	NO
N	J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTI	1/23/2006	\$381.68	3	NO
N	J7505	MUROMONAB-CD3, PARENTERAL, 5 MG	1/31/2005	\$196.77	3	NO
N	J7506	PREDNISONE, ORAL, PER 5 MG (LIQU	6/16/2002	\$0.31	3	NO
N	J7507	TACROLIMUS, ORAL, PER 1 MG (PROG	1/30/2006	\$4.28	3	NO
N	J7508	TACROLIMUS, ORAL, PER 5 MG (PROG	4/1/2004	INVALID	N	NO
N	J7509	METHYLPREDNISOLONE, ORAL, PER 4	7/16/2002	\$1.13	3	NO
N	J7510	PREDNISOLONE, ORAL, PER 5 MG (DE	5/1/2001	\$0.14	3	NO
N	J7513	DACLIZUMAB, PARENTERAL, 25 MG (Z	#####	\$513.90	3	NO
N	J7515	CYCLOSPORINE, ORAL, 25 MG (NEORA	3/1/2001	\$1.74	3	NO
N	J7516	CYCLOSPORINE, PARENTERAL, 250 MG	1/1/2005	\$29.16	3	NO
N	J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHE	1/1/1996	NC	9	NO
N	J7619	ALBUTEROL, ALL FORMULATIONS INCL	1/1/2005	INVALID	N	NO
N	J7699	NOC DRUGS, INHALATION SOLUTION A	11/1/2004	\$0.01	5	NO
N	J7799	NOC DRUGS, OTHER THAN INHALATION	11/1/2004	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J8498	ANTIEMETIC DRUG, RECTAL/SUPPOSIT	1/1/2006	\$0.01	5	NO
N	J8499	PRESCRIPTION DRUG, ORAL, NON CHE	11/1/2004	\$0.01	5	NO
N	J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG (B	4/1/2001	\$2.26	3	NO
N	J8560	ETOPOSIDE, ORAL, 50 MG (VEPESID)	1/31/2005	\$63.77	3	NO
N	J8600	MELPHALAN, ORAL, 2 MG (ALKERAN)	1/30/2006	\$6.58	3	NO
N	J8610	METHOTREXATE, ORAL, 2.5 MG (RHEU	8/16/2002	\$5.17	3	NO
N	J8999	PRESCRIPTION DRUG, ORAL, CHEMOTH	11/1/2004	\$0.01	5	NO
N	J9000	DOXORUBICIN HCL, 10 MG (ADRIAMYC	1/30/2006	\$46.00	3	NO
N	J9001	DOXORUBICIN HYDROCHLORIDE, ALL L	9/1/2005	\$460.82	3	NO
N	J9010	ALEMTUZUMAB, 10 MG (CAMPATH)	9/1/2005	\$205.10	3	NO
N	J9015	ALDESLEUKIN, PER SINGLE USE VIAL	#####	\$894.38	3	NO
N	J9017	ARSENIC TRIOXIDE, 1 MG (TRISENOX	9/1/2005	\$40.00	3	NO
N	J9020	ASPARAGINASE, 10,000 UNITS (ELSP	9/1/2005	\$65.91	3	NO
N	J9031	BCG LIVE (INTRAVESICAL), PER INS	1/17/2005	\$191.50	3	NO
N	J9035	INJECTION, BEVACIZUMAB, 10 MG (A	9/1/2005	\$68.75	3	NO
N	J9040	BLEOMYCIN SULFATE, 15 UNITS (BLE	9/1/2005	\$309.00	3	NO
N	J9041	INJECTION, BORTEZOMIB, .1 MG (VE	1/23/2006	\$38.39	3	NO
N	J9045	CARBOPLATIN, 50 MG (PARAPLATIN)	1/31/2005	\$170.66	3	NO
N	J9055	INJECTION, CETUXIMAB, 10 MG (ERB	9/1/2005	\$60.00	3	NO
N	J9060	CISPLATIN, POWDER OR SOLUTION, P	9/1/2005	\$48.00	3	NO
N	J9062	CISPLATIN, 50 MG (PLATINOL AQ)	4/1/2004	\$240.02	3	NO
N	J9065	INJECTION, CLADRIBINE, PER 1 MG	#####	\$74.47	3	NO
N	J9070	CYCLOPHOSPHAMIDE, 100 MG (CYTOXA	9/1/2005	\$3.18	3	NO
N	J9080	CYCLOPHOSPHAMIDE, 200 MG (CYTOXA	9/1/2005	\$6.36	3	NO
N	J9090	CYCLOPHOSPHAMIDE, 500 MG (CYTOXA	9/1/2005	\$15.89	3	NO
N	J9091	CYCLOPHOSPHAMIDE, 1 G (CYTOXAN,	9/1/2005	\$28.88	3	NO
N	J9092	CYCLOPHOSPHAMIDE, 2 G (CYTOXAN,	9/1/2005	\$52.50	3	NO
N	J9093	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1	1/30/2006	\$7.46	3	NO
N	J9094	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2	9/1/2005	\$11.76	3	NO
N	J9095	CYCLOPHOSPHAMIDE, LYOPHILIZED, 5	1/30/2006	\$15.80	3	NO
N	J9096	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1	1/30/2006	\$28.45	3	NO
N	J9097	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2	1/30/2006	\$51.20	3	NO
N	J9098	CYTARABINE LIPOSOME, 10 MG	#####	\$91.20	3	NO
N	J9100	CYTARABINE, 100 MG (CYTOSAR-U)	9/1/2005	\$5.00	3	NO
N	J9110	CYTARABINE, 500 MG (CYTOSAR-U)	9/1/2005	\$10.63	3	NO
N	J9120	DACTINOMYCIN, 0.5 MG (COSMEGEN)	#####	\$16.79	3	NO
N	J9130	DACARBAZINE, 100 MG (DTIC-DOME)	9/1/2005	\$11.81	3	NO
N	J9140	DACARBAZINE, 200 MG (DTIC-DOME)	9/1/2005	\$27.73	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J9150	DAUNORUBICIN HCL, 10 MG (CERUBID	9/1/2005	\$88.44	3	NO
N	J9151	DAUNORUBICIN CITRATE, LIPOSOMAL	5/24/2001	\$68.00	3	NO
N	J9160	DENILEUKIN DIFTITOX, 300 MCG (ON	#####	\$1,700.00	3	NO
N	J9165	DIETHYLSTILBESTROL DIPHOSPHATE,	2/13/2006	\$0.01	5	NO
N	J9170	DOCETAXEL, 20 MG (TAXOTERE)	1/23/2006	\$395.81	3	NO
N	J9178	INJECTION, EPIRUBICIN HCL, 2 MG	7/18/2005	\$29.97	3	NO
N	J9181	ETOPOSIDE, 10 MG (VEPESID, TOPOS	9/1/2005	\$14.63	3	NO
N	J9182	ETOPOSIDE, 100 MG (VEPESID, TOPO	9/1/2005	\$146.35	3	NO
N	J9185	FLUDARABINE PHOSPHATE, 50 MG (FL	9/1/2005	\$382.31	3	NO
N	J9190	FLUOROURACIL, 500 MG (ADRUCIL)	1/30/2006	\$6.94	3	NO
N	J9200	FLOXURIDINE, 500 MG (FUDR)	9/1/2005	\$155.00	3	NO
N	J9201	GEMCITABINE HCL, 200 MG (GEMZAR)	#####	\$142.65	3	NO
N	J9202	GOSERELIN ACETATE IMPLANT, PER 3	1/1/1999	\$469.99	3	NO
N	J9206	IRINOTECAN, 20 MG (CAMPTOSAR)	9/1/2005	\$153.42	3	NO
N	J9208	IFOSFAMIDE, PER 1 GM (IFEX)	9/1/2005	\$169.84	3	NO
N	J9209	MESNA, 200 MG (MESNEX)	9/1/2005	\$42.11	3	NO
N	J9211	IDARUBICIN HCL, 5 MG (IDAMYCIN)	7/11/2005	\$491.15	3	NO
N	J9212	INJECTION, INTERFERON ALFACON-1,	#####	\$7.10	3	NO
N	J9213	INTERFERON ALFA-2A, RECOMBINANT,	6/13/2005	\$42.18	3	NO
N	J9214	INTERFERON ALFA-2B, RECOMBINANT,	2/14/2005	\$16.96	3	NO
N	J9215	INTERFERON ALFA-N3, (HUMAN LEUKO	2/13/2006	\$0.01	5	NO
N	J9216	INTERFERON GAMMA-1B, 3 MILLION U	#####	\$368.55	3	NO
N	J9218	LEUPROLIDE ACETATE, PER 1 MG (LU	1/23/2006	\$182.09	3	NO
N	J9219	LEUPROLIDE ACETATE IMPLANT, 65 M	9/1/2005	\$5,684.00	3	NO
N	J9230	MECHLORETHAMINE HCL, (NITROGEN M	#####	\$15.80	3	NO
N	J9245	INJECTION, MELPHALAN HCL, 50 MG	#####	\$1,448.44	3	NO
N	J9250	METHOTREXATE SODIUM, 5 MG (FOLEX	9/1/2005	\$0.69	3	NO
N	J9260	METHOTREXATE SODIUM, 50 MG (FOLE	9/1/2005	\$6.85	3	NO
N	J9263	INJECTION, OXALIPLATIN, 0.5 MG	1/23/2006	\$10.65	3	NO
N	J9264	INJECTION, PACLITAXEL PROTEIN-BO	1/1/2006	\$9.95	3	NO
N	J9265	PACLITAXEL, 30 MG (TAXOL)	9/1/2005	\$175.35	3	NO
N	J9266	PEGASPARGASE, PER SINGLE DOSE VI	7/18/2005	\$1,900.00	3	NO
N	J9268	PENTOSTATIN, PER 10 MG (NIPENT)	9/1/2005	\$2,362.05	3	NO
N	J9270	PLICAMYCIN, 2500 MCG (MITHRACIN)	5/24/2001	\$98.74	3	NO
N	J9280	MITOMYCIN, 5 MG (MUTAMYCIN)	9/1/2005	\$70.00	3	NO
N	J9290	MITOMYCIN, 20 MG (MUTAMYCIN)	#####	\$227.50	3	NO
N	J9291	MITOMYCIN, 40 MG (MUTAMYCIN)	9/1/2005	\$312.50	3	NO
N	J9293	MITOXANTRONE HCL, PER 5 MG (NOVA	#####	\$413.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J9300	GEMTUZUMAB OZOGAMICIN, 5 MG (MYL	1/23/2006	\$2,815.25	3	NO
N	J9305	INJECTION, PEMETREXED, 10 MG (AL	1/23/2006	\$51.22	3	NO
N	J9310	RITUXIMAB, 100 MG (RITUXAN)	1/23/2006	\$568.00	3	NO
N	J9320	STREPTOZOCIN, 1 GM (ZANOSAR)	1/30/2006	\$73.81	3	NO
N	J9340	THIOTEPA, 15 MG (THIOPLEX)	1/23/2006	\$72.50	3	NO
N	J9350	THYTROPAR, THYROID CANCER, 10 UN	1/23/2006	\$1,004.76	3	NO
N	J9355	TRASTUZUMAB, 10 MG (HERCEPTIN)	1/30/2006	\$66.57	3	NO
N	J9357	VALRUBICIN, INTRAVESICAL, 200 MG	2/13/2006	\$0.01	5	NO
N	J9360	VINBLASTINE SULFATE, 1 MG (VELBA	9/1/2005	\$3.31	3	NO
N	J9370	VINCRISTINE SULFATE, 1 MG (ONCOV	#####	\$10.00	3	NO
N	J9375	VINCRISTINE SULFATE 2 MG (ONCOVI	3/1/2003	\$86.46	3	NO
N	J9380	VINCRISTINE SULFATE, 5 MG (ONCOV	9/1/2005	\$158.75	3	NO
N	J9390	VINORELBINE TARTRATE, PER 10 MG	9/1/2005	\$119.53	3	NO
N	J9395	INJECTION, FULVESTRANT, 25 MG	9/1/2005	\$98.37	3	NO
N	J9600	PORFIMER SODIUM, 75 MG, (PHOTOFR	9/1/2005	\$3,014.78	3	NO
N	J9999	NOT OTHERWISE CLASSIFIED, ANTINE	9/1/2005	\$0.01	5	NO
N	L3800	WRIST HAND FINGER ORTHOSIS, SHOR	10/1/2005	\$170.07	3	NO
N	L4350	PNEUMATIC ANKLE CONTROL SPLINT,	10/1/2005	\$64.35	3	NO
N	L5968	ALL LOWER EXTREMITY PROSTHESIS,	10/1/2005	\$2,484.62	3	NO
N	L5975	ALL LOWER EXTREMITY PROSTHESIS,	10/1/2005	\$316.98	3	NO
N	L5988	ALL LOWER EXTREMITY PROSTHESIS,	10/1/2005	\$1,365.89	3	NO
N	L7499	UNLISTED PROCEDURES FOR UPPER EX	1/1/1994	\$0.01	5	NO
N	L8100	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8110	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8120	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8130	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8140	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8150	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8160	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8170	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8180	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8190	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8195	GRADIENT COMPRESSION STOCKING, W	1/1/2006	INVALID	N	NO
N	L8200	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8210	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8220	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8230	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8300	TRUSS, SINGLE WITH STANDARD PAD	10/1/2005	\$72.99	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	L8310	TRUSS, DOUBLE WITH STANDARD PADS	10/1/2005	\$102.24	3	NO
N	L8320	TRUSS, ADDITION TO STANDARD PAD,	10/1/2005	\$38.92	3	NO
N	L8330	TRUSS, ADDITION TO STANDARD PAD,	10/1/2005	\$34.39	3	NO
N	M0064	BREIF OFFICE VISIT FOR THE SOLE	10/1/2005	\$18.68	3	NO
N	M0300	IV CHELATION THERAPY (CHEMICAL	2/1/1994	NC	9	NO
N	P9612	CATHETERIZATION FOR COLLECTION O	11/1/2001	\$2.22	3	NO
N	Q0136	INJECTION, EPOETIN ALPHA, (FOR N	1/1/2006	INVALID	N	NO
N	Q0137	INJECTION, DARBEPOETIN ALFA, 1 M	1/1/2006	INVALID	N	NO
N	Q0160	FACTOR IX (ANTIHEMOPHILIC FACTOR	4/1/2002	INVALID	N	NO
N	Q0161	FACTOR IX (ANTIHEMOPHILIC FACTOR	4/1/2002	INVALID	N	NO
N	Q0163	DIPHENHYDRAMINE HYDROCHLORIDE,	1/31/2005	\$1.13	3	NO
N	Q0164	PROCHLORPERAZINE MALEATE, 5 MG,	#####	\$0.61	3	NO
N	Q0165	PROCHLORPERAZINE MALEASTE, 10 MG	#####	\$1.03	3	NO
N	Q0166	GRANISETRON HYDROCHLORIDE, 1 MG,	#####	\$49.40	3	NO
N	Q0167	DRONABINOL, 2.5 MG, ORAL, FDA AP	#####	\$5.51	3	NO
N	Q0168	DRONABINOL, 5 MG, ORAL, FDA APPR	#####	\$11.47	3	NO
N	Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5	11/1/2002	\$1.16	3	NO
N	Q0170	PROMETHAZINE HYDROCHLORIDE, 25 M	1/31/2005	\$7.22	3	NO
N	Q0171	CHLORPROMAZINE HYDROCHLORIDE, 10	2/13/2006	\$0.01	5	NO
N	Q0172	CHLORPROMAZINE HYDROCHLORIDE, 25	2/13/2006	\$0.01	5	NO
N	Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE,	#####	\$0.99	3	NO
N	Q0174	THIETHYLPERAZINE MALEATE, 10 MG,	1/30/2006	\$0.83	3	NO
N	Q0175	PERPHENZAININE, 4 MG, ORAL, FDA AP	1/31/2005	\$0.62	3	NO
N	Q0176	PERPHENZAININE, 8 MG, ORAL, FDA AP	1/31/2005	\$0.18	3	NO
N	Q0177	HYDROXYZINE PAMOATE, 25 MG, ORAL	9/1/2001	\$1.05	3	NO
N	Q0178	HYDROXYZINE PAMOATE, 50 MG, ORAL	12/1/2001	\$2.86	3	NO
N	Q0179	ONDANSETRON HYDROCHLORIDE, 8 MG,	1/23/2006	\$48.82	3	NO
N	Q0180	DOLASETRON MESYLATE, 100 MG, ORA	1/30/2006	\$93.05	3	NO
N	Q0181	UNSPECIFIED ORAL DOSAGE FORM, FD	6/13/2005	\$0.01	5	NO
N	Q0183	DERMAL TISSUE, OF HUMAN ORIGIN,	1/1/2005	INVALID	N	NO
N	Q0184	DERMAL TISSUE, OF HUMAN ORIGIN,	1/1/2003	INVALID	N	NO
N	Q0185	DERMAL AND EPIDERMAL, TISSUE OF	4/1/2002	INVALID	N	NO
N	Q3025	INJECTION, INTERFERON BETA-1A, 1	1/1/2003	\$89.69	3	NO
N	Q3026	INJECTION, INTERFERON BETA-1A, 1	1/1/2003	\$89.69	3	NO
N	Q4001	CAST SUPPLIES, BODY CAST ADULT,	7/1/2001	\$34.78	3	NO
N	Q4002	CAST SUPPLIES, BODY CAST ADULT,	7/1/2001	\$131.44	3	NO
N	Q4003	CAST SUPPLIES, APPLICATION OF SH	7/1/2001	\$24.98	3	NO
N	Q4004	CAST SUPPLIES, APPLIATION OF SHO	7/1/2001	\$86.48	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	Q4005	CAST SUPPLIES, LONG ARM CAST, AD	7/1/2001	\$9.21	3	NO
N	Q4006	CAST SUPPLIES, LONG ARM CAST, AD	7/1/2001	\$20.76	3	NO
N	Q4007	CAST SUPPLIES, LONG ARM CAST, PE	7/1/2001	\$4.61	3	NO
N	Q4008	CAST SUPPLIES, LONG ARM CAST, PE	7/1/2001	\$10.38	3	NO
N	Q4009	CAST SUPPLIES, SHORT ARM CAST, A	7/1/2001	\$6.14	3	NO
N	Q4010	CAST SUPPLIES, SHORT ARM CAST, A	7/1/2001	\$13.84	3	NO
N	Q4011	CAST SUPPLIES, SHORT ARM CAST, P	7/1/2001	\$3.07	3	NO
N	Q4012	CAST SUPPLIES, SHORT ARM CAST, P	7/1/2001	\$6.92	3	NO
N	Q4013	CAST SUPPLIES, GAUNTLET CAST (IN	7/1/2001	\$11.18	3	NO
N	Q4014	CAST SUPPLIES, GAUNTLET CAST (IN	7/1/2001	\$18.88	3	NO
N	Q4015	CAST SUPPLIES, GAUNTLET CAST (IN	7/1/2001	\$5.59	3	NO
N	Q4016	CAST SUPPLIES, GAUNTLET CAST (IN	7/1/2001	\$9.44	3	NO
N	Q4017	CAST SUPPLIES, LONG ARM SPLINT,	7/1/2001	\$6.47	3	NO
N	Q4018	CAST SUPPLIES, LONG ARM SPLINT,	7/1/2001	\$10.32	3	NO
N	Q4019	CAST SUPPLIES, LONG ARM SPLINT,	7/1/2001	\$3.24	3	NO
N	Q4020	CAST SUPPLIES, LONG ARM SPLINT,	7/1/2001	\$5.16	3	NO
N	Q4021	CAST SUPPLIES, SHORT ARM SPLINT,	7/1/2001	\$4.79	3	NO
N	Q4022	CAST SUPPLIES, SHORT ARM SPLINT,	7/1/2001	\$6.14	3	NO
N	Q4023	CAST SUPPLIES, SHORT ARM SPLINT,	7/1/2001	\$2.40	3	NO
N	Q4024	CAST SUPPLIES, SHORT ARM SPLINT,	7/1/2001	\$4.32	3	NO
N	Q4025	CAST SUPPLIES, HIP SPICA (ONE OR	7/1/2001	\$26.86	3	NO
N	Q4026	CAST SUPPLIES, HIP SPICA (ONE OR	7/1/2001	\$83.85	3	NO
N	Q4027	CAST SUPPLIES, HIP SPICA (ONE OR	7/1/2001	\$13.43	3	NO
N	Q4028	CAST SUPPLIES, HIP SPICA (ONE OR	7/1/2001	\$41.93	3	NO
N	Q4029	CAST SUPPLIES, LONG LEG CAST, AD	7/1/2001	\$20.53	3	NO
N	Q4030	CAST SUPPLIES, LONG LEG CAST, AD	7/1/2001	\$54.05	3	NO
N	Q4031	CAST SUPPLIES, LONG LEG CAST, PE	7/1/2001	\$10.27	3	NO
N	Q4032	CAST SUPPLIES, LONG LEG CAST, PE	7/1/2001	\$27.03	3	NO
N	Q4033	CAST SUPPLIES, LONG LEG CYLINDER	7/1/2001	\$19.15	3	NO
N	Q4034	CAST SUPPLIES, LONG LEG CYLINDER	7/1/2001	\$47.65	3	NO
N	Q4035	CAST SUPPLIES, LONG LEG CYLINDER	7/1/2001	\$9.58	3	NO
N	Q4036	CAST SUPPLIES, LONG LEG CYLINDER	7/1/2001	\$23.83	3	NO
N	Q4037	CAST SUPPLIES, SHORT LEG CAST, A	7/1/2001	\$11.69	3	NO
N	Q4038	CAST SUPPLIES, SHORT LEG CAST, A	7/1/2001	\$29.27	3	NO
N	Q4039	CAST SUPPLIES, SHORT LEG CAST, P	7/1/2001	\$5.85	3	NO
N	Q4040	CAST SUPPLIES, SHORT LEG CAST, P	7/1/2001	\$14.64	3	NO
N	Q4041	CAST SUPPLIES, LONG LEG SPLINT,	7/1/2001	\$14.21	3	NO
N	Q4042	CAST SUPPLIES, LONG LEG SPLINT,	7/1/2001	\$24.25	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	Q4043	CAST SUPPLIES, LONG LEG SPLINT,	7/1/2001	\$7.10	3	NO
N	Q4044	CAST SUPPLIES, LONG LEG SPLINT,	7/1/2001	\$12.13	3	NO
N	Q4045	CAST SUPPLIES, SHORT LEG SPLINT,	7/1/2001	\$8.25	3	NO
N	Q4046	CAST SUPPLIES, SHORT LEG SPLINT,	7/1/2001	\$13.27	3	NO
N	Q4047	CAST SUPPLIES, SHORT LEG SPLINT,	7/1/2001	\$4.12	3	NO
N	Q4048	CAST SUPPLIES, SHORT LEG SPLINT,	7/1/2001	\$6.64	3	NO
N	Q4049	FINGER SPLINT, STATIC	7/1/2001	\$1.50	3	NO
N	Q4050	CAST SUPPLIES, FOR UNLISTED TYPE	7/1/2001	\$50.00	3	NO
N	Q4051	SPLINT SUPPLIES, MISC (INC THERM	7/1/2001	\$50.00	3	NO
N	S0191	MISOPROSTOL, ORAL, 200 MCG	8/10/2003	\$1.20	3	NO
N	S4989	CONTRACEPTIVE INTRAUTERINE DEVIC	4/1/2002	\$299.00	3	NO
N	S5011	5% DEXTROSE IN LACTATED RINGER'S	2/1/2006	\$14.35	3	NO
N	S8415	SUPPLIES FOR HOME DELIVERY OF IN	10/1/2002	\$221.30	3	NO
N	S9075	SMOKING CESSATION TREATMENT	10/1/2000	\$10.00	3	NO
N	S9470	NUTRITIONAL COUNSELING, DIETICIA	4/1/2003	\$44.10	3	NO
N	10040	ACNE SURGERY (EG MARSUPIALIZATIO	10/1/2005	\$58.39	3	NO
N	10060	INCISION AND DRAINAGE OF ABSCESS	10/1/2005	\$64.88	3	NO
N	10061	INCISION AND DRAINAGE OF ABSCESS	10/1/2005	\$116.26	3	NO
N	10080	INCISION AND DRAINAGE OF PILONID	10/1/2005	\$113.66	3	NO
N	10120	INCISION AND REMOVAL OF FOREIGN	10/1/2005	\$91.08	3	NO
N	10121	INCISION AND REMOVAL OF FOREIGN	10/1/2005	\$169.19	3	NO
N	10140	INCISION AND DRAINAGE OF HEMATOM	10/1/2005	\$90.57	3	NO
N	10160	PUNCTURE ASPIRATION OF ABSCESS H	10/1/2005	\$76.29	3	NO
N	11000	DEBRIDEMENT OF EXTENSIVE ECZEMAT	10/1/2005	\$32.44	3	NO
N	11001	DEBRIDEMENT OF EXTENSIVE ECZEMAT	10/1/2005	\$14.53	3	NO
N	11010	DEBRIDEMENT INCLUDING REMOVAL OF	10/1/2005	\$60.52	3	NO
N	11011	DEBRIDEMENT INCLUDING REMOVAL OF	10/1/2005	\$71.62	3	NO
N	11012	DEBRIDEMENT INCLUDING REMOVAL OF	10/1/2005	\$104.27	3	NO
N	11040	DEBRIDEMENT; SKIN, PARTIAL THICK	10/1/2005	\$28.03	3	NO
N	11055	PARING OR CUTTING OF BENIGN HYPE	10/1/2005	\$26.99	3	NO
N	11056	PARING OR CUTTING OF BENIGN HYPE	10/1/2005	\$34.25	3	NO
N	11057	PARING OR CUTTING OF BENIGN HYPE	10/1/2005	\$42.30	3	NO
N	11100	BIOPSY OF SKIN SUBCUTANEOUS TISS	10/1/2005	\$54.50	3	NO
N	11101	BIOPSY OF SKIN SUBCUTANEOUS TISS	10/1/2005	\$19.72	3	NO
N	11300	SHAVING OF EPIDERMAL OR DERMAL L	10/1/2005	\$39.70	3	NO
N	11301	SHAVING OF EPIDERMAL OR DERMAL L	10/1/2005	\$52.16	3	NO
N	11305	SHAVING OF EPIDERMAL OR DERMAL L	10/1/2005	\$41.26	3	NO
N	11306	SHAVING OF EPIDERMAL OR DERMAL L	10/1/2005	\$56.31	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	11310	SHAVING OF EPIDERMAL OR DERMAL L	10/1/2005	\$49.05	3	NO
N	11311	SHAVING OF EPIDERMAL OR DERMAL L	10/1/2005	\$60.72	3	NO
N	11400	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$75.51	3	NO
N	11401	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$87.71	3	NO
N	11402	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$100.17	3	NO
N	11403	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$112.88	3	NO
N	11404	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$128.97	3	NO
N	11406	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$159.33	3	NO
N	11420	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$73.70	3	NO
N	11421	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$93.68	3	NO
N	11422	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$104.58	3	NO
N	11423	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$124.30	3	NO
N	11424	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$142.21	3	NO
N	11426	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$199.04	3	NO
N	11440	EXCISION, OTHER BENIGN LESION IN	10/1/2005	\$86.67	3	NO
N	11441	EXCISION OTHER BENIGN LESION FAC	10/1/2005	\$102.24	3	NO
N	11442	EXCISION OTHER BENIGN LESION FAC	10/1/2005	\$114.44	3	NO
N	11443	EXCISION OTHER BENIGN LESION FAC	10/1/2005	\$140.39	3	NO
N	11444	EXCISION OTHER BENIGN LESION FAC	10/1/2005	\$179.06	3	NO
N	11446	EXCISION OTHER BENIGN LESION FAC	10/1/2005	\$231.99	3	NO
N	11719	TRIMMING OF NONDYSTROPHIC NAILS,	10/1/2005	\$11.42	3	NO
N	11720	DEBRIDEMENT OF NAIL(S) BY ANY ME	10/1/2005	\$18.17	3	NO
N	11721	DEBRIDEMENT OF NAIL(S) BY ANY ME	10/1/2005	\$27.25	3	NO
N	11730	AVULSION OF NAIL PLATE PARTIAL O	10/1/2005	\$59.69	3	NO
N	11732	AVULSION OF NAIL PLATE PARTIAL O	10/1/2005	\$28.03	3	NO
N	11740	EVACUATION OF SUBUNGUAL HEMATOMA	10/1/2005	\$24.91	3	NO
N	11750	EXCISION OF NAIL AND NAIL MATRIX	10/1/2005	\$110.03	3	NO
N	11900	INJECTION INTRALESIONAL UP TO AN	10/1/2005	\$31.14	3	NO
N	11901	INJECTION INTRALESIONAL; MORE TH	10/1/2005	\$38.67	3	NO
N	11975	INSERTION, IMPLANTABLE CONTRACEP	10/1/2005	\$79.67	3	NO
N	11976	REMOVAL, IMPLANTABLE CONTRACEPTI	10/1/2005	\$96.27	3	NO
N	11977	REMOVAL WITH REINSERTION, IMPLAN	10/1/2005	\$154.14	3	NO
N	12001	SIMPLE REPAIR OF SUPERFICIAL WOU	10/1/2005	\$99.65	3	NO
N	12002	SIM REP OF SUPERFICIAL WOUNDS SC	10/1/2005	\$105.88	3	NO
N	12004	SIM REP OF SUPERFICIAL WOUNDS SC	10/1/2005	\$124.04	3	NO
N	12005	SIM REP OF SUPERFICIAL WOUNDS SC	10/1/2005	\$154.66	3	NO
N	12006	SIM REP OF SUPERFICIAL WOUNDS SC	10/1/2005	\$192.81	3	NO
N	12007	SIMPLE REPAIR OF SUPERFICIAL WOU	10/1/2005	\$217.20	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	12011	SIMPLE REPAIR OF SUPERFICIAL WOU	10/1/2005	\$105.36	3	NO
N	12013	SIM REP OF SUPERFICIAL WOUNDS OF	10/1/2005	\$115.48	3	NO
N	12014	SIM REP OF SUPERFICIAL WOUNDS OF	10/1/2005	\$136.50	3	NO
N	12015	SIM REP OF SUPERFICIAL WOUNDS OF	10/1/2005	\$171.79	3	NO
N	12016	SIM REP OF SUPERFICIAL WOUNDS OF	10/1/2005	\$203.71	3	NO
N	12017	SIM REP OF SUPERFICIAL WOUNDS OF	10/1/2005	\$183.73	3	NO
N	12018	SIMPLE REPAIR OF SUPERFICIAL WOU	10/1/2005	\$43.49	3	NO
N	12020	TREATMENT OF SUPERFICIAL WOUND D	10/1/2005	\$174.90	3	NO
N	12021	TREATMENT OF SUPERFICIAL WOUND D	10/1/2005	\$100.95	3	NO
N	12031	LAYER CLOSURE OF WOUNDS OF SCALP	10/1/2005	\$119.63	3	NO
N	12032	LAYER CLOSURE OF WOUNDS OF SCALP	10/1/2005	\$168.16	3	NO
N	12041	LAYER CLOSURE OF WOUNDS OF NECK	10/1/2005	\$132.60	3	NO
N	12042	LAYER CLOSURE OF WOUNDS OF NECK	10/1/2005	\$160.63	3	NO
N	12051	LAYER CLOSURE OF WOUNDS OF FACE	10/1/2005	\$154.14	3	NO
N	12052	LAYER CLOSURE OF WOUNDS OF FACE	10/1/2005	\$160.37	3	NO
N	12053	LAYER CLOSURE OF WOUNDS OF FACE	10/1/2005	\$171.27	3	NO
N	16000	INITIAL TREATMENT FIRST DEGREE B	10/1/2005	\$47.49	3	NO
N	16020	DRESSINGS AND/OR DEBRIDEMENT OF	10/1/2005	\$56.31	3	NO
N	16025	DRESSINGS AND/OR DEBRIDEMENT OF	10/1/2005	\$98.61	3	NO
N	16030	DRESSINGS AND/OR DEBRIDEMENT OF	10/1/2005	\$116.52	3	NO
N	16036	ESCHAROTOMY; EACH ADDITIONAL INC	10/1/2005	\$59.69	3	NO
N	17000	DESTRUCTION BY ANY METHOD, INCLU	10/1/2005	\$41.52	3	NO
N	17003	DESTRUCTION BY ANY METHOD, INCLU	10/1/2005	\$7.01	3	NO
N	17004	DESTRUCTION, ALL BENIGN OR PREMA	10/1/2005	\$135.46	3	NO
N	17110	DESTRUCTION, OF FLAT WARTS, MOLL	10/1/2005	\$60.20	3	NO
N	17111	DESTRUCTION BY ANY METHOD OF FLA	10/1/2005	\$68.51	3	NO
N	17250	CHEMICAL CAUTERIZATION OF GRANUL	10/1/2005	\$45.93	3	NO
N	17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N	10/1/2005	\$30.62	3	NO
N	17999	UNLISTED PROCEDURE SKIN MUCOUS M	8/1/1986	\$0.01	5	NO
N	19000	PUNCTURE ASPIRATION OF CYST OF B	10/1/2005	\$75.26	3	NO
N	19001	PUNCTURE ASPIRATION OF CYST OF B	10/1/2005	\$18.42	3	NO
N	19100	BIOPSY OF BREAST; PERCUTANEOUS,	10/1/2005	\$91.08	3	NO
N	19367	BREAST RECONSTRUCTION W/TRANSVER	10/1/2005	\$240.45	3	NO
N	19368	BREAST RECONSTRUCTION W/TRANSVER	10/1/2005	\$294.64	3	NO
N	19369	BREAST RECONSTRUCTION W/TRANSVER	10/1/2005	\$273.10	3	NO
N	19499	UNLISTED PROCEDURE BREAST	2/1/1994	\$0.01	5	NO
N	20000	INCISION OF SOFT TISSUE ABSCESS	10/1/2005	\$131.05	3	NO
N	20520	REMOVAL OF FOREIGN BODY IN MUSCL	10/1/2005	\$128.97	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	20550	INJECTION(S); TENDON SHEATH, LIG	10/1/2005	\$39.96	3	NO
N	20552	INJECTION(S); SINGLE OR MULTIPLE	7/1/2004	NC	9	NO
N	20600	ARTHROCENTESIS, ASPIRATION AND/O	10/1/2005	\$36.07	3	NO
N	20605	ARTHROCENTESIS, ASPIRATION AND/O	10/1/2005	\$39.44	3	NO
N	20610	ARTHROCENTESIS ASPIRATION AND/OR	10/1/2005	\$47.75	3	NO
N	20999	UNLISTED PROCEDURE MUSCULOSKELET	2/1/1994	\$0.01	5	NO
N	21750	CLOSURE OF MEDIAN STERNOTOMY SEP	10/1/2005	\$95.55	3	NO
N	23330	REMOVAL OF FOREIGN BODY SHOULDER	10/1/2005	\$149.47	3	NO
N	23500	CLOSED TREATMENT OF CLAVICULAR F	10/1/2005	\$135.98	3	NO
N	23520	CLOSED TREATMENT OF STERNOCLAVIC	10/1/2005	\$138.31	3	NO
N	23540	CLOSED TREATMENT OF ACROMIOCLAVI	10/1/2005	\$139.09	3	NO
N	23570	CLOSED TREATMENT OF SCAPULAR FRA	10/1/2005	\$145.06	3	NO
N	23600	CLOSED TREATMENT OF PROXIMAL HUM	10/1/2005	\$206.04	3	NO
N	23620	CLOSED TREATMENT OF GREATER TUBE	10/1/2005	\$165.82	3	NO
N	23929	UNLISTED PROCEDURE SHOULDER	2/1/1994	\$0.01	5	NO
N	24065	BIOPSY SOFT TISSUES SUPERFICIAL	10/1/2005	\$141.69	3	NO
N	24500	CLOSED TREATMENT OF HUMERAL SHAF	10/1/2005	\$221.61	3	NO
N	24530	CLOSED TREATMENT OF SUPRACONDYLA	10/1/2005	\$239.78	3	NO
N	24560	CLOSED TREATMENT OF HUMERAL EPIC	10/1/2005	\$199.56	3	NO
N	24576	CLOSED TREATMENT OF HUMERAL COND	10/1/2005	\$209.16	3	NO
N	24600	TREATMENT OF CLOSED ELBOW DISLOC	10/1/2005	\$247.82	3	NO
N	24650	CLOSED TREATMENT OF RADIAL HEAD	10/1/2005	\$162.71	3	NO
N	24670	CLOSED TREATMENT OF ULNAR FRACTU	10/1/2005	\$182.69	3	NO
N	24999	UNLISTED PROCEDURE HUMERUS OR EL	2/13/1989	\$0.01	5	NO
N	25500	CLOSED TREATMENT OF RADIAL SHAFT	10/1/2005	\$164.78	3	NO
N	25530	CLOSED TREATMENT OF ULNAR SHAFT	10/1/2005	\$160.11	3	NO
N	25560	CLOSED TREATMENT OF RADIAL AND U	10/1/2005	\$167.64	3	NO
N	25600	CLOSED TREATMENT OF DISTAL RADIA	10/1/2005	\$184.76	3	NO
N	25622	TREATMENT OF CLOSED CARPAL SCAPH	10/1/2005	\$188.66	3	NO
N	25630	CLOSED TREATMENT OF CARPAL BONE	10/1/2005	\$194.37	3	NO
N	25650	CLOSED TREATMENT OF ULNAR STYLOI	10/1/2005	\$202.15	3	NO
N	25830	DISTAL RADIOULNAR JOINT ARTHRODE	10/1/2005	\$134.89	3	NO
N	25999	UNLISTED PROCEDURE FOREARM OR WR	2/1/1994	\$0.01	5	NO
N	26010	DRAINAGE OF FINGER ABSCESS SIMPL	10/1/2005	\$188.66	3	NO
N	26600	CLOSED TREATMENT OF METACARPAL F	10/1/2005	\$152.07	3	NO
N	26670	CLOSED TREATMENT OF CARPOMETACAR	10/1/2005	\$215.90	3	NO
N	26700	CLOSED TREATMENT OF METACARPOPHA	10/1/2005	\$202.15	3	NO
N	26720	CLOSED TREATMENT OF PHALANGEAL S	10/1/2005	\$120.93	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	26740	CLOSED TX OF ARTICULAR FX, INVOL	10/1/2005	\$139.09	3	NO
N	26750	CLOSED TREATMENT OF DISTAL PHALA	10/1/2005	\$113.92	3	NO
N	26770	CLOSED TREATMENT OF INTERPHALANG	10/1/2005	\$174.64	3	NO
N	26989	UNLISTED PROCEDURE HANDS OR FING	2/1/1994	\$0.01	5	NO
N	27086	REMOVAL OF FOREIGN BODY SUBCUTAN	10/1/2005	\$172.57	3	NO
N	27193	CLOSED TREATMENT OF PELVIC RING	10/1/2005	\$300.24	3	NO
N	27200	CLOSED TREATMENT OF COCCYGEAL FR	10/1/2005	\$112.10	3	NO
N	27220	CLOSED TREATMENT OF ACETABULUM (	10/1/2005	\$335.53	3	NO
N	27230	CLOSED TREATMENT OF FEMORAL FRAC	10/1/2005	\$308.81	3	NO
N	27246	CLOSED TREATMENT OF GREATER TROC	10/1/2005	\$258.46	3	NO
N	27500	CLOSED TREATMENT OF FEMORAL SHAF	10/1/2005	\$337.09	3	NO
N	27501	CLOSED TREATMENT OF SUPRACONDYLA	10/1/2005	\$329.82	3	NO
N	27508	CLOSED TREATMENT OF FEMORAL FRAC	10/1/2005	\$343.32	3	NO
N	27516	CLOSED TREATMENT OF DISTAL FEMOR	10/1/2005	\$324.12	3	NO
N	27520	CLOSED TREATMENT OF PATELLAR FRA	10/1/2005	\$203.71	3	NO
N	27530	CLOSED TREATMENT OF TIBIAL FRACT	10/1/2005	\$251.72	3	NO
N	27550	CLOSED TREATMENT OF KNEE DISLOCA	10/1/2005	\$323.86	3	NO
N	27613	BIOPSY SOFT TISSUES SUPERFICIAL	10/1/2005	\$145.58	3	NO
N	27750	CLOSED TREATMENT OF TIBIAL SHAFT	10/1/2005	\$219.54	3	NO
N	27760	CLOSED TREATMENT OF MEDIAL MALLE	10/1/2005	\$211.23	3	NO
N	27780	CLOSED TREATMENT OF PROXIMAL FIB	10/1/2005	\$187.62	3	NO
N	27786	CLOSED TREATMENT OF DISTAL FIBUL	10/1/2005	\$200.59	3	NO
N	27808	CLOSED TREATMENT OF BIMALLEOLAR	10/1/2005	\$209.68	3	NO
N	27816	CLOSED TREATMENT OF TRIMALLEOLAR	10/1/2005	\$199.30	3	NO
N	27830	CLOSED TREATMENT OF PROXIMAL TIB	10/1/2005	\$225.51	3	NO
N	27840	CLOSED TREATMENT OF ANKLE DISLOC	10/1/2005	\$227.84	3	NO
N	27899	UNLISTED PROCEDURE LEG OR ANKLE	2/13/1989	\$0.01	5	NO
N	28190	REMOVE FOREIGN BODY SUBCUTANEOUS	10/1/2005	\$144.54	3	NO
N	28400	CLOSED TREATMENT OF CALCANEAL FR	10/1/2005	\$158.81	3	NO
N	28430	CLOSED TREATMENT OF TALUS FRACTU	10/1/2005	\$149.99	3	NO
N	28450	TREATMENT OF TARSAL BONE FRACTUR	10/1/2005	\$137.28	3	NO
N	28470	CLOSED TREATMENT OF METATARSAL F	10/1/2005	\$140.13	3	NO
N	28490	CLOSED TREATMENT OF FRACTURE GRE	10/1/2005	\$84.08	3	NO
N	28510	CLOSED TREATMENT OF FRACTURE, PH	10/1/2005	\$71.36	3	NO
N	28530	CLOSED TREATMENT OF SESAMOID FRA	10/1/2005	\$68.51	3	NO
N	28540	CLOSED TREATMENT OF TARSAL BONE	10/1/2005	\$121.71	3	NO
N	28570	CLOSED TREATMENT OF TALOTARSAL J	10/1/2005	\$111.59	3	NO
N	28600	CLOSED TREATMENT OF TARSOMETATAR	10/1/2005	\$128.97	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	28630	CLOSED TREATMENT OF METATARSOPHA	10/1/2005	\$89.79	3	NO
N	28660	CLOSED TREATMENT OF INTERPHALANG	10/1/2005	\$67.99	3	NO
N	28899	UNLISTED PROCEDURE FOOT OR TOES	2/1/1994	\$0.01	5	NO
N	29065	APPLICATION; SHOULDER TO HAND (L	10/1/2005	\$60.72	3	NO
N	29075	APPLICATION; ELBOW TO FINGER (SH	10/1/2005	\$55.79	3	NO
N	29085	APPLICATION; HAND AND LOWER FORE	10/1/2005	\$59.17	3	NO
N	29105	APPLICATION OF LONG ARM SPLINT (	10/1/2005	\$57.61	3	NO
N	29125	APPLICATION OF SHORT ARM SPLINT	10/1/2005	\$43.60	3	NO
N	29126	APPLICATION OF SHORT ARM SPLINT	10/1/2005	\$52.94	3	NO
N	29130	APPLICATION OF FINGER SPLINT STA	10/1/2005	\$26.73	3	NO
N	29131	APPLICATION OF FINGER SPLINT; DY	10/1/2005	\$34.51	3	NO
N	29200	STRAPPING THORAX	10/1/2005	\$36.59	3	NO
N	29220	STRAPPING; LOW BACK	10/1/2005	\$36.33	3	NO
N	29240	STRAPPING; SHOULDER (EG VELPEAU)	10/1/2005	\$41.78	3	NO
N	29260	STRAPPING; ELBOW OR WRIST	10/1/2005	\$34.77	3	NO
N	29280	STRAPPING; HAND OR FINGER	10/1/2005	\$34.77	3	NO
N	29345	APPLICATION OF LONG LEG CAST (TH	10/1/2005	\$87.97	3	NO
N	29355	APPLICATION OF LONG LEG CAST (TH	10/1/2005	\$90.31	3	NO
N	29358	APPLICATION OF LONG LEG CAST BRA	10/1/2005	\$96.79	3	NO
N	29365	APPLICATION OF CYLINDER CAST (TH	10/1/2005	\$78.89	3	NO
N	29405	APPLICATION OF SHORT LEG CAST (B	10/1/2005	\$57.61	3	NO
N	29425	APPLICATION OF SHORT LEG CAST (B	10/1/2005	\$62.02	3	NO
N	29435	APPLICATION OF PATELLAR TENDON B	10/1/2005	\$76.29	3	NO
N	29440	ADDING WALKER TO PREVIOUSLY APPL	10/1/2005	\$34.77	3	NO
N	29450	APPLICATION OF CLUBFOOT CAST WIT	10/1/2005	\$99.13	3	NO
N	29505	APPLICATION OF LONG LEG SPLINT (	10/1/2005	\$50.34	3	NO
N	29515	APPLICATION OF SHORT LEG SPLINT	10/1/2005	\$43.86	3	NO
N	29520	STRAPPING HIP	10/1/2005	\$36.85	3	NO
N	29530	STRAPPING; KNEE	10/1/2005	\$36.33	3	NO
N	29540	STRAPPING; ANKLE AND/OR FOOT	10/1/2005	\$25.69	3	NO
N	29550	STRAPPING; TOES	10/1/2005	\$24.65	3	NO
N	29580	STRAPPING; UNNA BOOT	10/1/2005	\$33.48	3	NO
N	29590	DENIS-BROWNE SPLINT STRAPPING	10/1/2005	\$35.29	3	NO
N	29700	REMOVAL OR BIVALVING GAUNTLET BO	10/1/2005	\$39.70	3	NO
N	29705	REMOVAL OR VIBALVING; FULL OR FU	10/1/2005	\$44.12	3	NO
N	29720	REPAIR OF SPICA BODY CAST OR JAC	10/1/2005	\$50.60	3	NO
N	29730	WINDOWING OF CAST	10/1/2005	\$43.60	3	NO
N	29740	WEDGING OF CAST (EXCEPT CLUBFOOT	10/1/2005	\$63.32	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	29750	WEDGING OF CLUBFOOT CAST	10/1/2005	\$65.39	3	NO
N	29799	UNLISTED PROCEDURE CASTING OR ST	4/1/1982	\$0.01	5	NO
N	29848	ARTHROSCOPY, WRIST, SURGICAL; W/	10/1/2005	\$308.81	3	NO
N	30300	REMOVE FOREIGN BODY INTRANASAL O	10/1/2005	\$149.21	3	NO
N	30801	CAUTERY AND/OR ABLATION, MUCOSA	10/1/2005	\$137.79	3	NO
N	30802	CAUTERIZATION AND/OR ABLATION, M	10/1/2005	\$176.72	3	NO
N	30901	CONTROL NASAL HEMORRHAGE,ANTERIO	10/1/2005	\$69.55	3	NO
N	30905	CONTROL NASAL HEMORRHAGE, POSTER	10/1/2005	\$146.62	3	NO
N	30906	CONTROL NASAL HEMORRHAGE POSTERI	10/1/2005	\$169.71	3	NO
N	36000	INTRODUCTION OF NEEDLE OR INTRAC	10/1/2005	\$19.72	3	NO
N	36400	VENIPUNCTURE, UNDER AGE 3 YEARS;	10/1/2005	\$17.91	3	NO
N	36405	VENIPUNCTURE UNDER AGE 3 YEARS;	10/1/2005	\$15.57	3	NO
N	36406	VENIPUNCTURE UNDER AGE 3 YEARS O	10/1/2005	\$12.20	3	NO
N	36415	COLLECTION OF VENOUS BLOOD BY VE	2/13/2003	\$3.00	3	NO
N	36416	COLLECTION OF CAPILLARY BLOOD SP	1/1/2003	\$3.00	3	NO
N	36430	TRANSFUSION, BLOOD OR BLOOD COMP	10/1/2005	\$27.77	3	NO
N	36540	COLLECTION OF BLOOD SPECIMEN FRO	10/1/2002	\$17.91	3	NO
N	36600	ARTERIAL PUNCTURE WITHDRAWAL OF	10/1/2005	\$21.54	3	NO
N	37788	PENILE REVASCULARIZATION, ARTERY	3/1/1992	NC	9	NO
N	38220	BONE MARROW; ASPIRATION ONLY	10/1/2005	\$126.12	3	NO
N	38221	BONE MARROW; BIOPSY, NEEDLE OR T	10/1/2005	\$139.35	3	NO
N	38300	DRAINAGE OF LYMPH NODE ABSCESS O	10/1/2005	\$169.45	3	NO
N	40800	DRAINAGE OF ABSCESS CYST HEMATOM	10/1/2005	\$110.29	3	NO
N	40804	REMOVAL OF EMBEDDED FOREIGN BODY	10/1/2005	\$123.00	3	NO
N	41005	INCISION AND DRAINAGE OF INTRAOR	10/1/2005	\$122.22	3	NO
N	42000	DRAINAGE OF ABSCESS OF PALATE UV	10/1/2005	\$101.46	3	NO
N	43760	CHANGE OF GASTROSTOMY TUBE	10/1/2005	\$84.86	3	NO
N	44500	INTRODUCTION OF LONG GASTROINTES	10/1/2005	\$17.65	3	NO
N	45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOS	10/1/2005	\$85.89	3	NO
N	45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BI	10/1/2005	\$111.84	3	NO
N	46050	INCISION AND DRAINAGE PERIANAL A	10/1/2005	\$100.17	3	NO
N	46083	INCISION OF THROMBOSED HEMORRHOI	10/1/2005	\$105.62	3	NO
N	46288	CLOSURE OF ANAL FISTULA WITH REC	10/1/2005	\$300.50	3	NO
N	46320	ENUCLEATION OR EXCISION OF EXTER	10/1/2005	\$101.46	3	NO
N	46600	ANOSCOPY DIAGNOSTIC (SEPARATE PR	10/1/2005	\$54.75	3	NO
N	46606	ANOSCOPY; FOR BIOPSY	10/1/2005	\$121.45	3	NO
N	46900	CHEMOSURGERY OF CONDYLOMATA ANAL	10/1/2005	\$120.93	3	NO
N	46910	DESTRUCTION OF LESION(S) ANUS SI	10/1/2005	\$128.19	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	46999	UNLISTED PROCEDURE ANUS	2/1/1994	\$0.01	5	NO
N	47136	LIVER ALLOTRANSPLANTATION; HETER	10/1/2005	\$539.09	3	NO
N	49000	EXPLORATORY LAPAROTOMY, EXPLORAT	10/1/2005	\$96.07	3	NO
N	49999	UNLISTED PROCEDURE ABDOMEN PERIT	2/13/1989	\$0.01	5	NO
N	51700	BLADDER IRRIGATION SIMPLE LAVAGE	10/1/2005	\$66.17	3	NO
N	51702	INSERTION OF TEMPORARY INDWELLIN	10/1/2005	\$67.99	3	NO
N	51705	CHANGE OF CYSTOSTOMY TUBE; SIMPL	10/1/2005	\$87.19	3	NO
N	51725	SIMPLE CYSTOMETROGRAM (CMG) (EG,	10/1/2005	\$188.40	3	NO
N	51785	ELECTROMYOGRAPHIC STUDIES (EMG)	10/1/2005	\$158.81	3	NO
N	53670	CATHETERIZATION, URETHRA; SIMPLE	7/1/2003	INVALID	N	NO
N	53675	CATHETERIZATION; COMPLICATED (MA	7/1/2003	INVALID	N	NO
N	53899	UNLISTED PROCEDURE URINARY SYSTE	2/1/1994	\$0.01	5	NO
N	54050	DESTRUCTION OF CONDYLOMATA PENIS	10/1/2005	\$77.33	3	NO
N	54055	DESTRUCTION OF LESION(S) PENIS S	10/1/2005	\$74.48	3	NO
N	54060	DESTRUCTION OF LESION(S) PENIS S	10/1/2005	\$134.16	3	NO
N	55100	DRAINAGE OF SCROTAL WALL ABSCESS	10/1/2005	\$154.92	3	NO
N	55870	ELECTROEJACULATION	3/1/1992	NC	9	NO
N	55899	UNLISTED PROCEDURE MALE GENITAL	2/13/1989	\$0.01	5	NO
N	56501	DESTRUCTION OF LESION(S), VULVA;	10/1/2005	\$90.31	3	NO
N	56820	COLPOSCOPY OF THE VULVA;	10/1/2005	\$77.59	3	NO
N	56821	COLPOSCOPY OF THE VULVA; WITH BI	10/1/2005	\$104.84	3	NO
N	57061	DESTRUCTION OF VAGINAL LESION(S)	10/1/2005	\$79.15	3	NO
N	57100	BIOPSY OF VAGINAL MUCOSA SIMPLE	10/1/2005	\$62.80	3	NO
N	57150	IRRIGATION AND/OR APPLICATION OF	10/1/2005	\$44.37	3	NO
N	57170	DIAPHRAGM OR CERVICAL CAP FITTIN	10/1/2005	\$64.88	3	NO
N	57420	COLPOSCOPY OF THE ENTIRE VAGINA,	10/1/2005	\$81.22	3	NO
N	57421	COLPOSCOPY OF THE ENTIRE VAGINA,	10/1/2005	\$111.59	3	NO
N	57452	COLPOSCOPY OF THE CERVIX INCLUDI	10/1/2005	\$76.55	3	NO
N	57454	COLPOSCOPY OF THE CERVIX INCLUDI	10/1/2005	\$110.29	3	NO
N	57455	COLPOSCOPY OF THE CERVIX INCLUDI	10/1/2005	\$102.50	3	NO
N	57456	COLPOSCOPY OF THE CERVIX INCLUDI	10/1/2005	\$96.53	3	NO
N	57460	COLPOSCOPY (VAGINOSCOPY); WITH L	10/1/2005	\$233.81	3	NO
N	57461	COLPOSCOPY OF THE CERVIX INCLUDI	10/1/2005	\$257.94	3	NO
N	57500	BIOPSY SINGLE OR MULTIPLE OR LOC	10/1/2005	\$93.94	3	NO
N	57510	CAUTERY OF CERVIX; ELECTRO OR TH	10/1/2005	\$95.50	3	NO
N	57511	CAUTERIZATION OF CERVIX; CRYOCAU	10/1/2005	\$102.24	3	NO
N	58100	ENDOMETRIAL SAMPLING W/OR W/OUT	10/1/2005	\$78.63	3	NO
N	58300	INSERTION OF INTRAUTERINE DEVICE	10/1/2005	\$66.17	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	58301	REMOVAL OF INTRAUTERINE DEVICE (	10/1/2005	\$71.10	3	NO
N	58953	BILATERAL SALPINGO-OOPHORECTOMY	10/1/2005	\$260.75	3	NO
N	58954	BILATERAL SALPINGO-OOPHORECTOMY	10/1/2005	\$284.20	3	NO
N	58999	UNLISTED PROCEDURE FEMALE GENITA	2/1/1994	\$0.01	5	NO
N	59020	FETAL CONTRACTION STRESS TEST	10/1/2005	\$44.12	3	NO
N	59025	FETAL NON-STRESS TEST	10/1/2005	\$28.80	3	NO
N	59030	FETAL SCALP BLOOD SAMPLING	10/1/2005	\$83.82	3	NO
N	59200	INSERTION OF CERVICAL DILATOR (E	10/1/2005	\$56.31	3	NO
N	59300	EPISIOTOMY OR VAGINAL REPAIR, BY	10/1/2005	\$133.64	3	NO
N	59400	ROUTINE OBSTETRIC CARE INCLUDING	10/1/2005	\$1,698.66	3	NO
N	59409	VAGINAL DELIVERY ONLY WITH OR WI	10/1/2005	\$852.05	3	NO
N	59410	VAGINAL DELIVERY ONLY (W/WO EPIS	10/1/2005	\$952.15	3	NO
N	59412	EXTERNAL CEPHALIC VERSION, WITH	10/1/2005	\$113.30	3	NO
N	59414	DELIVERY OF PLACENTA (SEPARATE P	10/1/2005	\$102.04	3	NO
N	59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	10/1/2005	\$393.04	3	NO
N	59426	ANTEPARTUM CARE ONLY; 7 OR MORE	10/1/2005	\$689.09	3	NO
N	59430	POSTPARTUM CARE ONLY (SEPARATE P	10/1/2005	\$149.77	3	NO
N	59514	CAESAREAN DELIVERY ONLY	10/1/2005	\$201.14	3	NO
N	59610	ROUTINE OBSTETRIC CARE INCLUDING	10/1/2005	\$1,794.11	3	NO
N	59612	VAGINAL DELIVERY ONLY, AFTER PRE	10/1/2005	\$956.03	3	NO
N	59614	VAGINAL DELIVERY ONLY, AFTER PRE	10/1/2005	\$1,051.48	3	NO
N	59620	CESAREAN DELIVERY ONLY, FOLLOWIN	10/1/2005	\$220.31	3	NO
N	59899	UNLISTED PROCEDURE MATERNITY CAR	1/1/1999	\$0.01	5	NO
N	60210	PARTIAL THYROID LOBECTOMY, UNILA	10/1/2005	\$91.97	3	NO
N	60212	PARTIAL THYROID LOBECTOMY, UNIAL	10/1/2005	\$132.86	3	NO
N	60271	THYROIDECTOMY, INC SUBSTERNAL TH	10/1/2005	\$141.01	3	NO
N	60512	PARATHYROID AUTOTRANSPLANTATION	10/1/2005	\$34.25	3	NO
N	60521	THYMECTOMY, PARTIAL OR TOTAL; ST	10/1/2005	\$161.56	3	NO
N	60522	THYMECTOMY, PARTIAL OR TOTAL; ST	10/1/2005	\$194.83	3	NO
N	64450	INJECTION ANESTHETIC AGENT; OTHE	10/1/2005	\$68.51	3	NO
N	69000	DRAINAGE EXTERNAL EAR ABSCESS OR	10/1/2005	\$115.48	3	NO
N	69020	DRAINAGE EXTERNAL AUDITORY CANAL	10/1/2005	\$145.06	3	NO
N	69200	REMOVAL FOREIGN BODY FROM EXTERN	10/1/2005	\$83.30	3	NO
N	69210	REMOVAL IMPACTED CERUMEN (SEPARA	10/1/2005	\$33.48	3	NO
N	69399	UNLISTED PROCEDURE EXTERNAL EAR	2/1/1994	\$0.01	5	NO
N	69420	MYRINGOTOMY INCLUDING ASPIRATION	10/1/2005	\$119.11	3	NO
N	90281	IMMUNE GLOBULIN (IG), HUMAN, FOR	10/1/2005	\$0.01	5	NO
N	90283	IMMUNE GLOBULIN (IGIV), HUMAN, F	10/1/2005	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	90287	BOTULINUM ANTITOXIN, EQUINE, ANY	10/1/2005	\$0.01	5	NO
N	90288	BOTULISM IMMUNE GLOBULIN, HUMAN,	10/1/2005	\$0.01	5	NO
N	90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN	10/1/2005	\$0.01	5	NO
N	90296	DIPHThERIA ANTITOXIN, EQUINE, AN	10/1/2005	\$0.01	5	NO
N	90371	HEPATITIS B IMMUNE GLOBULIN (HBI	5/1/2005	\$183.69	3	NO
N	90375	RABIES IMMUNE GLOBULIN (RIG), HU	2/13/2006	\$0.01	5	NO
N	90376	RABIES IMMUNE GLOBULIN, HEAT-TRE	2/27/2006	\$89.84	3	NO
N	90378	RESPIRATORY SYNCYTIAL VIRUS IMMU	2/27/2006	\$807.11	3	NO
N	90379	RESPIRATORY SYNCYTIAL VIRUS IMMU	11/1/2001	NC	9	NO
N	90384	RHO(D) IMMUNE GLOBULIN (RHIG), H	5/1/2003	\$126.14	3	NO
N	90385	RHO(D) IMMUNE GLOBULIN (RHIG), H	5/1/2003	\$53.90	3	NO
N	90386	RHO(D) IMMUNE GLOBULIN (RHIGIV),	10/1/2005	\$0.01	5	NO
N	90389	TETANUS IMMUNE GLOBULIN (TIG), H	10/1/2005	\$0.01	5	NO
N	90393	VACCINIA IMMUNE GLOBULIN, HUMAN,	10/1/2005	\$0.01	5	NO
N	90396	VARICELLA-ZOSTER IMMUNE GLOBULIN	5/1/2005	\$754.73	3	NO
N	90399	UNLISTED IMMUNE GLOBULIN	10/1/2005	\$0.01	5	NO
N	90465	IMMUNIZATION ADMINISTRATION UNDE	10/1/2005	\$12.72	3	NO
N	90466	IMMUNIZATION ADMINISTRATION UNDE	10/1/2005	\$7.53	3	NO
N	90467	IMMUNIZATION ADMINISTRATION (INT	1/1/2006	\$9.08	3	NO
N	90468	IMMUNIZATION ADMINISTRATION (INT	1/1/2006	\$7.01	3	NO
N	90471	IMMUNIZATION ADMIN; ONE VACCINE	10/1/2005	\$12.72	3	NO
N	90472	IMMUNIZATION ADMIN; EACH ADDITIO	10/1/2005	\$7.53	3	NO
N	90473	IMMUNIZATION ADMIN. BY INTRANASA	1/1/2006	\$9.60	3	NO
N	90476	ADENOVIRUS VACCINE, TYPE 4, LIVE	10/1/2005	\$0.01	5	NO
N	90477	ADENOVIRUS VACCINE, TYPE 7, LIVE	10/1/2005	\$0.01	5	NO
N	90581	ANTHRAX VACCINE, FOR SUBCUTANEOU	10/1/2005	\$0.01	5	NO
N	90585	BACILLUS CALMETTE-GUERIN VACCINE	5/1/2005	\$176.15	3	NO
N	90586	BACILLUS CALMETTE-GUERIN VACCINE	5/1/2005	\$191.50	3	NO
N	90632	HEPATITIS A VACCINE, ADULT DOSAG	5/9/2005	\$81.79	3	NO
N	90634	HEPATITIS A VACCINE, PEDIATRIC/A	10/1/2004	NC	9	NO
N	90636	HEPATITIS A AND HEPATITIS B VACC	5/9/2005	\$98.90	3	NO
N	90645	HEMOPHILUS INFLUENZA B VACCINE (	5/9/2005	\$29.02	3	NO
N	90646	HEMOPHILUS INFLUENZA B VACCINE (	12/1/2005	NC	9	NO
N	90647	HEMOPHILUS INFLUENZA B VACCINE (	5/9/2005	\$29.02	3	NO
N	90648	HEMOPHILUS INFLUENZA B VACCINE (	5/9/2005	\$27.04	3	NO
N	90655	INFLUENZA VIRUS VACCINE, SPLIT V	10/1/2005	\$16.06	3	NO
N	90656	INFLUENZA VIRUS VACCINE, SPLIT V	10/1/2005	\$14.50	3	NO
N	90658	INFLUENZA VIRUS VACCINE, SPLIT V	10/1/2005	\$13.19	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	90659	INFLUENZA VIRUS VACCINE, WHOLE V	4/1/2004	INVALID	N	NO
N	90660	INFLUENZA VIRUS VACCINE, LIVE, F	10/1/2005	\$18.75	3	NO
N	90665	LYME DISEASE VACCINE, ADULT DOSA	5/9/2005	NC	9	NO
N	90675	RABIES VACCINE, FOR INTRMUSCULAR	2/27/2006	\$195.94	3	NO
N	90676	RABIES VACCINE, FOR INTRADERMAL	5/16/2005	\$0.01	5	NO
N	90680	ROTAVIRUS VACCINE, PENTAVALENT,	10/1/2004	NC	9	NO
N	90690	TYPHOID VACCINE, LIVE, ORAL	1/1/1999	NC	9	NO
N	90691	TYPHOID VACCINE, VI CAPSULAR POL	1/1/1999	NC	9	NO
N	90692	TYPHOID VACCINE, HEAT AND PHENOL	1/1/1999	NC	9	NO
N	90693	TYPHOID VACCINE, ACETONE-KILLED,	1/1/1999	NC	9	NO
N	90698	DIPHThERIA, TETANUS TOXOIDS, ACE	3/1/2005	NC	9	NO
N	90703	IMMUNIZATION ACTIVE; TETANUS TOX	4/1/2005	\$22.00	3	NO
N	90704	IMMUNIZATION ACTIVE; MUMPS VIRUS	2/20/2006	\$23.87	3	NO
N	90705	IMMUNIZATION ACTIVE; MEASLES VIR	2/20/2006	\$20.56	3	NO
N	90706	IMMUNIZATION ACTIVE; RUBELLA VIR	2/27/2006	\$20.55	3	NO
N	90707	IMMUNIZATION ACTIVE; MEASLES, MU	2/20/2006	\$58.51	3	NO
N	90708	IMMUNIZATION ACTIVE; MEASLES AND	7/1/1990	\$23.90	3	NO
N	90709	IMMUNIZATION ACTIVE; RUBELLA AND	7/1/2003	INVALID	N	NO
N	90710	IMMUNIZATION, ACTIVE; MEASLES, M	8/1/2005	NC	9	NO
N	90712	IMMUNIZATION ACTIVE; POLIOVIRUS	5/1/2000	NC	9	NO
N	90713	POLIOVIRUS VACCINE, INACTIVATED,	2/20/2006	\$27.06	3	NO
N	90714	DECAVAC	7/1/2005	\$21.50	3	NO
N	90715	TETANUS, DIPHThERIA TOXOIDS AND	6/1/2005	\$43.50	3	NO
N	90716	IMMUNIZATION, ACTIVE; VARICELLA	2/20/2006	\$95.77	3	NO
N	90717	IMMUNIZATION ACTIVE; YELLOW FEVE	#####	NC	9	NO
N	90718	TETANUS AND DIPHThERIA TOXOIDS (	2/27/2006	\$22.50	3	NO
N	90719	IMMUNIZATION ACTIVE; DIPHThERIA T	7/1/1990	\$8.32	3	NO
N	90720	IMMUNIZATION, ACTIVE; DIPHThERIA	2/20/2006	\$35.42	3	NO
N	90725	IMMUNIZATION ACTIVE; CHOLERA VAC	#####	NC	9	NO
N	90727	IMMUNIZATION ACTIVE; PLAGUE VACC	5/9/2005	NC	9	NO
N	90732	PNEUMOCOCCAL POLYSACCHARIDE VACC	2/21/2005	\$30.24	3	NO
N	90733	IMMUNIZATION ACTIVE; MENINGOCOCC	8/1/2005	\$107.63	3	NO
N	90734	MENINGOCOCCAL CONJUGATE VACCINE,	3/21/2005	\$102.50	3	NO
N	90735	IMMUNIZATION, ACITVE; ENCEPHALIT	2/1/2001	NC	9	NO
N	90736	ZOSTER (SHINGLES) VACCINE, LIVE,	1/1/2006	NC	9	NO
N	90740	HEPATITIS B VACCINE, DIALYSIS OR	5/9/2005	\$207.36	3	NO
N	90743	HEPATITIS B VACCINE, ADOLESCENT	5/9/2005	\$74.44	3	NO
N	90746	HEPATITIS B VACCINE, ADULT DOSAG	5/9/2005	\$72.76	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	90747	HEPATITIS B VACCINE, DIALYSIS OR	5/9/2005	\$145.52	3	NO
N	90749	UNLISTED IMMUNIZATION PROCEDURES	2/1/2001	\$60.00	3	NO
N	90760	INTRAVENOUS INFUSION, HYDRATION;	1/1/2006	\$43.34	3	NO
N	90761	INTRAVENOUS INFUSION, HYDRATION;	1/1/2006	\$13.75	3	NO
N	90765	INTRAVENOUS INFUSION, FOR THERAP	1/1/2006	\$52.94	3	NO
N	90766	INTRAVENOUS INFUSION, FOR THERAP	1/1/2006	\$17.65	3	NO
N	90767	INTRAVENOUS INFUSION, FOR THERAP	1/1/2006	\$29.06	3	NO
N	90768	INTRAVENOUS INFUSION, FOR THERAP	1/1/2006	\$16.87	3	NO
N	90772	THERAPEUTIC, PROPHYLACTIC OR DIA	1/1/2006	\$12.72	3	NO
N	90774	THERAPEUTIC, PROPHYLACTIC OR DIA	1/1/2006	\$39.44	3	NO
N	90775	THERAPEUTIC, PROPHYLACTIC OR DIA	1/1/2006	\$18.42	3	NO
N	90779	UNLISTED THERAPEUTIC, PROPHYLACT	1/1/2006	\$0.01	5	NO
N	90780	IV INFUSION FOR THERAPY/DIAGNOSI	1/1/2006	INVALID	N	NO
N	90781	IV INFUSION THERAPY, ADMINISTERE	1/1/2006	INVALID	N	NO
N	90782	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
N	90783	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
N	90784	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
N	90788	INTRAMUSCULAR INJECTION OF ANTIB	1/1/2006	INVALID	N	NO
N	90799	UNLISTED THERAPEUTIC OR DIAGNOST	1/1/2006	INVALID	N	NO
N	90862	PHARMACOLOGIC MGMNT, INCL PRESCR	10/1/2005	\$35.55	3	NO
N	90901	BIOFEEDBACK TRAINING BY ANY MODA	10/1/2005	\$28.03	3	NO
N	91105	GASTRIC INTUBATION, AND ASPIRATI	10/1/2005	\$64.88	3	NO
N	91299	UNLISTED DIAGNOSTIC GASTROENTERO	2/13/1989	\$0.01	5	NO
N	92551	SCREENING TEST PURE TONE AIR ONL	10/1/2000	\$11.71	3	NO
N	92552	PURE TONE AUDIOMETRY (THRESHOLD)	10/1/2005	\$12.46	3	NO
N	92553	PURE TONE AUDIOMETRY (THRESHOLD)	10/1/2005	\$18.68	3	NO
N	92555	SPEECH AUDIOMETRY THRESHOLD;	10/1/2005	\$10.90	3	NO
N	92556	SPEECH AUDIOMETRY THRESHOLD; WIT	10/1/2005	\$16.35	3	NO
N	92557	COMPREHENSIVE AUDIOMETRY THRESHO	10/1/2005	\$33.99	3	NO
N	92559	AUDIOMETRIC TESTING OF GROUPS	10/1/2005	NC	9	NO
N	92560	BEKESY AUDIOMETRY; SCREENING	10/1/2000	\$14.90	3	NO
N	92567	TYMPANOMETRY (IMPEDANCE TESTING)	10/1/2005	\$15.05	3	NO
N	92586	AUDITORY EVOKED POTENTIALS FOR E	10/1/2005	\$51.64	3	NO
N	92587	EVOKED OTOACOUSTIC EMISSIONS; LI	10/1/2005	\$42.04	3	NO
N	92588	EVOKED OTOACOUSTIC EMISSIONS; CO	10/1/2005	\$55.27	3	NO
N	92599	UNLISTED OTORHINOLARYNGOLOGICAL	7/1/2003	INVALID	N	NO
N	92950	CARDIOPULMONARY RESUSCITATION (E	10/1/2005	\$214.09	3	NO
N	92953	TEMPORARY TRANSCUTANEOUS PACING	10/1/2005	\$8.30	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	92960	CARDIOVERSION ELECTIVE ELECTRICA	10/1/2005	\$224.21	3	NO
N	93000	ELECTROCARDIOGRAM, ROUTINE ECG W	10/1/2005	\$18.42	3	NO
N	93005	ELECTROCARDIOGRAM TRACING ONLY W	10/1/2005	\$12.20	3	NO
N	93010	ELECTROCARDIOGRAM INTERPRETATION	10/1/2005	\$6.23	3	NO
N	93016	CARDIOVASCULAR STRESS TEST USING	10/1/2005	\$16.61	3	NO
N	93040	RHYTHM ECG, ONE TO THREE LEADS;	10/1/2005	\$9.86	3	NO
N	93041	RYTHM ECG ONE TO THREE LEADS; TR	10/1/2005	\$4.15	3	NO
N	93042	RHYTHM ECG ONE TO THREE LEADS; I	10/1/2005	\$5.71	3	NO
N	93501	RIGHT HEART CATHETERIZATION	10/1/2005	\$579.46	3	NO
N	93503	INSERTION AND PLACEMENT OF FLOW	10/1/2005	\$98.35	3	NO
N	93505	ENDOMYOCARDIAL BIOPSY	10/1/2005	\$220.83	3	NO
N	93731	ELECTRONIC ANALYSIS OF DUAL-CHAM	10/1/2005	\$30.36	3	NO
N	93732	ELECTRONIC ANALYSIS OF DUAL-CHAM	10/1/2005	\$48.01	3	NO
N	93733	ELECTRONIC ANALYSIS OF DUAL-CHAM	10/1/2005	\$26.99	3	NO
N	93734	ELECTRONIC ANALYSIS OF SINGLE-CH	10/1/2005	\$23.61	3	NO
N	93735	ELECTRONIC ANALYSIS OF SINGLE-CH	10/1/2005	\$39.70	3	NO
N	93736	ELECTRONIC ANALYSIS OF SINGLE-CH	10/1/2005	\$23.61	3	NO
N	93737	ELECTRONIC ANALYSIS OF CARDIOVER	4/1/2002	INVALID	N	NO
N	93741	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$48.01	3	NO
N	93742	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$52.16	3	NO
N	93743	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$58.13	3	NO
N	93744	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$62.02	3	NO
N	93784	AMBULATORY BLOOD PRESSURE MONITO	10/1/2005	\$50.86	3	NO
N	93790	AMBULATORY BLOOD PRESSURE MONITO	10/1/2005	\$13.49	3	NO
N	93799	UNLISTED CARDIOVASCULAR SERVICE	4/1/1982	\$0.01	5	NO
N	94010	SPIROMETRY INCLUDING GRAPHIC REC	10/1/2005	\$22.58	3	NO
N	94060	BRONCHODILATION RESPONSIVE, SPIR	10/1/2005	\$37.63	3	NO
N	94070	BRONCHOSPASM PROVOCATION EVAL, M	10/1/2005	\$40.22	3	NO
N	94150	VITAL CAPACITY TOTAL (SEPARATE P	10/1/2005	\$14.53	3	NO
N	94200	MAXIMUM BREATHING CAPACITY MAXIM	10/1/2005	\$15.05	3	NO
N	94375	RESPIRATORY FLOW VOLUME LOOP	10/1/2005	\$24.39	3	NO
N	94640	NONPRESSURIZED INHALATION TREATM	10/1/2005	\$8.30	3	NO
N	94650	INTERMITTENT POSITIVE PRESSURE B	7/1/2003	INVALID	N	NO
N	94651	INTERMITTENT POSITIVE PRESSURE B	7/1/2003	INVALID	N	NO
N	94652	INTERMITTENT POSITIVE PRESSURE B	7/1/2003	INVALID	N	NO
N	94664	DEMONSTRATION AND/OR EVALUATION	10/1/2005	\$9.08	3	NO
N	94665	AEROSOL OR VAPOR INHALATIONS FOR	7/1/2003	INVALID	N	NO
N	94680	OXYGEN UPTAKE EXPIRED GAS ANALYS	10/1/2005	\$56.83	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	94681	OXYGEN UPTAKE EXPIRED GAS ANALYS	10/1/2005	\$73.96	3	NO
N	94690	OXYGEN UPTAKE, EXPIRED GAS ANALY	10/1/2005	\$54.75	3	NO
N	94760	NONINVASIVE EAR OR PULSE OXIMETR	10/1/2005	\$1.56	3	NO
N	94761	NONINVASIVE EAR/PULSE OXIMETRY F	10/1/2005	\$3.37	3	NO
N	94772	CIRCADIAN RESPIRATORY PATTERN RE	10/1/2000	\$180.53	3	NO
N	94799	UNLISTED PULMONARY SERVICE OR PR	4/1/1982	\$0.01	5	NO
N	95027	SKIN END POINT TITRATION	10/1/2005	\$4.15	3	NO
N	95056	PHOTO TESTS	10/1/2005	\$4.67	3	NO
N	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	10/1/2005	\$9.60	3	NO
N	95065	DIRECT NASAL MUCOUS MEMBRANE TES	10/1/2005	\$5.45	3	NO
N	95115	PROF SVCS FOR ALLERGEN IMMUNOTHE	10/1/2005	\$10.64	3	NO
N	95117	PROFESSIONAL SERVICES FOR ALLERG	10/1/2005	\$13.49	3	NO
N	95199	UNLISTED ALLERGY/CLINICAL IMMUNO	4/1/1982	\$0.01	5	NO
N	95831	MUSCLE TESTING MANUAL (SEPARATE	10/1/2005	\$19.46	3	NO
N	95832	MUSCLE TESTING MANUAL (SEPARATE	10/1/2005	\$16.61	3	NO
N	95833	MUSCLE TESTING MANUAL (SEPARATE	10/1/2005	\$27.77	3	NO
N	95834	MUSCLE TESTING MANUAL (SEPARATE	10/1/2005	\$32.70	3	NO
N	95851	RANGE OF MOTION MEASUREMENTS AND	10/1/2005	\$13.75	3	NO
N	95852	RANGE OF MOTION MEASUREMENTS AND	10/1/2005	\$9.86	3	NO
N	95974	ELECTRONIC ANALYSIS OF IMPLANTED	10/1/2005	\$126.38	3	NO
N	95999	UNLISTED NEUROLOGICAL OR NEUROMU	2/13/1989	\$0.01	5	NO
N	96400	CHEMOTHERAPY ADMINISTRATION; SUB	1/1/2006	INVALID	N	NO
N	96401	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2006	\$45.41	3	NO
N	96402	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2006	\$24.39	3	NO
N	96405	CHEMOTHERAPY ADMINISTRATION; INT	10/1/2005	\$73.96	3	NO
N	96406	CHEMOTHERAPY ADMINISTRATION; INT	10/1/2005	\$99.65	3	NO
N	96408	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
N	96409	CHEMOTHERAPY ADMINISTRATION; INT	1/1/2006	\$83.82	3	NO
N	96410	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
N	96411	CHEMOTHERAPY ADMINISTRATION; INT	1/1/2006	\$48.53	3	NO
N	96412	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
N	96413	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2006	\$118.33	3	NO
N	96414	CHEMO ADMIN, INTRAVEN; INFUSION	1/1/2006	INVALID	N	NO
N	96415	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2006	\$26.73	3	NO
N	96416	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2006	\$127.16	3	NO
N	96417	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2006	\$57.87	3	NO
N	96450	CHEMOTHERAPY ADMINISTRATION, INT	10/1/2005	\$231.47	3	NO
N	96521	REFILLING AND MAINTENANCE OF POR	1/1/2006	\$104.84	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	96522	REFILLING AND MAINT OF IMPLANTAB	1/1/2006	\$75.77	3	NO
N	96523	IRRIGATION OF IMPLANTED VENOUS A	1/1/2006	\$19.20	3	NO
N	96999	UNLISTED SPECIAL DERMATOLOGICAL	2/13/1989	\$0.01	5	NO
N	97010	APPLICATION OF A MODALITY TO ONE	10/1/2004	NC	9	NO
N	97012	PHYSICAL MEDICINE TREATMENT TO O	10/1/2005	\$10.12	3	NO
N	97014	PHYSICAL MEDICINE TREATMENT TO O	10/1/2005	\$9.86	3	NO
N	97016	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
N	97018	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
N	97020	PHYSICAL MEDICINE TREATMENT TO O	1/1/2006	INVALID	N	NO
N	97022	PHYSICAL MEDICINE TREATMENT TO O	10/1/2005	\$10.12	3	NO
N	97024	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
N	97026	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
N	97028	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
N	97032	APPLICATION OF A MODALITY TO ONE	10/1/2005	\$10.90	3	NO
N	97033	APPLICATION OF A MODALITY TO ON	4/1/2005	NC	9	NO
N	97034	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
N	97035	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
N	97036	APPLICATION OF A MODALITY TO ONE	10/1/2005	\$15.83	3	NO
N	97039	UNLISTED MODALITY (SPECIFY TYPE	4/1/2005	NC	9	NO
N	97110	THERAPEUTIC PROC, ONE OR MORE AR	10/1/2005	\$19.20	3	NO
N	97112	THERAPEUTIC PROC, ONE OR MORE AR	10/1/2005	\$20.24	3	NO
N	97116	THERAPEUTIC PROCEDURE, ONE OR MO	10/1/2005	\$16.87	3	NO
N	97124	THERAPEUTIC PROC, ONE OR MORE AR	10/1/2005	\$15.31	3	NO
N	97139	THERAPEUTIC PROC, ONE OR MORE AR	4/1/2005	NC	9	NO
N	97140	MANUAL THERAPY TECHNIQUES, ONE O	10/1/2005	\$18.17	3	NO
N	97520	PROSTHETIC TRAINING, UPPER AND/O	1/1/2006	INVALID	N	NO
N	97530	THERAPEUTIC ACTIVITIES, DIRECT P	10/1/2005	\$20.24	3	NO
N	97545	WORK HARDENING/CONDITIONING; INI	1/1/1993	NC	9	NO
N	97546	WORK HARDENING/CONDITIONING; EAC	1/1/1993	NC	9	NO
N	97601	REMOVAL OF DEVITALIZED TISSUE FR	1/1/2005	INVALID	N	NO
N	97602	REMOVAL OF DEVITALIZED TISSUE FR	5/1/2003	\$23.36	3	NO
N	97750	PHYSICAL PERFORMANCE TEST OR MEA	10/1/2005	\$20.50	3	NO
N	97799	UNLISTED PHYSICAL MEDICINE/REHAB	4/1/1982	\$0.01	5	NO
N	99000	HANDLING AND/OR CONVEYANCE OF SP	5/1/1991	NC	9	NO
N	99001	HANDLING AND/OR CONVEYANCE OF SP	5/1/1991	NC	9	NO
N	99025	INITIAL (NEW PATIENT) VISIT WHEN	4/1/2004	INVALID	N	NO
N	99050	SERVICES PROVIDED IN THE OFFICE	10/1/2000	\$11.71	3	NO
N	99052	SERVICES REQUESTED BETWEEN 10:00	1/1/2006	INVALID	N	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	99054	SERVICES REQUESTED ON SUNDAYS AN	1/1/2006	INVALID	N	NO
N	99058	SVCS PROVIDED ON AN EMERGENCY BA	10/1/2000	\$4.71	3	NO
N	99070	SUPP & MAT (EX SPECTACLES) PROVI	10/1/2002	NC	9	NO
N	99071	EDUCATIONAL SUPPLIES SUCH AS BOO	10/1/2004	NC	9	NO
N	99170	ANOGENITAL EXAMINATION WIT COLPO	10/1/2005	\$93.16	3	NO
N	99173	SCREENING TEST OF VISUAL ACUITY,	8/20/2003	\$7.27	3	NO
N	99195	PHLEBOTOMY THERAPEUTIC (SEPARATE	10/1/2005	\$11.94	3	NO
N	99199	UNLISTED SPECIAL SERVICE OR REPO	4/1/1982	\$0.01	5	NO
N	99201	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$25.17	3	NO
N	99202	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$44.63	3	NO
N	99203	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$66.43	3	NO
N	99204	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$93.94	3	NO
N	99205	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$118.85	3	NO
N	99211	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$14.79	3	NO
N	99212	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$26.47	3	NO
N	99213	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$36.07	3	NO
N	99214	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$56.57	3	NO
N	99215	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$82.26	3	NO
N	99217	OBSERVATION CARE DISCHARGE DAY M	10/1/2005	\$48.53	3	NO
N	99218	INITIAL OBSERVATION CARE, PER DA	10/1/2005	\$46.19	3	NO
N	99219	INITIAL OBSERVATION CARE, PER DA	10/1/2005	\$76.81	3	NO
N	99220	INITIAL OBSERVATION CARE, PER DA	10/1/2005	\$107.95	3	NO
N	99221	INITIAL HOSPITAL CARE, PER DAY,	10/1/2005	\$46.71	3	NO
N	99222	INITIAL HOSP CARE, PER DAY, FOR	10/1/2005	\$77.33	3	NO
N	99223	INITIAL HOSP CARE, PER DAY, FOR	10/1/2005	\$107.69	3	NO
N	99231	SUBSEQUENT HOSP CARE, PER DAY, F	10/1/2005	\$23.36	3	NO
N	99232	SUBSEQUENT HOSP CARE, PER DAY, F	10/1/2005	\$38.15	3	NO
N	99233	SUBSEQUENT HOSP CARE, PER DAY, F	10/1/2005	\$54.24	3	NO
N	99234	OBSERVATION OR INPATIENT HOSP CA	10/1/2005	\$92.90	3	NO
N	99238	HOSPITAL DISCHARGE DAY MANAGEMEN	10/1/2005	\$48.53	3	NO
N	99239	HOSPITAL DISCHARGE DAY MANAGEMEN	10/1/2005	\$66.17	3	NO
N	99241	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$34.51	3	NO
N	99242	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$63.06	3	NO
N	99243	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$84.08	3	NO
N	99244	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$118.33	3	NO
N	99245	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$153.11	3	NO
N	99251	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$24.65	3	NO
N	99252	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$49.56	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	99253	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$67.73	3	NO
N	99254	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$97.31	3	NO
N	99255	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$134.16	3	NO
N	99261	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
N	99262	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
N	99263	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
N	99271	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
N	99272	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
N	99273	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
N	99274	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
N	99275	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
N	99281	EMERG DEPT VISIT FOR E/M OF PT,	10/1/2005	\$11.42	3	NO
N	99282	EMERG DEPT VISIT FOR E/M OF PT,	10/1/2005	\$18.94	3	NO
N	99283	EMERGENCY DEPT VISIT FOR THE E/M	10/1/2005	\$42.56	3	NO
N	99284	EMERG DEPT VISIT FOR E/M OF PT,	10/1/2005	\$66.43	3	NO
N	99285	EMER DEPT VISIT FOR E/M OF PT, W	10/1/2005	\$104.06	3	NO
N	99301	E/M OF NEW OR EST PT INVOLVING A	1/1/2006	INVALID	N	NO
N	99302	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
N	99303	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
N	99304	INITIAL NURSING FACILITY CARE, P	1/1/2006	\$45.15	3	NO
N	99305	INITIAL NURSING FACILITY CARE, P	1/1/2006	\$59.94	3	NO
N	99306	INITIAL NURSING FACILITY CARE, P	1/1/2006	\$73.96	3	NO
N	99307	SUBSEQUENT NURSING FACILITY CARE	1/1/2006	\$23.36	3	NO
N	99308	SUBSEQUENT NURSING FACILITY CARE	1/1/2006	\$38.67	3	NO
N	99309	SUBSEQUENT NURSING FACILITY CARE	1/1/2006	\$54.50	3	NO
N	99310	SUBSEQUENT NURSING FACILITY CARE	1/1/2006	\$68.25	3	NO
N	99311	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
N	99312	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
N	99313	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
N	99315	NURSING FACILITY DISCHARGE DAY M	10/1/2005	\$42.30	3	NO
N	99316	NURSING FACILITY DISCHARGE DAY M	10/1/2005	\$56.05	3	NO
N	99318	E & M OF A PATIENT INVOLVING AN	1/1/2006	\$45.15	3	NO
N	99321	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
N	99322	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
N	99323	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
N	99324	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$40.22	3	NO
N	99325	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$58.91	3	NO
N	99326	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$85.38	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	99327	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$112.36	3	NO
N	99328	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$139.09	3	NO
N	99331	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
N	99332	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
N	99333	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
N	99334	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$31.14	3	NO
N	99335	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$49.31	3	NO
N	99336	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$76.03	3	NO
N	99337	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$111.84	3	NO
N	99339	INDIVIDUAL PHYSICIAN SUPERVISION	1/1/2006	\$0.01	5	NO
N	99340	INDIVIDUAL PHYSICIAN SUPERVISION	1/1/2006	\$0.01	5	NO
N	99341	HOME VISIT FOR E/M OF NEW PT, WH	10/1/2005	\$39.96	3	NO
N	99342	HOME VISIT FOR E/M OF NEW PT, WH	10/1/2005	\$58.91	3	NO
N	99343	HOME VISIT FOR E/M OF NEW PT, WH	10/1/2005	\$85.89	3	NO
N	99344	HOME VISIT FOR THE E/M OF A NEW	10/1/2005	\$112.62	3	NO
N	99345	HOME VISIT FOR THE E/M OF A NEW	10/1/2005	\$139.35	3	NO
N	99347	HOME VISIT FOR THE E/M OF AN EST	10/1/2005	\$31.14	3	NO
N	99348	HOME VISIT FOR THE E/M OF AN EST	10/1/2005	\$49.31	3	NO
N	99349	HOME VISIT FOR THE E/M OF AN EST	10/1/2005	\$76.29	3	NO
N	99350	HOME VISIT FOR THE E/M OF AN EST	10/1/2005	\$112.62	3	NO
N	99354	PROLONGED PHYSICIAN SERVICE IN T	10/1/2005	\$67.99	3	NO
N	99355	PROLONGED PHYSICIAN SERVICE IN T	10/1/2005	\$67.21	3	NO
N	99371	TELEPHONE CALL BY PHYS TO PT OR	10/1/2000	\$10.82	3	NO
N	99372	TELEPHONE CALL BY PHYS TO PT OR	10/1/2000	\$10.82	3	NO
N	99373	PHONE CALL BY PHYS TO PT OR CONS	10/1/2000	\$10.82	3	NO
N	99381	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$71.10	3	NO
N	99382	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$76.55	3	NO
N	99383	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$75.00	3	NO
N	99384	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$81.48	3	NO
N	99385	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$81.48	3	NO
N	99386	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$95.76	3	NO
N	99387	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$103.80	3	NO
N	99391	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$53.98	3	NO
N	99392	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$60.46	3	NO
N	99393	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$59.69	3	NO
N	99394	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$65.91	3	NO
N	99395	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$66.69	3	NO
N	99396	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$73.70	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	99397	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$81.22	3	NO
N	99401	PREVENTIVE MEDICINE COUNSELING A	10/1/2005	\$28.80	3	NO
N	99402	COUNSELING AND/OR RISK FACTOR RE	10/1/2005	\$48.53	3	NO
N	99403	COUNSELING AND/OR RISK FACTOR RE	10/1/2005	\$67.21	3	NO
N	99404	COUNSELING AND/OR RISK FACTOR RE	10/1/2005	\$86.15	3	NO
N	99429	UNLISTED PREVENTIVE MEDICINE SER	2/1/1994	\$0.01	5	NO
N	99431	HISTORY AND EXAM OF NORMAL NEWBO	10/1/2005	\$41.52	3	NO
N	99432	NORMAL NEWBORN CARE IN OTHER THA	10/1/2005	\$58.65	3	NO
N	99433	SUBSEQUENT HOSP CARE, FOR THE E/	10/1/2005	\$21.80	3	NO
N	99435	HISTORY AND EXAMINATION OF THE N	10/1/2005	\$55.79	3	NO
N	99436	ATTENDANCE AT DELIVERY (WHEN REQ	10/1/2005	\$52.68	3	NO
N	99440	NEWBORN RESUSCITATION; PROVISION	10/1/2005	\$103.28	3	NO
N	99499	UNLISTED EVALUATION AND MANAGEME	1/1/1992	\$0.01	5	NO
P	A4642	SUPPLY OF SATUMOMAB PENDETIDE, R	1/1/2001	NC	9	NO
P	A4643	SUPPLY OF ADDITIONAL HIGH DOSE C	1/1/2006	INVALID	N	NO
P	A4644	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
P	A4645	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
P	A4646	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
P	A4647	SUPPLY OF PARAMAGNETIC CONTRAST	1/1/2006	INVALID	N	NO
P	G0030	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0031	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0032	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0033	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0034	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0035	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0036	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0037	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0038	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0039	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0040	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0041	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0042	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0043	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0044	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0045	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0046	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0047	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0050	MEASUREMENT OF POST-VOIDING RESI	7/1/2003	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	G0106	COLORECTAL CANCER SCREENING; ALT	10/1/2005	\$35.03	3	NO
P	G0120	COLORECTAL CANCER SCREENING; ALT	10/1/2005	\$35.03	3	NO
P	G0122	COLORECTAL CANCER SCREENING; BAR	10/1/2005	\$36.85	3	NO
P	G0125	PET IMAGING REGIONAL OR WHOLE BO	1/1/2006	INVALID	N	YES
P	G0126	PET LUNG IMAGING OF SOLITARY PUL	4/1/2002	INVALID	N	NO
P	G0130	SINGLE ENERGY X-RAY ABSORPTIOMET	10/1/2005	\$7.79	3	NO
P	G0131	COMPUTERIZED TOMOGRAPHY BONE MIN	7/1/2003	INVALID	N	NO
P	G0132	COMPUTERIZED TOMOGRAPHY BONE MIN	7/1/2003	INVALID	N	NO
P	G0173	LINEAR ACCELERATOR BASED STEREOT	1/1/2001	NC	9	NO
P	G0174	INTENSITY MODULATED RADIATION TH	4/1/2002	INVALID	N	NO
P	G0188	FULL LENGTH RADIOGRAPHY OF LOWER	4/1/2002	INVALID	N	NO
P	G0202	SCREENING MAMMOGRAPHY, PRODUCING	1/1/2002	NC	9	NO
P	G0204	DIAGNOSTIC MAMMOGRAPHY, PRODUCIN	1/1/2002	NC	9	NO
P	G0206	DIAGNOSTIC MAMMOGRAPHY, PRODUCIN	1/1/2002	NC	9	NO
P	G0210	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
P	G0211	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
P	G0212	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
P	G0213	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
P	G0214	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
P	G0215	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
P	G0216	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
P	G0217	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
P	G0218	PET IMAGING WHOLD BODY; RESTAGIN	1/1/2006	INVALID	N	YES
P	G0219	PET IMAGING WHOLE BODY; MELANOMA	6/20/2005	NC	9	YES
P	G0220	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
P	G0221	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
P	G0222	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
P	G0223	PET IMAGING WHOLE BODY OR REGION	1/1/2006	INVALID	N	YES
P	G0224	PET IMAGING WHOLE BODY OR REGION	1/1/2006	INVALID	N	YES
P	G0225	PET IMAGING WHOLE BODY OR REGION	1/1/2006	INVALID	N	YES
P	G0226	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
P	G0227	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
P	G0228	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
P	G0229	PET IMAGING; METABOLIC BRAIN IMA	1/1/2006	INVALID	N	YES
P	G0230	PET IMAGING; METABOLIC ASSESS FO	1/1/2006	INVALID	N	YES
P	G0231	PET, WHOLE BODY, FOR RECURRENCE	1/1/2006	INVALID	N	YES
P	G0232	PET, WHOLE BODY, FOR RECURRENCE	1/1/2006	INVALID	N	YES
P	G0233	PET, WHOLE BODY, FOR RECURRENCE	1/1/2006	INVALID	N	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	G0234	PET, REGIONAL OR WHOLE BODY, FOR	1/1/2006	INVALID	N	YES
P	G0235	PET IMAGING, ANY SITE, NOT OTHER	4/1/2005	NC	9	NO
P	G0236	DIGITIZATION OF FILM RADIOGRAPHI	4/1/2004	INVALID	N	NO
P	G0242	MULTI-SOURCE PHOTON STEREOTACTIC	1/1/2006	INVALID	N	NO
P	G0243	MULTI-SOURCE PHOTON STEREOTACTIC	4/1/2002	\$0.01	5	NO
P	G0252	PET IMAGING, FULL AND PARTIAL-RI	1/1/2003	NC	9	NO
P	G0253	PET IMAGING FOR BREAST CANCER, F	1/1/2006	INVALID	N	NO
P	G0254	PET IMAGING FOR BREAST CANCER, F	1/1/2006	INVALID	N	NO
P	G0296	PET IMAGING, FULL AND PARTIAL RI	1/1/2006	INVALID	N	NO
P	G0336	PET IMAGING, BRAIN IMAGING FOR T	4/1/2005	INVALID	N	NO
P	G0365	VESSEL MAPPING OF VESSELS FOR HE	10/1/2005	\$9.34	3	NO
P	P2028	CEPHALIN FLOCCULATION, BLOOD	4/1/1988	NC	9	NO
P	P2029	CONGO RED, BLOOD	12/1/1984	NC	9	NO
P	P2031	HAIR ANALYSIS (EXCLUDING ARSENIC	12/1/1984	NC	9	NO
P	P2033	THYMOL TURBIDITY, BLOOD	12/1/1984	NC	9	NO
P	P2038	MUCOPROTEIN, BLOOD (SEROMUCOID)	1/1/2004	NC	9	NO
P	P7001	CULTURE, BACTERIAL, URINE; QUANT	2/15/2000	NC	9	NO
P	P9010	BLOOD (WHOLE) FOR TRANSFUSION PE	1/1/1988	NC	9	NO
P	P9011	BLOOD (SPLIT UNIT) SPECIFY AMOUN	1/1/1988	NC	9	NO
P	P9012	CRYOPRECIPITATE EACH UNIT	1/1/1988	NC	9	NO
P	P9016	RED BLOOD CELLS, LEUKOCYTES REDU	1/1/1988	NC	9	NO
P	P9017	FRESH FROZEN PLASMA (SINGLE DONO	1/1/1988	NC	9	NO
P	P9019	PLATELETS, EACH UNIT	10/1/2004	NC	9	NO
P	P9020	PLATELET RICH PLASMA EACH UNIT	1/1/1988	NC	9	NO
P	P9021	RED BLOOD CELLS EACH UNIT	1/1/1988	NC	9	NO
P	P9022	RED BLOOD CELLS, WASHED, EACH UN	1/1/1988	NC	9	NO
P	Q0035	CARDIOKHYMOGRAPHY	1/1/2004	NC	9	NO
P	Q0091	SCREENING PAP SMEAR; OBTAINING,	1/1/1992	NC	9	NO
P	Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	4/20/1992	NC	9	NO
P	Q0114	FERN TEST	8/16/1993	NC	9	NO
P	Q0115	POST-COITAL DIRECT, QUALITATIVE	8/16/1993	NC	9	NO
P	Q9942	INJECTION, IMMUNE GLOBULIN, INTR	4/1/2005	\$0.01	5	NO
P	S0820	COMPUTERIZED CORNEAL TOPOGRAPHY,	8/1/2004	\$6.75	3	NO
P	S8055	ULTRASOUND GUIDANCE FOR MULTIFET	4/1/2002	\$0.01	5	NO
P	51725	SIMPLE CYSTOMETROGRAM (CMG) (EG,	10/1/2005	\$55.01	3	NO
P	51726	COMPLEX CYSTOMETROGRAM (EG, CALI	10/1/2005	\$62.28	3	NO
P	51736	SIMPLE UROFLOWMETRY (UFR) (EG, S	10/1/2005	\$22.32	3	NO
P	51741	COMPLEX UROFLOWMETRY (EG, CALIBR	10/1/2005	\$41.52	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	51772	URETHRAL PRESSURE PROFILE STUDIE	10/1/2005	\$59.69	3	NO
P	51784	ELECTROMYOGRAPHY STUDIES (EMG) O	10/1/2005	\$55.79	3	NO
P	51785	ELECTROMYOGRAPHIC STUDIES (EMG)	10/1/2005	\$55.53	3	NO
P	51792	STIMULUS EVOKED RESPONSE (EG MEA	10/1/2005	\$41.00	3	NO
P	51795	VOIDING PRESSURE STUDIES (VP); B	10/1/2005	\$55.79	3	NO
P	51797	VOIDING PRESSURE STUDIES (VP); I	10/1/2005	\$58.39	3	NO
P	54240	PENILE PLETHYSMOGRAPHY	10/1/2005	\$47.75	3	NO
P	54250	NOCTURNAL PENILE TUMESCENCE AND/	10/1/2005	\$80.19	3	NO
P	59020	FETAL CONTRACTION STRESS TEST	10/1/2005	\$28.03	3	NO
P	59025	FETAL NON-STRESS TEST	10/1/2005	\$22.32	3	NO
P	62252	REPROGRAMMING OF PROGRAMMABLE CE	10/1/2005	\$33.48	3	NO
P	62367	ELECTRONIC ANALYSIS OF PROGRAMMA	10/1/2005	\$16.61	3	NO
P	62368	ELECTRONIC ANALYSIS OF PROGRAMMA	10/1/2005	\$25.95	3	NO
P	70010	MYELOGRAPHY, POSTERIOR FOSSA, RA	10/1/2005	\$42.56	3	NO
P	70015	CISTERNOGRAPHY, POSITIVE CONTRAS	10/1/2005	\$43.08	3	NO
P	70030	RADIOLOGIC EXAMINATION EYE FOR D	10/1/2005	\$6.23	3	NO
P	70100	RADIOLOGIC EXAMINATION MANDIBLE	10/1/2005	\$6.49	3	NO
P	70110	RADIOLOGIC EXAMINATION MANDIBLE;	10/1/2005	\$8.82	3	NO
P	70120	RADIOLOGIC EXAMINATION MASTOIDS	10/1/2005	\$6.49	3	NO
P	70130	RADIOLOGIC EXAMINATION MASTOIDS;	10/1/2005	\$12.20	3	NO
P	70134	RADIOLOGIC EXAMINATION INTERNAL	10/1/2005	\$12.20	3	NO
P	70140	RADIOLOGIC EXAMINATION FACIAL BO	10/1/2005	\$6.75	3	NO
P	70150	RADIOLOGIC EXAMINATION FACIAL B	10/1/2005	\$9.08	3	NO
P	70160	RADIOLOGIC EXAMINATION NASAL BON	10/1/2005	\$6.23	3	NO
P	70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL	10/1/2005	\$10.64	3	NO
P	70190	RADIOLOGIC EXAMINATION OPTIC FOR	10/1/2005	\$7.53	3	NO
P	70200	RADIOLOGIC EXAMINATION; ORBITS C	10/1/2005	\$9.86	3	NO
P	70210	RADIOLOGIC EXAMINATION SINUSES P	10/1/2005	\$6.23	3	NO
P	70220	RADIOLOGIC EXAMINATION SINUSES P	10/1/2005	\$8.82	3	NO
P	70240	RADIOLOGIC EXAMINATION SELLA TURC	10/1/2005	\$6.75	3	NO
P	70250	RADIOLOGIC EXAMINATION SKULL LES	10/1/2005	\$8.56	3	NO
P	70260	RADIOLOGIC EXAMINATION SKULL; CO	10/1/2005	\$12.20	3	NO
P	70300	RADIOLOGIC EXAMINATION TEETH SIN	10/1/2005	\$4.15	3	NO
P	70310	RADIOLOGIC EXAMINATION TEETH; PA	10/1/2005	\$6.49	3	NO
P	70320	RADIOLOGIC EXAMINATION TEETH; CO	10/1/2005	\$8.04	3	NO
P	70328	RADIOLOGIC EXAMINATION TEMPOROM	10/1/2005	\$6.49	3	NO
P	70330	RADIOLOGIC EXAMINATION TEMPOROMA	10/1/2005	\$8.56	3	NO
P	70332	TEMPOROMANDIBULAR JOINT ARTHROGR	10/1/2005	\$19.98	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	70336	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$52.94	3	NO
P	70350	CEPHALOGRAM ORTHODONTIC	10/1/2005	\$6.49	3	YES
P	70355	ORTHOPANTOGRAM	10/1/2005	\$7.27	3	YES
P	70360	RADIOLOGIC EXAMINATION NECK SOFT	10/1/2005	\$6.23	3	NO
P	70370	RADIOLOGIC EXAMINATION; PHARYNX	10/1/2005	\$11.16	3	NO
P	70371	COMPLEX DYNAMIC PHARYNGEAL AND S	10/1/2005	\$30.10	3	NO
P	70373	LARYNGOGRAPHY, CONTRAST, RADIOLO	10/1/2005	\$15.57	3	NO
P	70380	RADIOLOGIC EXAMINATION SALIVARY	10/1/2005	\$6.23	3	NO
P	70390	SIALOGRAPHY, RADIOLOGICAL SUPERV	10/1/2005	\$13.49	3	NO
P	70450	COMPUTED TOMOGRAPHY, HEAD OR BRA	10/1/2005	\$30.36	3	NO
P	70460	COMPUTERIZED AXIAL TOMOGRAPHY HE	10/1/2005	\$40.22	3	NO
P	70470	COMPUTERIZED AXIAL TOMOGRAPHY HE	10/1/2005	\$45.41	3	NO
P	70480	COMPUTED TOMOGRAPHY, ORBIT, SELL	10/1/2005	\$45.67	3	NO
P	70481	COMPUTIRIZED AXIAL TOMOGRAPHY OR	10/1/2005	\$49.05	3	NO
P	70482	COMPUTERIZED AXIAL TOMOGRAPHY OR	10/1/2005	\$51.64	3	NO
P	70486	COMPUTED TOMOGRAPHY, MAXILLOFACI	10/1/2005	\$40.48	3	NO
P	70487	COMPUTERIZED AXIAL TOMOGRAPHY MA	10/1/2005	\$46.45	3	NO
P	70488	COMPUTERIZED AXIAL TOMOGRAPHY MA	10/1/2005	\$50.34	3	NO
P	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE	10/1/2005	\$45.67	3	NO
P	70491	COMPUTERIZED AXIAL TOMOGRAPHY SO	10/1/2005	\$49.05	3	NO
P	70492	COMPUTERIZED AXIAL TOMOGRAPHY SO	10/1/2005	\$51.38	3	NO
P	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$62.28	3	NO
P	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$62.28	3	NO
P	70540	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$48.01	3	NO
P	70542	MAGNETIC RESONANCE IMAGING, ORBI	10/1/2005	\$57.61	3	NO
P	70543	MAGNETIC RESONANCE IMAGING, ORBI	10/1/2005	\$76.81	3	NO
P	70544	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$42.82	3	NO
P	70545	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$42.56	3	NO
P	70546	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$64.10	3	NO
P	70547	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$42.56	3	NO
P	70548	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$42.56	3	NO
P	70549	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$64.10	3	NO
P	70551	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$52.94	3	NO
P	70552	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$63.58	3	NO
P	70553	MAGNETIC RESONANCE (EG,PROTON) I	10/1/2005	\$84.34	3	NO
P	70557	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$106.65	3	NO
P	70558	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$117.81	3	NO
P	70559	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$118.33	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	71010	RADIOLOGIC EXAMINATION, CHEST; S	10/1/2005	\$6.49	3	NO
P	71015	RADIOLOGIC EXAMINATION CHEST; ST	10/1/2005	\$7.53	3	NO
P	71020	RADIOLOGIC EXAMINATION, CHEST, T	10/1/2005	\$7.79	3	NO
P	71021	RADIOLOGIC EXAMINATION CHEST TWO	10/1/2005	\$9.60	3	NO
P	71022	RADIOLOGIC EXAMINATION CHEST TWO	10/1/2005	\$10.90	3	NO
P	71023	RADIOLOGIC EXAMINATION CHEST TWO	10/1/2005	\$13.75	3	NO
P	71030	RADIOLOGIC EXAMINATION, CHEST, C	10/1/2005	\$10.90	3	NO
P	71034	RADIOLOGIC EXAMINATION CHEST COM	10/1/2005	\$16.61	3	NO
P	71035	RADIOLOGIC EXAMINATION CHEST SPE	10/1/2005	\$6.49	3	NO
P	71040	BRONCHOGRAPHY, UNILATERAL, RADIO	10/1/2005	\$20.76	3	NO
P	71060	BRONCHOGRAPHY, BILATERAL, RADIOL	10/1/2005	\$26.47	3	NO
P	71090	INSERTION PACEMAKER, FLUOROSCOPY	10/1/2005	\$19.98	3	NO
P	71100	RADIOLOGIC EXAMINATION RIBS UNIL	10/1/2005	\$7.79	3	NO
P	71101	RADIOLOGIC EXAMINATION RIBS UNIL	10/1/2005	\$9.60	3	NO
P	71110	RADIOLOGIC EXAMINATION RIBS BILA	10/1/2005	\$9.60	3	NO
P	71111	RADIOLOGIC EXAMINATION RIBS BILA	10/1/2005	\$11.16	3	NO
P	71120	RADIOLOGIC EXAMINATION STERNUM M	10/1/2005	\$7.27	3	NO
P	71130	RADIOLOGIC EXAMINATION; STERNOCL	10/1/2005	\$7.79	3	NO
P	71250	COMPUTED TOMOGRAPHY, THORAX; WIT	10/1/2005	\$41.26	3	NO
P	71260	COMPUTERIZED AXIAL TOMOGRAPHY TH	10/1/2005	\$44.37	3	NO
P	71270	COMPUTERIZED AXIAL TOMOGRAPHY TH	10/1/2005	\$49.05	3	NO
P	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$68.51	3	NO
P	71550	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$51.90	3	NO
P	71551	MAGNETIC RESONANCE IMAGING, CHES	10/1/2005	\$61.76	3	NO
P	71552	MAGNETIC RESONANCE IMAGING, CHES	10/1/2005	\$80.45	3	NO
P	71555	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$64.62	3	NO
P	72010	RADIOLOGIC EXAMINATION SPINE ENT	10/1/2005	\$16.09	3	NO
P	72020	RADIOLOGIC EXAMINATION SPINE SIN	10/1/2005	\$5.45	3	NO
P	72040	RADIOLOGIC EXAMINATION, SPINE, C	10/1/2005	\$7.79	3	NO
P	72050	RADIOLOGIC EXAMINATION SPINE CER	10/1/2005	\$10.90	3	NO
P	72052	RADIOLOGIC EXAMINATION SPINE CER	10/1/2005	\$12.98	3	NO
P	72069	RADIOLOGIC EXAMINATION, SPINE, T	10/1/2005	\$8.04	3	NO
P	72070	RADIOLOGIC EXAMINATION, SPINE; T	10/1/2005	\$7.79	3	NO
P	72072	RADIOLOGIC EXAMINATION, SPINE; T	10/1/2005	\$7.79	3	NO
P	72074	RADIOLOGIC EXAMINATION, SPINE; T	10/1/2005	\$7.79	3	NO
P	72080	RADIOLOGIC EXAMINATION, SPINE; T	10/1/2005	\$7.79	3	NO
P	72090	RADIOLOGIC EXAMINATION SPINE; SC	10/1/2005	\$9.86	3	NO
P	72100	RADIOLOGIC EXAMINATION, SPINE, L	10/1/2005	\$7.79	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	72110	RADIOLOGIC EXAMINATION, SPINE, L	10/1/2005	\$10.90	3	NO
P	72114	RADIOLOGIC EXAMINATION SPINE LUM	10/1/2005	\$12.98	3	NO
P	72120	RADIOLOGIC EXAMINATION SPINE LUM	10/1/2005	\$7.79	3	NO
P	72125	COMPUTED TOMOGRAPHY, CERVICAL SP	10/1/2005	\$41.26	3	NO
P	72126	COMPUTERIZED AXIAL TOMOGRAPHY CE	10/1/2005	\$43.34	3	NO
P	72127	COMPUTERIZED AXIAL TOMOGRAPHY, C	10/1/2005	\$45.41	3	NO
P	72128	COMPUTED TOMOGRAPHY, THORACIC SP	10/1/2005	\$41.26	3	NO
P	72129	COMPUTERIZED AXIAL TOMOGRAPHY TH	10/1/2005	\$43.60	3	NO
P	72130	COMPUTERIZED AXIAL TOMOGRAPHY, T	10/1/2005	\$45.41	3	NO
P	72131	COMPUTED TOMOGRAPHY, LUMBAR SPIN	10/1/2005	\$41.26	3	NO
P	72132	COMPUTERIZED AXIAL TOMOGRAPHY LU	10/1/2005	\$43.34	3	NO
P	72133	COMPUTERIZED AXIAL TOMOGRAPHY, L	10/1/2005	\$45.41	3	NO
P	72141	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$57.09	3	NO
P	72142	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$68.77	3	NO
P	72146	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$57.09	3	NO
P	72147	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$68.51	3	NO
P	72148	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$52.94	3	NO
P	72149	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$63.84	3	NO
P	72156	MAGNETIC RESONANCE (EG,PROTON) I	10/1/2005	\$91.86	3	NO
P	72157	MAGNETIC RESONANCE (EG,PROTON) I	10/1/2005	\$91.34	3	NO
P	72158	MAGNETIC RESONANCE (EG,PROTON) I	10/1/2005	\$84.34	3	NO
P	72159	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$67.21	3	NO
P	72170	RADIOLOGIC EXAMINATION, PELVIS;	10/1/2005	\$6.23	3	NO
P	72190	RADIOLOGIC EXAMINATION PELVIS; C	10/1/2005	\$7.53	3	NO
P	72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$64.62	3	NO
P	72192	COMPUTERIZED AXIAL TOMOGRAPHY, P	10/1/2005	\$38.93	3	NO
P	72193	COMPUTERIZED AXIAL TOMOGRAPHY PE	10/1/2005	\$41.26	3	NO
P	72194	COMPUTERIZED AXIAL TOMOGRAPHY PE	10/1/2005	\$43.34	3	NO
P	72195	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$52.16	3	NO
P	72196	MAGNETIC RESONANSE (EG, PROTON)	10/1/2005	\$61.76	3	NO
P	72197	MAGNETIC RESONANCE IMAGING, PELV	10/1/2005	\$80.45	3	NO
P	72198	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$64.10	3	NO
P	72200	RADIOLOGIC EXAMINATION SACROILIA	10/1/2005	\$6.23	3	NO
P	72202	RADIOLOGIC EXAMINATION SACROILIA	10/1/2005	\$6.75	3	NO
P	72220	RADIOLOGIC EXAMINATION SACRUM AN	10/1/2005	\$6.23	3	NO
P	72240	MYELOGRAPHY, CERVICAL, RADIOLOGI	10/1/2005	\$32.18	3	NO
P	72255	MYELOGRAPHY, THORACIC, RADIOLOGI	10/1/2005	\$31.66	3	NO
P	72265	MYELOGRAPHY, LUMBOSACRAL, RADIOL	10/1/2005	\$29.06	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	72270	MYELOGRAPHY, ENTIRE SPINAL CANAL	10/1/2005	\$46.97	3	NO
P	72275	EPIDUROGRAPHY, RADIOLOGICAL SUPE	10/1/2005	\$25.95	3	NO
P	72285	DISKOGRAPHY, CERVICAL, RADIOLOGI	10/1/2005	\$41.26	3	NO
P	72295	DISKOGRAPHY, LUMBAR, RADIOLOGICA	10/1/2005	\$30.10	3	NO
P	73000	RADIOLOGIC EXAMINATION CLAVICLE	10/1/2005	\$5.71	3	NO
P	73010	RADIOLOGIC EXAMINATION; SCAPULA	10/1/2005	\$6.23	3	NO
P	73020	RADIOLOGIC EXAMINATION SHOULDER	10/1/2005	\$5.45	3	NO
P	73030	RADIOLOGIC EXAMINATION SHOULDER;	10/1/2005	\$6.49	3	NO
P	73040	RADIOLOGIC EXAMINATION, SHOULDER	10/1/2005	\$19.20	3	NO
P	73050	RADIOLOGIC EXAMINATION ACROMIOCL	10/1/2005	\$7.27	3	NO
P	73060	RADIOLOGIC EXAMINATION; HUMERUS	10/1/2005	\$6.23	3	NO
P	73070	RADIOLOGIC EXAMINATION, ELBOW; T	10/1/2005	\$5.45	3	NO
P	73080	RADIOLOGIC EXAMINATION ELBOW; CO	10/1/2005	\$6.23	3	NO
P	73085	RADIOLOGIC EXAMINATION, ELBOW, A	10/1/2005	\$19.72	3	NO
P	73090	RADIOLOGIC EXAMINATION; FOREARM,	10/1/2005	\$5.71	3	NO
P	73092	RADIOLOGIC EXAMINATION; UPPER EX	10/1/2005	\$5.71	3	NO
P	73100	RADIOLOGIC EXAMINATION, WRIST; T	10/1/2005	\$5.71	3	NO
P	73110	RADIOLOGIC EXAMINATION WRIST; CO	10/1/2005	\$6.23	3	NO
P	73115	RADIOLOGIC EXAMINATION, WRIST, A	10/1/2005	\$19.46	3	NO
P	73120	RADIOLOGIC EXAMINATION HAND TWO	10/1/2005	\$5.71	3	NO
P	73130	RADIOLOGIC EXAMINATION HAND; MIN	10/1/2005	\$6.23	3	NO
P	73140	RADIOLOGIC EXAMINATION FINGER OR	10/1/2005	\$4.67	3	NO
P	73200	COMPUTED TOMOGRAPHY, UPPER EXTRE	10/1/2005	\$38.93	3	NO
P	73201	COMPUTERIZED AXIAL TOMOGRAPHY UP	10/1/2005	\$41.26	3	NO
P	73202	COMPUTERIZED AXIAL TOMOGRAPHY UP	10/1/2005	\$43.60	3	NO
P	73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$64.36	3	NO
P	73218	MAGNETIC RESONANCE IMAGING, UPPE	10/1/2005	\$48.01	3	NO
P	73219	MAGNETIC RESONANCE IMAGING, UPPE	10/1/2005	\$57.87	3	NO
P	73220	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$76.81	3	NO
P	73221	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$48.01	3	NO
P	73222	MAGNETIC RESONANCE IMAGING, ANY	10/1/2005	\$57.61	3	NO
P	73223	MAGNETIC RESONANCE IMAGING, ANY	10/1/2005	\$76.81	3	NO
P	73225	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$64.88	3	NO
P	73500	RADIOLOGIC EXAMINATION HIP UNILA	10/1/2005	\$6.23	3	NO
P	73510	RADIOLOGIC EXAMINATION HIP; COMP	10/1/2005	\$7.53	3	NO
P	73520	RADIOLOGIC EXAMINATION HIPS BILA	10/1/2005	\$9.34	3	NO
P	73525	RADIOLOGIC EXAMINATION, HIP, ART	10/1/2005	\$19.46	3	NO
P	73530	RADIOLOGIC EXAMINATION HIP DURIN	10/1/2005	\$10.38	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	73540	RADIOLOGIC EXAMINATION PELVIS AN	10/1/2005	\$7.27	3	NO
P	73542	RADIOLOGICAL EXAMINATION, SACROI	10/1/2005	\$20.50	3	NO
P	73550	RADIOLOGIC EXAMINATION, FEMUR, T	10/1/2005	\$6.23	3	NO
P	73560	RADIOLOGIC EXAMINATION KNEE ANTE	10/1/2005	\$6.23	3	NO
P	73562	RADIOLOGIC EXAMINATION KNEE; ANT	10/1/2005	\$6.49	3	NO
P	73564	RADIOLOGIC EXAM, KNEE; COMPLETE,	10/1/2005	\$7.79	3	NO
P	73565	RADIOLOGIC EXAMINATION, KNEE; BO	10/1/2005	\$6.23	3	NO
P	73580	RADIOLOGIC EXAMINATION, KNEE, AR	10/1/2005	\$19.20	3	NO
P	73590	RADIOLOGIC EXAMINATION; TIBIA AN	10/1/2005	\$6.23	3	NO
P	73592	RADIOLOGIC EXAMINATION; LOWER EX	10/1/2005	\$5.71	3	NO
P	73600	RADIOLOGIC EXAMINATION, ANKLE; T	10/1/2005	\$5.71	3	NO
P	73610	RADIOLOGIC EXAMINATION ANKLE; CO	10/1/2005	\$6.23	3	NO
P	73615	RADIOLOGIC EXAMINATION, ANKLE, A	10/1/2005	\$19.46	3	NO
P	73620	RADIOLOGIC EXAMINATION, FOOT; TW	10/1/2005	\$5.71	3	NO
P	73630	RADIOLOGIC EXAMINATION FOOT; COM	10/1/2005	\$6.23	3	NO
P	73650	RADIOLOGIC EXAMINATION CALCANEUS	10/1/2005	\$5.71	3	NO
P	73660	RADIOLOGIC EXAMINATION; TOE OR T	10/1/2005	\$4.67	3	NO
P	73700	COMPUTED TOMOGRAPHY, LOWER EXTRE	10/1/2005	\$38.93	3	NO
P	73701	COMPUTERIZED AXIAL TOMOGRAPHY LO	10/1/2005	\$41.26	3	NO
P	73702	COMPUTERIZED AXIAL TOMOGRAPHY LO	10/1/2005	\$43.34	3	NO
P	73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$67.73	3	NO
P	73718	MAGNETIC RESONANCE IMAGING, LOWE	10/1/2005	\$48.01	3	NO
P	73719	MAGNETIC RESONANCE IMAGING, LOWE	10/1/2005	\$57.61	3	NO
P	73720	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$76.55	3	NO
P	73721	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$48.01	3	NO
P	73722	MAGNETIC RESONANCE IMAGING, ANY	10/1/2005	\$57.61	3	NO
P	73723	MAGNETIC RESONANCE IMAGING, ANY	10/1/2005	\$76.81	3	NO
P	73725	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$64.88	3	NO
P	74000	RADIOLOGIC EXAMINATION ABDOMEN S	10/1/2005	\$6.49	3	NO
P	74010	RADIOLOGIC EXAMINATION ABDOMEN;	10/1/2005	\$8.30	3	NO
P	74020	RADIOLOGIC EXAMINATION ABDOMEN;	10/1/2005	\$9.60	3	NO
P	74022	RADIOLOGIC EXAMINATION, ABDOMEN;	10/1/2005	\$11.16	3	NO
P	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WI	10/1/2005	\$42.30	3	NO
P	74160	COMPUTERIZED AXIAL TOMOGRAPHY AB	10/1/2005	\$45.41	3	NO
P	74170	COMPUTERIZED AXIAL TOMOGRAPHY AB	10/1/2005	\$49.82	3	NO
P	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$67.47	3	NO
P	74181	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$51.90	3	NO
P	74182	MAGNETIC RESONANCE IMAGING, ABDO	10/1/2005	\$61.76	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	74183	MAGNETIC RESONANCE IMAGING, ABDO	10/1/2005	\$80.45	3	NO
P	74185	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$64.10	3	NO
P	74190	PERITONEOGRAM, RADIOLOGICAL SUPE	10/1/2005	\$17.13	3	NO
P	74210	RADIOLOGIC EXAMINATION PHARYNX A	10/1/2005	\$12.98	3	NO
P	74220	RADIOLOGIC EXAMINATION; ESOPHAGU	10/1/2005	\$16.35	3	NO
P	74230	SWALLOWING FUNCTION, WITH CINERA	10/1/2005	\$18.68	3	NO
P	74235	REMOVAL OF FOREIGN BODY(S), ESOP	10/1/2005	\$42.56	3	NO
P	74240	RADIOLOGIC EXAMINATION GASTROINT	10/1/2005	\$24.65	3	NO
P	74241	RADIOLOGIC EXAMINATION GASTROINT	10/1/2005	\$24.65	3	NO
P	74245	RADIOLOGIC EXAM, GASTGROINTESTIN	10/1/2005	\$32.44	3	NO
P	74246	RADIOLOGICAL EXAMINATION GASTROI	10/1/2005	\$24.65	3	NO
P	74247	RADIOLOGICAL EXAMINATION GASTROI	10/1/2005	\$24.65	3	NO
P	74249	RADIOLOGICAL EXAM, GASTROINTESTI	10/1/2005	\$32.44	3	NO
P	74250	RADIOLOGIC EXAMINATION, SMALL IN	10/1/2005	\$16.61	3	NO
P	74251	RADIOLOGIC EXAMINATION, SMALL BO	10/1/2005	\$24.65	3	NO
P	74260	DUODENOGRAPHY HYPOTONIC	10/1/2005	\$17.65	3	NO
P	74270	RADIOLOGIC EXAMINATION, COLON; B	10/1/2005	\$24.65	3	NO
P	74280	RADIOLOGIC EXAMINATION COLON AIR	10/1/2005	\$35.03	3	NO
P	74283	BARIUM ENEMA, THERAPEUTIC, FOR R	10/1/2005	\$71.88	3	NO
P	74290	CHOLECYSTOGRAPHY ORAL CONTRAST	10/1/2005	\$11.16	3	NO
P	74291	CHOLECYSTOGRAPHY ORAL CONTRAST;	10/1/2005	\$7.27	3	NO
P	74300	CHOLANGIOGRAPHY AND/OR PANCREATO	10/1/2005	\$12.98	3	NO
P	74301	CHOLANGIOGRAPHY; ADDITIONAL SET	10/1/2005	\$7.53	3	NO
P	74305	CHOLANGIOGRAPHY AND/OR PANCREATO	10/1/2005	\$15.05	3	NO
P	74320	CHOLANGIOGRAPHY, PERCUTANEOUS, T	10/1/2005	\$19.20	3	NO
P	74327	POSTOPERATIVE BILIARY DUCT CALCU	10/1/2005	\$24.91	3	NO
P	74328	ENDOSCOPIC CATHETERIZATION OF TH	10/1/2005	\$24.91	3	NO
P	74329	ENDOSCOPIC CATHETERIZATION OF TH	10/1/2005	\$24.91	3	NO
P	74330	COMBINED ENDOSCOPIC CATHETERIZAT	10/1/2005	\$31.92	3	NO
P	74340	INTRO OF LONG GASTROINTESTINAL T	10/1/2005	\$19.20	3	NO
P	74350	PERCUTANEOUS PLACEMENT OF GASTRO	10/1/2005	\$26.99	3	NO
P	74355	PERCUTANEOUS PLACEMENT OF ENTERO	10/1/2005	\$26.99	3	NO
P	74360	INTRALUMINAL DILATION OF STRICTU	10/1/2005	\$19.72	3	NO
P	74363	PERCUTANEOUS TRANSHEPATIC DILATA	10/1/2005	\$31.40	3	NO
P	74400	UROGRAPHY (PYELOGRAPHY), INTRAVE	10/1/2005	\$17.39	3	NO
P	74410	UROGRAPHY, INFUSION, DRIP TECHN	10/1/2005	\$17.39	3	NO
P	74415	UROGRAPHY INFUSION DRIP TECHNIQU	10/1/2005	\$17.39	3	NO
P	74420	UROGRAPHY RETROGRADE WITH OR WIT	10/1/2005	\$12.98	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	74425	UROGRAPHY, ANTEGRADE, (PYELOSTOG	10/1/2005	\$12.98	3	NO
P	74430	CYSTOGRAPHY, MINIMUM OF THREE VI	10/1/2005	\$11.42	3	NO
P	74440	VASOGRAPHY, VESICULOGRAPHY, OR E	10/1/2005	\$13.49	3	NO
P	74445	CORPORA CAVERNOSOGRAPHY, RADIOLO	10/1/2005	\$41.00	3	NO
P	74450	URETHROCYSTOGRAPHY, RETROGRADE,	10/1/2005	\$11.94	3	NO
P	74455	URETHROCYSTOGRAPHY, VOIDING, RAD	10/1/2005	\$11.94	3	NO
P	74470	RADIOLOGIC EXAMINATION, RENAL CY	10/1/2005	\$19.20	3	NO
P	74475	INTRODUCTION OF INTRACATHETER OR	10/1/2005	\$19.20	3	NO
P	74480	INTRO OF URETERAL CATH OR STENT	10/1/2005	\$19.20	3	NO
P	74485	DILATION OF NEPHROSTOMY, URETERS	10/1/2005	\$19.20	3	NO
P	74710	PELVIMETRY WITH OR WITHOUT PLACE	10/1/2005	\$12.20	3	NO
P	74740	HYSTEROSALPINGOGRAPHY, RADIOLOGI	8/11/2003	NC	9	NO
P	74742	TRANSCERVICAL CATHETERIZATION OF	1/1/1993	NC	9	NO
P	74775	PERINEOGRAM (EG, VAGINOGRAM, FOR	10/1/2005	\$22.32	3	NO
P	75552	CARDIAC MAGNETIC RESONANCE IMAGI	10/1/2005	\$57.09	3	NO
P	75553	CARDIAC MAGNETIC RESONANCE IMAGI	10/1/2005	\$70.58	3	NO
P	75554	CARDIAC MAGNETIC RESONANCE IMAGI	10/1/2005	\$65.91	3	NO
P	75555	CARDIAC MAGNETIC RESONANCE IMAGI	10/1/2005	\$63.58	3	NO
P	75556	CARDIAC MAGNETIC RESONANCE IMAGI	10/1/2001	\$0.01	5	NO
P	75600	AORTOGRAPHY, THORACIC, W/OUT SER	10/1/2005	\$18.17	3	NO
P	75605	AORTOGRAPHY, THORACIC, BY SERIAL	10/1/2005	\$41.26	3	NO
P	75625	AORTOGRAPHY, ABDOMINAL, BY SERIA	10/1/2005	\$41.00	3	NO
P	75630	AORTOGRAPHY, ABDOM PLUS BILAT IL	10/1/2005	\$65.13	3	NO
P	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$85.64	3	NO
P	75650	ANGIOGRAPHY, CERVICOCEREBRAL, CA	10/1/2005	\$53.46	3	NO
P	75658	ANGIOGRAPHY, BRACHIAL, RETROGRAD	10/1/2005	\$48.01	3	NO
P	75660	ANGIOGRAPHY, EXTERNAL CAROTID, U	10/1/2005	\$47.49	3	NO
P	75662	ANGIOGRAPHY, EXTERNAL CAROTID, B	10/1/2005	\$60.46	3	NO
P	75665	ANGIOGRAPHY, CAROTID, CEREBRAL,	10/1/2005	\$47.75	3	NO
P	75671	ANGIOGRAPHY, CAROTID, CEREBRAL,	10/1/2005	\$59.69	3	NO
P	75676	ANGIOGRAPHY, CAROTID, CERVICAL,	10/1/2005	\$47.75	3	NO
P	75680	ANGIOGRAPHY, CAROTID, CERVICAL,	10/1/2005	\$59.69	3	NO
P	75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL	10/1/2005	\$46.97	3	NO
P	75705	ANGIOGRAPHY, SPINAL, SELECTIVE,	10/1/2005	\$78.89	3	NO
P	75710	ANGIOGRAPHY, EXTREMITY, UNILATER	10/1/2005	\$41.52	3	NO
P	75716	ANGIOGRAPHY, EXTREMITY, BILATERA	10/1/2005	\$46.97	3	NO
P	75722	ANGIOGRAPHY, RENAL, UNILATERAL,	10/1/2005	\$41.52	3	NO
P	75724	ANGIOGRAPHY, RENAL, BILATERAL, S	10/1/2005	\$54.75	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	75726	ANGIOGRAPHY,VISCERAL,SELECTIVE O	10/1/2005	\$40.48	3	NO
P	75731	ANGIOGRAPHY, ADRENAL, UNILATERAL	10/1/2005	\$40.74	3	NO
P	75733	ANGIOGRAPHY, ADRENAL, BILATERAL,	10/1/2005	\$46.97	3	NO
P	75736	ANGIOGRAPHY, PELVIC, SELECTIVE O	10/1/2005	\$41.00	3	NO
P	75741	ANGIOGRAPHY, PULMONARY, UNILATER	10/1/2005	\$46.71	3	NO
P	75743	ANGIOGRAPHY, PULMONARY, BILATERA	10/1/2005	\$58.91	3	NO
P	75746	ANGIOGRAPHY, PULMONARY, BY NONSE	10/1/2005	\$40.74	3	NO
P	75756	ANGIOGRAPHY, INTERNAL MAMMARY, R	10/1/2005	\$42.30	3	NO
P	75774	ANGIOGRAPHY, SELECTIVE, EACH ADD	10/1/2005	\$12.98	3	NO
P	75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT	10/1/2005	\$65.91	3	NO
P	75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY	10/1/2005	\$29.84	3	NO
P	75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY	10/1/2005	\$41.52	3	NO
P	75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMIN	10/1/2005	\$29.32	3	NO
P	75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMIN	10/1/2005	\$41.52	3	NO
P	75809	SHUNTOGRAM FOR INVESTIGATION OF	10/1/2005	\$16.61	3	NO
P	75810	SPLENOPORTOGRAPHY, RADIOLOGICAL	10/1/2005	\$40.48	3	NO
P	75820	VENOGRAPHY, EXTREMITY, UNILATERA	10/1/2005	\$25.17	3	NO
P	75822	VENOGRAPHY, EXTREMITY, BILATERAL	10/1/2005	\$37.89	3	NO
P	75825	VENOGRAPHY, CAVAL, INFERIOR, W/S	10/1/2005	\$41.00	3	NO
P	75827	VENOGRAPHY, CAVAL, SUPERIOR, W/S	10/1/2005	\$40.74	3	NO
P	75831	VENOGRAPHY, RENAL, UNILATERAL, S	10/1/2005	\$41.00	3	NO
P	75833	VENOGRAPHY, RENAL, BIALTERAL, SE	10/1/2005	\$53.72	3	NO
P	75840	VENOGRAPHY, ADRENAL, UNILATERAL,	10/1/2005	\$41.26	3	NO
P	75842	VENOGRAPHY, ADRENAL, BILATERAL,	10/1/2005	\$52.94	3	NO
P	75860	VENOGRAPHY, SINUS OR JUGULAR, CA	10/1/2005	\$41.00	3	NO
P	75870	VENOGRAPHY, SUPERIOR SAGITTAL SI	10/1/2005	\$41.00	3	NO
P	75872	VENOGRAPHY, EPIDURAL, RADIOLOGIC	10/1/2005	\$42.56	3	NO
P	75880	VENOGRAPHY, ORBITAL, RADIOLOGICA	10/1/2005	\$24.91	3	NO
P	75885	PERCUTANEOUS TRANSHEPATIC PORTOG	10/1/2005	\$51.38	3	NO
P	75887	PERCUTANEOUS TRANSHEPATIC PORTOG	10/1/2005	\$51.12	3	NO
P	75889	HEPATIC VENOGRAPHY, WEDGED OR FR	10/1/2005	\$40.48	3	NO
P	75891	HEPATIC VENOGRAPHY, WEDGED OR FR	10/1/2005	\$40.48	3	NO
P	75893	VENOUS SAMPLING THRU CATH, W/OR	10/1/2005	\$19.46	3	NO
P	75894	TRANSCATHETER THERAPY, EMBOLIZAT	10/1/2005	\$47.23	3	NO
P	75896	TRANSCATHETER THERAPY, INFUSION,	10/1/2005	\$47.49	3	NO
P	75898	ANGIOGRAPHY THRU EXISTING CATHET	10/1/2005	\$59.17	3	NO
P	75900	EXCHANGE OF A PREVIOUSLY PLACED	10/1/2005	\$17.65	3	NO
P	75901	MECHANICAL REMOVAL OF PERICATHET	10/1/2005	\$17.39	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	75902	MECHANICAL REMOVAL OF INTRALUMIN	10/1/2005	\$14.01	3	NO
P	75940	PERCUTANEOUS PLACEMENT OF IVC FI	10/1/2005	\$19.72	3	NO
P	75945	INTRAVASCULAR ULTRASOUND (NON-CO	10/1/2005	\$15.05	3	NO
P	75946	INTRAVASCULAR ULTRASOUND (NON-CO	10/1/2005	\$15.31	3	NO
P	75952	ENDOVASCULAR REPAIR OF INFRARENA	10/1/2005	\$166.60	3	NO
P	75953	PLACEMENT OF PROXIMAL OR DISTAL	10/1/2005	\$50.34	3	NO
P	75954	ENDOVASCULAR REPAIR OF ILIAC ART	10/1/2005	\$82.52	3	NO
P	75956	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	\$269.88	3	NO
P	75957	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	\$231.21	3	NO
P	75958	PLACEMENT OF PROXIMAL EXTENSION	1/1/2006	\$154.14	3	NO
P	75959	PLACEMENT OF DISTAL EXTENSION PR	1/1/2006	\$134.94	3	NO
P	75960	TRANSCATHETER INTRO OF INTRAVASC	10/1/2005	\$29.84	3	NO
P	75961	TRANSCATHETER RETRIEVAL,PERCUTAN	10/1/2005	\$151.81	3	NO
P	75962	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$19.72	3	NO
P	75964	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$13.23	3	NO
P	75966	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$47.75	3	NO
P	75968	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$13.23	3	NO
P	75970	TRANSCATHETER BIOPSY, RADIOLOGIC	10/1/2005	\$29.84	3	NO
P	75978	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$19.46	3	NO
P	75980	PERCUTANEOUS TRANSHEPATIC BILIRY	10/1/2005	\$51.12	3	NO
P	75982	PERCUTANEOUS PLACE OF DRAIN CATH	10/1/2005	\$51.12	3	NO
P	75984	CHANGE OF PERCUTANEOUS TUBE OR D	10/1/2005	\$25.43	3	NO
P	75989	RADIOLOGICAL GUIDANCE FOR PERCUT	10/1/2005	\$42.30	3	NO
P	75992	TRANSLUMINAL ATHERECTOMY, PERIPH	10/1/2005	\$19.72	3	NO
P	75993	TRANSLUMINAL ATHERECTOMY, EACH A	10/1/2005	\$13.23	3	NO
P	75994	TRANSLUMINAL ATHERECTOMY, RENAL,	10/1/2005	\$47.75	3	NO
P	75995	TRANSLUMINAL ATHERECTOMY, VISCER	10/1/2005	\$47.49	3	NO
P	75996	TRANSLUMINAL ATHERECTOMY, EACH A	10/1/2005	\$12.98	3	NO
P	75998	FLUOROSCOPIC GUIDANCE FOR CENTRA	10/1/2005	\$13.49	3	NO
P	76000	FLUOROSCOPY (SEP PROC), UP TO ON	10/1/2005	\$5.97	3	NO
P	76001	FLUOROSCOPY, PHYS TIME MORE THAN	10/1/2005	\$24.39	3	NO
P	76003	FLUROSCOPIC GUIDANCE FOR NEEDLE	10/1/2005	\$19.20	3	NO
P	76005	FLUOROSCOPIC GUIDANCE AND LOCALI	10/1/2005	\$20.50	3	NO
P	76010	RADIOLOGIC EXAMINATION FROM NOSE	10/1/2005	\$6.49	3	NO
P	76012	RADIOLOGICAL SUPERVISION AND INT	10/1/2005	\$48.79	3	NO
P	76013	RADIOLOGICAL SUPERVISION AND INT	10/1/2005	\$50.34	3	NO
P	76020	BONE AGE STUDIES	10/1/2005	\$6.75	3	NO
P	76040	BONE LENGTH STUDIES (ORTHOROENTG	10/1/2005	\$9.60	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	76061	RADIOLOGIC EXAMINATION OSSEOUS S	10/1/2005	\$16.09	3	NO
P	76062	RADIOLOGIC EXAMINATION OSSEOUS S	10/1/2005	\$19.20	3	NO
P	76065	INFANT	10/1/2005	\$24.91	3	NO
P	76066	JOINT SURVEY, SINGLE VIEW, TWO O	10/1/2005	\$11.16	3	NO
P	76070	COMPUTED TOMOGRAPHY, BONE MINERA	10/1/2005	\$8.82	3	NO
P	76071	COMPUTED TOMOGRAPHY, BONE MINERA	10/1/2005	\$7.79	3	NO
P	76075	DUAL ENERGY X-RAY ABSORPTIOMETRY	10/1/2005	\$10.64	3	NO
P	76076	DUAL ENERGY X-RAY ABSORPTIOMETRY	10/1/2005	\$8.04	3	NO
P	76077	DUAL ENERGY X-RAY ABSORPTIOMETRY	10/1/2005	\$6.23	3	NO
P	76078	RADIOGRAPHIC ABSORPTIOMETRY (EG,	10/1/2005	\$7.27	3	NO
P	76080	RADIOLOGIC EXAM, FISTULA OR SINU	10/1/2005	\$19.20	3	NO
P	76082	COMPUTER AIDED DETECTION WITH FU	10/1/2005	\$2.34	3	NO
P	76083	COMPUTER AIDED DETECTION WITH FU	10/1/2005	\$2.34	3	NO
P	76085	DIGITIZATION OF FILM RADIOGRAPHI	4/1/2004	INVALID	N	NO
P	76086	MAMMARY DUCTOGRAM OR GALACTOGRAM	10/1/2005	\$12.98	3	NO
P	76088	MAMMARY DUCTOGRAM OR GALACTOGRAM	10/1/2005	\$16.09	3	NO
P	76090	MAMMOGRAPHY UNILATERAL	10/1/2005	\$24.91	3	NO
P	76091	MAMMOGRAPHY; BILATERAL	10/1/2005	\$30.88	3	NO
P	76092	SCREENING MAMMOGRAPHY, BILATERAL	10/1/2005	\$24.91	3	NO
P	76093	MAGNETIC RESONANCE IMAGING, BREA	10/1/2005	\$57.87	3	NO
P	76094	MAGNETIC RESONANCE IMAGING, BREA	10/1/2005	\$57.87	3	NO
P	76095	STEREOTACTIC LOCALIZATION GUIDAN	10/1/2005	\$57.09	3	NO
P	76096	MAMMOGRAPHIC GUIDANCE FOR NEEDLE	10/1/2005	\$19.98	3	NO
P	76098	RADIOLOGICAL EXAMINATION, SURGIC	10/1/2005	\$5.71	3	NO
P	76100	RADIOLOGICAL EXAMINATION, SINGLE	10/1/2005	\$20.76	3	NO
P	76101	RADIOLOGIC EXAM,CMPLX MOTION(HYP	10/1/2005	\$20.76	3	NO
P	76102	RADIOLOGIC EXAMINATION COMPLEX M	10/1/2005	\$20.76	3	NO
P	76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY	10/1/2005	\$13.75	3	NO
P	76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY	10/1/2005	\$9.60	3	NO
P	76140	CONSULTATION ON X-RAY EXAMINATIO	4/1/1982	\$0.01	5	NO
P	76355	COMPUTED TOMOGRAPHY GUIDANCE FOR	10/1/2005	\$43.34	3	NO
P	76360	COMPUTED TOMOGRAPHY GUIDANCE FOR	10/1/2005	\$41.26	3	NO
P	76362	COMPUTERIZED AXIAL TOMOGRAPHIC G	10/1/2005	\$142.21	3	NO
P	76370	COMPUTED TOMOGRAPHY GUIDANCE FOR	10/1/2005	\$30.36	3	NO
P	76375	CORONAL, SAGITTAL, MULTIPLANAR,	1/1/2006	INVALID	N	NO
P	76376	3D RENDERING W/INTERPRETATION AN	1/1/2006	\$7.53	3	NO
P	76377	3D RENDERING W/INTERPRETATION AN	1/1/2006	\$29.58	3	NO
P	76380	COMPUTED TOMOGRAPHY, LIMITED OR	10/1/2005	\$34.77	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	76390	MAGNETIC RESONANCE SPECTROSCOPY	10/1/2005	\$50.34	3	NO
P	76393	MAGNETIC RESONANCE GUIDANCE FOR	10/1/2005	\$54.24	3	NO
P	76394	MAGNETIC RESONANCE GUIDANCE FOR,	10/1/2005	\$152.07	3	NO
P	76400	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$56.83	3	NO
P	76490	ULTRASOUND GUIDANCE FOR, AND MON	4/1/2004	INVALID	N	NO
P	76496	UNLISTED FLUOROSCOPIC PROCEDURE	1/1/2003	\$0.01	5	NO
P	76497	UNLISTED COMPUTED TOMOGRAPHY PRO	1/1/2003	\$0.01	5	NO
P	76498	UNLISTED MAGNETIC RESONANCE PROC	1/1/2003	\$0.01	5	NO
P	76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC	4/1/1982	\$0.01	5	NO
P	76506	ECHOENCEPHALOGRAPHY B-MODE (GRAY	10/1/2005	\$23.87	3	NO
P	76510	OPHTHALMIC ULTRASOUND, DIAGNOSTI	10/1/2005	\$58.65	3	NO
P	76511	OPHTHALMIC ULTRASOUND, DIAGNOSTI	10/1/2005	\$35.55	3	NO
P	76512	OPHTHALMIC ULTRASOUND, DIAGNOSTI	10/1/2005	\$35.81	3	NO
P	76513	OPHTHALMIC ULTRASOUND; ECHOGRAPH	10/1/2005	\$25.17	3	NO
P	76514	OPHTHALMIC ULTRASOUND, ECHOGRAPH	10/1/2005	\$6.75	3	NO
P	76516	OPHTHALMIC BIOMETRY BY ULTRASOUN	10/1/2005	\$20.50	3	NO
P	76519	OPHTHALMIC BIOMETRY BY ULTRASOUN	10/1/2005	\$20.50	3	NO
P	76529	OPHTHALMIC ULTRASONIC FOREIGN BO	10/1/2005	\$21.54	3	NO
P	76536	ULTRASOUND, SOFT TISSUES OF HEAD	10/1/2005	\$19.98	3	NO
P	76604	ULTRASOUND, CHEST, B-SCAN (INCL	10/1/2005	\$19.46	3	NO
P	76645	ULTRASOUND, BREAST(S) (UNILATERA	10/1/2005	\$19.20	3	NO
P	76700	ULTRASOUND, ABDOMINAL, B-SCAN AN	10/1/2005	\$29.06	3	NO
P	76705	ECHOGRAPHY ABDOMINAL B-SCAN AND/	10/1/2005	\$21.02	3	NO
P	76770	ULTRASOUND, RETROPERITONEAL (REN	10/1/2005	\$26.21	3	NO
P	76775	ECHOGRAPHY RETROPERITONEAL B-SCA	10/1/2005	\$20.76	3	NO
P	76778	ULTRASOUND, TRANSPLANTED KIDNEY,	10/1/2005	\$26.21	3	NO
P	76800	ULTRASOUND, SPINAL CANAL AND CON	10/1/2005	\$39.44	3	NO
P	76801	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$35.55	3	NO
P	76802	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$30.10	3	NO
P	76805	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$35.55	3	NO
P	76810	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$35.29	3	NO
P	76811	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$70.07	3	NO
P	76812	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$65.39	3	NO
P	76815	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$23.61	3	NO
P	76816	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$31.40	3	NO
P	76817	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$26.99	3	NO
P	76818	FETAL BIOPHYSICAL PROFILE; WITH	10/1/2005	\$38.67	3	NO
P	76819	FETAL BIOPHYSICAL PROFILE; WITHO	10/1/2005	\$28.03	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	76820	DOPPLER VELOCIMETRY, FETAL; UMBI	10/1/2005	\$18.68	3	NO
P	76821	DOPPLER VELOCIMETRY, FETAL; MIDD	10/1/2005	\$25.95	3	NO
P	76825	ECHOCARDIOGRAPHY, FETAL, CARDIOV	10/1/2005	\$60.72	3	NO
P	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOV	10/1/2005	\$29.84	3	NO
P	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL,	10/1/2005	\$21.28	3	NO
P	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL,	10/1/2005	\$21.02	3	NO
P	76830	ULTRASOUND, TRANSVAGINAL	10/1/2005	\$24.65	3	NO
P	76831	HYSTEROSONOGRAPHY, WITH OR WITHO	10/1/2005	\$25.95	3	NO
P	76856	ULTRASOUND, PELVIC (NON-OBSTETRI	10/1/2005	\$24.65	3	NO
P	76857	ECHOGRAPHY, PELVIC (NON-OBSTETRI	10/1/2005	\$13.49	3	NO
P	76870	ULTRASOUND, SCROTUM AND CONTENTS	10/1/2005	\$22.84	3	NO
P	76872	ECHOGRAPHY, TRANSRECTAL	10/1/2005	\$24.65	3	NO
P	76873	ECHOGRAPHY, TRANSRECTAL; PROSTAT	10/1/2005	\$55.53	3	NO
P	76880	ULTRASOUND, EXTREMITY, NON-VASCU	10/1/2005	\$21.02	3	NO
P	76885	ULTRASOUND, INFANT HIPS, REAL TI	10/1/2005	\$26.21	3	NO
P	76886	ULTRASOUND, INFANT HIPS, REAL TI	10/1/2005	\$22.06	3	NO
P	76930	ULTRASONIC GUIDANCE FOR PERICARD	10/1/2005	\$24.39	3	NO
P	76932	ULTRASONIC GUIDANCE FOR ENDOMYOC	10/1/2005	\$24.39	3	NO
P	76936	ULTRASOUND GUIDED COMPRESSION RE	10/1/2005	\$72.14	3	NO
P	76937	ULTRASOUND GUIDANCE FOR VASCULAR	10/1/2005	\$11.16	3	NO
P	76940	ULTRASOUND GUIDANCE FOR, AND MON	10/1/2005	\$76.29	3	NO
P	76941	ULTRASONIC GUIDANCE FOR INTRAUTE	10/1/2005	\$48.79	3	NO
P	76942	ULTRASONIC GUIDANCE FOR NEEDLE P	10/1/2005	\$23.87	3	NO
P	76945	ULTRASONIC GUIDANCE FOR CHORIONI	10/1/2005	\$24.13	3	NO
P	76946	ULTRASONIC GUIDANCE FOR AMNIOCEN	10/1/2005	\$14.01	3	NO
P	76948	ULTRASONIC GUIDANCE FOR ASPIRATI	10/1/2005	\$13.75	3	NO
P	76950	ULTRASONIC GUIDANCE FOR PLACEMEN	10/1/2005	\$20.76	3	NO
P	76965	ULTRASONIC GUIDANCE FOR INTERSTI	10/1/2005	\$48.01	3	NO
P	76970	ULTRASOUND STUDY FOLLOW-UP (SPEC	10/1/2005	\$14.27	3	NO
P	76975	GASTROINTESTINAL ENDOSCOPIC ULTR	10/1/2005	\$29.32	3	NO
P	76977	ULTRASOUND BONE DENSITY MEASUREM	10/1/2005	\$2.08	3	NO
P	76986	ULTRASONIC GUIDANCE, INTRAOPERAT	10/1/2005	\$44.63	3	NO
P	76999	UNLISTED ULTRASOUND PROCEDURE (E	4/1/1982	\$0.01	5	NO
P	77261	THERAPEUTIC RADIOLOGY TREATMENT	10/1/2005	\$51.12	3	NO
P	77262	THERAPEUTIC RADIOLOGY TREATMENT	10/1/2005	\$77.07	3	NO
P	77263	THERAPEUTIC RADIOLOGY TREATMENT	10/1/2005	\$114.44	3	NO
P	77280	THERAPEUTIC RADIOLOGY SIMULATION	10/1/2005	\$24.91	3	NO
P	77285	THERAPEUTIC RADIOLOGY SIMUALTION	10/1/2005	\$37.37	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	77290	THERAPEUTIC RADIOLOGY SIMULATION	10/1/2005	\$55.53	3	NO
P	77295	THERAPEUTIC RADIOLOGY SIMULATION	10/1/2005	\$162.45	3	NO
P	77299	UNLISTED PROCEDURE, THERAPEUTIC	4/1/1982	\$0.01	5	NO
P	77300	BASIC RADIATION DOSIMETRY CALCUL	10/1/2005	\$22.06	3	NO
P	77301	INTENSITY MODULATED RADIOTHERAPY	10/1/2005	\$284.15	3	NO
P	77305	TELEETHERAPY ISODOSE PLAN (WHETHE	10/1/2005	\$25.17	3	NO
P	77310	TELEETHERAPY ISODOSE PLAN (WHETHE	10/1/2005	\$37.37	3	NO
P	77315	TELEETHERAPY, ISODOSE PLAN (WHETH	10/1/2005	\$55.53	3	NO
P	77321	SPECIAL TELEETHERAPY PORT PLAN PA	10/1/2005	\$33.74	3	NO
P	77326	BRACHYTHERAPY ISODOSE PLAN; SIMP	10/1/2005	\$33.22	3	NO
P	77327	BRACHYTHERAPY ISODOSE CALCULATIO	10/1/2005	\$49.31	3	NO
P	77328	BRACHYTHERAPY ISODOSE CALCULATIO	10/1/2005	\$74.48	3	NO
P	77331	SPECIAL DOSIMETRY (EG, TLD, MICR	10/1/2005	\$30.88	3	NO
P	77332	TREATMENT DEVICES DESIGN AND CON	10/1/2005	\$19.20	3	NO
P	77333	TREATMENT DEVICES DESIGN AND CON	10/1/2005	\$29.84	3	NO
P	77334	TREATMENT DEVICES DESIGN AND CON	10/1/2005	\$44.12	3	NO
P	77399	UNLISTED PROCEDURE MEDICAL RADIA	4/1/1982	\$0.01	5	NO
P	77421	STEREOSCOPIC X-RAY GUIDANCE FOR	1/1/2006	\$14.01	3	NO
P	77431	RADIATION THERAPY MANAGEMENT W/C	10/1/2005	\$66.95	3	NO
P	77432	STEREOTACTIC RADIATION TREATMENT	10/1/2005	\$291.42	3	NO
P	77470	SPECIAL TREATMENT PROCEDURE (EG	10/1/2005	\$74.48	3	NO
P	77499	UNLISTED PROCEDURE THERAPEUTIC R	4/1/1982	\$0.01	5	NO
P	77520	PROTON TREATMENT DELIVERY; SIMPL	12/1/2002	\$0.01	5	NO
P	77522	PROTON TREATMENT DELIVERY; SIMPL	12/1/2002	\$0.01	5	NO
P	77523	PROTON TREATMENT DELIVERY; INTER	12/1/2002	\$0.01	5	NO
P	77525	PROTON TREATMENT DELIVERY; COMPL	12/1/2002	\$0.01	5	NO
P	77600	HYPERTHERMIA, EXTERNALLY GENERAT	10/1/2005	\$55.53	3	NO
P	77605	HYPERTHERMIA, EXTERNALLY GENERAT	10/1/2005	\$75.51	3	NO
P	77610	HYPERTHERMIA GENERATED BY INTERS	10/1/2005	\$55.79	3	NO
P	77615	HYPERTHERMIA GENERATED BY INTERS	10/1/2005	\$74.22	3	NO
P	77620	HYPERTHERMIA GENERATED BY INTRAC	10/1/2005	\$59.17	3	NO
P	77750	INFUSION OR INSTILLATION OF RADI	10/1/2005	\$174.64	3	NO
P	77761	INTRACAVITARY RADIATION SOURCE A	10/1/2005	\$131.83	3	NO
P	77762	INTRACAVITARY RADIOELEMENT APPLI	10/1/2005	\$203.45	3	NO
P	77763	INTRCAVITARY RADIOELEMENT APPLIC	10/1/2005	\$304.91	3	NO
P	77776	INTERSTITIAL RADIATION SOURCE AP	10/1/2005	\$156.48	3	NO
P	77777	INTERSTITIAL RADIOELEMENT APPLIC	10/1/2005	\$265.99	3	NO
P	77778	INTERSTITIAL RADIOELEMENT APPLIC	10/1/2005	\$397.29	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	77781	REMOTE AFTERLOADING HIGH INTENSI	10/1/2005	\$58.91	3	NO
P	77782	REMOTE AFTERLOADING HIGH INTENSI	10/1/2005	\$88.75	3	NO
P	77783	REMOTE AFTERLOADING HIGH INTENSI	10/1/2005	\$132.35	3	NO
P	77784	REMOTE AFTERLOADING HIGH INTENSI	10/1/2005	\$199.30	3	NO
P	77789	SURFACE APPLICATION OF RADIATION	10/1/2005	\$39.96	3	NO
P	77790	SUPERVISION, HANDLING, LOADING O	10/1/2005	\$37.37	3	NO
P	77799	UNLISTED PROCEDURE CLINICAL BRAC	4/1/1982	\$0.01	5	NO
P	78000	THYROID UPTAKE; SINGLE DETERMINA	10/1/2005	\$6.75	3	NO
P	78001	THYROID UPTAKE; MULTIPLE DETERMI	10/1/2005	\$9.34	3	NO
P	78003	THYROID UPTAKE; STIMULATION SUPP	10/1/2005	\$11.68	3	NO
P	78006	THYROID IMAGING WITH UPTAKE SING	10/1/2005	\$17.39	3	NO
P	78007	THYROID IMAGING WITH UPTAKE; MUL	10/1/2005	\$17.91	3	NO
P	78010	THYROID IMAGING; ONLY	10/1/2005	\$14.01	3	NO
P	78011	THYROID IMAGING; WITH VASCULAR F	10/1/2005	\$16.09	3	NO
P	78015	THYROID CARCINOMA METASTASES IMA	10/1/2005	\$24.13	3	NO
P	78016	THYROID CARCINOMA METASTASES IMA	10/1/2005	\$29.58	3	NO
P	78018	THYROID CARCINOMA METASTASES IMA	10/1/2005	\$31.14	3	NO
P	78020	THYROID CARCINOMA METASTASES UPT	10/1/2005	\$21.54	3	NO
P	78070	PARATHYROID IMAGING	10/1/2005	\$29.58	3	NO
P	78075	ADRENAL IMAGING, CORTEX AND/OR M	10/1/2005	\$26.73	3	NO
P	78099	UNLISTED ENDOCRINE PROCEDURE DIA	10/1/2001	\$0.01	5	NO
P	78102	BONE MARROW IMAGING LIMITED AREA	10/1/2005	\$19.72	3	NO
P	78103	BONE MARROW IMAGING; MULTIPLE AR	10/1/2005	\$26.99	3	NO
P	78104	BONE MARROW IMAGING; WHOLE BODY	10/1/2005	\$28.55	3	NO
P	78110	PLASMA VOLUME, RADIOPHARMACEUTIC	10/1/2005	\$7.01	3	NO
P	78111	BLOOD OR PLASMA VOLUME RADIOISOT	10/1/2005	\$8.04	3	NO
P	78120	RED CELL VOLUME DETERMINATION (S	10/1/2005	\$8.30	3	NO
P	78121	RED CELL MASS DETERMINATION; MUL	10/1/2005	\$11.42	3	NO
P	78122	WHOLE BLOOD VOLUME DETERMINATION	10/1/2005	\$16.35	3	NO
P	78130	RED CELL SURVIVAL STUDY;	10/1/2005	\$22.06	3	NO
P	78135	RED CELL SURVIVAL STUDY; DIFFERE	10/1/2005	\$23.10	3	NO
P	78140	LABELED RED CELL SEQUESTRATION,	10/1/2005	\$21.80	3	NO
P	78160	PLASMA RADIOIRON DISAPPEARANCE (	1/1/2006	INVALID	N	NO
P	78162	RADIOIRON ORAL ABSORPTION	1/1/2006	INVALID	N	NO
P	78170	RADIOIRON RED CELL UTILIZATION	1/1/2006	INVALID	N	NO
P	78172	CHELATABLE IRON FOR ESTIMATION O	1/1/2006	INVALID	N	NO
P	78185	SPLEEN IMAGING ONLY, WITH OR WIT	10/1/2005	\$14.53	3	NO
P	78190	KINETICS,STUDY OF PLATELET SURVI	10/1/2005	\$40.48	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	78191	PLATELET SURVIVAL STUDY	10/1/2005	\$21.80	3	NO
P	78195	LYMPHATICS AND LYMPH NODES IMAGI	10/1/2005	\$43.34	3	NO
P	78199	UNLISTED HEMATOPOIETIC, RETICULO	4/1/1982	\$0.01	5	NO
P	78201	LIVER IMAGING STATIC ONLY	10/1/2005	\$15.83	3	NO
P	78202	LIVER IMAGING; WITH VASCULAR FLO	10/1/2005	\$18.17	3	NO
P	78205	LIVER IMAGING (SPECT)	10/1/2005	\$25.43	3	NO
P	78206	LIVER IMAGING (SPECT); WITH VASC	10/1/2005	\$34.51	3	NO
P	78215	LIVER AND SPLEEN IMAGING STATIC	10/1/2005	\$17.39	3	NO
P	78216	LIVER AND SPLEEN IMAGING; WITH V	10/1/2005	\$20.24	3	NO
P	78220	LIVER FUNCTION STUDY WITH HEPATO	10/1/2005	\$17.39	3	NO
P	78223	HEPATOBIILIARY DUCTAL SYSTEM IMAG	10/1/2005	\$30.10	3	NO
P	78230	SALIVARY GLAND IMAGING;	10/1/2005	\$16.09	3	NO
P	78231	SALIVARY GLAND IMAGING; WITH SER	10/1/2005	\$18.68	3	NO
P	78232	SALIVARY GLAND FUNCTION STUDY	10/1/2005	\$16.87	3	NO
P	78258	ESOPHAGEAL MOTILITY	10/1/2005	\$26.47	3	NO
P	78261	GASTRIC MUCOSA IMAGING	10/1/2005	\$24.91	3	NO
P	78262	GASTROESOPHAGEAL REFLUX STUDY	10/1/2005	\$24.39	3	NO
P	78264	GASTRIC EMPTYING STUDY	10/1/2005	\$27.77	3	NO
P	78270	VITAMIN B-12 ABSORPTION STUDY (E	10/1/2005	\$7.27	3	NO
P	78271	VITAMIN B-12 ABSORPTION STUDY (E	10/1/2005	\$7.27	3	NO
P	78272	VITAMIN B-12 ABSORPTION STUDIES	10/1/2005	\$9.60	3	NO
P	78278	ACUTE GASTROINTESTINAL BLOOD LOS	10/1/2005	\$35.29	3	NO
P	78282	GASTROINTESTINAL PROTEIN LOSS	10/1/2005	\$13.75	3	NO
P	78290	INTESTINE IMAGING (EG, ECTOPIC G	10/1/2005	\$24.39	3	NO
P	78291	PERITONEAL-VENOUS SHUNT PATENCY	10/1/2005	\$31.66	3	NO
P	78299	UNLISTED GASTROINTESTINAL PROCED	4/1/1982	\$0.01	5	NO
P	78300	BONE AND/OR JOINT IMAGING; LIMIT	10/1/2005	\$22.32	3	NO
P	78305	BONE IMAGING; MULTIPLE AREAS	10/1/2005	\$29.84	3	NO
P	78306	BONE IMAGING; WHOLE BODY	10/1/2005	\$30.88	3	NO
P	78315	BONE AND/OR JOINT IMAGING; THREE	10/1/2005	\$36.33	3	NO
P	78320	BONE IMAGING; TOMOGRAPHIC (SPECT	10/1/2005	\$37.37	3	NO
P	78350	BONE DENSITY (BONE MINERAL CONTE	10/1/2005	\$7.79	3	NO
P	78399	UNLISTED MUSCULOSKELETAL PROCEDU	4/1/1982	\$0.01	5	NO
P	78414	DETERMINATION OF CENTRAL C-V HEM	10/1/2005	\$16.35	3	NO
P	78428	CARDIAC SHUNT DETECTION	10/1/2005	\$28.55	3	NO
P	78445	NON-CARDIAC VASCULAR FLOW IMAGIN	10/1/2005	\$17.65	3	NO
P	78455	VENOUS THROMBOSIS STUDY (EG RADI	1/1/2006	INVALID	N	NO
P	78456	ACUTE VENOUS THROMBOSIS IMAGING,	10/1/2005	\$35.81	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	78457	VENOUS THROMBOSIS IMAGING(E.G.,V	10/1/2005	\$27.77	3	NO
P	78458	VENOUS THROMBOSIS IMAGING (EG VE	10/1/2005	\$32.70	3	NO
P	78459	MYOCARDIAL IMAGING, POSITRON EMI	10/1/2005	NC	9	YES
P	78460	MYOCARDIAL PERFUSION IMAGING; (P	10/1/2005	\$30.88	3	NO
P	78461	MYOCARDIAL PERFUSION IMAGING; MU	10/1/2005	\$44.37	3	NO
P	78464	MYOCARDIAL PERFUSION IMAGING; TO	10/1/2005	\$39.18	3	NO
P	78465	MYOCARDIAL PERFUSION IMAGING; TO	10/1/2005	\$52.94	3	NO
P	78466	MYOCARDIAL IMAGING, INFARCT AVID	10/1/2005	\$24.91	3	NO
P	78468	MYOCARDIAL IMAGING, INFARCT AVID	10/1/2005	\$28.55	3	NO
P	78469	MYOCARDIAL IMAGING, INFARCT AVID	10/1/2005	\$32.70	3	NO
P	78472	CARDIAC BLOOD POOL IMAGING, GATE	10/1/2005	\$35.29	3	NO
P	78473	CARDIAC BLOOD POOL IMAGING, GATE	10/1/2005	\$52.94	3	NO
P	78478	MYOCARDIAL PERFUSION STUDY W/WAL	10/1/2005	\$22.58	3	NO
P	78480	MYOCARDIAL PERFUSION STUDY W/EJE	10/1/2005	\$22.32	3	NO
P	78481	CARDIAC BLOOD POOL IMAGING, (PLA	10/1/2005	\$35.81	3	NO
P	78483	CARDIAC BLOOD POOL IMAGING, (PLA	10/1/2005	\$53.46	3	NO
P	78491	MYOCARDIAL IMAGING, POSITRON EMI	10/1/2005	NC	9	YES
P	78492	MYOCARDIAL IMAGING, POSITRON EMI	10/1/2005	NC	9	YES
P	78494	CARDIAC BLOOD POOL IMAGING, GATE	10/1/2005	\$43.08	3	NO
P	78496	CARDIAC BLOOD POOL IMAGING, GATE	10/1/2005	\$18.17	3	NO
P	78499	UNLISTED CARDIOVASCULAR PROCEDUR	4/1/1982	\$0.01	5	NO
P	78580	PULMONARY PERFUSION IMAGING PART	10/1/2005	\$26.47	3	NO
P	78584	PULMONARY PERFUSION IMAGIN, PART	10/1/2005	\$35.29	3	NO
P	78585	PULMONARY PERFUSION IMAGING PART	10/1/2005	\$38.93	3	NO
P	78586	PULMONARY VENTILATION IMAGING AE	10/1/2005	\$14.27	3	NO
P	78587	PULMONARY BENTILATION IMAGING AE	10/1/2005	\$17.65	3	NO
P	78588	PULMONARY PERFUSION IMAGING, PAR	10/1/2005	\$38.93	3	NO
P	78591	PULMONARY VENTILATION IMAGING GA	10/1/2005	\$14.27	3	NO
P	78593	PULMONARY VENTILATION IMAGING GA	10/1/2005	\$17.39	3	NO
P	78594	PULMONARY VENTILATION IMAGING GA	10/1/2005	\$18.94	3	NO
P	78596	PULMONARY QUANTITATIVE DIFFERENT	10/1/2005	\$45.15	3	NO
P	78599	UNLISTED RESPIRATORY PROCEDURE D	4/1/1982	\$0.01	5	NO
P	78600	BRAIN IMAGING, LIMITED PROCEDURE	10/1/2005	\$15.83	3	NO
P	78601	BRAIN IMAGING LIMITED PROCEDURE;	10/1/2005	\$18.17	3	NO
P	78605	BRAIN IMAGING COMPLETE STUDY STA	10/1/2005	\$18.94	3	NO
P	78606	BRAIN IMAGING COMPLETE STUDY; WI	10/1/2005	\$22.84	3	NO
P	78607	BRAIN IMAGING, COMPLETE STUDY; T	10/1/2005	\$44.37	3	NO
P	78608	BRAIN IMAGING, POSITRON EMISSION	6/1/2005	\$59.94	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	78609	BRAIN IMAGING, POSITRON EMISSION	6/1/2005	\$59.94	3	YES
P	78610	BRAIN IMAGING, VASCULAR FLOW ONL	10/1/2005	\$10.90	3	NO
P	78615	CEREBRAL VASCULAR FLOW	10/1/2005	\$15.31	3	NO
P	78630	CEREBROSPINAL FLUID FLOW IMAGING	10/1/2005	\$24.39	3	NO
P	78635	CEREBROSPINAL FLUID FLOW IMAGING	10/1/2005	\$22.32	3	NO
P	78645	CEREBROSPINAL FLUID FLOW IMAGING	10/1/2005	\$20.24	3	NO
P	78647	CEREBROSPINAL FLUID FLOW, IMAGIN	10/1/2005	\$32.44	3	NO
P	78650	CEREBROSPINAL FLUID LEAKAGE DETE	10/1/2005	\$22.06	3	NO
P	78660	RADIOPHARMACEUTICAL DACRYOCYSTOG	10/1/2005	\$18.94	3	NO
P	78699	UNLISTED NERVOUS SYSTEM PROCEDUR	4/1/1982	\$0.01	5	NO
P	78700	KIDNEY IMAGING STATIC ONLY	10/1/2005	\$16.09	3	NO
P	78701	KIDNEY IMAGING; WITH VASCULAR FL	10/1/2005	\$17.39	3	NO
P	78704	KIDNEY IMAGING; WITH FUNCTION ST	10/1/2005	\$26.47	3	NO
P	78707	KIDNEY IMAGING; WITH VASCULAR FL	10/1/2005	\$34.25	3	NO
P	78708	KIDNEY IMAGING WITH VASCULAR FLO	10/1/2005	\$43.34	3	NO
P	78709	KIDNEY IMAGING WITH VASCULAR FLO	10/1/2005	\$50.34	3	NO
P	78710	KIDNEY IMAGING; TOMOGRAPHIC (SPE	10/1/2005	\$23.61	3	NO
P	78715	KIDNEY VASCULAR FLOW ONLY	10/1/2005	\$10.90	3	NO
P	78725	KIDNEY FUNCTION STUDY WITHOUT PH	10/1/2005	\$13.75	3	NO
P	78730	URINARY BLADDER RESIDUAL STUDY	10/1/2005	\$12.98	3	NO
P	78740	URETERAL REFLUX STUDY (RADIOPHAR	10/1/2005	\$20.50	3	NO
P	78760	TESTICULAR IMAGING	10/1/2005	\$23.61	3	NO
P	78761	TESTICULAR IMAGING; WITH VASCULA	10/1/2005	\$25.43	3	NO
P	78799	UNLISTED GENITOURINARY PROCEDURE	4/1/1982	\$0.01	5	NO
P	78800	RADIOPHARMACEUTICAL LOCALIZATION	10/1/2005	\$23.87	3	NO
P	78801	TUMOR LOCALIZATION; MULTIPLE ARE	10/1/2005	\$28.80	3	NO
P	78802	TUMOR LOCALIZATION; WHOLE BODY	10/1/2005	\$30.88	3	NO
P	78803	RADIOPHARMACEUTICAL LOCALIZATION	10/1/2005	\$39.44	3	NO
P	78804	RADIOPHARMACEUTICAL LOCALIZATION	10/1/2005	\$38.41	3	NO
P	78805	RADIOPHARMACEUTICAL LOCALIZATION	10/1/2005	\$26.21	3	NO
P	78806	ABSCESS LOCALIZATION; WHOLE BODY	10/1/2005	\$30.88	3	NO
P	78807	RADIOPHARMACEUTICAL LOCALIZATION	10/1/2005	\$39.44	3	NO
P	78810	TUMOR IMAGING, POSITRON EMISSION	1/1/2005	INVALID		YES
P	78811	TUMOR IMAGING, POSITRON EMISSION	10/1/2005	\$42.82	3	YES
P	78812	TUMOR IMAGING, POSITRON EMISSION	10/1/2005	\$52.94	3	YES
P	78813	TUMOR IMAGING, POSITRON EMISSION	10/1/2005	\$54.75	3	YES
P	78814	TUMOR IMAGING, POSITRON EMISSION	10/1/2005	\$59.94	3	YES
P	78815	TUMOR IMAGING, POSITRON EMISSION	10/1/2005	\$66.17	3	YES



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	78816	TUMOR IMAGING, POSITRON EMISSION	10/1/2005	\$67.73	3	YES
P	78890	GENERATION OF AUTOMATED DATA: IN	10/1/2005	\$2.08	3	NO
P	78891	GENERATION OF AUTOMATED DATA INT	10/1/2005	\$3.89	3	NO
P	78990	PROVISION OF DIAGNOSTIC RADIOPHA	1/1/2005	INVALID	N	NO
P	78999	UNLISTED MISCELLANEOUS PROCEDURE	4/1/1982	\$0.01	5	NO
P	79000	RADIOPHARMACEUTICAL THERAPY, HYP	1/1/2005	INVALID	N	NO
P	79001	RADIONUCLIDE THERAPY HYPERTHYROI	1/1/2005	INVALID	N	NO
P	79005	RADIOPHARMACEUTICAL THERAPY, BY	10/1/2005	\$64.36	3	NO
P	79020	RADIOPHARMACEUTICAL THERAPY, THY	1/1/2005	INVALID	N	NO
P	79030	RADIOPHARMACEUTICAL ABLATION OF	1/1/2005	INVALID	N	NO
P	79035	RADIOPHARMACEUTICAL THERAPY FOR5	1/1/2005	INVALID	N	NO
P	79100	RADIOPHARMACEUTICAL THERAPY, POL	1/1/2005	INVALID	N	NO
P	79101	RADIOPHARMACEUTICAL THERAPY, BY	10/1/2005	\$70.32	3	NO
P	79200	RADIOPHARMACEUTICAL THERAPY, BY	10/1/2005	\$71.88	3	NO
P	79300	RADIOPHARMACEUTICAL THERAPY, BY	10/1/2005	\$59.43	3	NO
P	79400	RADIOPHARMACEUTICAL THERAPY, NON	1/1/2005	INVALID	N	NO
P	79403	RADIOPHARMACEUTICAL THERAPY, RAD	10/1/2005	\$84.08	3	NO
P	79420	INTRAVASCULAR RADIOPHARMACEUTICA	1/1/2005	INVALID	N	NO
P	79440	RADIOPHARMACEUTICAL THERAPY, BY	10/1/2005	\$72.40	3	NO
P	79445	RADIOPHARMACEUTICAL THERAPY, BY	10/1/2005	\$86.67	3	NO
P	79900	PROVISION OF THERAPEUTIC RADIOPH	1/1/2005	INVALID	N	NO
P	79999	RADIOPHARMACEUTICAL THERAPY, UNL	4/1/1982	\$0.01	5	NO
P	80072	ARTHRITIS PANEL; URIC ACID, BLOO	4/1/2002	INVALID	N	NO
P	80090	TORCH ANTIBODY PANEL; ANTIBODY,	7/1/2003	INVALID	N	NO
P	80414	CHORIONIC GONADOTROPHIN STIMULAT	1/1/1994	NC	9	NO
P	80415	CHORIONIC GONADOTROPHIN STIMULAT	1/1/1994	NC	9	NO
P	82273	BLOOD, OCCULT, BY PEROXIDASE ACT	1/1/2006	INVALID	N	NO
P	82757	FRUCTOSE SEMEN	4/1/1982	NC	9	NO
P	83020	HEMOGLOBIN; ELECTROPHORESIS (EG,	10/1/2005	\$13.75	3	NO
P	83715	LIPOPROTEIN, BLOOD; ELECTROPHORE	1/1/2006	INVALID	N	NO
P	83912	NUCLEAR MOLECULAR DIAGNOSTICS; I	10/1/2005	\$12.98	3	NO
P	84030	PHENYLALANINE (PKU), BLOOD	4/1/1982	NC	9	NO
P	84165	PROTEIN; ELECTROPHORETIC FRACTIO	10/1/2005	\$13.49	3	NO
P	84166	PROTEIN; ELECTROPHORETIC FRACTIO	1/1/2005	\$13.49	3	NO
P	84181	WESTERN BLOT, WITH INTERPRETATIO	10/1/2005	\$13.49	3	NO
P	84182	WESTERN BLOT, WITH INTERPRETATIO	10/1/2005	\$14.27	3	NO
P	85021	BLOOD COUNT; HEMOGRAM AUTOMATED	7/1/2003	INVALID	N	NO
P	85022	BLOOD COUNT HEMOGRAM AUTOMATED A	7/1/2003	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	85023	BLOOD COUNT HEMOGRAM AND PLATELE	7/1/2003	INVALID	N	NO
P	85024	BLOOD COUNT HEMOGRAM AND PLATELE	7/1/2003	INVALID	N	NO
P	85031	BLOOD COUNT HEMOGRAM MANUAL COMP	7/1/2003	INVALID	N	NO
P	85095	BONE MARROW; ASPIRATION ONLY	4/1/2002	INVALID	N	NO
P	85102	BONE MARROW BIOPSY, NEEDLE OR TR	4/1/2002	INVALID	N	NO
P	85390	FIBRINOLYSINS OR COAGULOPATHY SC	10/1/2005	\$13.23	3	NO
P	85535	IRON STAIN (RBC OR BONE MARROW S	4/1/2002	INVALID	N	NO
P	85576	PLATELET; AGGREGATION (IN VITRO)	10/1/2005	\$14.01	3	NO
P	85585	PLATELET; ESTIMATION ON SMEAR ON	7/1/2003	INVALID	N	NO
P	85590	PLATELET; MANUAL COUNT	7/1/2003	INVALID	N	NO
P	85595	PLATELET; AUTOMATED COUNT	7/1/2003	INVALID	N	NO
P	86255	FLUORESCENT ANTIBODY; SCREEN, EA	10/1/2005	\$13.75	3	NO
P	86256	FLUORESCENT ANTIBODY; TITER, EAC	10/1/2005	\$13.75	3	NO
P	86320	IMMUNOELECTROPHORESIS; SERUM	10/1/2005	\$13.75	3	NO
P	86325	IMMUNOELECTROPHORESIS; OTHER FLU	10/1/2005	\$13.23	3	NO
P	86327	IMMUNOELECTROPHORESIS; CROSSED (	10/1/2005	\$16.09	3	NO
P	86334	IMMUNOFIXATION ELECTROPHORESIS;	10/1/2005	\$13.75	3	NO
P	86335	IMMUNOFIXATION ELECTROPHORESIS;	10/1/2005	\$13.49	3	NO
P	86585	SKIN TEST; TUBERCULOSIS TINE TES	1/1/2006	INVALID	N	NO
P	86683	HEMOGLOBIN, FECAL	4/1/2002	INVALID	N	NO
P	86911	BLOOD TYPING, FOR PATERNITY TEST	8/1/1993	NC	9	NO
P	87164	DARK FIELD EXAMINATION ANY SOURC	10/1/2005	\$12.98	3	NO
P	87207	SMEAR, PRIMARY SOURCE WITH INTER	10/1/2005	\$14.01	3	NO
P	88000	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
P	88005	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
P	88007	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
P	88012	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
P	88014	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
P	88016	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
P	88020	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
P	88025	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
P	88027	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
P	88028	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
P	88029	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
P	88036	NECROPSY (AUTOPSY) LIMITED GROSS	4/1/1982	NC	9	NO
P	88037	NECROPSY (AUTOPSY) LIMITED GROSS	4/1/1982	NC	9	NO
P	88040	NECROPSY (AUTOPSY) FORENSIC EXAM	4/1/1982	NC	9	NO
P	88045	NECROPSY (AUTOPSY); CORONER'S CA	4/1/1982	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	88099	UNLISTED NECROPSY (AUTOPSY) PROC	4/1/1982	NC	9	NO
P	88104	CYTOPATHOLOGY, FLUIDS, WASHINGS	10/1/2005	\$21.28	3	NO
P	88106	CYTOPATHOLOGY FLUIDS WASHINGS OR	10/1/2005	\$21.28	3	NO
P	88107	CYTOPATHOLOGY FLUIDS WASHINGS OR	10/1/2005	\$29.06	3	NO
P	88108	CYTOPATHOLOGY FLUIDS WASHINGS OR	10/1/2005	\$21.28	3	NO
P	88112	CYTOPATHOLOGY, SELECTIVE CELLULA	10/1/2005	\$44.37	3	NO
P	88125	CYTOPATHOLOGY, FERENSIC, (EG, SP	10/1/2002	NC	9	NO
P	88141	CYTOPATHOLOGY, CERVICAL OR VAGIN	10/1/2005	\$15.31	3	NO
P	88160	CYTOPATHOLOGY, SMEARS, ANY OTHER	10/1/2005	\$18.94	3	NO
P	88161	CYTOPATHOLOGY ANY OTHER SOURCE;	10/1/2005	\$18.94	3	NO
P	88162	CYTOPATHOLOGY ANY OTHER SOURCE;	10/1/2005	\$29.06	3	NO
P	88170	FINE NEEDLE ASPIRATION; SUPERFIC	4/1/2002	INVALID	N	NO
P	88171	FINE NEEDLE ASPIRATION WITH OR W	4/1/2002	INVALID	N	NO
P	88172	CYTOPATHOLOGY, EVALUATION OF FIN	10/1/2005	\$22.84	3	NO
P	88173	EVALUATION OF FINE NEEDLE ASPIRA	10/1/2005	\$52.68	3	NO
P	88180	FLOW CYTOMETRY; EACH CELL SURFAC	1/1/2005	INVALID	N	NO
P	88182	FLOW CYTOMETRY; CELL CYCLE OR DN	10/1/2005	\$29.32	3	NO
P	88199	UNLISTED CYTOPATHOLOGY PROCEDURE	4/1/1982	\$0.01	5	NO
P	88299	UNLISTED CYTOGENETIC STUDY	4/1/1982	\$0.01	5	NO
P	88300	LEVEL I - SURGICAL PATHOLOGY, GR	10/1/2005	\$3.11	3	NO
P	88302	LEVEL II - SURGICAL PATHOLOGY, G	10/1/2005	\$5.19	3	NO
P	88304	LEVEL III - SURGICAL PATHOLOGY,	10/1/2005	\$8.30	3	NO
P	88305	LEVEL IV - SURGICAL PATHOLOGY, G	10/1/2005	\$28.80	3	NO
P	88307	LEVEL V - SURGICAL PATHOLOGY, GR	10/1/2005	\$60.46	3	NO
P	88309	LEVEL VI - SURGICAL PATHOLOGY, G	10/1/2005	\$86.41	3	NO
P	88311	DECALCIFICATION PROCEDURE (LIST	10/1/2005	\$9.08	3	NO
P	88312	SPECIAL STAINS (LIST SEPERATELY	10/1/2005	\$20.50	3	NO
P	88313	SPECIAL STAINS GROUP II ALL OTHE	10/1/2005	\$9.08	3	NO
P	88314	SPECIAL STAINS HISTOCHEMICAL STA	10/1/2005	\$17.13	3	NO
P	88318	DETERMINATIVE HISTOCHEMISTRY TO	10/1/2005	\$16.09	3	NO
P	88319	DETERMINATIVE HISTOCHEMISTRY OR	10/1/2005	\$19.98	3	NO
P	88323	CONSULTATION AND REPORT ON REFER	10/1/2005	\$51.12	3	NO
P	88331	PATHOLOGY CONSULTATION DURING SU	10/1/2005	\$45.15	3	NO
P	88332	CONSULTATION DURING SURGERY; EAC	10/1/2005	\$22.32	3	NO
P	88333	PATHOLOGY CONSULTATION DURING SU	1/1/2006	\$45.93	3	NO
P	88334	PATHOLOGY CONSULTATION DURING SU	1/1/2006	\$22.58	3	NO
P	88342	IMMUNOCYTOCHEMISTRY (INCLUDING T	10/1/2005	\$32.18	3	NO
P	88346	IMMUNOFLUORESCENT STUDY, EACH AN	10/1/2005	\$32.44	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	88347	IMMUNOFLUORESCENT STUDY, EACH AN	10/1/2005	\$32.18	3	NO
P	88348	ELECTRON MICROSCOPY DIAGNOSTIC	10/1/2005	\$57.35	3	NO
P	88349	SCANNING	10/1/2005	\$29.06	3	NO
P	88355	MORPHOMETRIC ANALYSIS SKELETAL M	10/1/2005	\$70.32	3	NO
P	88356	MORPHOMETRIC ANALYSIS NERVE	10/1/2005	\$114.18	3	NO
P	88358	MORPHOMETRIC ANALYSIS; TUMOR	10/1/2005	\$37.89	3	NO
P	88360	MORPHOMETRIC ANALYSIS, TUMOR IMM	10/1/2005	\$42.30	3	NO
P	88361	MORPHOMETRIC ANALYSIS; TUMOR IMM	10/1/2005	\$46.19	3	NO
P	88362	NERVE TEASING PREPARATIONS	10/1/2005	\$82.78	3	NO
P	88365	IN SITU HYBRIDIZATION (EG, FISH)	10/1/2005	\$45.15	3	NO
P	88367	MORPHOMETRIC ANALYSIS, IN SITU H	10/1/2005	\$49.31	3	NO
P	88368	MORPHOMETRIC ANALYSIS, IN SITU H	10/1/2005	\$53.46	3	NO
P	88371	PROTEIN ANALYSIS OF TISSUE BY WE	10/1/2005	\$13.23	3	NO
P	88372	PROTEIN ANALYSIS OF TISSUE BY WE	10/1/2005	\$14.01	3	NO
P	88385	ARRAY-BASED EVALUATION OF MULTIP	1/1/2006	\$57.35	3	NO
P	88386	ARRAY-BASED EVALUATION OF MULTIP	1/1/2006	\$72.14	3	NO
P	88399	UNLISTED SURGICAL PATHOLOGY PROC	4/1/1982	\$0.01	5	NO
P	89060	CRYSTAL IDENTIFICATION BY COMPEN	10/1/2005	\$14.01	3	NO
P	89235	WATER LOAD TEST	1/1/2004	NC	9	NO
P	89240	UNLISTED MISCELLANEOUS PATHOLOGY	1/1/2004	NC	9	NO
P	89250	CULTURE AND FERTILIZATION OF OOC	1/1/1996	NC	9	NO
P	89251	CULTURE AND FERTILIZATION OF OOC	1/1/1998	NC	9	NO
P	89252	ASSISTED OOCYTE FERTILIZATION, M	4/1/2004	INVALID	N	NO
P	89253	ASSISTED EMBRYO HATCHING, MICROT	1/1/1998	NC	9	NO
P	89254	OOCYTE IDENTIFICATION FROM FOLLI	1/1/1998	NC	9	NO
P	89255	PREPARATION OF EMBRYO FOR TRANSF	1/1/1998	NC	9	NO
P	89256	PREPARATION OF CRYOPRESERVED EMB	4/1/2004	INVALID	N	NO
P	89257	SPERM IDENTIFICATION FROM ASPIRA	1/1/1998	NC	9	NO
P	89258	CRYOPRESERVATION; EMBRYO	1/1/1998	NC	9	NO
P	89259	CRYOPRESERVATION; SPERM	1/1/1998	NC	9	NO
P	89260	SPERM ISOLATION; SIMPLE PREP FOR	1/1/1998	NC	9	NO
P	89261	SPERM ISOLATION; COMPLEX PREP FO	1/1/1998	NC	9	NO
P	89268	INSEMINATION OF OOCYTES	1/1/2004	NC	9	NO
P	89272	EXTENDED CULTURE OF OOCYTE(S)/EM	1/1/2004	NC	9	NO
P	89280	ASSISTED OOCYTE FERTILIZATION, M	1/1/2004	NC	9	NO
P	89281	ASSISTED OOCYTE FERTILIZATION, M	1/1/2004	NC	9	NO
P	89290	BIOPSY, OOCYTE POLAR BODY OR EMB	1/1/2004	NC	9	NO
P	89291	BIOPSY, OOCYTE POLAR BODY OR EMB	1/1/2004	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	89300	SEMEN ANALYSIS PRESENCE AND/OR M	4/1/1982	NC	9	NO
P	89310	SEMEN ANALYSIS; MOTILITY AND COU	4/1/1982	NC	9	NO
P	89320	SEMEN ANALYSIS; COMPLETE (VOLUME	4/1/1988	NC	9	NO
P	89321	SEMEN ANALYSIS, PRESENCE AND/OR	1/1/2001	NC	9	NO
P	89325	SPERM ANTIBODIES	4/1/1982	NC	9	NO
P	89329	SPERM EVALUATION HAMSTER PENETRA	3/1/1987	NC	9	NO
P	89330	SPERM EVALUATION CERVICAL MUCUS	8/1/1986	NC	9	NO
P	89335	CRYOPRESERVATION, REPODUCTIVE T	1/1/2004	NC	9	NO
P	89342	STORAGE, (PER YEAR); EMBRYO(S)	1/1/2004	NC	9	NO
P	89343	STORAGE, (PER YEAR); SPERM/SEMEN	1/1/2004	NC	9	NO
P	89344	STORAGE, (PER YEAR); REPRODUCTIV	1/1/2004	NC	9	NO
P	89346	STORAGE, (PER YEAR); OOCYTE(S)	1/1/2004	NC	9	NO
P	89350	SPUTUM OBTAINING SPECIMEN AEROSL	4/1/2004	INVALID	N	NO
P	89352	THAWING OF CRYOPRESERVED; EMBRYO	1/1/2004	NC	9	NO
P	89353	THAWING OF CRYOPRESERVED; SPERM/	1/1/2004	NC	9	NO
P	89354	THAWING OF CRYOPRESERVED; REPROD	1/1/2004	NC	9	NO
P	89355	STARCH GRANULES FECES	4/1/2004	INVALID	N	NO
P	89356	THAWING OF CRYOPRESERVED; OOCYTE	1/1/2004	NC	9	NO
P	89360	SWEAT COLLECTION BY IONTOPHORESI	4/1/2004	INVALID	N	NO
P	89365	WATER LOAD TEST	4/1/2004	INVALID	N	NO
P	89399	UNLISTED MISCELLANEOUS PATHOLOGY	4/1/2004	INVALID	N	NO
P	90632	HEPATITIS A VACCINE, ADULT DOSAG	2/1/2001	\$15.19	3	NO
P	90633	HEPATITIS A VACCINE, PEDIATRIC/A	1/1/1999	\$15.19	3	NO
P	90636	HEPATITIS A AND HEPATITIS B VACC	2/1/2003	\$15.19	3	NO
P	90645	HEMOPHILUS INFLUENZA B VACCINE (	1/1/1999	\$15.19	3	NO
P	90646	HEMOPHILUS INFLUENZA B VACCINE (	12/1/2005	NC	9	NO
P	90647	HEMOPHILUS INFLUENZA B VACCINE (	1/1/1999	\$15.19	3	NO
P	90648	HEMOPHILUS INFLUENZA B VACCINE (	1/1/1999	\$15.19	3	NO
P	90655	INFLUENZA VIRUS VACCINE, SPLIT V	#####	\$15.19	3	NO
P	90656	INFLUENZA VIRUS VACCINE, SPLIT V	1/1/2005	\$15.19	3	NO
P	90657	INFLUENZA VIRUS VACCINE, SPLIT V	9/1/2000	\$15.19	3	NO
P	90658	INFLUENZA VIRUS VACCINE, SPLIT V	9/1/2000	\$15.19	3	NO
P	90660	INFLUENZA VIRUS VACCINE, LIVE, F	9/15/2005	\$15.19	3	NO
P	90669	PNEUMOCOCCAL CONJUGATE VACCINE,	1/1/1999	\$15.19	3	NO
P	90698	DIPHThERIA, TETANUS TOXOIDS, ACE	3/1/2005	NC	9	NO
P	90700	IMMUNIZATION, ACTIVE; DIPHTHERIA	1/1/1995	\$15.19	3	NO
P	90702	DIPHTHERIA AND TETANUS TOXOIDS (	1/1/1995	\$15.19	3	NO
P	90707	IMMUNIZATION ACTIVE; MEASLES, MU	1/1/1995	\$15.19	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	90709	IMMUNIZATION ACTIVE; RUBELLA AND	7/1/2003	INVALID	N	NO
P	90710	IMMUNIZATION, ACTIVE; MEASLES, M	8/1/2005	NC	9	NO
P	90712	IMMUNIZATION, ACTIVE; POLIOVIRUS	4/1/2001	NC	9	NO
P	90713	POLIOVIRUS VACCINE, INACTIVATED,	1/1/1995	\$15.19	3	NO
P	90714	DECAVAC	7/1/2005	\$15.19	3	NO
P	90715	TETANUS, DIPHTHERIA TOXOIDS AND	7/1/2005	\$15.19	3	NO
P	90716	IMMUNIZATION, ACTIVE; VARICELLA	11/1/1996	\$15.19	3	NO
P	90718	TETANUS AND DIPHTHERIA TOXOIDS (	4/1/1999	\$15.19	3	NO
P	90721	IMMUNIZATION ACTIVE; DIPHTHERIA,	5/1/2002	\$15.19	3	NO
P	90723	DIPHTHERIA, TETANUS TOXOIDS, ACE	4/1/2003	\$15.19	3	NO
P	90727	PLAGUE VACCINE	5/9/2005	NC	9	NO
P	90732	PNEUMOCOCCAL POLYSACCHARIDE VACC	1/1/2001	\$15.19	3	NO
P	90733	IMMUNIZATION ACTIVE; MENINGOCOCC	8/1/2005	\$15.19	3	NO
P	90734	MENINGOCOCCAL CONJUGATE VACCINE,	6/27/2005	\$15.19	3	NO
P	90735	IMMUNIZATION, ACTIVE; ENCEPHALIT	2/1/2001	NC	9	NO
P	90740	HEPATITIS B VACCINE, DIALYSIS OR	1/1/2001	\$15.19	3	NO
P	90744	HEPATITIS B VACCINE, PEDIATRIC/A	4/1/1996	\$15.19	3	NO
P	90746	IMMUNIZATION, ACTIVE, HEPATITIS	1/1/2001	\$15.19	3	NO
P	90747	HEPATITIS B VACCINE, DIALYSIS OR	1/1/2001	\$15.19	3	NO
P	90748	HEPATITIS B AND HEMOPHILUS INFLU	1/1/1999	\$15.19	3	NO
P	90749	UNLISTED IMMUNIZATION PROCEDURE	4/1/2005	\$15.19	3	NO
P	91000	ESOPHAGEAL INTUBATION AND COLLEC	10/1/2005	\$26.21	3	NO
P	91010	ESOPHAGEAL MOTILITY STUDY	10/1/2005	\$45.41	3	NO
P	91011	ESOPHAGEAL MOTILITY STUDY; WITH	10/1/2005	\$54.50	3	NO
P	91012	ESOPHAGEAL MOTILITY STUDY; WITH	10/1/2005	\$52.94	3	NO
P	91020	ESOPHAGOGASTRIC MANOMETRIC STUDI	10/1/2005	\$51.90	3	NO
P	91022	DUODENAL MOTILITY (MANOMETRIC) S	1/1/2006	\$52.42	3	NO
P	91030	ESOPHAGUS ACID PERFUSION (BERNST	10/1/2005	\$32.96	3	NO
P	91032	ESOPHAGUS ACID REFLUX TEST WITH	1/1/2005	INVALID	N	NO
P	91033	ESOPHAGUS ACID REFLUX TEST PROLO	1/1/2005	INVALID	N	NO
P	91034	ESOPHAGUS, GASTROESOPHAGEAL REFL	1/1/2005	\$35.55	3	NO
P	91035	ESOPHAGUS, GASTROESOPHAGEAL REFL	10/1/2005	\$57.35	3	NO
P	91037	ESOPHAGEAL FUNCTION TEST, GASTRO	10/1/2005	\$35.55	3	NO
P	91038	ESOPHAGEAL FUNCTION TEST, GASTRO	10/1/2005	\$40.22	3	NO
P	91040	ESOPHAGEAL BALLOON DISTENSION PR	10/1/2005	\$35.55	3	NO
P	91052	GASTRIC ANALYSIS TEST WITH INJEC	10/1/2005	\$28.80	3	NO
P	91055	GASTRIC INTUBATION WASHINGS AND	10/1/2005	\$32.70	3	NO
P	91060	GASTRIC SALINE LOAD TEST	10/1/2005	\$16.09	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	91065	BREATH HYDROGEN TEST (EG, FOR DE	10/1/2005	\$7.27	3	NO
P	91120	RECTAL SENSATION, TONE, AND COMP	10/1/2005	\$35.81	3	NO
P	91122	ANORECTAL MANOMETRY	10/1/2005	\$64.62	3	NO
P	91132	ELECTROGASTROPOGRAPHY, DIAGNOSTI	10/1/2005	\$18.94	3	NO
P	91133	ELECTROGASTROGRAPHY, DIAGNOSTIC,	10/1/2005	\$23.87	3	NO
P	91299	UNLISTED DIAGNOSTIC GASTROENTERO	9/1/1993	\$0.01	5	NO
P	92060	SENSORIMOTOR EXAM W/MULTIPLE MEA	10/1/2005	\$25.95	3	NO
P	92065	ORTHOPTIC AND/OR PLEOPTIC TRAINI	10/1/2005	\$13.75	3	NO
P	92081	VISUAL FIELD EXAM, UNILATERAL OR	10/1/2005	\$13.49	3	NO
P	92082	VISUAL FIELD EXAM, UNILATERAL OR	10/1/2005	\$16.61	3	NO
P	92083	VISUAL FIELD EXAM, UNILATERAL OR	10/1/2005	\$18.94	3	NO
P	92135	SCANNING COMPUTERIZED OPHTHALMIC	10/1/2005	\$13.23	3	NO
P	92136	OPHTHALMIC BIOMETRY BY PARTIAL C	10/1/2005	\$20.50	3	NO
P	92235	OPHTHALMOSCOPY WITH MEDICAL DIAG	10/1/2005	\$31.14	3	NO
P	92240	INDOCYNAINE-GREEN ANGIOGRAPHY (I	10/1/2005	\$42.30	3	NO
P	92250	FUNDUS PHOTOGRAPHY WITH INTERPRE	10/1/2005	\$16.61	3	NO
P	92265	OCULOELECTROMYOGRAPHY ONE OR MOR	10/1/2005	\$29.32	3	NO
P	92270	ELECTRO-OCULOGRAPHY WITH MEDICAL	10/1/2005	\$30.36	3	NO
P	92275	ELECTRORETINOGRAPHY WITH MEDICAL	10/1/2005	\$38.15	3	NO
P	92283	COLOR VISION EXAMINATION EXTENDE	10/1/2005	\$6.49	3	NO
P	92284	DARK ADAPTATION EXAMINATION WITH	10/1/2005	\$8.56	3	NO
P	92285	EXTERNAL OCULAR PHOTOGRAPHY W/IN	10/1/2005	\$7.79	3	NO
P	92286	SPECIAL ANTERIOR SEGMENT PHOTOGR	10/1/2005	\$25.17	3	NO
P	92499	UNLISTED ORPHTHALMOLOGICAL SERVI	9/21/1993	\$0.01	5	NO
P	92541	SPONTANEOUS NYSTAGMUS TEST INCLU	10/1/2005	\$15.83	3	NO
P	92542	POSITIONAL NYSTAGMUS TEST MINIMU	10/1/2005	\$12.98	3	NO
P	92543	CALORIC VESTIBULAR TEST EACH IRR	10/1/2005	\$4.15	3	NO
P	92544	OPTOKINETIC NYSTAGMUS TEST BIDIR	10/1/2005	\$10.12	3	NO
P	92545	OSCILLATING TRACKING TEST WITH R	10/1/2005	\$9.08	3	NO
P	92546	SINUSOIDAL VERTICAL AXIS ROTATIO	10/1/2005	\$11.16	3	NO
P	92548	COMPUTERIZED DYNAMIC POSTUROGRAP	10/1/2005	\$20.24	3	NO
P	92585	AUDITORY EVOKED POTENTIALS FOR E	10/1/2005	\$19.20	3	NO
P	92587	EVOKED OTOACOUSTIC EMISSIONS; LI	10/1/2005	\$5.19	3	NO
P	92588	EVOKED OTOACOUSTIC EMISSIONS; CO	10/1/2005	\$13.75	3	NO
P	92599	UNLISTED OTORHINOLARYNGOLOGICAL	7/1/2003	INVALID	N	NO
P	92978	INTRAVASCULAR ULTRASOUND DURING	10/1/2005	\$66.69	3	NO
P	92979	INTERVASCULAR ULTRASOUND DURING	10/1/2005	\$53.46	3	NO
P	93024	ERGONOVINE PROVOCATION TEST	10/1/2005	\$43.34	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	93025	MICROVOLT T-WAVE ALTERNANS FOR A	10/1/2005	\$27.77	3	NO
P	93278	SIGNAL-AVERAGED ELECTROCARDIOGRA	10/1/2005	\$35.29	3	NO
P	93303	TRANSTHORACIC ECHOCARDIOGRAPHY F	10/1/2005	\$47.23	3	NO
P	93304	TRANSTHORACIC ECHOCARDIOGRAPHY F	10/1/2005	\$27.51	3	NO
P	93307	ECHOCARDIOGRAPHY, TRANSTHORACIC,	10/1/2005	\$33.74	3	NO
P	93308	ECHOCARDIOGRAPHY, REAL-TIME W/IM	10/1/2005	\$19.46	3	NO
P	93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEA	10/1/2005	\$79.67	3	NO
P	93314	ECHOCARDIOGRAPHY, REAL TIME WITH	10/1/2005	\$45.93	3	NO
P	93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY	10/1/2005	\$101.21	3	NO
P	93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY	10/1/2005	\$66.95	3	NO
P	93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEA	10/1/2005	\$73.18	3	NO
P	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED	10/1/2005	\$14.01	3	NO
P	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED	10/1/2005	\$5.71	3	NO
P	93325	DOPPLER COLOR FLOW VELOCITY MAPP	10/1/2005	\$2.85	3	NO
P	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC,	10/1/2005	\$54.50	3	NO
P	93501	RIGHT HEART CATHETERIZATION	10/1/2005	\$113.66	3	NO
P	93505	ENDOMYOCARDIAL BIOPSY	10/1/2005	\$165.30	3	NO
P	93508	CATHETER PLACEMENT IN CORONARY A	10/1/2005	\$167.38	3	NO
P	93510	LEFT HEART CATHETERIZATION RETRO	10/1/2005	\$176.20	3	NO
P	93511	LEFT HEART CATHETERIZATION RETRO	10/1/2005	\$202.67	3	NO
P	93514	LEFT HEART CATHETERIZATION BY LE	10/1/2005	\$276.37	3	NO
P	93524	COMBINED TRANSSEPTAL AND RETROGR	10/1/2005	\$274.81	3	NO
P	93526	COMBINED RIGHT HEART CATHETERIZA	10/1/2005	\$238.74	3	NO
P	93527	COMBINED RT HEART CATH & TRANSSE	10/1/2005	\$287.53	3	NO
P	93528	COMBINED RIGHT HEART CATHETERIZA	10/1/2005	\$353.96	3	NO
P	93529	COMBINED RIGHT HEART CATH/LEFT H	10/1/2005	\$191.77	3	NO
P	93530	RIGHT HEART CATHETERIZATION, FOR	10/1/2005	\$167.12	3	NO
P	93531	COMBINED RIGHT HEART CATHETERIZA	10/1/2005	\$324.38	3	NO
P	93532	COMBINED RIGHT HEART CATHETERIZA	10/1/2005	\$387.43	3	NO
P	93533	COMBINED RIGHT HEART CATHETERIZA	10/1/2005	\$257.94	3	NO
P	93536	PERCUTANEOUS INSERTION OF INTRA-	4/1/2002	INVALID	N	NO
P	93555	IMAGING SUPERVISION, INTERPRETAT	10/1/2005	\$30.10	3	NO
P	93556	IMAGING SUPERVISION, INTERPRETAT	10/1/2005	\$30.62	3	NO
P	93561	INDICATOR DILUTION STUDIES SUCH	10/1/2005	\$17.91	3	NO
P	93562	INDICATOR DILUTION STUDIES SUCH	10/1/2005	\$5.71	3	NO
P	93571	INTRAVASCULAR DOPPLER VELOCITY A	10/1/2005	\$65.91	3	NO
P	93572	INTRAVASCULAR DOPPLER VELOCITY A	10/1/2005	\$51.64	3	NO
P	93600	BUNDLE OF HIS RECORDING	10/1/2005	\$80.70	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	93602	INTRA-ATRIAL RECORDING	10/1/2005	\$80.70	3	NO
P	93603	RIGHT VENTRICULAR RECORDING	10/1/2005	\$80.70	3	NO
P	93607	LEFT VENTRICULAR RECORDING	4/1/2002	INVALID	N	NO
P	93609	INTRAVENTRICULAR AND/OR INTRA-AT	10/1/2005	\$189.18	3	NO
P	93610	INTRA-ATRIAL PACING	10/1/2005	\$114.96	3	NO
P	93612	INTRAVENTRICULAR PACING	10/1/2005	\$114.96	3	NO
P	93615	ESOPHAGEAL RECORDING OF ATRIAL E	10/1/2005	\$33.48	3	NO
P	93616	ESOPHAGEAL RECORDING OF ATRIAL E	10/1/2005	\$52.16	3	NO
P	93618	INDUCTION OF ARRHYTHMIA BY ELECT	10/1/2005	\$157.26	3	NO
P	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC	10/1/2005	\$278.44	3	NO
P	93620	COMP ELECTROPHYSIOLOGIC EVAL W/R	10/1/2005	\$435.70	3	NO
P	93621	COMP ELECTROPHYSIOLOGIC EVAL W/R	10/1/2005	\$77.59	3	NO
P	93622	COMP ELECTROPHYSIOLOGIC EVAL W/R	10/1/2005	\$114.44	3	NO
P	93623	PROGRAMMED STIMULATION AND PACIN	10/1/2005	\$105.10	3	NO
P	93624	ELECTROPHYSIOLOGIC FOLLOW-UP STU	10/1/2005	\$185.28	3	NO
P	93631	INTRA-OPERATIVE CARDIAC PACING A	10/1/2005	\$291.42	3	NO
P	93640	ELECTROPHYSIOLOGIC EVALUATION OF	10/1/2005	\$129.49	3	NO
P	93641	ELECTROPHYSIOLOGIC EVALUATION OF	10/1/2005	\$218.76	3	NO
P	93642	ELECTROPHYSIOLOGIC EVALUATION OF	10/1/2005	\$188.14	3	NO
P	93660	EVALUATION OF CARDIOVASCULAR FUN	10/1/2005	\$69.81	3	NO
P	93662	INTRACARDIAC ECHOCARDIOGRAPHY DU	10/1/2005	\$103.80	3	NO
P	93701	BIOIMPEDANCE, THORACIC, ELECTRIC	10/1/2005	\$6.49	3	NO
P	93724	ELECTRONIC ANALYSIS OF ANTITACHY	10/1/2005	\$180.35	3	NO
P	93731	ELECTRONIC ANALYSIS OF DUAL-CHAM	10/1/2005	\$16.61	3	NO
P	93732	ELECTRONIC ANALYSIS OF DUAL-CHAM	10/1/2005	\$33.74	3	NO
P	93733	ELECTRONIC ANALYSIS OF DUAL-CHAM	10/1/2005	\$6.49	3	NO
P	93734	ELECTRONIC ANALYSIS OF SINGLE-CH	7/1/1991	\$17.14	3	NO
P	93735	ELECTRONIC ANALYSIS OF SINGLE-CH	10/1/2005	\$27.25	3	NO
P	93736	ELECTRONIC ANALYSIS OF SINGLE-CH	10/1/2005	\$5.71	3	NO
P	93737	ELECTRONIC ANALYSIS OF CARDIOVER	4/1/2002	INVALID	N	NO
P	93738	ELECTRONIC ANALYSIS OF CARDIOVER	4/1/2002	INVALID	N	NO
P	93740	TEMPERATURE GRADIENT STUDIES	10/1/2005	\$5.45	3	NO
P	93741	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$29.58	3	NO
P	93742	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$33.74	3	NO
P	93743	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$38.15	3	NO
P	93744	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$43.60	3	NO
P	93745	INITIAL SET-UP AND PROGRAMMING B	1/1/2005	\$0.01	5	NO
P	93760	THERMOGRAM CEPHALIC	10/1/2000	\$19.26	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	93762	THERMOGRAM; PERIPHERAL	10/1/2000	\$20.04	3	NO
P	93770	DETERMINATION OF VENOUS PRESSURE	10/1/2005	\$5.71	3	NO
P	93799	UNLISTED CARDIOVASCULAR SERVICE	4/5/1993	\$0.01	5	NO
P	93875	NON-INVASIVE PHYSIOLOGIC STUDIES	10/1/2005	\$8.04	3	NO
P	93880	DUPLEX SCAN OF EXTRACRANIAL ARTE	10/1/2005	\$21.80	3	NO
P	93882	DUPLEX SCAN OF EXTRACRANIAL ARTE	10/1/2005	\$15.05	3	NO
P	93886	TRANSCRANIAL DOPPLER STUDY OF TH	10/1/2005	\$35.55	3	NO
P	93888	TRANSCRANIAL DOPPLER STUDY OF TH	10/1/2005	\$23.36	3	NO
P	93890	TRANSCRANIAL DOPPLER STUDY OF TH	10/1/2005	\$37.89	3	NO
P	93892	TRANSCRANIAL DOPPLER STUDY OF TH	10/1/2005	\$43.34	3	NO
P	93893	TRANSCRANIAL DOPPLER STUDY OF TH	10/1/2005	\$43.34	3	NO
P	93922	NONINVASIVE PHYSIOLOGIC STUDIES	10/1/2005	\$9.08	3	NO
P	93923	NONINVASIVE PHYSIOLOGIC STUDIES	10/1/2005	\$16.61	3	NO
P	93924	NONINVASIVE PHYSIOLOGIC STUDIES	10/1/2005	\$18.68	3	NO
P	93925	DUPLEX SCAN OF LOWER EXTREMITY A	10/1/2005	\$21.28	3	NO
P	93926	DUPLEX SCAN OF LOWER EXTREMITY A	10/1/2005	\$14.53	3	NO
P	93930	DUPLEX SCAN OF UPPER EXTREMITY A	10/1/2005	\$17.13	3	NO
P	93931	DUPLEX SCAN OF UPPER EXTREMITY A	10/1/2005	\$11.42	3	NO
P	93965	NON-INVASIVE PHYSIOLOGIC STUDIES	10/1/2005	\$12.72	3	NO
P	93970	DUPLEX SCAN OF EXTREMITY VEINS I	10/1/2005	\$24.91	3	NO
P	93971	DUPLEX SCAN OF EXTREMITY VEINS I	10/1/2005	\$16.35	3	NO
P	93975	DUPLEX SCAN OF ARTERIAL INFLOW A	10/1/2005	\$65.65	3	NO
P	93976	DUPLEX SCAN OF ARTERIAL INFLOW A	10/1/2005	\$43.34	3	NO
P	93978	DUPLEX SCAN OF AORTA, INFERIOR V	10/1/2005	\$24.13	3	NO
P	93979	DUPLEX SCAN OF AORTA, INFERIOR V	10/1/2005	\$16.09	3	NO
P	93980	DUPLEX SCAN OF ARTERIAL INFLOW A	10/1/2005	\$45.15	3	NO
P	93981	DUPLEX SCAN OF ARTERIAL INFLOW A	10/1/2005	\$15.57	3	NO
P	93990	DUPLEX SCAN OF HEMODIALYSIS ACCE	10/1/2005	\$9.60	3	NO
P	94010	SPIROMETRY INCLUDING GRAPHIC REC	10/1/2005	\$5.97	3	NO
P	94060	BRONCHOSPASM EVALUATION SPIROMET	10/1/2005	\$10.64	3	NO
P	94070	PROLONGED POSTEXPOSURE EVALUATIO	10/1/2005	\$21.02	3	NO
P	94150	VITAL CAPACITY TOTAL (SEPARATE P	10/1/2005	\$2.85	3	NO
P	94200	MAXIMUM BREATHING CAPACITY MAXIM	10/1/2005	\$3.89	3	NO
P	94240	FUNCTIONAL RESIDUAL CAPACITY OR	10/1/2005	\$9.08	3	NO
P	94250	EXPIRED GAS COLLECTION QUANTITAT	10/1/2005	\$3.89	3	NO
P	94260	THORACIC GAS VOLUME	10/1/2005	\$4.67	3	NO
P	94350	DETERMINATION OF MALDISTRIBUTION	10/1/2005	\$9.08	3	NO
P	94360	DETERMINATION OF RESISTANCE TO A	10/1/2005	\$9.08	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	94370	DETERMINATION OF AIRWAY CLOSING	10/1/2005	\$9.08	3	NO
P	94375	RESPIRATORY FLOW VOLUME LOOP	10/1/2005	\$10.64	3	NO
P	94400	BREATHING RESPONSE TO C02 (C02 R	10/1/2005	\$14.27	3	NO
P	94450	BREATHING RESPONSE TO HYPOXIA (H	10/1/2005	\$14.01	3	NO
P	94620	PULMONARY STRESS TESTING SIMPLE	10/1/2005	\$22.58	3	NO
P	94621	PULMONARY STRESS TESTING; COMPLE	10/1/2005	\$49.82	3	NO
P	94680	OXYGEN UPTAKE EXPIRED GAS ANALYS	10/1/2005	\$9.08	3	NO
P	94681	OXYGEN UPTAKE EXPIRED GAS ANALYS	10/1/2005	\$7.01	3	NO
P	94690	OXYGEN UPTASKE EXPIRED GAS ANALY	10/1/2005	\$2.60	3	NO
P	94720	CARBON MONOXIDE DIFFUSING CAPACI	10/1/2005	\$9.08	3	NO
P	94725	MEMBRANE DIFFUSION CAPACITY	10/1/2005	\$9.08	3	NO
P	94750	PULMONARY COMPLIANCE STUDY (EG,	10/1/2005	\$8.04	3	NO
P	94770	CARBON DIOXIDE EXPIRED GAS DETER	10/1/2005	\$5.19	3	NO
P	94772	CIRCADIAN RESPIRATORY PATTERN RE	10/1/2000	\$53.52	3	NO
P	94799	UNLISTED PULMONARY SERVICE OR PR	6/1/1991	\$0.01	5	NO
P	95805	MULTIPLE SLEEP LATENCY TESTING (	10/1/2005	\$68.25	3	NO
P	95806	SLEEP STUDY, SIMULTANEOUS RECORD	10/1/2005	\$58.91	3	NO
P	95807	SLEEP STUDY, 3 OR MORE PARAMETER	10/1/2005	\$58.91	3	NO
P	95808	POLYSOMNOGRAPHY; SLEEP STAGING W	10/1/2005	\$96.02	3	NO
P	95810	POLYSOMNOGRAPHY; SLEEP STAGING W	10/1/2005	\$126.38	3	NO
P	95811	POLYSOMNOGRAPHY; OF SLEEP, ATTEN	10/1/2005	\$135.98	3	NO
P	95812	ELECTROENCEPHALOGRAM (EEG) EXTEN	10/1/2005	\$41.26	3	NO
P	95813	ELECTROENCEPHALOGRAM (EEG) EXTEN	10/1/2005	\$65.65	3	NO
P	95816	ELECTROENCEPHALOGRAM (EEG); INCL	10/1/2005	\$41.52	3	NO
P	95819	ELECTROENCEPHALOGRAM (EEG); INCL	10/1/2005	\$41.52	3	NO
P	95822	ELECTROENCEPHALOGRAM (EEG); RECO	10/1/2005	\$41.52	3	NO
P	95824	ELECTROENCEPHALOGRAM (EEG); CERE	10/1/2005	\$28.29	3	NO
P	95827	ELECTROENCEPHALOGRAM (EEG); ALL	10/1/2005	\$39.96	3	NO
P	95829	ELECTROCORTICOGRAM AT SURGERY (S	10/1/2005	\$233.29	3	NO
P	95858	TENSILON TEST FOR MYASTHENIA GRA	1/1/2006	INVALID	N	NO
P	95860	ELECTROMYOGRAPHY ONE EXTREMITY A	10/1/2005	\$37.11	3	NO
P	95861	ELECTROMYOGRAPHY; TWO EXTREMITIE	10/1/2005	\$59.69	3	NO
P	95863	ELECTROMYOGRAPHY; THREE EXTREMIT	10/1/2005	\$71.62	3	NO
P	95864	ELECTROMYOGRAPHY; FOUR EXTREMITI	10/1/2005	\$76.81	3	NO
P	95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	1/1/2006	\$62.80	3	NO
P	95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIA	1/1/2006	\$48.79	3	NO
P	95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL	10/1/2005	\$30.36	3	NO
P	95868	ELECTROMYOGRAPHY CRANIAL NERVE S	10/1/2005	\$45.41	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	95869	NEEDLE ELECTROMYOGRAPHY; THORACI	10/1/2005	\$14.27	3	NO
P	95870	NEEDLE ELECTROMYOGRAPHY; OTHER T	10/1/2005	\$14.27	3	NO
P	95872	NEEDLE ELECTROMYOGRAPHY USING SI	10/1/2005	\$57.35	3	NO
P	95873	ELECTRICAL STIMULATION FOR GUIDA	1/1/2006	\$14.27	3	NO
P	95874	NEEDLE ELECTROMYOGRAPHY FOR GUID	1/1/2006	\$14.53	3	NO
P	95875	ISCHEMIC LIMB EXERCISE TEST WITH	10/1/2005	\$42.04	3	NO
P	95900	NERVE CONDUCTION, AMPLITUDE AND	10/1/2005	\$16.09	3	NO
P	95903	NERVE CONDUCTION, AMPLITUDE AND	10/1/2005	\$23.10	3	NO
P	95904	NERVE CONDUCTION, AMPLITUDE AND	10/1/2005	\$13.23	3	NO
P	95920	INTRAOPERATIVE NEUROPHYSIOLOGY T	10/1/2005	\$83.04	3	NO
P	95921	TESTING OF AUTONOMIC NERVOUS SYS	10/1/2005	\$32.96	3	NO
P	95922	TESTING OF AUTONOMIC NERVOUS SYS	10/1/2005	\$36.59	3	NO
P	95923	TESTING OF AUTONOMIC NERVOUS SYS	10/1/2005	\$34.51	3	NO
P	95925	SHORT-LATENCY SOMATOSENSORY EVOK	10/1/2005	\$20.76	3	NO
P	95926	SHORT-LATENCY SOMATOSENSORY EVOK	10/1/2005	\$20.76	3	NO
P	95927	SHORT-LATENCY SOMATOSENSORY EVOK	10/1/2005	\$21.28	3	NO
P	95930	VISUAL EVOKED POTENTIAL (VEP) TE	10/1/2005	\$13.49	3	NO
P	95933	ORBICULARIS OCULI (BLINK) REFLEX	10/1/2005	\$22.58	3	NO
P	95934	H-REFLEX, AMPLITUDE AND LATENCY	10/1/2005	\$19.46	3	NO
P	95936	H-REFLEX, AMPLITUDE AND LATENCY	10/1/2005	\$21.28	3	NO
P	95937	NEUROMUSCULAR JUNCTION TESTING (	10/1/2005	\$25.69	3	NO
P	95950	MONITORING FOR IDENTIFICATION AN	10/1/2005	\$57.87	3	NO
P	95951	MONITORING FOR IDENTIFICATION OF	10/1/2005	\$230.18	3	NO
P	95953	MONITORING FOR LOCALIZATION OF C	10/1/2005	\$117.81	3	NO
P	95954	PHARMACOLOGICAL OR PHYSICAL ACTI	10/1/2005	\$93.94	3	NO
P	95955	ELECTROENCEPHALOGRAM (EEG) DURIN	10/1/2005	\$37.11	3	NO
P	95956	MONITORING FOR LOCALIZATION OF C	10/1/2005	\$117.81	3	NO
P	95957	DIGITAL ANALYSIS OF ELECTROENCEP	10/1/2005	\$76.29	3	NO
P	95958	WADA ACTIVATION TEST FOR HEMISPH	10/1/2005	\$161.41	3	NO
P	95961	FUNCTIONAL CORTICAL MAPPING BY S	10/1/2005	\$123.52	3	NO
P	95962	FUNCTIONAL CORTICAL MAPPING BY S	10/1/2005	\$127.67	3	NO
P	95965	MAGNETOENCEPHALOGRAPHY (MEG), RE	10/1/2005	\$307.77	3	NO
P	95966	MAGNETOENCEPHALOGRAPHY (MEG), RE	10/1/2005	\$152.85	3	NO
P	95967	MAGNETOENCEPHALOGRAPHY (MEG), RE	10/1/2005	\$125.08	3	NO
P	99056	SVCS TYPICALLY PROVIDED IN THE O	1/1/1992	NC	9	NO
P	99311	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
S	A4221	SUPPLIES FOR MAINTENANCE OF DRUG	10/1/2005	\$21.91	3	NO
S	A4222	INFUSION SUPPLIES FOR EXTERNAL D	10/1/2005	\$44.17	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	A4261	CERVICAL CAP FOR CONTRACEPTIVE U	8/1/2003	\$86.25	3	NO
S	A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	9/1/2004	\$21.28	3	NO
S	A4301	IMPLANTABLE ACCESS TOTAL CATHETE	1/1/1996	NC	9	NO
S	A4305	DISPOSABLE DRUG DELIVERY SYSTEM,	2/1/2001	\$21.63	3	YES
S	A4306	DISPOSABLE DRUG DELIVERY SYSTEM,	2/1/2001	\$21.63	3	YES
S	A4570	SPLINT	7/1/2002	NC	9	NO
S	A9901	DME DELIVERY, SET UP, AND/OR DIS	9/1/2003	NC	9	NO
S	BRS01	SHELTER CARE	4/1/2003	INVALID	N	NO
S	BRS02	THERAPEUTIC FOSTER CARE/PROCTOR	4/1/2003	INVALID	N	NO
S	BRS03	THERAPEUTIC FOSTER CARE/PROCTOR	4/1/2003	INVALID	N	NO
S	BRS04	RESIDENTIAL CARE/LEVEL 4	4/1/2003	INVALID	N	NO
S	BRS05	RESIDENTIAL CARE/LEVEL 5	4/1/2003	INVALID	N	NO
S	B4034	ENTERAL FEEDING SUPPLY KIT; SYRI	1/1/2003	\$5.60	3	NO
S	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP	1/1/2003	\$10.67	3	NO
S	B4036	ENTERAL FEEDING SUPPLY KIT; GRAV	1/1/2003	\$7.31	3	NO
S	B4081	NASOGASTRIC TUBING WITH STYLET	1/1/2003	\$19.78	3	NO
S	B4082	NASOGASTRIC TUBING WITHOUT STYLE	1/1/2003	\$14.73	3	NO
S	B4083	STOMACH TUBE - LEVINE TYPE	1/1/2003	\$2.25	3	NO
S	B4084	GASTROSTOMY/JEJUNOSTOMY TUBING,	4/1/2002	INVALID	N	NO
S	B4085	GASTROSTOMY TUBE WITH SILICONE S	4/1/2002	INVALID	N	NO
S	B4086	GASTROSTOMY/JEJUNOSTOMY TUBE, AN	1/1/2003	\$32.66	3	NO
S	B4100	FOOD THICKENER, ADMINISTERED ORA	1/1/2003	NC	9	NO
S	B4102	ENTERAL FORMULA, FOR ADULTS, USE	1/1/2005	NC	9	NO
S	B4103	ENTERAL FORMULA, FOR PEDIATRICS,	1/1/2005	NC	9	NO
S	B4104	ADDITIVE FOR ENTERAL FORMULA (EG	1/1/2005	NC	9	NO
S	B4149	ENTERAL FORMULA, MANUFACTURED BL	1/1/2005	NC	9	NO
S	B4150	ENTERAL FORMULA, NUTRITIONALLY C	1/1/2003	\$0.61	3	NO
S	B4151	ENTERAL FORMULAE; CATEGORY I; NA	1/1/2005	INVALID	N	NO
S	B4152	ENTERAL FORMULA, NUTRITIONALLY C	1/1/2003	\$0.51	3	NO
S	B4153	ENTERAL FORMULA, NUTRITIONALLY C	1/1/2003	\$1.74	3	NO
S	B4154	ENTERAL FORMULA, NUTRITIONALLY C	1/1/2003	\$1.12	3	NO
S	B4155	ENTERAL FORMULA, NUTRITIONALLY I	1/1/2003	\$0.87	3	NO
S	B4156	ENTERAL FORMULAE; CATEGORY VI; S	1/1/2005	INVALID	N	NO
S	B4157	ENTERAL FORMULA, NUTRITIONALLY C	1/1/2005	\$1.74	3	NO
S	B4158	ENTERAL FORMULA, FOR PEDIATRICS,	1/1/2005	\$0.61	3	NO
S	B4159	ENTERAL FORMULA, FOR PEDIATRICS,	1/1/2005	\$0.61	3	NO
S	B4160	ENTERAL FORMULA, FOR PEDIATRICS,	1/1/2005	\$0.61	3	NO
S	B4161	ENTERAL FORMULA, FOR PEDIATRICS,	1/1/2005	\$1.74	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	B4162	ENTERAL FORMULA, FOR PEDIATRICS,	1/1/2005	\$1.74	3	NO
S	B4164	PARENTERAL NUTRITION SOLUTION; C	1/1/2003	\$15.08	3	NO
S	B4168	PARENTERAL NUTRITION SOLUTION; A	1/1/2003	\$21.96	3	NO
S	B4172	PARENTERAL NUTRITION SOLUTION; A	10/1/2000	\$34.90	3	NO
S	B4176	PARENTERAL NUTRITION SOLUTION; A	1/1/2003	\$42.51	3	NO
S	B4178	PARENTERAL NUTRITION SOLUTION; A	1/1/2003	\$51.04	3	NO
S	B4180	PARENTERAL NUTRITION SOLUTION; C	1/1/2003	\$21.61	3	NO
S	B4184	PARENTERAL NUTRITION SOLUTION; L	1/1/2006	INVALID	N	NO
S	B4186	PARENTERAL NUTRITION SOLUTION; L	1/1/2006	INVALID	N	NO
S	B4189	PARENTERAL NUTRITION SOLUTION; C	1/1/2003	\$157.66	3	NO
S	B4193	PARENTERAL NUTRITION SOLUTION; C	1/1/2003	\$203.73	3	NO
S	B4197	PARENTERAL NUTRITION SOLUTION; C	1/1/2003	\$248.02	3	NO
S	B4199	PARENTERAL NUTRITION SOLUTION; C	1/1/2003	\$283.42	3	NO
S	B4216	PARENTERAL NUTRITION; ADDITIVES	1/1/2003	\$6.85	3	NO
S	B4220	PARENTERAL NUTRITION SUPPLY KIT;	4/1/2003	\$7.10	3	NO
S	B4222	PARENTERAL NUTRITION SUPPLY KIT;	4/1/2003	\$8.75	3	NO
S	B4224	PARENTERAL NUTRITION ADMINISTRAT	4/1/2003	\$22.19	3	NO
S	B5000	PARENTERAL NUTRITION SOLUTION; C	1/1/2003	\$10.54	3	NO
S	B5100	PARENTERAL NUTRITION SOLUTION; C	1/1/2003	\$4.12	3	NO
S	B5200	PARENTERAL NUTRITION SOLUTION; C	10/1/2000	\$4.85	3	NO
S	B9000	ENTERAL NUTRITION INFUSION PUMP	1/1/2003	\$103.10	3	YES
S	B9002	ENTERAL NUTRITION INFUSION PUMP	1/1/2003	\$108.65	3	YES
S	B9004	PARENTERAL NUTRITION INFUSION PU	1/1/2003	\$354.30	3	YES
S	B9006	PARENTERAL NUTRITION INFUSION PU	1/1/2003	\$354.30	3	YES
S	B9998	NOC FOR ENTERAL SUPPLIES	9/1/1990	\$0.01	5	YES
S	B9999	NOC FOR PARENTERAL SUPPLIES	9/1/1990	\$0.01	5	YES
S	D0120	PERIODIC ORAL EVALUATION	2/15/2000	\$23.23	3	NO
S	D0140	LIMITED ORAL EVALUATION - PROBLE	2/15/2000	\$30.97	3	NO
S	D0150	COMPREHENSIVE ORAL EVALUATION -	2/15/2000	\$36.14	3	NO
S	D0160	DETAILED AND EXTENSIVE ORAL EVAL	10/1/2000	\$62.09	3	NO
S	D0170	RE-EVALUATION-LIMITED, PROBLEM F	10/1/2000	\$24.16	3	NO
S	D0180	COMPREHENSIVE PERIODONTAL EVALUA	1/1/2003	\$36.14	3	NO
S	D0210	INTRAORAL - COMPLETE SERIES (INC	10/1/2000	\$29.99	3	NO
S	D0220	INTRAORAL PERIAPICAL-FIRST FILM	1/1/2000	\$9.27	3	NO
S	D0230	INTRAORAL PERIAPICAL-EACH ADDITI	10/1/2000	\$5.36	3	NO
S	D0240	INTRAORAL-OCCLUSAL FILM	10/1/2000	\$4.28	3	NO
S	D0250	EXTRAORAL-FIRST FILM	10/1/2000	\$18.21	3	NO
S	D0260	EXTRAORAL-EACH ADDITIONAL FILM	10/1/2000	\$13.93	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D0270	BITEWING - SINGLE FILM	10/1/2000	\$5.36	3	NO
S	D0272	BITEWINGS - TWO FILMS	10/1/2000	\$10.71	3	NO
S	D0274	BITEWINGS - FOUR FILMS	10/1/2000	\$12.85	3	NO
S	D0277	VERTICAL BITEWINGS - 7 TO 8 FILM	10/1/2000	\$22.26	3	NO
S	D0290	POSTERIOR - ANTERIOR OR LATERAL	10/1/2000	\$19.28	3	NO
S	D0310	SIALOGRAPHY	10/1/2000	\$0.01	5	NO
S	D0320	TEMPOROMADIBULAR JOINT ARTHROGRA	10/1/2000	\$0.01	5	NO
S	D0321	OTHER TEMPOROMANDIBULAR JOINT FI	10/1/2000	\$20.35	3	NO
S	D0322	TOMOGRAPHIC SURVEY	10/1/2000	\$0.01	5	NO
S	D0330	PANORAMIC FILM	10/1/2000	\$22.50	3	NO
S	D0340	CEPHALOMETRIC FILM	10/1/2000	\$17.14	3	NO
S	D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	10/1/2000	\$20.80	3	NO
S	D0415	COLLECTION OF MICROORGANISMS FOR	10/1/2000	\$0.01	5	NO
S	D0416	VIRAL CULTURE	1/1/2005	NC	9	NO
S	D0421	GENETIC TEST FOR SUSCEPTIBILITY	1/1/2005	NC	9	NO
S	D0425	CARIES SUSCEPTIBILITY TESTS	1/1/2000	NC	9	NO
S	D0431	ADJUNCTIVE PRE-DIAGNOSTIC TEST T	1/1/2005	NC	9	NO
S	D0460	PULP VITALITY TESTS	1/1/2000	NC	9	NO
S	D0470	DIAGNOSTIC CASTS	1/1/2000	NC	9	NO
S	D0472	ACCESSION OF TISSUE, GROSS EXAMI	10/1/2000	\$34.28	3	NO
S	D0473	ACCESSION OF TISSUE, GROSS AND M	10/1/2000	\$34.28	3	NO
S	D0474	ACCESSION OF TISSUE, GROSS AND M	10/1/2000	\$34.28	3	NO
S	D0475	DECALCIFICATION PROCEDURE	1/1/2005	NC	9	NO
S	D0476	SPECIAL STAINS FOR MICROORGANISM	1/1/2005	NC	9	NO
S	D0477	SPECIAL STAINS, NOT FOR MICROORG	1/1/2005	NC	9	NO
S	D0478	IMMUNOHISTOCHEMICAL STAINS	1/1/2005	NC	9	NO
S	D0479	TISSUE IN-SITU HYBRIDIZATION, IN	1/1/2005	NC	9	NO
S	D0480	PROCESS AND INTERP OF EXFOLIATIV	10/1/2000	\$34.28	3	NO
S	D0481	ELECTRON MICROSCOPY - DIAGNOSTIC	1/1/2005	NC	9	NO
S	D0482	DIRECT IMMUNOFLUORESCENCE	1/1/2005	NC	9	NO
S	D0483	INDIRECT IMMUNOFLUORESCENCE	1/1/2005	NC	9	NO
S	D0484	CONSULTATION ON SLIDES PREPARED	1/1/2005	NC	9	NO
S	D0485	CONSULTATION, INCLUDING PREPARAT	1/1/2005	NC	9	NO
S	D0501	HISTOPATHOLOGIC EXAMINATIONS	4/1/2003	INVALID	N	NO
S	D0502	OTHER ORAL PATHOLOGY PROCEDURES,	1/1/2000	\$0.01	5	NO
S	D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE	1/1/2000	NC	9	NO
S	D1110	PROPHYLAXIS - ADULT	10/1/2000	\$36.50	3	NO
S	D1120	PROPHYLAXIS - CHILD	1/1/2000	\$28.06	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D1201	TOPICAL APPLICATION OF FLUORIDE	10/1/2000	\$36.71	3	NO
S	D1203	TOPICAL APPLICATION OF FLUORIDE	10/1/2000	\$12.73	3	NO
S	D1204	TOPICAL APPLICATION OF FLUORIDE	10/1/2003	\$12.73	3	NO
S	D1205	TOPICAL APPLICATION OF FLUORIDE	1/1/2000	NC	9	NO
S	D1310	NUTRITIONAL COUSELING FOR THE CO	1/1/2005	\$0.01	P	NO
S	D1320	TOBACCO COUNSELING FOR THE CONTR	10/1/2000	\$10.00	3	NO
S	D1330	ORAL HYGIENE INSTRUCTIONS	1/1/2005	\$0.01	P	NO
S	D1351	SEALENT - PER TOOTH	1/1/2000	\$18.96	3	NO
S	D1510	SPACE MAINTAINER - FIXED-UNILATE	10/1/2000	\$74.98	3	NO
S	D1515	SPACE MAINTAINER - FIXED BILATER	10/1/2000	\$96.41	3	NO
S	D1520	SPACE MAINTAINER - REMOVABLE-UNI	10/1/2000	\$72.84	3	NO
S	D1525	SPACE MAINTAINER - REMOVABLE-BIL	10/1/2000	\$86.77	3	NO
S	D1550	RECEMENTATION OF SPACE MAINTAINE	10/1/2000	\$26.78	3	NO
S	D2110	AMALGAM - ONE SURFACE, PRIMARY	4/1/2003	INVALID	N	NO
S	D2120	AMALGAM - TWO SURFACES, PRIMARY	4/1/2003	INVALID	N	NO
S	D2130	AMALGAM - THREE SURFACES, PRIMAR	4/1/2003	INVALID	N	NO
S	D2131	AMALGAM - FOUR OR MORE SURFACES,	4/1/2003	INVALID	N	NO
S	D2140	AMALGAM - ONE SURFACE, PRIMARY O	10/1/2000	\$36.37	3	NO
S	D2150	AMALGAM - TWO SURFACES, PRIMARY	10/1/2000	\$45.74	3	NO
S	D2160	AMALGAM - THREE SURFACES, PRIMAR	10/1/2000	\$55.67	3	NO
S	D2161	AMALGAM - FOUR OR MORE SURFACES,	10/1/2000	\$63.27	3	NO
S	D2330	RESIN-BASED COMPOSITE - ONE SURF	10/1/2000	\$38.56	3	NO
S	D2331	RESIN-BASED COMPOSITE - TWO SURF	10/1/2000	\$52.39	3	NO
S	D2332	RESIN-BASED COMPOSITE - THREE SU	10/1/2000	\$66.87	3	NO
S	D2335	RESIN-BASED COMPOSITE - FOUR OR	10/1/2000	\$81.19	3	NO
S	D2336	COMPOSITE RESIN CROWN, ANTERIOR	4/1/2003	INVALID	N	NO
S	D2337	RESIN-BASED COMPOSITE CROWN, ANT	4/1/2003	INVALID	N	NO
S	D2380	RESIN - ONE SURFACE, POSTERIOR -	4/1/2003	INVALID	N	NO
S	D2381	RESIN - TWO SURFACES, POSTERIOR	4/1/2003	INVALID	N	NO
S	D2382	RESIN - THREE OR MORE SURFACES,	4/1/2003	INVALID	N	NO
S	D2385	RESIN - ONE SURFACE, POSTERIOR -	4/1/2003	INVALID	N	NO
S	D2386	RESIN - TWO SURFACES, POSTERIOR	4/1/2003	INVALID	N	NO
S	D2387	RESIN - THREE OR MORE SURFACES,	4/1/2003	INVALID	N	NO
S	D2388	RESIN-BASED COMPOSITE - FOUR OR	4/1/2003	INVALID	N	NO
S	D2390	RESIN-BASED COMPOSITE CROWN, ANT	1/1/2003	\$72.80	3	NO
S	D2391	RESIN-BASED COMPOSITE - ONE SURF	4/1/2005	\$36.37	3	NO
S	D2392	RESIN-BASED COMPOSITE - TWO SURF	4/1/2005	\$45.74	3	NO
S	D2393	RESIN-BASED COMPOSITE - THREE SU	4/1/2005	\$55.67	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D2394	RESIN-BASED COMPOSITE - FOUR OR	4/1/2005	\$63.27	3	NO
S	D2410	GOLD FOIL - ONE SURFACE	1/1/2000	NC	9	NO
S	D2420	GOLD FOIL - TWO SURFACES	1/1/2000	NC	9	NO
S	D2430	GOLD FOIL - THREE SURFACES	1/1/2000	NC	9	NO
S	D2510	INLAY - METALLIC - ONE SURFACE	1/1/2000	NC	9	NO
S	D2520	INLAY - METALLIC - TWO SURFACES	1/1/2000	NC	9	NO
S	D2530	INLAY - METALLIC - THREE OR MORE	1/1/2000	NC	9	NO
S	D2542	ONLAY - METALLIC - TWO SURFACES	1/1/2000	NC	9	NO
S	D2543	ONLAY - METALLIC - THREE SURFACE	1/1/2000	NC	9	NO
S	D2544	ONLAY - METALLIC - FOUR OR MORE	1/1/2000	NC	9	NO
S	D2610	INLAY PORCELAIN/CERAMIC - ONE SU	1/1/2000	NC	9	NO
S	D2620	INLAY - PORCELAIN/ TWO SURFACES	1/1/2000	NC	9	NO
S	D2630	INLAY - PERCELAIN/CERAMIC - THRE	1/1/2000	NC	9	NO
S	D2642	ONLAY - PORCELAIN/CERAMIC - TWO	1/1/2000	NC	9	NO
S	D2643	ONLAY - PORCELAIN/CERAMIC - THRE	1/1/2000	NC	9	NO
S	D2644	ONLAY - PORCELAIN/CERAMIC - FOUR	1/1/2000	NC	9	NO
S	D2650	INLAY - COMPOSITE/RESIN - ONE SU	1/1/2000	NC	9	NO
S	D2651	INLAY - COMPOSITE/RESIN - TWO SU	1/1/2000	NC	9	NO
S	D2652	INLAY - COMPOSITE/RESIN - THREE	1/1/2000	NC	9	NO
S	D2662	ONLAY - COMPOSITE/RESIN - TWO SU	1/1/2000	NC	9	NO
S	D2663	ONLAY - COMPOSITE/RESIN - THREE	1/1/2000	NC	9	NO
S	D2664	ONLAY - COMPOSITE/RESIN - FOUR O	1/1/2000	NC	9	NO
S	D2710	CROWN - RESIN-BASED COMPOSITE (I	10/1/2000	\$59.99	3	NO
S	D2712	CROWN - 3/4 RESIN-BASED COMPOSIT	1/1/2005	NC	9	NO
S	D2720	CROWN - RESIN WITH HIGH NOBLE ME	1/1/2000	NC	9	NO
S	D2721	CROWN - RESIN WITH PREDOMINANTLY	10/1/2000	\$192.82	3	YES
S	D2722	CROWN - RESIN WITH NOBLE METAL	10/1/2000	\$224.95	3	YES
S	D2740	CROWN - PORCELAIN/CERAMIC - SUBS	1/1/2000	NC	9	NO
S	D2750	CROWN - PORCELAIN FUSED TO HIGH	1/1/2000	NC	9	NO
S	D2751	CROWN - PORCELAIN FUSED TO PREDO	10/1/2000	\$257.09	3	YES
S	D2752	CROWN - PORCELAIN FUSED TO NOBLE	10/1/2000	\$267.80	3	YES
S	D2780	CROWN - 3/4 CASDT HIGH NOBLE MET	1/1/2000	NC	9	NO
S	D2781	CROWN - 3/4 CAST PREDOMINATELY B	1/1/2000	NC	9	NO
S	D2782	CROWN - 3/4 CAST NOBLE METAL	1/1/2000	NC	9	NO
S	D2783	CROWN - 3/4 PORCELAIN/CERAMIC	1/1/2000	NC	9	NO
S	D2790	CROWN - FULL CAST HIGH NOBLE MET	1/1/2000	NC	9	NO
S	D2791	CROWN - FULL CAST PREDOMINANTLY	1/1/2000	NC	9	NO
S	D2792	CROWN - FULL CAST NOBLE METAL	1/1/2000	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D2794	CORWN-TITANIUM	1/1/2005	NC	9	NO
S	D2799	PROVISIONAL CROWN	1/1/2000	NC	9	NO
S	D2910	RECEMENT INLAY, ONLAY OR PARTIAL	10/1/2000	\$26.78	3	NO
S	D2915	RECEMENT CAST OR PREFABRICATED P	1/1/2005	NC	9	NO
S	D2920	RECEMENT CROWN	10/1/2000	\$26.78	3	NO
S	D2930	PREFABRICATED STAINLESS STEEL CR	10/1/2000	\$71.79	3	NO
S	D2931	PREFABRICATED STAINLESS STEEL CR	10/1/2000	\$75.49	3	NO
S	D2932	PREFABRICATED RESIN CROWN	10/1/2000	\$59.99	3	NO
S	D2933	PREFABRICATED STAINLESS STEEL CR	10/1/2000	\$64.27	3	NO
S	D2934	PREFABRICATED ESTHETIC COATED ST	1/1/2005	NC	9	NO
S	D2940	SEDATIVE FILLING	10/1/2000	\$28.84	3	NO
S	D2950	CORE BUILDUP, INCLUDING ANY PINS	10/1/2000	\$48.20	3	NO
S	D2951	PIN RETENTION - PER TOOTH, IN AD	10/1/2000	\$21.80	3	NO
S	D2952	CAST POST AND CORE IN ADDITION T	1/1/2000	NC	9	NO
S	D2953	EACH ADDITIONAL CAST POST - SAME	1/1/2000	NC	9	NO
S	D2954	PREFABRICATED POST AND CORE IN A	10/1/2000	\$64.27	3	NO
S	D2955	POST REMOVAL (NOT IN CONJUNCTION	10/1/2000	\$0.01	5	NO
S	D2957	EACH ADDITIONAL PREFABRICATED PO	10/1/2000	\$64.27	3	NO
S	D2960	LABIAL VENEER (LAMINATE) - CHAIR	1/1/2000	NC	9	NO
S	D2961	LABIAL VENEER (RESIN LAMINATE) -	1/1/2000	NC	9	NO
S	D2962	LABIAL VENEER (PORCELAIN LAMINAT	1/1/2000	NC	9	NO
S	D2970	TEMPORARY CROWN (FRACTURED TOOTH	1/1/2005	INVALID	N	NO
S	D2971	ADDITIONAL PROCEDURES TO CONSTRU	1/1/2005	NC	9	NO
S	D2975	COPING	1/1/2005	NC	9	NO
S	D2980	CROWN REPAIR, BY REPORT	1/1/2000	\$0.01	5	YES
S	D2999	UNSPECIFIED RESTORATIVE PROCEDUR	1/1/2000	NC	9	NO
S	D3110	PULP CAP - DIRECT (EXCLUDING FIN	1/1/2000	NC	9	NO
S	D3120	PULP CAP - INDIRECT (EXCLUDING F	1/1/2000	NC	9	NO
S	D3220	THERAPEUTIC PULPOTOMY (EXCLUDING	10/1/2000	\$48.33	3	NO
S	D3221	PULPAL DEBRIDEMENT, PRIMARY AND	10/1/2000	\$46.06	3	NO
S	D3230	PULPAL THERAPY (RESORBABLE FILLI	10/1/2000	\$46.06	3	NO
S	D3240	PULPAL THERAPY (RESORBABLE FILLI	10/1/2000	\$46.06	3	NO
S	D3310	ENDODONTIC THERAPY - ANTERIOR (E	10/1/2000	\$144.61	3	NO
S	D3320	ENDODONTIC THERAPY - BICUSPID (E	10/1/2000	\$166.04	3	NO
S	D3330	ENDODONTIC THERAPY - MOLAR (EXCL	10/1/2000	\$208.88	3	NO
S	D3331	TREATMENT OF ROOT CANAL OBSTRUCT	10/1/2000	\$260.00	3	NO
S	D3332	INCOMPLETE ENDODONTIC THERAPY; I	1/1/2000	\$0.01	5	NO
S	D3333	INTERNAL ROOT REPAIR OF PERFORAT	1/1/2000	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D3346	RETREATMENT OF PREVIOUS ROOT CAN	4/1/2005	\$0.01	5	YES
S	D3347	RETREATMENT OF PREVIOUS ROOT CAN	1/1/2000	NC	9	NO
S	D3348	RETREATMENT OF PREVIOUS ROOT CAN	1/1/2000	NC	9	NO
S	D3351	APEXIFICATION/RECALCIFICATION -	10/1/2000	\$107.12	3	NO
S	D3352	APEXIFICATION/RECALCIFICATION -	10/1/2000	\$53.56	3	NO
S	D3353	APEXIFICATION/RECALCIFICATION -	10/1/2000	\$0.01	5	NO
S	D3410	APICOECTOMY/PERIRADICULAR SURGER	1/1/2000	NC	9	NO
S	D3421	APICOECTOMY/PERIRADICULAR SURGER	1/1/2000	NC	9	NO
S	D3425	APICOECTOMY/PERIRADICULAR SURGER	1/1/2000	NC	9	NO
S	D3426	APICOECTOMY/PERIRADICULAR SURGER	1/1/2000	NC	9	NO
S	D3430	RETROGRADE FILLING - PER ROOT	1/1/2000	NC	9	NO
S	D3450	ROOT AMPUTATION - PER ROOT	1/1/2000	NC	9	NO
S	D3460	ENDODONTIC ENDOSSEOUS IMPLANT	1/1/2000	NC	9	NO
S	D3470	INTENTIONAL REPLANTATION (INCLUD	1/1/2000	NC	9	NO
S	D3910	SURGICAL PROCEDURE FOR ISOLATION	1/1/2000	NC	9	NO
S	D3920	HEMISECTION (INCLUDING ANY ROOT	1/1/2000	NC	9	NO
S	D3950	CANAL PREPARATION AND FITTING OF	10/1/2000	\$80.34	3	NO
S	D3999	UNSPECIFIED ENDODONITC PROCEDURE	1/1/2000	NC	9	NO
S	D4210	GINGIVECTOMY OR GINGIVOPLASTY -	10/1/2000	\$52.00	6	NO
S	D4211	GINGIVECTOMY OR GINGIVOPLASTY -	1/1/2000	NC	9	NO
S	D4220	GINGIVAL CURETTAGE, SURGICAL, PE	4/1/2003	INVALID	N	NO
S	D4240	GINGIVAL FLAP PROCEDURE, INCL RO	10/1/2000	\$53.56	3	NO
S	D4241	GINGIVAL FLAP PROC, INCL ROOT PL	1/1/2003	\$40.71	3	NO
S	D4245	APICALLY POSITIONED FLAP	10/1/2000	\$64.27	3	NO
S	D4249	CLINICAL CROWN LENGTHENING - HAR	1/1/2000	NC	9	NO
S	D4260	SD4261S SURGERY (INCL FLAP ENTRY	10/1/2000	\$314.81	3	NO
S	D4261	OSSEOUS SURGERY (INCL FLAP ENTRY	1/1/2003	\$236.10	3	NO
S	D4263	BONE REPLACEMENT GRAFT - FIRST S	1/1/2000	NC	9	NO
S	D4264	BONE REPLACEMENT GRAFT - EACH AD	1/1/2000	NC	9	NO
S	D4265	BIOLOGIC MATERIALS TO AID IN SOF	1/1/2003	NC	9	NO
S	D4266	GUIDED TISSUE REGENERATION - RES	1/1/2000	NC	9	NO
S	D4267	GUIDED TISSUE REGENERATION - NON	1/1/2000	NC	9	NO
S	D4268	SURGICAL REVISION PROCEDURE, PER	10/1/2000	\$64.27	3	NO
S	D4270	PEDICLE SOFT TISSUE GRAFT PROCED	1/1/2000	NC	9	NO
S	D4271	FREE SOFT TISSUE GRAFT PROCEDURE	1/1/2000	NC	9	NO
S	D4273	SUBEPITHELIAL CONNECTIVE TISSUE	1/1/2000	NC	9	NO
S	D4274	DISTAL OR PROXIMAL WEDGE PROCEDU	1/1/2000	NC	9	NO
S	D4275	SOFT TISSUE ALLOGRAFT	1/1/2003	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D4276	COMBINED CONNECTIVE TISSUE AND D	1/1/2003	NC	9	NO
S	D4320	PROVISIONAL SPLINTING INTRACORON	1/1/2000	NC	9	NO
S	D4321	PROVISIONAL SPLINTING EXTRACORON	1/1/2000	NC	9	NO
S	D4341	PERIODONTAL SCALING AND ROOT PLA	10/1/2000	\$62.01	3	NO
S	D4342	PERIODONTAL SCALING AND ROOT PLA	1/1/2003	\$46.50	3	NO
S	D4355	FULL MOUTH DEBRIDEMENT TO ENABLE	10/1/2000	\$48.20	3	NO
S	D4381	LOCALIZED DELIVERY OF ANTIMICROB	1/1/2000	NC	9	NO
S	D4910	PERIODONTAL MAINTENANCE	10/1/2000	\$32.14	3	NO
S	D4920	UNSCHEDULED DRESSING CHANGE (BY	1/1/2000	\$0.01	5	NO
S	D4999	UNSPECIFIED PERIODONTAL PROCEDUR	1/1/2000	NC	9	NO
S	D5110	COMPLETE DENTURE - MAXILLARY	10/1/2000	\$348.14	3	YES
S	D5120	COMPLETE DENTURE - MANDIBULAR	10/1/2000	\$348.14	3	YES
S	D5130	IMMEDIATE DENTURE - MAXILLARY	10/1/2000	\$348.14	3	YES
S	D5140	IMMEDIATE DENTURE - MANDIBULAR	10/1/2000	\$348.14	3	YES
S	D5211	MAXILLARY PARTIAL DENTURE - RESI	3/1/2003	NC	9	NO
S	D5212	MANDIBULAR PARTIAL DENTURE - RES	3/1/2003	NC	9	NO
S	D5213	MAXILLARY PARTIAL DENTURE - CAST	10/1/2000	\$348.14	3	YES
S	D5214	MANDIBULAR PARTIAL DENTURE - CAS	10/1/2000	\$348.14	3	YES
S	D5225	MAXILLARY PARTIAL DENTURE - FLEX	1/1/2005	NC	9	NO
S	D5226	MANDIBULAR PARTIAL DENTURE - FLE	1/1/2005	NC	9	NO
S	D5281	REMOVABLE UNILATERAL PARTIAL DEN	1/1/2000	NC	9	NO
S	D5410	ADJUST COMPLETE DENTUE - MAXILLA	10/1/2000	\$18.21	3	NO
S	D5411	ADJUST COMPLETE DENTURE - MANDIB	10/1/2000	\$18.21	3	NO
S	D5421	ADJUST PARTIAL DENTURE - MAXILLA	10/1/2000	\$19.28	3	NO
S	D5422	ADJUST PARTIAL DENTURE - MANDIBU	10/1/2000	\$19.28	3	NO
S	D5510	REPAIR BROKEN COMPLETE DENTURE B	10/1/2000	\$32.14	3	NO
S	D5520	REPLACE MISSING OR BROKEN TEETH	10/1/2000	\$32.14	3	NO
S	D5610	REPAIR RESIN DENTUE BASE	10/1/2000	\$32.14	3	NO
S	D5620	REPAIR CAST FRAMEWORK	10/1/2000	\$32.14	3	NO
S	D5630	REPAIR OR REPLACE BROKEN CLASP	10/1/2000	\$53.56	3	NO
S	D5640	REPLACE BROKEN TEETH - PER TOOTH	10/1/2000	\$32.14	3	NO
S	D5650	ADD TOOTH TO EXISTING PARTIAL DE	10/1/2000	\$32.14	3	NO
S	D5660	ADD CLASP TO EXISTING PARTIAL DE	10/1/2000	\$48.20	3	NO
S	D5670	REPLACE ALL TEETH AND ACRYLIC ON	1/1/2003	NC	9	NO
S	D5671	REPLACE ALL TEETH AND ACRYLIC ON	1/1/2003	NC	9	NO
S	D5710	REBASE COMPLETE MAXILLARY DENTUR	10/1/2000	\$170.56	3	NO
S	D5711	REBASE COMPLETE MANDIBULAR DENTU	10/1/2000	\$170.56	3	NO
S	D5720	REBASE MAXILLARY PARTIAL DENTURE	10/1/2000	\$170.56	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D5721	REBASE MANDIBULAR PARTIAL DENTUR	10/1/2000	\$170.56	3	NO
S	D5730	RELIN COMPLETE MAXILLARY DENTUR	10/1/2000	\$32.14	3	NO
S	D5731	RELIN COMPLETE MANDIBULAR DENTU	10/1/2000	\$32.14	3	NO
S	D5740	RELIN MAXILLARY PARTIAL DENTURE	10/1/2000	\$32.14	3	NO
S	D5741	RELIN MANDIBULAR PARTIAL DENTUR	10/1/2000	\$32.14	3	NO
S	D5750	RELIN COMPLETE MAXILLARY DENTUR	10/1/2000	\$107.12	3	NO
S	D5751	RELIN COMPLETE MANDIBULAR DENTU	10/1/2000	\$107.12	3	NO
S	D5760	RELIN MAXILLARY PARTIAL DENTURE	10/1/2000	\$107.12	3	NO
S	D5761	RELIN MANDIBULAR PARTIAL DENTUR	10/1/2000	\$107.12	3	NO
S	D5810	INTERIM COMPLETE DENTURE (MAXILL	1/1/2000	NC	9	NO
S	D5811	INTERIM COMPLETE DENTURE (MANDIB	1/1/2000	NC	9	NO
S	D5820	INTERIM PARTIAL DENTURE (MAXILLA	10/1/2000	\$152.00	3	NO
S	D5821	INTERIM PARTIAL DENTURE (MANDIBU	10/1/2000	\$158.08	3	NO
S	D5850	TISSUE CONDITIONING, MAXILLARY	10/1/2000	\$27.85	3	NO
S	D5851	TISSUE CONDITIONING, MANDIBULAR	10/1/2000	\$27.85	3	NO
S	D5860	OVERDENTURE - COMPLETE, BY REPOR	1/1/2000	NC	9	NO
S	D5861	OVERDENTURE - PARTIAL, BY REPORT	1/1/2000	NC	9	NO
S	D5862	PRECISION ATTACHMENT, BY REPORT	1/1/2000	NC	9	NO
S	D5867	REPLACEMENT OF REPLACEABLE PART	1/1/2000	NC	9	NO
S	D5875	MODIFICATION OF REMOVABLE PROSTH	1/1/2000	NC	9	NO
S	D5899	UNSPECIFIED REMOVABLE PROSTHODON	1/1/2000	NC	9	NO
S	D5911	FACIAL MOULAGE (SECTIONAL)	10/1/2000	\$0.01	5	NO
S	D5912	FACIAL MOULAGE (COMPLETE)	10/1/2000	\$0.01	5	NO
S	D5913	NASAL PROSTHESIS	10/1/2000	\$0.01	5	NO
S	D5914	AURICULAR PROSTHESIS	1/1/2000	NC	9	NO
S	D5915	ORBITAL PROSTHESIS	10/1/2000	\$0.01	5	NO
S	D5916	OCULAR PROSTHESIS	10/1/2000	\$0.01	5	NO
S	D5919	FACIAL PROSTHESIS	10/1/2000	\$0.01	5	NO
S	D5922	NASAL SEPTAL PROSTHESIS	10/1/2000	\$0.01	5	NO
S	D5923	OCULAR PROSTHESIS, INTERIM	10/1/2000	\$0.01	5	NO
S	D5924	CRANIAL PROSTHESIS	10/1/2000	\$0.01	5	NO
S	D5925	FACIAL AUGMENTATION IMPLANT PROS	10/1/2000	\$0.01	5	NO
S	D5926	NASAL PROSTHESIS, REPLACEMENT	10/1/2000	\$0.01	5	NO
S	D5927	AURICULAR PROSTHESIS, REPLACEMEN	1/1/2000	NC	9	NO
S	D5928	ORBITAL PROSTHESIS, REPLACEMENT	10/1/2000	\$0.01	5	NO
S	D5929	FACIAL PROSTHESIS, REPLACEMENT	10/1/2000	\$0.01	5	NO
S	D5931	OBTURATOR PROSTHESIS, SURGICAL	10/1/2000	\$0.01	5	NO
S	D5932	OBTURATOR PROSTHESIS, DEFINITIVE	10/1/2000	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D5933	OBTURATOR PROSTHESIS, MODIFICATI	10/1/2000	\$0.01	5	NO
S	D5934	MANDIBULAR RESECTION PROSTHESIS	10/1/2000	\$0.01	5	NO
S	D5935	MANDIBULAR RESECTION PROSTHESIS	10/1/2000	\$0.01	5	NO
S	D5936	OBTURATOR PROSTHESIS, INTERIM	10/1/2000	\$0.01	5	NO
S	D5937	TRISMUS APPLIANCE (NOT FOR TMD T	10/1/2000	\$0.01	5	NO
S	D5951	FEEDING AID	10/1/2000	\$0.01	5	NO
S	D5952	SPEECH AID PROSTHESIS, PEDIATRIC	10/1/2000	\$428.48	3	NO
S	D5953	SPEECH AID PROSTHESIS, ADULT	10/1/2000	\$0.01	5	NO
S	D5954	PALATAL AUGMENTATION PROSTHESIS	10/1/2000	\$0.01	5	NO
S	D5955	PALATAL LIFT PROSTHESIS, DEFINIT	10/1/2000	\$428.48	3	NO
S	D5958	PALATAL LIFT PROSTHESIS, INTERIM	10/1/2000	\$0.01	5	NO
S	D5959	PALATAL LIFT PROSTHESIS, MODIFIC	10/1/2000	\$0.01	5	NO
S	D5960	SPEECH AID PROSTHESIS, MODIFICAT	10/1/2000	\$0.01	5	NO
S	D5982	SURGICAL STENT	1/1/2000	NC	9	NO
S	D5983	RADIATION CARRIER	10/1/2000	\$0.01	5	NO
S	D5984	RADIATION SHIELD	10/1/2000	\$0.01	5	NO
S	D5985	RADIATION CONE LOCATOR	10/1/2000	\$0.01	5	NO
S	D5986	FLUORIDE GEL CARRIER	10/1/2000	\$0.01	5	NO
S	D5987	COMMISSURE SPLINT	10/1/2000	\$0.01	5	NO
S	D5988	SURGICAL SPLINT	1/1/2000	NC	9	NO
S	D5999	UNSPECIFIED MAXILLOFACIAL PROSTH	1/1/2000	NC	9	NO
S	D6010	SURGICAL PLACEMENT OF IMPLANT BO	1/1/2000	NC	9	NO
S	D6020	ABUTMENT PLACEMENT OF SUBSTITUTI	1/1/2005	INVALID	N	NO
S	D6040	SURGICAL PLACEMENT: EPOSTEAL IMP	1/1/2000	NC	9	NO
S	D6050	SURGICAL PLACEMENT: TRANSOSTEAL	1/1/2000	NC	9	NO
S	D6053	IMPLANT/ABUTMENT SUPPORTED REMOV	1/1/2003	NC	9	NO
S	D6054	IMPLANT/ABUTMENT SUPPORTED REMOV	1/1/2003	NC	9	NO
S	D6055	DENTAL IMPLANT SUPPORTED CONNECT	1/1/2000	NC	9	NO
S	D6056	PREFABRICATED ABUTMENT - INCLUDE	1/1/2000	NC	9	NO
S	D6057	CUSTOM ABUTMENT - INCLUDES PLACE	1/1/2000	NC	9	NO
S	D6058	ABUTMENT SUPPORTED PORCELAIN/CER	1/1/2000	NC	9	NO
S	D6059	ABUTMENT SUPPORTED PORCELAIN FUS	1/1/2000	NC	9	NO
S	D6060	ABUTMENT SUPPORTED PORCELAIN FUS	1/1/2000	NC	9	NO
S	D6061	ABUTMENT SUPPORTED PORCELAIN FUS	1/1/2000	NC	9	NO
S	D6062	ABUTMENT SUPPORTED CAST METAL CR	1/1/2000	NC	9	NO
S	D6063	ABUTMENT SUPPORTED CAST METAL CR	1/1/2000	NC	9	NO
S	D6064	ABUTMENT SUPPORTED CAST METAL CR	1/1/2000	NC	9	NO
S	D6065	IMPLANT SUPPORTED PORCELAIN/CERA	1/1/2000	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D6066	IMPLANT SUPPORTED PORCELAIN FUSE	1/1/2000	NC	9	NO
S	D6067	IMPLANT SUPPORTED METAL CROWN (T	1/1/2000	NC	9	NO
S	D6068	ABUTMENT SUPPORTED RETAINER FOR	1/1/2000	NC	9	NO
S	D6069	ABUTMENT SUPPORTED RETAINER FOR	1/1/2000	NC	9	NO
S	D6070	ABUTMENT SUPPORTED RETAINER FOR	1/1/2000	NC	9	NO
S	D6071	ABUTMENT SUPPORTED RETAINER FOR	1/1/2000	NC	9	NO
S	D6072	ABUTMENT SUPPORTED RETAINER FOR	1/1/2000	NC	9	NO
S	D6073	ABUTMENT SUPPORTED RETAINER FOR	1/1/2000	NC	9	NO
S	D6074	ABUTMENT SUPPORTED RETAINER FOR	1/1/2000	NC	9	NO
S	D6075	IMPLANT SUPPORTED RETAINER FOR C	1/1/2000	NC	9	NO
S	D6076	IMPLANT SUPPORTED RETAINER FOR P	1/1/2000	NC	9	NO
S	D6077	IMPLANT SUPPORTED RETAINER FOR C	1/1/2000	NC	9	NO
S	D6078	IMPLANT/ABUTMENT SUPPORTED FIXED	1/1/2000	NC	9	NO
S	D6079	IMPLANT/ABUTMENT SUPPORTED FIXED	1/1/2000	NC	9	NO
S	D6080	IMPLANT MAINTENANCE PROCEDURES,	1/1/2000	NC	9	NO
S	D6090	REPAIR IMPLANT SUPPORTED PROSTHE	1/1/2000	NC	9	NO
S	D6094	ABUTMENT SUPPORTED CROWN - (TITA	1/1/2005	NC	9	NO
S	D6095	REPAIR IMPLANT ABUTMENT, BY REPO	1/1/2000	NC	9	NO
S	D6100	IMPLANT REMOVAL, BY REPORT	1/1/2000	NC	9	NO
S	D6190	RADIOGRAPHIC/SURGICAL IMPLANT IN	1/1/2005	NC	9	NO
S	D6194	ABUTMENT SUPPORTED RETAINER CROW	1/1/2005	NC	9	NO
S	D6199	IMPLANT REMOVAL, BY REPORT	1/1/2000	NC	9	NO
S	D6205	PONTIC - INDIRECT RESIN BASED CO	1/1/2005	NC	9	NO
S	D6210	PONTIC-CAST HIGH NOBLE METAL	1/1/2000	NC	9	NO
S	D6211	PONTIC-CAST HIGH NOBLE METAL	1/1/2000	NC	9	NO
S	D6212	PONTIC-CAST NOBLE METAL	1/1/2000	NC	9	NO
S	D6214	PONTIC - TITANIUM	1/1/2005	NC	9	NO
S	D6240	PONTIC-PORCELAIN FUSED TO HIGH N	1/1/2000	NC	9	NO
S	D6241	PONTIC-PORCELAIN FUSED TO PREDOM	1/1/2000	NC	9	NO
S	D6242	PONTIC-PORCELAIN FUSED TO NOBLE	1/1/2000	NC	9	NO
S	D6245	PONTIC - PORCELAIN/CERAMIC	1/1/2000	NC	9	NO
S	D6250	PONTIC-RESIN WITH HIGH NOBLE MET	1/1/2000	NC	9	NO
S	D6251	PONTIC-RESIN WITH PREDOMINANTLY	1/1/2000	NC	9	NO
S	D6252	PONTIC-RESIN WITH PREDOMINANTLY	1/1/2000	NC	9	NO
S	D6253	PROVISIONAL PONTIC	1/1/2003	NC	9	NO
S	D6519	INLAY/ONLAY - PORCELAIN/CERAMIC	4/1/2003	INVALID	N	NO
S	D6520	INLAY - METALLIC - TWO SURFACES	4/1/2003	INVALID	N	NO
S	D6530	INLAY - METALLIC - THREE OR MORE	4/1/2003	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D6543	ONLAY-METALLIC-THREE SURFACES	4/1/2003	INVALID	N	NO
S	D6544	ONLAY - METALLIC - THREE SURFACE	4/1/2003	INVALID	N	NO
S	D6545	RETAINER - CAST METAL FOR RESIN	1/1/2000	NC	9	NO
S	D6548	RETAINER - PORCELAIN/CERAMIC FOR	1/1/2000	NC	9	NO
S	D6600	INLAY - PORCELAIN/CERAMIC, TWO S	1/1/2003	NC	9	NO
S	D6601	INLAY - PORCELAIN/CERAMIC, THREE	1/1/2003	NC	9	NO
S	D6602	INLAY - CAST HIGH NOBLE METAL, T	1/1/2003	NC	9	NO
S	D6603	INLAY - CAST HIGH NOBLE METAL, T	1/1/2003	NC	9	NO
S	D6604	INLAY - CAST PREDOMINANTLY BASE	1/1/2003	NC	9	NO
S	D6605	INLAY - CST PREDOMINANTLY BASE M	1/1/2003	NC	9	NO
S	D6606	INLAY - CAST NOBLE METAL, TWO SU	1/1/2003	NC	9	NO
S	D6607	INLAY - CAST NOBLE METAL, THREE	1/1/2003	NC	9	NO
S	D6608	ONLAY - PORCELAIN/CERAMIC, TWO S	1/1/2003	NC	9	NO
S	D6609	ONLAY - PORCELAIN/CERAMIC, THREE	1/1/2003	NC	9	NO
S	D6610	ONLAY - CAST HIGH NOBLE METAL, T	1/1/2003	NC	9	NO
S	D6611	ONLAY - CAST HIGH NOBLE METAL, T	1/1/2003	NC	9	NO
S	D6612	ONLAY - CAST PREDOMINANTLY BASE	1/1/2003	NC	9	NO
S	D6613	ONLAY - CAST PREDOMINANTLY BASE	1/1/2003	NC	9	NO
S	D6614	ONLAY - CAST NOBLE METAL, TWO SU	1/1/2003	NC	9	NO
S	D6615	ONLAY - CAST NOBLE METAL, THREE	1/1/2003	NC	9	NO
S	D6624	INLAY - TITANIUM	1/1/2005	NC	9	NO
S	D6634	ONLAY - TITANIUM	1/1/2005	NC	9	NO
S	D6710	CROWN - INDIRECT RESIN BASED COM	1/1/2005	NC	9	NO
S	D6720	CROWN-RESIN WITH HIGH NOBLE META	1/1/2000	NC	9	NO
S	D6721	CROWN - RESIN WITH PREDOMINANTLY	4/1/2000	NC	9	NO
S	D6722	CROWN - RESIN WITH NOBLE METAL	4/1/2000	NC	9	NO
S	D6740	CROWN - PORCELAIN/CERAMIC	1/1/2000	NC	9	NO
S	D6750	CROWN - PORCELAIN FUSED TO HIGH	1/1/2000	NC	9	NO
S	D6751	CROWN-PORCELAIN FUSED TO PREDOMI	1/1/2000	NC	9	NO
S	D6752	CROWN - PORCELAIN FUSED TO NOBLE	1/1/2000	NC	9	NO
S	D6780	CROWN - 3/4 CAST HIGH NOBLE META	1/1/2000	NC	9	NO
S	D6781	CROWN - 3/4 CAST PREDOMINATELY B	1/1/2000	NC	9	NO
S	D6782	CROWN - 3/4 CAST NOBLE METAL	1/1/2000	NC	9	NO
S	D6783	CROWN - 3/4 PORCELAIN/CERAMIC	1/1/2000	NC	9	NO
S	D6790	CROWN-FULL CAST HIGH NOBLE METAL	1/1/2000	NC	9	NO
S	D6791	CROWN - FULL CAST PREDOMINANTLY	1/1/2000	NC	9	NO
S	D6792	CROWN - FULL CAST NOBLE METAL	1/1/2000	NC	9	NO
S	D6793	PROVISIONAL RETAINER CROWN	1/1/2003	NC	9	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D6794	CROWN - TITANIUM	1/1/2005	NC	9	NO
S	D6920	CONNECTOR BAR	1/1/2000	NC	9	NO
S	D6930	RECEMENT FIXED PARTIAL DENTURE	10/1/2000	\$44.99	3	NO
S	D6940	STRESS BREAKER	1/1/2000	NC	9	NO
S	D6950	PRECISION ATTACHMENT	1/1/2000	NC	9	NO
S	D6970	CAST POST AND CORE IN ADDITION T	1/1/2000	NC	9	NO
S	D6971	CAST POST AS PART OF FIXED PARTI	1/1/2000	NC	9	NO
S	D6972	PREFABRICATED POST AND CORE IN A	10/1/2000	\$64.27	3	YES
S	D6973	CORE BUILD UP FOR RETAINER; INCL	1/1/2000	NC	9	NO
S	D6975	COPING - METAL	1/1/2000	NC	9	NO
S	D6976	EACH ADDITIONAL CAST POST - SAME	1/1/2000	NC	9	NO
S	D6977	EACH ADDITIONAL PREFABRICATED PO	1/1/2000	NC	9	NO
S	D6980	FIXED PARTIAL DENTURE REPAIR, BY	1/1/2000	\$0.01	5	YES
S	D6985	PEDIATRIC PARTIAL DENTURE, FIXED	1/1/2003	NC	9	NO
S	D6999	UNSPECIFIED FIXED PROSTHODONTIC	1/1/2000	NC	9	NO
S	D7110	SINGLE TOOTH	4/1/2003	INVALID	N	NO
S	D7111	EXTRACTION, CORONAL REMNANTS - D	10/1/2004	\$30.00	3	NO
S	D7120	EACH ADDITIONAL TOOTH	4/1/2003	INVALID	N	NO
S	D7130	ROOT REMOVAL - EXPOSED ROOTS	4/1/2003	INVALID	N	NO
S	D7140	EXTRACTION, ERUPTED TOOTH OR EXP	1/1/2003	\$75.19	3	NO
S	D7210	SURGICAL REM OF ERUPTED TOOTH RE	10/1/2000	\$85.70	3	NO
S	D7220	ROMOVAL OF IMPACTED TOOTH - SOFT	1/1/2000	\$92.70	3	NO
S	D7230	REMOVAL OF IMPACTED TOOTH - PART	1/1/2000	\$125.66	3	NO
S	D7240	REMOVAL OF IMPACTED TOOTH - COMP	1/1/2000	\$154.50	3	NO
S	D7241	REMOVAL OF IMPACTED TOOTH - COMP	1/1/2000	\$0.01	5	NO
S	D7250	SURGICAL REMOVAL OF RESIDUAL TOO	1/1/2000	\$115.36	3	NO
S	D7260	OROLANTRAL FISTULA CLOSURE	10/1/2000	\$96.41	3	NO
S	D7261	PRIMARY CLOSURE OF A SINUS PERFO	1/1/2003	NC	9	NO
S	D7270	TOOTH REIMPLANTATION AND/OR STAB	10/1/2000	\$64.27	3	NO
S	D7272	TOOTH TRANSPLANTATION (INC REIMP	1/1/2000	NC	9	NO
S	D7280	SURGICAL ACCESS OF AN UNERUPTED	1/1/2000	NC	9	NO
S	D7281	SURGICAL EXPOSURE OF IMPACTED OR	1/1/2005	INVALID	N	NO
S	D7282	MOBILIZATION OF ERUPTED OR MALPO	1/1/2003	NC	9	NO
S	D7283	PLACEMENT OF DEVICE TO FACILITAT	1/1/2005	NC	9	NO
S	D7285	BIOPSY OF ORAL TISSUE - HARD (BO	10/1/2000	\$0.01	5	NO
S	D7286	BIOPSY OF ORAL TISSUE - SOFT	10/1/2000	\$48.20	3	NO
S	D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE C	1/1/2003	\$0.01	5	NO
S	D7288	BRUSH BIOPSY - TRANSEPIHELIAL S	1/1/2005	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D7290	SURGICAL REPOSITIONING OF TEETH	1/1/2000	NC	9	NO
S	D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRE	1/1/2000	NC	9	NO
S	D7310	ALVEOLOPLASTY IN CONJUNCTION WIT	1/1/2000	NC	9	NO
S	D7311	ALVEOLOPLASTY IN CONJUNCTION WIT	1/1/2005	NC	9	NO
S	D7320	ALVEOLOPLASTY NOT IN CONJUNCTION	10/1/2000	\$37.49	3	NO
S	D7321	ALVEOLOPLASTY NOT IN CONJUNCTIN	1/1/2005	\$0.01	P	NO
S	D7340	VESTIBULOPLASTY - RIDGE EXTENSIO	10/1/2000	\$0.01	5	NO
S	D7350	VESTIBULOPLASTY RIDGE EXTENSION	10/1/2000	\$0.01	5	NO
S	D7410	EXCISION OF BENIGN LESION UP TO	1/1/2000	NC	9	NO
S	D7411	EXCISION OF BENIGN LESION GREATE	1/1/2003	NC	9	NO
S	D7412	EXCISION OF BENIGN LESION, COMPL	1/1/2003	NC	9	NO
S	D7413	EXCISION OF MALIGNANT LESION UP	1/1/2003	NC	9	NO
S	D7414	EXCISION OF MALIGNANT LESION GRE	1/1/2003	NC	9	NO
S	D7415	EXCISION OF MALIGNANT LESION, CO	1/1/2003	NC	9	NO
S	D7420	RADICAL EXCISION - LESION DIAMET	4/1/2003	INVALID	N	NO
S	D7430	EXCISION OF BENIGN TUMOR - LESIO	4/1/2003	INVALID	N	NO
S	D7431	EXCISION OF BENIGN TUMOR - LESIO	4/1/2003	INVALID	N	NO
S	D7440	EXCISION OF MALIGNANT TUMOR - LE	10/1/2000	\$0.01	5	NO
S	D7441	EXCISION OF MALIGNANT TUMOR - LE	10/1/2000	\$0.01	5	NO
S	D7450	REMOVAL OF BENIGN ODONTOGENIC CY	10/1/2004	\$165.75	3	NO
S	D7451	REMOVAL OF BENIGN ODONTOGENIC CY	10/1/2000	\$0.01	5	NO
S	D7460	REMOVAL OF BENIGN NONODONTOGENIC	1/1/2000	NC	9	NO
S	D7461	REMOVAL OF BENIGN NONODONTOGENIC	1/1/2000	NC	9	NO
S	D7465	DESTRUCTION OF LESION(S) BY PHYS	1/1/2005	NC	9	NO
S	D7471	REMOVAL OF LATERAL EXOSTOSIS (MA	10/1/2000	\$37.49	3	NO
S	D7472	REMOVAL OF TORUS PALATINUS	1/1/2003	NC	9	NO
S	D7473	REMOVAL OF TORUS MANDIBULARIS	1/1/2003	NC	9	NO
S	D7480	PARTIAL OSTECTOMY (GUTTERING OR	4/1/2003	INVALID	N	NO
S	D7485	SURGICAL REDUCTION OF OSSEOUS TU	1/1/2003	NC	9	NO
S	D7490	RADICAL RESECTION OF MAXILLA OR	10/1/2000	\$0.01	5	NO
S	D7510	INCISION AND DRAINAGE OF ABSCESS	1/1/2000	\$66.95	3	NO
S	D7511	INCISION AND DRAINAGE OF ABSCESS	1/1/2005	\$0.01	5	NO
S	D7520	INCISION AND DRAINAGE OF ABSCESS	10/1/2000	\$40.71	3	NO
S	D7521	INCISION AND DRAINAGE OF ABSCESS	1/1/2005	\$0.01	5	NO
S	D7530	REMOVAL OF FOREIGN BODY FROM MUC	10/1/2000	\$85.70	3	NO
S	D7540	REMOVAL OF REACTION - PRODUCING	10/1/2000	\$0.01	5	NO
S	D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY	10/1/2000	\$0.01	5	NO
S	D7560	MAXILLARY SINUSOTOMY FOR REMOVAL	10/1/2000	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D7610	MAXILLA - OPEN REDUCTION (TEETH	10/1/2000	\$0.01	5	NO
S	D7620	MAXILLA - CLOSED REDUCTION (TEET	10/1/2000	\$0.01	5	NO
S	D7630	MANDIBLE - OPEN REDUCTION (TEETH	10/1/2000	\$0.01	5	NO
S	D7640	MANDIBLE - CLOSED REDUCTION (TEE	10/1/2000	\$0.01	5	NO
S	D7650	MALAR AND/OR ZYGOMATIC ARCH - OP	10/1/2000	\$0.01	5	NO
S	D7660	MALAR AND/OR ZYGOMATIC ARCH - CL	10/1/2000	\$0.01	5	NO
S	D7670	ALVEOLUS - CLOSED REDUCTION, MAY	10/1/2004	\$331.90	3	NO
S	D7671	ALVEOLUS - OPEN REDUCTION, MAY I	1/1/2003	NC	9	NO
S	D7680	FACIAL BONES - COMPLICATED REDUC	10/1/2000	\$0.01	5	NO
S	D7710	MAXILLA - OPEN REDUCTION	10/1/2000	\$0.01	5	NO
S	D7720	MAXILLA - CLOSED REDUCTION	10/1/2000	\$62.13	3	NO
S	D7730	MANDIBLE - OPEN REDUCTION	10/1/2000	\$0.01	5	NO
S	D7740	MANDIBLE - CLOSED REDUCTION	10/1/2000	\$0.01	5	NO
S	D7750	MALAR AND/OR ZYGOMATIC ARCH - OP	10/1/2000	\$0.01	5	NO
S	D7760	MALAR AND/OR ZYGOMATIC ARCH - CL	10/1/2000	\$0.01	5	NO
S	D7770	ALVEOLUS - OPEN REDUCTION STABIL	10/1/2000	\$0.01	5	NO
S	D7771	ALVEOLUS - CLOSED REDUCTION STAB	1/1/2003	NC	9	NO
S	D7780	FACIAL BONES - COMPLICATED REDUC	10/1/2000	\$0.01	5	NO
S	D7810	OPEN REDUCTION OF DISLOCATION	1/1/2000	NC	9	NO
S	D7820	CLOSED REDUCTION OF DISLOCATION	1/1/2000	NC	9	NO
S	D7830	MANIPULATION UNDER ANESTHESIA	1/1/2000	NC	9	NO
S	D7840	CONDYLECTOMY	1/1/2000	NC	9	NO
S	D7850	SURGICAL DISCECTOMY, WITH/WITHOU	1/1/2000	NC	9	NO
S	D7852	DISC REPAIR	1/1/2000	NC	9	NO
S	D7854	SYNOVECTOMY	1/1/2000	NC	9	NO
S	D7856	MYOTOMY	1/1/2000	NC	9	NO
S	D7858	JOINT RECONSTRUCTION	1/1/2000	NC	9	NO
S	D7860	ARTHROTOMY	1/1/2000	NC	9	NO
S	D7865	ARTHROPLASTY	1/1/2000	NC	9	NO
S	D7870	ARTHROCENTESIS	1/1/2000	NC	9	NO
S	D7871	NON-ARTHROSCOPIC LYSIS AND LAVAG	1/1/2000	NC	9	NO
S	D7872	ARTHROSCOPY - DIAGNOSIS, WITH OR	1/1/2000	NC	9	NO
S	D7873	ARTHROSCOPY - SURGICAL: LAVAGE A	1/1/2000	NC	9	NO
S	D7874	ARTHROSCOPY - SURGICAL: DISC REP	1/1/2000	NC	9	NO
S	D7875	ARTHROSCOPY - SURGICAL: SYNOVECT	1/1/2000	NC	9	NO
S	D7876	ARTHROSCOPY - SURGICAL: DISCECTO	1/1/2000	NC	9	NO
S	D7877	ARTHROSCOPY - SURGICAL; DEBRIDEM	1/1/2000	NC	9	NO
S	D7880	OCCLUSAL ORTHOTIC DEVICE, BY REP	4/1/2000	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D7899	UNSPECIFIED TMD THERAPY, BY REPO	1/1/2000	NC	9	NO
S	D7910	SUTURE OF RECENT SMALL WOUNDS UP	10/1/2000	\$62.40	3	NO
S	D7911	COMPLICATED SUTURE - UP TO FIVE	10/1/2000	\$93.60	3	NO
S	D7912	COMPLICATED SUTURE - GREATER THA	10/1/2000	\$135.20	3	NO
S	D7920	SKIN GRAFT (IDENTIFY DEFECT COVE	10/1/2000	\$0.01	5	YES
S	D7940	OSTEOPLASTY - FOR ORTHOGNATHIC D	1/1/2000	NC	9	NO
S	D7941	OSTEOTOMY - RAMUS, CLOSED	1/1/2000	NC	9	NO
S	D7943	OSTEOTOMY - MANDIBULAR RAMI WITH	1/1/2000	NC	9	NO
S	D7944	OSTEOTOMY - SEGMENTED OR SUBAPIC	1/1/2000	NC	9	NO
S	D7945	OSTEOTOMY - BODY OF MANDIBLE	1/1/2000	NC	9	NO
S	D7946	LEFORT I (MAXILLA TOTAL)	1/1/2000	NC	9	NO
S	D7947	LEFORT I (MAXILLA SEGMENTED)	1/1/2000	NC	9	NO
S	D7948	LEFORT II OR LEFORT III (OSTEOPL	1/1/2000	NC	9	NO
S	D7949	LEFORT II OR LEFORT III WITH BON	1/1/2000	NC	9	NO
S	D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CAR	1/1/2000	\$0.01	5	NO
S	D7953	BONE REPLACEMENT GRAFT FOR RIDGE	1/1/2005	NC	9	NO
S	D7955	REPAIR OF MAXILLOFACIAL SOFT AND	1/1/2000	NC	9	NO
S	D7960	FRENULECTOMY (FRENECTOMY OR FREN	1/1/2000	NC	9	NO
S	D7963	FRENULOPLASTY	1/1/2005	NC	9	NO
S	D7970	EXCISION OF HYPERPLASTIC TISSUE	10/1/2000	\$64.27	3	NO
S	D7971	EXCISION OF PERICORONAL GINGIVA	1/1/2000	NC	9	NO
S	D7972	SURGICAL REDUCTION OF FIBROUS TU	1/1/2003	NC	9	NO
S	D7980	SIALOLITHOTOMY	10/1/2000	\$0.01	5	NO
S	D7981	EXCISION OF SALIVARY GLAND, BY R	1/1/2000	\$0.01	5	NO
S	D7982	SIALODOCHOPLASTY	10/1/2000	\$0.01	5	NO
S	D7983	CLOSURE OF SALIVARY FISTULA	10/1/2000	\$0.01	5	NO
S	D7990	EMERGENCY TRACHEOTOMY	10/1/2000	\$0.01	5	NO
S	D7991	CORONOIDECTOMY	1/1/2000	NC	9	NO
S	D7995	SYNTHETIC GRAFT - MANDIBLE OR FA	1/1/2000	NC	9	NO
S	D7996	IMPLANT-MANDIBLE FOR AUGMENTATIO	1/1/2000	NC	9	NO
S	D7997	APPLIANCE REMOVAL (NOT BY DENTIS	1/1/2000	\$0.01	5	NO
S	D7999	UNSPECIFIED ORAL SURGERY PROCEDU	1/1/2000	NC	9	NO
S	D8010	LIMITED ORTHODONTIC TREATMENT OF	1/1/2000	\$0.01	5	YES
S	D8020	LIMITED ORTHODONTIC TREATMENT OF	1/1/2000	\$0.01	5	YES
S	D8030	LIMITED ORTHODONTIC TREATMENT OF	1/1/2000	\$0.01	5	YES
S	D8040	LIMITED ORTHODONTIC TREATMENT OF	1/1/2000	\$0.01	5	YES
S	D8050	INTERCEPTIVE ORTHODONTIC TREATME	1/1/2000	\$0.01	5	YES
S	D8060	INTERCEPTIVE ORTHODONTIC TREATME	1/1/2000	\$0.01	5	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D8070	COMPREHENSIVE ORTHODONTIC TREATM	10/1/2000	\$0.01	5	NO
S	D8080	COMPREHENSIVE ORTHODONTIC TREATM	1/1/2000	\$0.01	5	YES
S	D8090	COMPREHENSIVE ORTHODONTIC TREATM	10/1/2000	\$0.01	5	NO
S	D8100	ORTHODONTIC RECORDS NOT TO BE PA	4/1/2001	NC	9	NO
S	D8110	REMOVABLE APPLIANCE THERAPY	1/1/2005	INVALID	N	NO
S	D8120	FIXED APPLIANCE THERAPY	1/1/2005	INVALID	N	NO
S	D8200	ORTHODONTIC EXAMINATION	10/1/2004	NC	9	NO
S	D8210	REMOVABLE APPLIANCE THERAPY	1/1/2000	\$0.01	5	YES
S	D8220	FIXED APPLIANCE THERAPY	1/1/2000	\$0.01	5	YES
S	D8360	REMOVABLE APPLIANCE THERAPY	1/1/2005	INVALID	N	NO
S	D8370	FIXED APPLIANCE THERAPY	1/1/2005	INVALID	N	NO
S	D8460	CLASS I MALOCCLUSION	1/1/2005	INVALID	N	NO
S	D8470	CLASS II MALOCCLUSION	1/1/2005	INVALID	N	NO
S	D8480	CLASS III MALOCCLUSION	1/1/2005	INVALID	N	NO
S	D8560	CLASS I MALOCCLUSION	1/1/2005	INVALID	N	NO
S	D8570	CLASS II MALOCCLUSION	1/1/2005	INVALID	N	NO
S	D8580	CLASS III MALOCCLUSION	1/1/2005	INVALID	N	NO
S	D8650	TREATMENT OF THE ATYPICAL OR EXT	1/1/2005	INVALID	N	NO
S	D8660	PRE-ORTHODONTIC TREATMENT VISIT	1/1/2000	\$0.01	5	YES
S	D8670	PERIODIC ORTHODONTIC TREATMENT V	1/1/2000	\$0.01	5	YES
S	D8680	ORTHODONTIC RETENTION (REMOVAL O	1/1/2000	\$0.01	5	YES
S	D8690	ORTHODONTIC TREATMENT, (ALTERNAT	1/1/2000	\$0.01	5	YES
S	D8691	REPAIR OF ORTHODONTIC APPLIANCE	1/1/2000	NC	9	NO
S	D8692	REPLACEMENT OF LOST OR BROKEN RE	1/1/2000	NC	9	NO
S	D8750	POST TREATMENT STABILIZATION	10/1/2000	\$0.01	5	YES
S	D8999	UNSPECIFIED ORTHODONTIC PROCEDUR	1/1/2000	\$0.01	5	YES
S	D9110	PALLIATIVE (EMERGENCY) TREATMENT	1/1/2000	\$44.29	3	NO
S	D9210	LOCAL ANESTHESIA NOT IN CONJUNCT	1/1/2000	NC	9	NO
S	D9211	REGIONAL BLOCK ANESTHESIA	10/1/2000	\$0.01	5	NO
S	D9212	TRIGEMINAL DIVISION BLOCK ANESTH	10/1/2000	\$26.78	3	NO
S	D9215	LOCAL ANESTHESIA	1/1/2000	NC	9	NO
S	D9220	DEEP SEDATION/GENERAL ANESTHESIA	10/1/2000	\$117.83	3	NO
S	D9221	DEEP SEDATION/GENERAL ANESTHESIA	10/1/2000	\$28.92	3	NO
S	D9230	ANALGESIA, ANXIOLYSIS, INHALATIO	10/1/2000	\$8.57	3	NO
S	D9241	INTRAVENOUS CONSCIOUS SEDATION/A	10/1/2001	\$108.15	3	NO
S	D9242	INTRAVENOUS CONSCIOUS SEDATION/A	1/1/2000	\$0.01	5	NO
S	D9248	NON-INTRAVENOUS CONSCIOUS SEDATI	1/1/2002	\$75.00	3	NO
S	D9310	CONSULTATION (DIAGNOSTIC SERVICE	10/1/2000	\$26.78	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D9410	HOUSE/EXTENDED CARE FACILITY CAL	1/1/2000	NC	9	NO
S	D9420	HOSPITAL CALL	10/1/2000	\$107.12	3	NO
S	D9430	OFFICE VISIT FOR OBSERVATION (DU	10/1/2000	\$8.57	3	NO
S	D9440	OFFICE VISIT AFTER REGULARLY SCH	10/1/2000	\$35.35	3	NO
S	D9450	CASE PRESENTATION, DETAILED AND	1/1/2003	NC	9	NO
S	D9610	THERAPEUTIC DRUG INJECTION, BY R	10/1/2000	\$12.85	3	NO
S	D9630	ORAL DRUGS AND/OR MEDICAMENTS, B	4/1/2000	\$41.20	3	NO
S	D9910	APPLICATION OF DESENSITIZING MED	1/1/2000	NC	9	NO
S	D9911	APPLICATION OF DESENSIIZING RESI	1/1/2000	NC	9	NO
S	D9920	BEHAVIOR MANAGEMENT, BY REPORT	10/1/2000	\$0.01	5	NO
S	D9930	TREATMENT OF COMPLICATIONS (POST	1/1/2000	\$0.01	5	NO
S	D9940	OCCLUSAL GUARD, BY REPORT	1/1/2000	NC	9	NO
S	D9941	FABRICATION OF ATHLETIC MOUTHGUA	1/1/2000	NC	9	NO
S	D9942	REPAIR AND/OR RELINE OF OCCLUSAL	1/1/2005	NC	9	NO
S	D9950	OCCLUSION ANALYSIS - MOUNTED CAS	1/1/2000	NC	9	NO
S	D9951	OCCLUSAL ADJUSTMENT - LIMITED	1/1/2000	NC	9	NO
S	D9952	OCCLUSAL ADJUSTMENT - COMPLETE	1/1/2000	NC	9	NO
S	D9970	ENAMEL MICROABRASION	1/1/2000	NC	9	NO
S	D9971	ODONTOPLASTY 1-2 TEETH; INLUDES	1/1/2000	NC	9	NO
S	D9972	EXTERNAL BLEACHING - PER ARCH	1/1/2000	NC	9	NO
S	D9973	EXTERNAL BLEACHING - PER TOOTH	1/1/2000	NC	9	NO
S	D9974	INTERNAL BLEACHING - PER TOOTH	1/1/2000	NC	9	NO
S	D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE	1/1/2000	\$0.01	5	NO
S	E0602	BREAST PUMP, MANUAL, ANY TYPE	10/1/2005	\$15.48	3	NO
S	E0776	IV POLE	1/1/2003	\$93.30	3	NO
S	E0779	AMBULATORY INFUSION PUMP, MECHAN	4/1/2003	\$21.34	3	YES
S	E0780	AMBULATORY INFUSION PUMP, MECHAN	4/1/2003	\$15.34	3	YES
S	E0783	INFUSION PUMP SYSTEM, IMPLANTABL	1/1/1998	NC	9	NO
S	E1210	SINGLE VISION LENS SPHERO CYLIND	1/1/2006	INVALID	N	NO
S	E1300	SINGLE VISION LENS 4.25 TO 8.00	10/1/2000	NC	9	NO
S	G0001	ROUTINE VENIPUNCTURE FOR COLLECT	1/1/2005	INVALID	N	NO
S	G0151	SERVICES OF PHYSICAL THERAPIST I	1/1/2000	NC	9	NO
S	G0152	SERVICES OF OCCUPATIONAL THERAPI	1/1/2000	NC	9	NO
S	G0153	SERVICES OF SPEECH AND LANGUAGE	1/1/2000	NC	9	NO
S	G0154	SERVICES OF SKILLED NURSE IN HOM	1/1/2000	NC	9	NO
S	G0155	SERVICES OF CLINICAL SOCIAL WORK	1/1/2000	NC	9	NO
S	G0156	SERVICES OF HOME HEALTH AIDE IN	1/1/2000	NC	9	NO
S	G0166	EXTERNAL COUNTERPULSATION, PER T	1/1/2000	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	G0167	HYPERBARIC OXYGEN TREATMENT NOT	4/1/2004	INVALID	N	NO
S	G0176	ACTIVITY THERAPY RELATED TO THE	10/1/2003	\$16.95	3	NO
S	G0177	TRAINING AND EDUCATIONAL SERVICE	10/1/2003	\$47.22	3	NO
S	G0369	PHARMACY SUPPLY FEE FOR INTITIAL	1/1/2006	INVALID	N	NO
S	G0370	PHARMACY SUPPLY FEE FOR ORAL ANT	1/1/2006	INVALID	N	NO
S	G0371	PHARMACY DISPENSING FEE FOR INHA	1/1/2006	INVALID	N	NO
S	G0374	PHARMACY DISPENSING FEE FOR INHA	1/1/2006	INVALID	N	NO
S	G9001	COORDINATED CARE FEE (MCM INITIA	4/1/2003	\$22.93	3	NO
S	G9002	COORDINATED CARE FEE (MCM FULL C	4/1/2003	\$70.00	3	NO
S	G9003	COORDINATED CARE FEE, RISK ADJUS	1/1/2003	\$0.01	P	NO
S	G9004	COORDINATED CARE FEE, RISK ADJUS	1/1/2003	\$0.01	P	NO
S	G9005	COORDINATED CARE FEE, (MCM FULL-	4/1/2003	\$120.00	3	NO
S	G9006	COORDINATED CARE FEE (MCM-HOME/E	4/1/2003	\$40.00	3	NO
S	G9009	COORDINATED CARE FEE (MCM-PARTIA	4/1/2003	\$35.00	3	NO
S	G9010	COORDINATED CARE FEE (MCM-PARTIA	4/1/2003	\$60.00	3	NO
S	G9011	COORDINATED CARE FEE (MCM-TELEPH	4/1/2003	\$10.00	3	NO
S	G9012	COORDINATED CARE FEE (MCM-CASE M	4/1/2003	\$40.00	3	NO
S	G9016	SMOKING CESSATION COUNSELING, IN	4/1/2001	\$10.00	3	NO
S	G9037	SERVICES PROVIDED BY REHABILITAT	10/1/2005	INVALID	N	NO
S	G9041	SERVICES PROVIDED BY A QUALIFIED	1/1/2005	NC	9	NO
S	G9042	SERVICES PROVIDED BY AN ORIENTAT	1/1/2005	NC	9	NO
S	G9043	SERVICES PROVIDED BY A LOW VISIO	1/1/2005	NC	9	NO
S	G9044	SERVICES PROVIDED BY A CERTIFIED	1/1/2005	NC	9	NO
S	H0001	ALCOHOL AND/OR DRUG ASSESSMENT	1/1/2003	\$0.01	P	NO
S	H0002	BEHAVIORAL HEALTH SCREENING TO D	1/1/2003	\$0.01	P	NO
S	H0003	ALCOHOL AND/OR DRUG SCREENING; L	1/1/2003	\$0.01	P	NO
S	H0004	BEHAVIORAL HEALTH COUNSELING AND	10/1/2003	\$22.25	3	NO
S	H0005	ALCOHOL AND/OR DRUG SERVICES; GR	1/1/2003	\$0.01	P	NO
S	H0006	ALCOHOL AND/OR DRUG SERVICES; CA	10/1/2003	NC	9	NO
S	H0007	ALCOHOL AND/OR DRUG SERVICES; CR	1/1/2003	\$0.01	P	NO
S	H0008	ALCOHOL AND/OR DRUG SERVICES; SU	1/1/2003	\$0.01	P	NO
S	H0009	ALCOHOL AND/OR DRUG SERVICES; AC	1/1/2003	\$0.01	P	NO
S	H0010	ALCOHOL AND/OR DRUG SERVICES; SU	1/1/2003	\$0.01	P	NO
S	H0011	ALCOHOL AND/OR DRUG SERVICES; AC	1/1/2003	\$0.01	P	NO
S	H0012	ALCOHOL AND/OR DRUG SERVICES; SU	1/1/2003	\$0.01	P	NO
S	H0013	ALCOHOL AND/OR DRUG SERVICES; AC	1/1/2003	\$0.01	P	NO
S	H0014	ALCOHOL AND/OR DRUG SERVICES; AM	1/1/2003	\$0.01	P	NO
S	H0015	ALCOHOL AND/OR DRUG SERVICES; IN	1/1/2003	\$0.01	P	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	H0016	ALCOHOL AND/OR DRUG SERVICES; ME	1/1/2003	\$0.01	P	NO
S	H0017	BEHAVIORAL HEALTH; RESIDENTIAL,	10/1/2003	\$118.16	3	NO
S	H0018	BEHAVIORAL HEALTH; SHORT-TERM RE	7/1/2003	\$118.16	3	NO
S	H0019	BEHAVIORAL HEALTH; LONG-TERM RES	7/1/2003	\$118.16	3	NO
S	H0020	ALCOHOL AND/OR DRUG SERVICES; ME	1/1/2003	\$0.01	P	NO
S	H0021	ALCOHOL AND/OR DRUG TRAINING SER	1/1/2003	\$0.01	P	NO
S	H0022	ALCOHOL AND/OR DRUG INTERVENTION	10/1/2003	NC	9	NO
S	H0023	BEHAVIORAL HEALTH OUTREACH SERVI	10/1/2003	NC	9	NO
S	H0024	BEHAVIORAL HEALTH PREVENTION INF	1/1/2003	\$0.01	P	NO
S	H0025	BEHAVIORAL HEALTH PREVENTION EDU	1/1/2003	\$0.01	P	NO
S	H0026	ALCOHOL AND/OR DRUG PREVENTION P	1/1/2003	\$0.01	P	NO
S	H0027	ALCOHOL AND/OR DRUG PREVENTION E	1/1/2003	\$0.01	P	NO
S	H0028	ALCOHOL AND/OR DRUG PREVENTION P	1/1/2003	\$0.01	P	NO
S	H0029	ALCOHOL AND/OR DRUG PREVENTION A	1/1/2003	\$0.01	P	NO
S	H0030	BEHAVIORAL HEALTH HOTLINE SERVIC	1/1/2003	\$0.01	P	NO
S	H0031	MENTAL HEALTH ASSESSMENT, BY NON	10/1/2003	\$89.00	3	NO
S	H0032	MENTAL HEALTH SERVICE PLAN DEVEL	4/1/2005	\$89.00	3	NO
S	H0033	ORAL MEDICATION ADMINISTRATION,	1/1/2003	\$0.01	P	NO
S	H0034	MEDICATION TRAINING AND SUPPORT,	10/1/2003	\$15.74	3	NO
S	H0035	MENTAL HEALTH PARTIAL HOSPITALIZ	1/1/2003	\$0.01	P	NO
S	H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE	10/1/2003	\$7.87	3	NO
S	H0037	COMMUNITY PSYCHIATRIC SUPPORTIVE	7/1/2003	\$0.01	1	NO
S	H0038	SELF-HELP/PEER SERVICES, PER 15	1/1/2003	\$0.01	P	NO
S	H0039	ASSERTIVE COMMUNITY TREATMENT, F	10/1/2003	\$22.25	3	NO
S	H0040	ASSERTIVE COMMUNITY TREATMENT PR	7/1/2005	\$0.01	1	NO
S	H0041	FOSTER CARE, CHILD, NON-THERAPEU	1/1/2003	NC	9	NO
S	H0042	FOSTER CARE, CHILD, NON-THERAPEU	1/1/2003	NC	9	NO
S	H0043	SUPPORTED HOUSING, PER DIEM	1/1/2003	NC	9	NO
S	H0044	SUPPORTED HOUSING, PER MONTH	1/1/2003	NC	9	NO
S	H0045	RESPITE CARE SERVICES, NOT IN TH	1/1/2003	\$0.01	P	NO
S	H0046	THERAPEUTIC FOSTER CARE/PROCTOR	7/1/2005	\$0.01	1	NO
S	H0047	ALCOHOL AND/OR OTHER DRUG ABUSE	1/1/2003	NC	9	NO
S	H2010	COMPREHENSIVE MEDICATION SERVICE	10/1/2003	\$22.25	3	NO
S	H2011	CRISIS INTERVENTION SERVICE, PER	1/1/2004	\$0.01	P	NO
S	H2012	BEHAVIORAL HEALTH DAY TREATMENT,	7/1/2003	\$0.01	1	NO
S	H2013	PSYCHIATRIC HEALTH FACILITY SERV	10/1/2003	\$432.58	3	NO
S	H2014	SKILLS TRAINING AND DEVELOPMENT,	10/1/2003	\$2.74	3	NO
S	H2015	THERAPEUTIC FOSTER CARE/PROCTOR	7/1/2005	\$0.01	1	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	H2016	COMPREHENSIVE COMMUNITY SUPPORT	1/1/2004	NC	9	NO
S	H2017	PSYCHOSOCIAL REHABILITATION SERV	1/1/2004	NC	9	NO
S	H2018	PSYCHOSOCIAL REHABILITATION SERV	7/1/2003	\$93.47	3	NO
S	H2019	THERAPEUTIC BEHAVIORAL SERVICES,	1/1/2004	NC	9	NO
S	H2020	THERAPEUTIC BEHAVIORAL SERVICES,	7/1/2003	\$62.87	3	NO
S	H2021	COMMUNITY BASED WRAPAROUND SERVI	1/1/2003	\$0.01	P	NO
S	H2022	COMMUNITY BASED WRAPAROUND SERVI	1/1/2003	\$0.01	P	NO
S	H2023	SUPPORTED EMPLOYMENT, PER 15 MI	10/1/2003	\$15.74	3	NO
S	H2024	SUPPORTED EMPLOYMENT, PER DIEM	1/1/2004	NC	9	NO
S	H2025	ONGOING SUPPORT TO MAINTAIN EMPL	1/1/2004	NC	9	NO
S	H2026	ONGOING SUPPORT TO MAINTAIN EMPL	1/1/2004	NC	9	NO
S	H2027	PSYCHOEDUCATIONAL SERVICE, PER 1	1/1/2004	\$0.01	P	NO
S	H2028	SEXUAL OFFENDER TREATMENT SERVIC	1/1/2004	NC	9	NO
S	H2029	SEXUAL OFFENDER TREATMENT SERVIC	1/1/2004	NC	9	NO
S	H2030	MENTAL HEALTH CLUBHOUSE SERVICES	1/1/2004	NC	9	NO
S	H2031	MENTAL HEALTH CLUBHOUSE SERVICES	1/1/2004	NC	9	NO
S	H2032	ACTIVITY THERAPY, PER 15 MINUTES	4/1/2005	\$7.87	3	NO
S	H2033	MULTISYSTEMIC THERAPY FOR JUVENI	10/1/2003	\$22.25	3	NO
S	H2034	ALCOHOL AND/OR DRUG ABUSE HALFWA	1/1/2004	NC	9	NO
S	H2036	ALCOHOL AND/OR OTHER DRUG TREATM	1/1/2004	NC	9	NO
S	H2037	DEVELOPMENTAL DELAY PREVENTION A	1/1/2004	NC	9	NO
S	J1330	INJECTION, ERGONOVINE MALEATE, U	8/1/2004	\$4.93	3	NO
S	J1750	INJECTION, IRON DEXTRAN, 50 MG	1/1/2006	INVALID	N	NO
S	J2210	INJECTION, METHYLERGONOVINE MALE	8/1/2004	\$4.08	3	NO
S	J2590	INJECTION, OXYTOCIN, UP TO 10 UN	8/1/2004	\$3.22	3	NO
S	J2788	INJECTION, RHO D IMMUNE GLOBULIN	7/18/2005	\$38.13	3	NO
S	J2790	INJECTION, RHO D IMMUNE GLOBULIN	7/26/2002	\$126.14	3	NO
S	J2792	INJECTION, RHO D IMMUNE GLOBULIN	1/1/1999	\$60.93	3	NO
S	J3430	INJECTION, PHYTONADIONE (VITAMIN	#####	\$2.58	3	NO
S	J7030	INFUSION, NORMAL SALINE SOLUTION	8/1/2004	\$9.86	3	NO
S	J7050	INFUSION, NORMAL SALINE SOLUTION	8/1/2004	\$1.95	3	NO
S	J7060	5% DEXTROSE/WATER (500 ML = 1 UN	8/1/2004	\$14.60	3	NO
S	J7070	INFUSION, D-5-W, 1000 CC	8/1/2004	\$29.55	3	NO
S	J7120	RINGERS LACTATE INFUSION, UP TO	8/1/2004	\$17.32	3	NO
S	J7502	CYCLOSPORINE, ORAL, 100 MG (NEOR	2/1/2001	\$6.73	3	NO
S	J7515	CYCLOSPORINE, ORAL, 25 MG (NEORA	3/1/2001	\$1.74	3	NO
S	J7516	CYCLOSPORINE, PARENTERAL, 250 MG	1/1/2005	\$29.16	3	NO
S	K0100	OCCUPATIONAL THERAPY UP TO 30 MI	4/1/2004	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	K0455	INFUSION PUMP USED FOR UNINTERRU	1/1/1998	NC	9	NO
S	L0500	LUMBAR-SACRAL-ORTHOISIS (LSO), FL	1/1/2005	INVALID	N	NO
S	L3805	WRIST HAND FINGER ORTHOSIS, LONG	10/1/2005	\$209.75	3	NO
S	MFC03	SDSD: MEDICALLY FRAGILE CHILDREN	6/25/1996	\$960.00	3	NO
S	OCP01	EARLY CHILDHOOD MENTAL HEALTH OU	4/1/2003	INVALID	N	NO
S	OCP02	EARLY CHILDHOOD PREVENTIVE MENTA	4/1/2003	INVALID	N	NO
S	OCP03	EARLY CHILDHOOD PREVENTIVE MENTA	4/1/2003	INVALID	N	NO
S	OCP04	EARLY CHILDHOOD MENTAL HEALTH CO	4/1/2003	INVALID	N	NO
S	OCP05	DEVELOPMENTAL SUPPORT AND CARE C	4/1/2003	INVALID	N	NO
S	PUB04	OMAP: PUBLIC HEALTH TREATMENT FO	10/1/2002	INVALID	N	NO
S	Q0086	PHYSICAL THERAPY EVALUATION/TREA	4/1/2004	INVALID	N	NO
S	Q4017	CAST SUPPLIES, LONG ARM SPLINT,	10/1/2001	\$6.47	3	NO
S	Q4018	CAST SUPPLIES, LONG ARM SPLINT,	10/1/2001	\$10.32	3	NO
S	Q4019	CAST SUPPLIES, LONG ARM SPLINT,	10/1/2001	\$3.24	3	NO
S	Q4020	CAST SUPPLIES, LONG ARM SPLINT,	10/1/2001	\$5.16	3	NO
S	Q4021	CAST SUPPLIES, SHORT ARM SPLINT,	10/1/2001	\$4.79	3	NO
S	Q4022	CAST SUPPLIES, SHORT ARM SPLINT,	10/1/2001	\$8.64	3	NO
S	Q4023	CAST SUPPLIES, SHORT ARM SPLINT,	10/1/2001	\$2.40	3	NO
S	Q4024	CAST SUPPLIES, SHORT ARM SPLINT,	10/1/2001	\$4.32	3	NO
S	Q4049	FINGER SPLINT, STATIC	10/1/2001	\$1.50	3	NO
S	Q4051	SPLINT SUPPLIES, MISC (INC THERM	10/1/2001	\$10.00	3	NO
S	S0191	MISOPROSTOL, ORAL, 200 MCG	8/1/2004	\$1.20	3	NO
S	S0255	HOSPICE REFERRAL VISIT PERFORMED	1/1/2002	NC	9	NO
S	S0595	DISPENSING NEW SPECTACLE LENSES	1/1/2006	NC	9	NO
S	S1015	IV TUBING EXTENSION SET	1/1/2001	NC	9	NO
S	S1016	NON-PVC (POLYVINYL CHLORIDE) INT	1/1/2001	NC	9	NO
S	S5000	PRESCRIPTION DRUG, GENERIC	1/1/2003	\$0.01	P	NO
S	S5001	PRESCRIPTION DRUG, BRAND NAME	1/1/2003	\$0.01	P	NO
S	S5011	5% DEXTROSE IN LACTATED RINGER'S	2/1/2006	\$14.35	3	NO
S	S5025	INFUSION PUMP RENTAL, PER DIEM	4/1/2002	INVALID	N	NO
S	S5035	HOME INFUSION THERAPY, ROUTINE S	4/1/2003	\$0.01	5	YES
S	S5036	HOME INFUSION THERAPY, REPAIR OF	1/1/2003	\$8.23	3	YES
S	S5115	HOME CARE TRAINING, NON-FAMILY;	9/1/2003	\$7.00	3	YES
S	S5145	FOSTER CARE, THERAPEUTIC, CHILD;	2/1/2005	\$0.01	1	NO
S	S5146	FOSTER CARE, THERAPEUTIC, CHILD;	12/1/2004	\$2,387.20	3	NO
S	S5151	UNSKILLED RESPITE CARE, NOT HOSP	1/1/2003	\$0.01	P	NO
S	S5160	EMERGENCY RESPONSE SYSTEM; INSTA	5/1/2003	\$0.01	1	YES
S	S5161	EMERGENCY RESPONSE SYSTEM; SERVI	5/1/2003	\$0.01	1	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	S5162	EMERGENCY RESPONSE SYSTEM; PURCH	5/1/2003	\$0.01	1	YES
S	S5497	HOME INFUSION THERAPY, CATHETER	8/1/2005	\$7.04	3	YES
S	S5498	HOME INFUSION THERAPY, CATHETER	4/1/2003	\$6.00	3	NO
S	S5501	HOME INFUSION THERAPY, CATHETER	4/1/2003	\$7.20	3	NO
S	S5520	HOME INFUSION THERAPY, ALL SUPPL	4/1/2003	\$75.21	3	NO
S	S5521	HOME INFUSION THERAPY, ALL SUPPL	4/1/2003	\$75.21	3	NO
S	S8415	SUPPLIES FOR HOME DELIVERY OF IN	10/1/2002	\$221.30	3	NO
S	S8948	APPLICATION OF A MODALITY TO ONE	1/1/2004	NC	9	NO
S	S8950	COMPLEX LYMPHEDEMA THERAPY, EACH	10/1/2004	NC	9	NO
S	S8990	PHYSICAL OR MANIPULATIVE THERAPY	1/1/2004	NC	9	NO
S	S9075	SMOKING CESSATION TREATMENT	4/1/2001	\$10.00	1	NO
S	S9123	NURSING CARE, IN THE HOME; BY RE	10/1/2000	\$34.90	3	YES
S	S9124	NURSING CARE, IN THE HOME; BY LI	10/1/2000	\$29.66	3	YES
S	S9125	RESPIRE CARE SERVICES, IN THE HO	1/1/2003	\$0.01	P	NO
S	S9131	PHYSICAL THERAPY; IN HOME, PER D	1/1/2003	NC	9	NO
S	S9200	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9210	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9220	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9225	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9230	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9300	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9308	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9310	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9325	HOME INFUSION THERAPY, PAIN MANA	4/1/2003	\$50.00	3	YES
S	S9326	HOME INFUSION THERAPY, CONTINUOU	4/1/2003	\$41.40	3	YES
S	S9327	HOME INFUSION THERAPY, INTERMITT	4/1/2003	\$41.40	3	YES
S	S9328	HOME INFUSION THERAPY, IMPLANTED	4/1/2003	\$41.40	3	YES
S	S9329	HOME INFUSION THERAPY, CHEMOTHER	4/1/2003	\$78.00	3	YES
S	S9330	HOME INFUSION THERAPY, CONTINUOU	4/1/2003	\$116.00	3	NO
S	S9331	HOME INFUSION THERAPY, INTERMITT	4/1/2003	\$89.00	3	NO
S	S9335	HOME THERAPY, HEMODIALYSIS; ADMI	1/1/2004	NC	9	NO
S	S9336	HOME INFUSION THERAPY, CONTINUOU	4/1/2003	\$78.00	3	NO
S	S9341	HOME THERAPY; ENTERAL NUTRITION	4/1/2003	\$4.99	3	NO
S	S9342	HOME THERAPY; ENTERAL NUTRITION	4/1/2003	\$19.17	3	YES
S	S9347	HOME INFUSION THERAPY, UNINTERRU	1/1/2003	NC	9	NO
S	S9348	HOME INFUSION THERAPY, SYMPATHOM	4/1/2003	\$78.00	3	NO
S	S9349	HOME INFUSION THERAPY, TOCOLYTIC	4/1/2003	NC	9	NO
S	S9351	HOME INFUSION THERAPY, CONTINUOU	4/1/2003	\$100.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	S9355	HOME INFUSION THERAPY, CHELATION	4/1/2003	NC	9	NO
S	S9364	HOME INFUSION THERAPY, TOTAL PAR	4/1/2003	\$0.01	5	NO
S	S9365	HOME INFUSION THERAPY, TOTAL PAR	4/1/2003	\$105.00	3	NO
S	S9366	HOME INFUSION THERAPY, TOTAL PAR	4/1/2003	\$131.00	3	NO
S	S9367	HOME INFUSION THERAPY, TOTAL PAR	4/1/2003	\$135.00	3	NO
S	S9368	HOME INFUSION THERAPY, TOTAL PAR	4/1/2003	\$135.00	3	NO
S	S9373	HOME INFUSION THERAPY, HYDRATION	1/1/2005	\$35.00	3	NO
S	S9374	HOME INFUSION THERAPY, HYDRATION	4/1/2003	\$40.00	3	NO
S	S9375	HOME INFUSION THERAPY, HYDRATION	4/1/2003	\$55.00	3	NO
S	S9376	HOME INFUSION THERAPY, HYDRATION	4/1/2003	\$55.00	3	NO
S	S9377	HOME INFUSION THERAPY, HYDRATION	4/1/2003	\$55.00	3	NO
S	S9379	HOME INFUSION THERAPY, HYDRATION	8/1/2005	\$8.80	3	YES
S	S9395	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9420	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9423	NURSING SERVICES, PATIENT ASSESS	4/1/2002	INVALID	N	NO
S	S9425	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9470	NUTRITIONAL COUNSELING, DIETICIA	4/1/2003	\$44.10	3	NO
S	S9480	INTENSIVE OUTPATIENT PSYCHIATRIC	4/1/2005	\$0.01	P	NO
S	S9484	CRISIS INTERVENTION MENTAL HEALT	1/1/2003	\$0.01	P	NO
S	S9490	HOME INFUSION THERAPY, CORTICOST	1/1/2003	NC	9	NO
S	S9494	HOME INFUSION THERAPY, ANTIBIOTI	1/1/2005	\$8.64	3	NO
S	S9497	HOME INFUSION THERAPY, ANTIBIOTI	4/1/2003	\$83.00	3	NO
S	S9500	HOME INFUSION THERAPY, ANTIBIOTI	4/1/2003	\$88.00	3	NO
S	S9501	HOME INFUSION THERAPY, ANTIBIOTI	4/1/2003	\$88.00	3	NO
S	S9502	HOME INFUSION THERAPY, ANTIBIOTI	4/1/2003	\$108.00	3	NO
S	S9503	HOME INFUSION THERAPY, ANTIBIOTI	4/1/2003	\$108.00	3	NO
S	S9504	HOME INFUSION THERAPY, ANTIBIOTI	4/1/2003	\$108.00	3	NO
S	S9524	NURSING SERVICES RELATED TO HOME	4/1/2004	INVALID	N	NO
S	S9526	SKILLED NURSING VISITS FOR BLOOD	4/1/2002	INVALID	N	NO
S	S9533	PAIN MANAGEMENT, INTRAVENOUS, EP	4/1/2002	INVALID	N	NO
S	S9535	ADMIN OF HEMATOPOIETIC HORMONES	4/1/2002	INVALID	N	NO
S	S9539	ADMIN OF ANTIBIOTICS, INTRAVENOU	4/1/2002	INVALID	N	NO
S	S9545	ADMIN OF IMMUNE GLOBULIN, INTRAV	4/1/2002	INVALID	N	NO
S	S9546	HOME INFUSION OF BLOOD PRODUCTS,	4/1/2004	INVALID	N	NO
S	S9550	HOME IV THERAPY, HYDRATION FLUID	4/1/2002	INVALID	N	NO
S	S9555	ADDITIONAL HOME INFUSION THERAPY	4/1/2002	INVALID	N	NO
S	S9590	HOME THERAPY, IRRIGATION THERAPY	4/1/2003	NC	9	NO
S	S9802	HOME INFUSION/SPECIALTY DRUG ADM	4/1/2004	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	S9803	EACH ADDITIONAL HOUR (LIST SEPAR	4/1/2004	INVALID	N	NO
S	S9981	MEDICAL RECORDS COPYING FEE, ADM	4/1/2002	\$18.00	3	NO
S	S9982	MEDICAL RECORDS COPYING FEE, PER	4/1/2002	\$4.50	3	NO
S	S9986	NOT MEDICALLY NECESSARY SERVICE	1/1/2002	NC	9	NO
S	TCM01	OMAP: TARGETED CASE MANAGMENT -	10/1/2004	INVALID	N	NO
S	TU111	HOMECARE WORKER LEAVE TIME USED	7/1/2005	\$9.51	3	NO
S	T1000	PRIVATE DUTY/INDEPENDENT NURSING	9/1/2003	\$7.00	3	YES
S	T1001	NURSING ASSESSMENT/EVALUATION	10/1/2003	\$48.13	3	NO
S	T1002	RN SERVICES, UP TO 15 MINUTES	9/1/2003	\$7.00	3	YES
S	T1005	RESPITE CARE SERVICES, UP TO 15	1/1/2003	\$0.01	P	NO
S	T1011	ALCOHOL AND DRUG SERVICE NOS - I	4/1/2004	INVALID	N	NO
S	T1012	FAMILY SUPPORT SERVICES (FAMILY	10/1/2003	NC	9	NO
S	T1013	SIGN LANGUAGE OR ORAL INTERPRETI	10/1/2003	\$7.65	3	NO
S	T1016	CASE MANAGEMENT, PER 15 MINUTES	10/1/2003	\$22.25	3	NO
S	T1018	SCHOOL-BASED INDIVIDUALIZED EDUC	1/1/2003	NC	9	NO
S	T1019	PERSONAL CARE SERVICES, PER 15 M	4/1/2003	NC	9	NO
S	T1020	PERSONAL CARE SERVICES, PER DIEM	4/1/2003	NC	9	NO
S	T1021	HOME HEALTH AIDE OR CERTIFIED NU	4/1/2003	NC	9	NO
S	T1022	CONTRACTED HOME HEALTH AGENCY SE	4/1/2003	NC	9	NO
S	T1023	SCREENING TO DETERMINE THE APPRO	4/1/2005	\$89.00	3	NO
S	T1030	NURSING CARE, IN THE HOME, BY RE	4/1/2003	\$16.59	3	YES
S	T1031	NURSING CARE, IN THE HOME, BY LI	4/1/2003	\$14.79	3	YES
S	T2010	PREADMISSION SCREENING AND RESID	10/1/2003	\$165.68	3	NO
S	T2011	PREADMISSION SCREENING AND RESID	10/1/2003	\$579.88	3	NO
S	T2012	HABILITATION, EDUCATIONAL; WAIVE	1/1/2004	NC	9	NO
S	T2013	HABILITATION, EDUCATIONAL, WAIVE	1/1/2004	NC	9	NO
S	T2014	HABILITATION, PREVOCATIONAL, WAI	1/1/2004	NC	9	NO
S	T2015	HABILITATION, PREVOCATIONAL, WAI	1/1/2004	NC	9	NO
S	T2016	HABILITATION, RESIDENTIAL, WAIVE	1/1/2004	NC	9	NO
S	T2017	HABILITATION, RESIDENTIAL, WAIVE	1/1/2004	NC	9	NO
S	T2018	HABILITATION, SUPPORTED EMPLOYME	1/1/2004	NC	9	NO
S	T2019	HABILITATION, SUPPORTED EMPLOYME	1/1/2004	NC	9	NO
S	T2020	DAY HABILITATION, WAIVER; PER DI	1/1/2004	NC	9	NO
S	T2021	DAY HABILITATION, WAIVER; PER 15	1/1/2004	NC	9	NO
S	T2022	CASE MANAGEMENT, PER MONTH	1/1/2004	NC	9	NO
S	T2023	TARGETED CASE MANAGEMENT PER MON	10/1/2003	\$80.00	3	NO
S	T2024	SERVICE ASSESSMENT/PLAN OF CARE	1/1/2004	NC	9	NO
S	T2025	WAIVER SERVICES; NOT OTHERWISE S	1/1/2004	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	T2026	SPECIALIZED CHILDCARE, WAIVER; P	1/1/2004	NC	9	NO
S	T2027	SPECIALIZED CHILDCARE, WAIVER; P	1/1/2004	NC	9	NO
S	T2028	SPECIALIZED SUPPLY, NOT OTHERWIS	1/1/2004	NC	9	NO
S	T2029	SPECIALIZED MEDICAL EQUIPMENT, N	1/1/2004	NC	9	NO
S	T2030	ASSISTED LIVING, WAIVER; PER MON	1/1/2004	NC	9	NO
S	T2031	ASSISTED LIVING; WAIVER, PER DIE	1/1/2004	NC	9	NO
S	T2032	RESIDENTIAL CARE, NOT OTHERWISE	1/1/2004	NC	9	NO
S	T2033	RESIDENTIAL CARE LEVEL 5 - BRS O	7/1/2005	\$0.01	1	NO
S	T2034	SHELTER CARE - BRS ONLY	7/1/2005	\$0.01	1	NO
S	T2035	UTILITY SERVICES TO SUPPORT MEDI	1/1/2004	NC	9	NO
S	T2036	THERAPEUTIC CAMPING, OVERNIGHT,	1/1/2004	NC	9	NO
S	T2037	THERAPEUTIC CAMPING, DAY, WAIVER	1/1/2004	NC	9	NO
S	T2038	COMMUNITY TRANSITION, WAIVER; PE	1/1/2004	NC	9	NO
S	T2039	VEHICLE MODIFICATIONS, WAIVER; P	1/1/2004	NC	9	NO
S	T2040	FINANCIAL MANAGEMENT, SELF-DIREC	1/1/2004	NC	9	NO
S	T2041	SUPPORTS BROKERAGE, SELF-DIRECTE	1/1/2004	NC	9	NO
S	T2042	HOSPICE ROUTINE HOME CARE; PER D	1/1/2004	NC	9	NO
S	T2043	HOSPICE CONTINUOUS HOME CARE; PE	1/1/2004	NC	9	NO
S	T2044	HOSPICE INPATIENT RESPITE CARE;	1/1/2004	NC	9	NO
S	T2045	HOSPICE GENERAL INPATIENT CARE;	1/1/2004	NC	9	NO
S	T2046	HOSPICE LONG TERM CARE, ROOM AND	1/1/2004	NC	9	NO
S	T2048	BEHAVIORAL HEALTH; LONG-TERM CAR	1/1/2004	NC	9	NO
S	V2020	FRAME PURCHASES ON SWEEP CONTRAC	1/1/1999	\$50.00	3	NO
S	V2025	DELUXE FRAME	7/1/1996	\$100.00	3	YES
S	V2100	SPHERE SINGLE VISION PLANO TO PL	11/1/2003	\$7.10	3	NO
S	V2101	SPHERE SINGLE VISION PLUS OR MIN	11/1/2003	\$8.58	3	NO
S	V2102	SPHERE SINGLE VISION PLUS OR MIN	11/1/2003	\$13.71	3	NO
S	V2103	SPHEROCYLINDER SINGLE VISION PLA	11/1/2003	\$7.10	3	NO
S	V2104	SPHEROCYLINDER SINGLE VISION PLA	11/1/2003	\$8.53	3	NO
S	V2105	SPHEROCYLINDER SINGLE VISION PLA	11/1/2003	\$11.75	3	NO
S	V2106	SPHEROCYLINDER SINGLE VISION PLA	11/1/2003	\$14.75	3	NO
S	V2107	SPHEROCYLINDER SINGLE VIS PLUS O	11/1/2003	\$8.69	3	NO
S	V2108	SPHEROCYLINDER SINGLE VI PLUS OR	11/1/2003	\$10.30	3	NO
S	V2109	SPHEROCYLINDER SINGLE VIS PLUS O	11/1/2003	\$13.30	3	NO
S	V2110	SPEROCYLINDER SINGLE VISION PLUS	11/1/2003	\$16.30	3	NO
S	V2111	SPHEROCYLINDER SINGLE VISION PLU	8/8/2005	\$15.92	3	NO
S	V2112	SPHEROCYLINDER SINGLE VIS PLUS O	11/1/2003	\$16.55	3	NO
S	V2113	SPHEROCYLINDER, SGL VISION, + OR	11/1/2003	\$19.47	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	V2114	SPHEROCYLINDER, SINGLE VISION, S	11/1/2003	\$26.22	3	NO
S	V2115	LENTICULAR (MYODISC) PER LENS SI	11/1/2003	\$22.04	3	NO
S	V2116	LENTICULAR LENS NONASPHERIC PER	4/1/2004	INVALID	N	NO
S	V2117	LENTICULAR ASPHERIC PER LENS SIN	4/1/2004	INVALID	N	NO
S	V2118	ANISEIKONIC LENS, SINGLE VISION	1/1/1994	NC	9	NO
S	V2121	LENTICULAR LENS, PER LENS, SINGL	4/1/2004	\$26.22	3	NO
S	V2199	NOC SINGLE VISION LENS (PER LENS	7/1/2002	\$175.00	3	YES
S	V2200	SPHERE BIFOCAL PLANO TO PLUS OR	11/1/2003	\$9.30	3	NO
S	V2201	SPHERE BIFOCAL PLUS OR MINUS 4.1	11/1/2003	\$11.27	3	NO
S	V2202	SPHERE BIFOCAL PLUS OR MINUS 7.1	11/1/2003	\$16.00	3	NO
S	V2203	SPHEROCYLINDER BIFOCAL PLANO TO	11/1/2003	\$9.30	3	NO
S	V2204	SPHEROCYLINDER BIFOCAL PLANO TO	11/1/2003	\$10.80	3	NO
S	V2205	SPHEROCYLINDER BIFOCAL PLANO TO	11/1/2003	\$13.80	3	NO
S	V2206	SPHEROCYLINDER BIFOCAL PLANO TO	11/1/2003	\$16.91	3	NO
S	V2207	SPHEROCYLINDER BIFOCAL PLUS/MINU	11/1/2003	\$10.86	3	NO
S	V2208	SPHEROCYLINDER BIFOCAL PLUS/MINU	11/1/2003	\$12.36	3	NO
S	V2209	SPHEROCYLINDER BIFOCAL PLUS OR M	11/1/2003	\$15.48	3	NO
S	V2210	SPHEROCYLINDER BIFOCAL PLUS/MINU	11/1/2003	\$18.48	3	NO
S	V2211	SPHEROCYLINDER BIFOCAL PLUS/MINU	11/1/2003	\$11.33	3	NO
S	V2212	SPHEROCYLINDER BIFOCAL PLUS/MINU	11/1/2003	\$12.83	3	NO
S	V2213	SPHEROCYLINDER BIFOCAL PLUS/MINU	11/1/2003	\$15.83	3	NO
S	V2214	SPHEROCYLINDER, BIFOCAL, SPHERE	11/1/2003	\$11.33	3	NO
S	V2215	LENTICULAR (MYODISC) PER LENS BI	11/1/2003	\$26.77	3	NO
S	V2216	LENTICULAR NONASPHERIC PER LENS	4/1/2004	INVALID	N	NO
S	V2217	LENTICULAR ASPHERIC LENS BIFOCAL	4/1/2004	INVALID	N	NO
S	V2218	ANISEIKONIC, PER LENS, BIFOCAL	1/1/1994	NC	9	NO
S	V2219	BIFOCAL SEG WIDTH OVER 28MM	6/18/1993	NC	9	NO
S	V2220	BIFOCAL ADD OVER 3.25D	11/1/2003	\$5.25	3	NO
S	V2221	LENTICULAR LENS, PER LENS, BIFOC	4/1/2004	\$16.43	3	NO
S	V2299	BPECIALTY BIFOCAL (PER LENS), PL	1/1/2005	NC	9	NO
S	V2300	SPHERE TRIFOCAL PLANO TO PLUS OR	11/1/2003	\$13.81	3	NO
S	V2301	SPHERE TRIFOCAL PLUS OR MINUS 4.	11/1/2003	\$15.31	3	NO
S	V2302	SPHERE TRIFOCAL PLUS OR MINUS 7.	11/1/2003	\$38.92	3	NO
S	V2303	SPHEROCYLINDER TRIFOCAL PLANO TO	11/1/2003	\$13.81	3	NO
S	V2304	SPHEROCYLINDER TRIFOCAL PLANO TO	11/1/2003	\$15.31	3	NO
S	V2305	SPHEROCYLINDER TRIFOCAL PLANO TO	11/1/2003	\$18.31	3	NO
S	V2306	SPHEROCYLINDER TRIFOCAL PLANO TO	11/1/2003	\$21.31	3	NO
S	V2307	SPHEROCYLINDER TRIFOCAL PLUS OR	11/1/2003	\$15.31	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	V2308	SPHEROCYLINDER TRIFOCAL PLUS/MIN	11/1/2003	\$16.81	3	NO
S	V2309	SPHEROCYLINDER TRIFOCAL PLUS/MIN	11/1/2003	\$19.81	3	NO
S	V2310	SPHEROCYLINDER TRIFOCAL PLUS/MIN	11/1/2003	\$22.81	3	NO
S	V2311	SPHEROCYLINDER TRIFOCAL PLUS/MIN	11/1/2003	\$34.42	3	NO
S	V2312	SPHEROCYLINDER TRIFOCAL PLUS/MIN	11/1/2003	\$35.92	3	NO
S	V2313	SPHEROCYLINDER TRIFOCAL PLUS/MIN	11/1/2003	\$38.92	3	NO
S	V2314	SPHEROCYLINDER TRIFOCAL SPHERE O	11/1/2003	\$11.66	3	NO
S	V2315	LENTICULAR (MYODISC) PER LENS TR	6/18/1993	NC	9	NO
S	V2316	LENTICULAR NONASPHERIC PER LENS	4/1/2004	INVALID	N	NO
S	V2317	LENTICULAR ASPHERIC LENS TRIFOCA	4/1/2004	INVALID	N	NO
S	V2318	ANISEIKONIC LENS, TRIFOCAL	1/1/1994	NC	9	NO
S	V2319	TRIFOCAL SEG WIDTH OVER 28MM	6/18/1993	NC	9	NO
S	V2320	TRIFOCAL ADD OVER 3.25D	11/1/2003	\$5.25	3	NO
S	V2321	LENTICULAR LENS, PER LENS, TRIFO	1/1/2004	NC	9	NO
S	V2399	SPECIALTY TRIFOCAL (PER LENS), P	7/1/2002	\$200.00	3	YES
S	V2410	VARIABLE ASPHERICITY LENS SINGLE	11/1/2003	\$21.54	3	NO
S	V2430	VARIABLE ASPHERICITY LENS BIFOCA	11/1/2003	\$26.54	3	NO
S	V2499	VARIABLE SPHERICITY LENS, OTHER	11/1/2003	\$31.54	3	NO
S	V2500	CONTACT LENS, PMA, SPHERICAL, PE	1/1/2000	\$150.00	3	YES
S	V2501	PMMA, TORIC OR PRISM BALLAST, PE	1/1/2000	\$150.00	3	YES
S	V2502	PMMA, BIFOCAL, PER LENS	1/1/2000	\$150.00	3	YES
S	V2503	PMMA, BIFOCAL, COLOR VISION DEFI	1/1/2000	\$150.00	3	YES
S	V2510	GAS PERMEABLE, SPERICAL, PER LEN	1/1/2000	\$150.00	3	YES
S	V2511	GAS PERMEABLE, TORIC, PRISM BALL	1/1/2000	\$150.00	3	YES
S	V2512	GAS PERMEABLE, BIFOCAL, PER LENS	1/1/2000	\$150.00	3	YES
S	V2513	GAS PERMEABLE, EXTENDED WEAR, PE	1/1/2000	\$150.00	3	YES
S	V2520	HYDROPHILIC, SPERICAL, PER LENS	1/1/2004	\$180.00	3	YES
S	V2521	HYDROPHILIC, TORIC OR PRISM BALL	1/1/2000	\$150.00	3	YES
S	V2522	HYDROPHILIC, BIFOCAL, PER LENS	1/1/2000	\$150.00	3	YES
S	V2523	CONTACT LENS, HYDROPHILIC, EXTEN	1/1/2000	\$150.00	3	YES
S	V2530	SCLERAL, PER LENS	1/1/2000	\$150.00	3	YES
S	V2531	CONTACT LENS, SCLERAL, GAL PERME	1/1/2000	\$150.00	3	YES
S	V2599	CONTACT LENS, OTHER TYPE	3/1/1995	\$0.01	5	YES
S	V2600	HAND HELD LOW VISION AIDS AND OT	1/1/1994	NC	9	NO
S	V2610	SINGLE LENS SPECTACLE MOUNTED LO	1/1/1994	NC	9	NO
S	V2615	TELESCOPIC AND OTHER COMPOUND LE	1/1/1994	NC	9	NO
S	V2700	BALANCE LENS PER LENS	11/1/2003	\$9.94	3	NO
S	V2702	DELUXE LENS FEATURE	1/1/2005	NC	9	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	V2710	SLAB OFF PRISM GLASS OR PLASTIC	11/1/2003	\$34.00	3	NO
S	V2715	PRISM PER LENS	8/8/2005	\$1.75	3	NO
S	V2718	PRESS-ON LENS, FRESNELL PRISM, P	11/1/2003	\$18.65	3	NO
S	V2730	SPECIAL BASE CURVE GLASS OR PLAS	11/1/2003	\$1.16	3	NO
S	V2740	TINT PLASTIC ROSE 1 OR 2 PER LEN	4/1/2004	INVALID	N	NO
S	V2741	TINT PLASTIC OTHER THAN ROSE 1-2	4/1/2004	INVALID	N	NO
S	V2742	TINT GLASS ROSE 1 OR 2 PER LENS	4/1/2004	INVALID	N	NO
S	V2743	TINT GLASS OTHER THAN ROSE 1 OR	4/1/2004	INVALID	N	NO
S	V2744	TINT PHOTOCHROMATIC PER LENS	11/1/2003	\$10.00	3	YES
S	V2745	ADDITION TO LENS; TINT, ANY COLO	4/1/2004	\$4.00	3	YES
S	V2750	ANTIREFLECTIVE COATING, PER LENS	1/1/1994	NC	9	NO
S	V2755	U-V LENS, PER LENS	1/1/1994	NC	9	NO
S	V2756	EYE GLASS CASE	1/1/2004	NC	9	NO
S	V2760	SCRATCH RESISTANT COATING PER LE	11/1/2003	\$1.25	3	NO
S	V2761	MIRROR COATING, ANY TYPE, SOLID,	1/1/2004	NC	9	NO
S	V2762	POLARIZATION, ANY LENS MATERIAL,	1/1/2004	NC	9	NO
S	V2770	OCCLUDER LENS PER LENS	7/1/2002	NC	9	NO
S	V2780	OVERSIZE LENS PER LENS	7/1/2002	\$7.00	3	NO
S	V2781	PROGRESSIVE LENS, PER LENS	1/1/1996	NC	9	NO
S	V2782	LENS, INDEX 1.54 TO 1.65 PLASTIC	1/1/2004	\$15.00	3	NO
S	V2783	LENS, INDEX GREATER THAN OR EQUA	1/1/2004	\$22.50	3	NO
S	V2784	LENS, POLYCARBONATE OR EQUAL, AN	4/1/2004	\$12.00	3	YES
S	V2786	SPECIALTY OCCUPATIONAL MULTIFOCA	1/1/2004	NC	9	NO
S	V2797	VISION SUPPLY, ACCESSORY AND/OR	1/1/2004	NC	9	NO
S	V2799	VISION SERVICE, MISCELLANEOUS	4/1/2003	\$50.00	3	NO
S	11200	REMOVAL OF SKIN TAGS, MULTIPLE F	1/1/1996	NC	9	NO
S	29105	APPLICATION OF LONG ARM SPLINT (	10/1/2005	\$57.61	3	NO
S	29125	APPLICATION OF SHORT ARM SPLINT	10/1/2005	\$43.60	3	NO
S	29126	APPLICATION OF SHORT ARM SPLINT	10/1/2005	\$52.94	3	NO
S	29130	APPLICATION OF FINGER SPLINT STA	10/1/2005	\$26.73	3	NO
S	29131	APPLICATION OF FINGER SPLINT; DY	10/1/2005	\$34.51	3	NO
S	36415	COLLECTION OF VENOUS BLOOD BY VE	2/13/2003	\$3.00	3	NO
S	36416	COLLECTION OF CAPILLARY BLOOD SP	1/1/2003	\$3.00	3	NO
S	57170	DIAPHRAGM OR CERVICAL CAP FITTIN	10/1/2005	\$64.88	3	NO
S	59400	ROUTINE OBSTETRIC CARE INCLUDING	10/1/2005	\$1,698.66	3	NO
S	59409	VAGINAL DELIVERY ONLY (WITH OR W	10/1/2005	\$852.05	3	NO
S	59410	VAGINAL DELIVERY ONLY (W/WO EPIS	10/1/2005	\$952.15	3	NO
S	59412	EXTERNAL CEPHALIC VERSION, WITH	10/1/2005	\$113.30	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	59414	DELIVERY OF PLACENTA (SEPARATE P	10/1/2005	\$102.04	3	NO
S	59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	10/1/2005	\$393.04	3	NO
S	59426	ANTEPARTUM CARE ONLY; 7 OR MORE	10/1/2005	\$689.09	3	NO
S	59430	POSTPARTUM CARE ONLY (SEPARATE P	10/1/2005	\$149.77	3	NO
S	59610	ROUTINE OBSTETRIC CARE INCLUDING	10/1/2005	\$1,794.11	3	NO
S	59612	VAGINAL DELIVERY ONLY, AFTER PRE	10/1/2005	\$956.03	3	NO
S	59614	VAGINAL DELIVERY ONLY, AFTER PRE	10/1/2005	\$1,051.48	3	NO
S	59899	UNLISTED PROCEDURE MATERNITY CAR	1/1/2003	\$0.01	5	NO
S	69090	EAR PIERCING	1/1/1996	NC	9	NO
S	70010	MYELOGRAPHY, POSTERIOR FOSSA, RA	10/1/2005	\$160.63	3	NO
S	70110	RADIOLOGIC EXAMINATION, MANDIBLE	10/1/2005	\$25.95	3	NO
S	70120	RADIOLOGIC EXAMINATION, MASTOIDS	10/1/2005	\$23.61	3	NO
S	70130	RADIOLOGIC EXAMINATION, MASTOIDS	10/1/2005	\$33.74	3	NO
S	70140	RADIOLOGIC EXAMINATION, FACIAL B	10/1/2005	\$23.87	3	NO
S	70150	RADIOLOGIC EXAMINATION, FACIAL B	10/1/2005	\$30.62	3	NO
S	70190	RADIOLOGIC EXAMINATION; OPTIC FO	10/1/2005	\$24.65	3	NO
S	70220	RADIOLOGIC EXAMINATION, SINUSES,	10/1/2005	\$30.36	3	NO
S	70250	RADIOLOGIC EXAMINATION, SKULL; L	10/1/2005	\$25.69	3	NO
S	70260	RADIOLOGIC EXAMINATION, SKULL; C	10/1/2005	\$36.85	3	NO
S	70328	RADIOLOGIC EXAMINATION, TEMPOROM	10/1/2005	\$19.72	3	NO
S	70330	RADIOLOGIC EXAMINATION, TEMPOROM	10/1/2005	\$31.66	3	NO
S	71010	RADIOLOGIC EXAMINATION, CHEST; S	10/1/2005	\$19.20	3	NO
S	71020	RADIOLOGIC EXAMINATION, CHEST, T	10/1/2005	\$24.91	3	NO
S	71030	RADIOLOGIC EXAMINATION, CHEST, C	10/1/2005	\$32.44	3	NO
S	71034	RADIOLOGIC EXAMINATION, CHEST, C	10/1/2005	\$56.05	3	NO
S	71100	RADIOLOGIC EXAMINATION, RIBS, UN	10/1/2005	\$23.61	3	NO
S	71101	RADIOLOGIC EXAMINATION, RIBS, UN	10/1/2005	\$28.03	3	NO
S	71110	RADIOLOGIC EXAMINATION, RIBS, BI	10/1/2005	\$31.14	3	NO
S	71120	RADIOLOGIC EXAMINATION; STERNUM,	10/1/2005	\$25.17	3	NO
S	71130	RADIOLOGIC EXAMINATION; STERNOCL	10/1/2005	\$27.25	3	NO
S	72010	RADIOLOGIC EXAMINATION, SPINE, E	10/1/2005	\$44.12	3	NO
S	72040	RADIOLOGIC EXAMINATION, SPINE, C	10/1/2005	\$24.39	3	NO
S	72050	RADIOLOGIC EXAMINATION, SPINE, C	10/1/2005	\$35.55	3	NO
S	72052	RADIOLOGIC EXAMINATION, SPINE, C	10/1/2005	\$43.86	3	NO
S	72070	RADIOLOGIC EXAMINATION, SPINE; T	10/1/2005	\$25.69	3	NO
S	72072	RADIOLOGIC EXAMINATION, SPINE; T	10/1/2005	\$28.03	3	NO
S	72080	RADIOLOGIC EXAMINATION, SPINE; T	10/1/2005	\$26.21	3	NO
S	72090	RADIOLOGIC EXAMINATION, SPINE; S	10/1/2005	\$28.29	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	72100	RADIOLOGIC EXAMINATION, SPINE, L	10/1/2005	\$26.21	3	NO
S	72110	RADIOLOGIC EXAMINATION, SPINE, L	10/1/2005	\$36.07	3	NO
S	72114	RADIOLOGIC EXAMINATION, SPINE, L	10/1/2005	\$45.41	3	NO
S	72120	RADIOLOGIC EXAMINATION, SPINE, L	10/1/2005	\$32.44	3	NO
S	72170	RADIOLOGIC EXAMINATION, PELVIS;	10/1/2005	\$20.24	3	NO
S	72202	RADIOLOGIC EXAMINATION, SACROILI	10/1/2005	\$23.87	3	NO
S	72220	RADIOLOGIC EXAMINATION, SACRUM A	10/1/2005	\$22.06	3	NO
S	73010	RADIOLOGIC EXAMINATION; SCAPULA,	10/1/2005	\$20.24	3	NO
S	73030	RADIOLOGIC EXAMINATION, SHOULDER	10/1/2005	\$22.32	3	NO
S	73040	RADIOLOGICAL EXAMINATION, SHOULD	10/1/2005	\$76.81	3	NO
S	73060	RADIOLOGIC EXAMINATION; HUMERUS,	10/1/2005	\$22.06	3	NO
S	73070	RADIOLOGIC EXAMINATION, ELBOW; T	10/1/2005	\$19.46	3	NO
S	73080	RADIOLOGIC EXAMINATION, ELBOW; C	10/1/2005	\$22.06	3	NO
S	73090	RADIOLOGIC EXAMINATION; FOREARM,	10/1/2005	\$19.72	3	NO
S	73100	RADIOLOGIC EXAMINATION, WRIST; T	10/1/2005	\$18.94	3	NO
S	73110	RADIOLOGIC EXAMINATION, WRIST; C	10/1/2005	\$20.50	3	NO
S	73120	RADIOLOGIC EXAMINATION, HAND; TW	10/1/2005	\$18.94	3	NO
S	73130	RADIOLOGIC EXAMINATION, HAND; MI	10/1/2005	\$20.50	3	NO
S	73140	RADIOLOGIC EXAMINATION, FINGER O	10/1/2005	\$16.09	3	NO
S	73510	RADIOLOGIC EXAMINATION, HIP; COM	10/1/2005	\$23.36	3	NO
S	73520	RADIOLOGIC EXAM, HIPS, BILATERAL	10/1/2005	\$27.77	3	NO
S	73550	RADIOLOGIC EXAMINATION, FEMUR, T	10/1/2005	\$22.06	3	NO
S	73560	RADIOLOGIC EXAMINATION, KNEE; AN	10/1/2005	\$20.24	3	NO
S	73562	RADIOLOGIC EXAMINATION, KNEE; AN	10/1/2005	\$22.32	3	NO
S	73600	RADIOLOGIC EXAMINATION, ANKLE; T	10/1/2005	\$18.94	3	NO
S	73610	RADIOLOGIC EXAMINATION, ANKLE; C	10/1/2005	\$20.50	3	NO
S	73620	RADIOLOGIC EXAMINATION, FOOT; TW	10/1/2005	\$18.94	3	NO
S	73630	RADIOLOGIC EXAMINATION, FOOT; CO	10/1/2005	\$20.50	3	NO
S	73650	RADIOLOGIC EXAMINATION; CALCANEU	10/1/2005	\$18.42	3	NO
S	74000	RADIOLOGIC EXAMINATION, ABDOMEN;	10/1/2005	\$20.50	3	NO
S	74010	RADIOLOGIC EXAMINATION, ABDOMEN;	10/1/2005	\$24.13	3	NO
S	74210	RADIOLOGIC EXAMINATION; PHARYNX	10/1/2005	\$45.41	3	NO
S	74220	RADIOLOGIC EXAMINATION; ESOPHAGU	10/1/2005	\$48.79	3	NO
S	74245	RADIOLOGIC EXAM, GASTROINTESTINA	10/1/2005	\$97.57	3	NO
S	74270	RADIOLOGIC EXAMINATION, COLON; B	10/1/2005	\$71.62	3	NO
S	74280	RADIOLOGIC EXAMINATION, COLON; A	10/1/2005	\$96.27	3	NO
S	74290	CHOLECYSTOGRAPHY, ORAL CONTRAST	10/1/2005	\$31.40	3	NO
S	74291	CHOLECYSTOGRAPHY, ORAL CONTRAST;	10/1/2005	\$18.68	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	76140	CONSULTATION ON X-RAY EXAMINATIO	12/1/1999	\$0.01	5	NO
S	81000	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$3.23	3	NO
S	81002	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$2.62	3	NO
S	81003	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$2.29	3	NO
S	81005	URINALYSIS; QUALITATIVE OR SEMIQ	11/1/2001	\$2.22	3	NO
S	81007	URINALYSIS; BACTERIURIA SCREEN,	11/1/2001	\$2.63	3	NO
S	81015	URINALYSIS; MICROSCOPIC ONLY	11/1/2001	\$3.11	3	NO
S	81025	URINE PREGNANCY TEST, BY VISUAL	11/1/2001	\$6.47	3	NO
S	82270	BLOOD, OCCULT, BY PEROXIDASE ACT	11/1/2001	\$3.32	3	NO
S	82947	GLUCOSE; QUANTITATIVE, BLOOD (EX	11/1/2001	\$4.01	3	NO
S	82948	GLUCOSE; BLOOD, REAGENT STRIP	11/1/2001	\$3.23	3	NO
S	83898	MOLECULAR DIAGNOSTICS; AMPLIFICA	11/1/2001	\$17.15	3	NO
S	84520	UREA NITROGEN; QUANTITATIVE	11/1/2001	\$4.03	3	NO
S	84525	UREA NITROGEN; SEMIQUANTITATIVE	11/1/2001	\$3.23	3	NO
S	85009	BLOOD COUNT; MANUAL DIFFERENTIAL	11/1/2001	\$3.80	3	NO
S	85018	BLOOD COUNT; HEMOGLOBIN (HGB)	11/1/2001	\$2.42	3	NO
S	85022	BLOOD COUNT HEMOGRAM AUTOMATED A	7/1/2003	INVALID	N	NO
S	85031	BLOOD COUNT; HEMOGRAM, MANUAL, C	7/1/2003	INVALID	N	NO
S	85041	BLOOD COUNT; RED BLOOD CELL (RBC	11/1/2001	\$3.08	3	NO
S	85048	BLOOD COUNT; WHITE BLOOD CELL (W	11/1/2001	\$2.60	3	NO
S	85651	SEDIMENTATION RATE, ERYTHROCYTE;	11/1/2001	\$3.63	3	NO
S	86674	ANTIBODY; GIARDIA LAMBLIA	11/1/2001	\$15.05	3	NO
S	90385	RHO(D) IMMUNE GLOBULIN (RHIG), H	12/1/2004	\$53.90	3	NO
S	90471	IMMUNIZATION ADMIN; ONE VACCINE	10/1/2005	\$12.72	3	NO
S	90472	IMMUNIZATION ADMIN; EACH ADDITIO	10/1/2005	\$7.53	3	NO
S	90476	ADENOVIRUS VACCINE, TYPE 4, LIVE	10/1/2005	\$0.01	5	NO
S	90477	ADENOVIRUS VACCINE, TYPE 7, LIVE	10/1/2005	\$0.01	5	NO
S	90581	ANTHRAX VACCINE, FOR SUBCUTANEOU	10/1/2005	\$0.01	5	NO
S	90585	BACILLUS CALMETTE-GUERIN VACCINE	5/1/2005	\$176.15	3	NO
S	90586	BACILLUS CALMETTE-GUERIN VACCINE	5/1/2005	\$191.50	3	NO
S	90632	HEPATITIS A VACCINE, ADULT DOSAG	5/9/2005	\$81.79	3	NO
S	90634	HEPATITIS A VACCINE, PEDIATRIC/A	10/1/2004	NC	9	NO
S	90636	HEPATITIS A AND HEPATITIS B VACC	5/9/2005	\$98.90	3	NO
S	90645	HEMOPHILUS INFLUENZA B VACCINE (	5/9/2005	\$29.02	3	NO
S	90646	HEMOPHILUS INFLUENZA B VACCINE (	12/1/2005	NC	9	NO
S	90647	HEMOPHILUS INFLUENZA B VACCINE (	5/9/2005	\$29.02	3	NO
S	90648	HEMOPHILUS INFLUENZA B VACCINE (	5/9/2005	\$27.04	3	NO
S	90658	INFLUENZA VIRUS VACCINE, SPLIT V	10/1/2005	\$13.19	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	90659	INFLUENZA VIRUS VACCINE, WHOLE V	4/1/2004	INVALID	N	NO
S	90665	LYME DISEASE VACCINE, ADULT DOSA	5/9/2005	NC	9	NO
S	90675	RABIES VACCINE, FOR INTRAMUSCULA	2/27/2006	\$195.94	3	NO
S	90676	RABIES VACCINE, FOR INTRADERMAL	5/16/2005	\$0.01	5	NO
S	90680	ROTAVIRUS VACCINE, PENTAVALENT,	10/1/2004	NC	9	NO
S	90690	TYPHOID VACCINE, LIVE, ORAL	1/1/1999	NC	9	NO
S	90691	TYPHOID VACCINE, VI CAPSULAR POL	1/1/1999	NC	9	NO
S	90692	TYPHOID VACCINE, HEAT AND PHENOL	1/1/1999	NC	9	NO
S	90693	TYPHOID VACCINE, ACETONE-KILLED,	1/1/1999	NC	9	NO
S	90703	IMMUNIZATION ACTIVE; TETANUS TOX	4/1/2005	\$22.00	3	NO
S	90704	IMMUNIZATION, ACTIVE; MUMPS VIRU	2/20/2006	\$23.87	3	NO
S	90705	IMMUNIZATION, ACTIVE; MEASLES VI	2/20/2006	\$20.56	3	NO
S	90706	IMMUNIZATION, ACTIVE; RUBELLA VI	2/20/2006	\$20.55	3	NO
S	90707	IMMUNIZATION ACTIVE; MEASLES, MU	2/20/2006	\$58.51	3	NO
S	90708	IMMUNIZATION, ACTIVE; MEASLES &	10/1/2001	\$23.90	3	NO
S	90709	IMMUNIZATION, ACTIVE; RUBELLA &	7/1/2003	INVALID	N	NO
S	90710	IMMUNIZATION, ACTIVE; MEASLES, M	8/1/2005	NC	9	NO
S	90712	IMMUNIZATION ACTIVE; POLIOVIRUS	5/1/2000	NC	9	NO
S	90713	POLIOVIRUS VACCINE, INACTIVATED,	2/20/2006	\$27.06	3	NO
S	90716	IMMUNIZATION, ACTIVE; VARICELLA	2/20/2006	\$95.77	3	NO
S	90718	TETANUS AND DIPHTHERIA TOXOIDS (	2/27/2006	\$22.50	3	NO
S	90719	IMMUNIZATION, ACTIVE; DIPHTHERIA	10/1/2001	\$8.32	3	NO
S	90720	IMMUNIZATION, ACTIVE; DIPHTHERIA	2/20/2006	\$35.42	3	NO
S	90727	PLAGUE VACCINE	5/9/2005	NC	9	NO
S	90732	PNEUMOCOCCAL POLYSACCHARIDE VACC	10/1/2001	\$16.54	3	NO
S	90733	IMMUNIZATION ACTIVE; MENINGOCOCC	8/1/2005	\$107.63	3	NO
S	90735	IMMUNIZATION ACTIVE; ENCEPHALITI	2/1/2001	NC	9	NO
S	90740	HEPATITIS B VACCINE, DIALYSIS OR	5/9/2005	\$207.36	3	NO
S	90746	HEPATITIS B VACCINE, ADULT DOSAG	5/9/2005	\$72.76	3	NO
S	90747	HEPATITIS B VACCINE, DIALYSIS OR	5/9/2005	\$145.52	3	NO
S	90749	UNLISTED IMMUNIZATION PROCEDURE	10/1/2001	\$60.00	3	NO
S	90782	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
S	90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW	3/1/2003	\$131.44	3	NO
S	90802	INTERACTIVE PSYCHIATRIC DIAGNOST	10/1/2003	\$131.44	3	NO
S	90804	INDIVIDUAL THERAPY, INSIGHT, 20-	10/1/2003	\$65.72	3	NO
S	90805	INDIVIDUAL THERAPY, INSIGHT, WIT	10/1/2003	\$65.72	3	NO
S	90806	INDIVIDUAL THERAPY, INSIGHT, 45-	10/1/2003	\$98.58	3	NO
S	90807	INDIVIDUAL THERAPY, INSIGHT, WIT	10/1/2003	\$98.58	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	90808	INDIVIDUAL THERAPY, INSIGHT, 75-	10/1/2003	\$164.30	3	NO
S	90809	INDIVIDUAL THERAPY,INSIGHT, WITH	10/1/2003	\$164.30	3	NO
S	90810	INDIVIDUAL THERAPY, INTERACTIVE,	10/1/2003	\$65.72	3	NO
S	90811	INDIVIDUAL THERAPY, INTERACTIVE,	10/1/2003	\$65.72	3	NO
S	90812	INDIVIDUAL THERAPY, INTERACTIVE,	10/1/2003	\$98.58	3	NO
S	90813	INDIVIDUAL THERAPY, INTERACTIVE,	10/1/2003	\$98.58	3	NO
S	90814	INDIVIDUAL THERAPY, INTERACTIVE,	10/1/2003	\$164.30	3	NO
S	90815	INDIVIDUAL THERAPY, INTERACTIVE,	10/1/2003	\$164.30	3	NO
S	90816	INDIVIDUAL PSYCHOTHERAPY, INSIGH	12/1/2003	\$65.72	3	NO
S	90817	INDIVIDUAL PSYCHOTHERAPY, INSIGH	12/1/2003	\$65.72	3	NO
S	90818	INDIVIDUAL PSYCHOTHERAPY, INSIGH	12/1/2003	\$98.58	3	NO
S	90819	INDIVIDUAL PSYCHOTHERAPY, INSIGH	12/1/2003	\$98.58	3	NO
S	90821	INDIVIDUAL PSYCHOTHERAPY, INSIGH	12/1/2003	\$164.30	3	NO
S	90822	INDIVIDUAL PSYCHOTHERAPY, INSIGH	12/1/2003	\$164.30	3	NO
S	90823	INDIVIDUAL PSYCHOTHERPAY, INTERA	12/1/2003	\$65.72	3	NO
S	90824	INDIVIDUAL PSYCHOTHERAPY, INTERA	12/1/2003	\$65.72	3	NO
S	90826	INDIVIDUAL PSYCHOTHERAPY, INTERA	12/1/2003	\$98.58	3	NO
S	90827	INDIVIDUAL PSYCHOTHERAPY, INTERA	12/1/2003	\$98.58	3	NO
S	90828	INDIVIDUAL PSYCHOTHERAPY, INTERA	12/1/2003	\$164.30	3	NO
S	90829	INDIVIDUAL PSYCHOTHERAPY, INTERA	12/1/2003	\$164.30	3	NO
S	90846	FAMILY THERAPY WITHOUT PATIENT P	10/1/2003	\$133.50	3	NO
S	90847	FAMILY THERAPY, WITH PATIENT PRE	10/1/2003	\$133.50	3	NO
S	90849	MULTI-FAMILY GROUP THERAPY	10/1/2003	\$44.52	3	NO
S	90853	GROUP THERAPY	10/1/2003	\$44.52	3	NO
S	90857	INTERACTIVE GROUP THERAPY	10/1/2003	\$44.52	3	NO
S	90862	PHARMACOLOGIC MGMNT, INCL PRESCR	10/1/2003	\$65.72	1	NO
S	90871	ELECTROCONVULSIVE THERAPY (INCLU	1/1/2006	INVALID	N	NO
S	90882	ENVIRONMENTAL INTERVENTION WITH	10/1/2003	\$89.00	3	NO
S	90887	INTERPRETATION OR EXPLANATION OF	10/1/2003	\$89.00	3	NO
S	90901	BIOFEEDBACK TRAINING BY ANY MODA	10/1/2005	\$28.03	3	NO
S	92326	REPLACEMENT OF CONTACT LENS (EAC	10/1/2005	\$43.86	3	NO
S	92335	PRESCRIPTION OF OCULAR PROSTHESI	1/1/2006	INVALID	N	NO
S	92340	FITTING OF SPECTACLES, EXCEPT FO	2/1/2001	\$25.00	3	NO
S	92341	FITTING OF SPECTACLES, EXCEPT FO	2/1/2001	\$25.00	3	NO
S	92342	FITTING OF SPECTACLES, EXCEPT FO	2/1/2001	\$25.00	3	NO
S	92352	FITTING OF SPECTACLE PROSTHESIS	2/1/2001	\$25.00	3	NO
S	92353	FITTING OF SPECTACLE PROSTHESIS	2/1/2001	\$25.00	3	NO
S	92354	FITTING OF SPECTACLE MOUNTED LOW	5/15/1990	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	92355	FITTING OF SPECTACLE MOUNTED LOW	5/15/1990	NC	9	NO
S	92358	PROSTHESIS SERVICE FOR APHAKIA T	10/1/2005	\$26.47	3	NO
S	92370	REPAIR AND REFITTING SPECTACLES	10/1/2005	\$23.10	3	NO
S	92371	REPAIR AND REFITTING SPECTACLES;	10/1/2005	\$16.61	3	NO
S	92390	SUPPLY OF SPECTACLES EXCEPT PROS	1/1/2006	INVALID	N	NO
S	92392	SUPPLY OF LOW VISION AIDS; (A LO	1/1/2006	INVALID	N	NO
S	92395	SUPPLY OF PERMANENT PROSTHESIS F	1/1/2006	INVALID	N	NO
S	95831	MUSCLE TESTING OF MANUAL (SEP PR	10/1/2005	\$19.46	3	YES
S	95832	MUSCLE TESTING MANUAL (SEP PROC)	10/1/2005	\$16.61	3	YES
S	95833	MUSCLE TESTING MANUAL (SEP PROC)	10/1/2005	\$27.77	3	YES
S	95834	MUSCLE TESTING MANUAL (SEP PROC)	10/1/2005	\$32.70	3	YES
S	95851	RANGE OF MOTION MEASUREMENTS AND	10/1/2005	\$13.75	3	YES
S	95852	RANGE OF MOTION MEASUREMENTS AND	10/1/2005	\$9.86	3	YES
S	96100	PSYCHOLOGICAL TESTING WITH INTER	1/1/2006	INVALID	N	NO
S	96101	PSYCHOLOGICAL TESTING, PER HOUR	1/1/2006	\$89.00	3	NO
S	96111	DEVELOPMENTAL TESTING; EXTENDED	10/1/2005	\$99.39	3	NO
S	96115	NEUROBEHAVIORAL STATUS EXAM WITH	1/1/2006	INVALID	N	NO
S	96117	NEUROPSYCHO TESTING BATTERY (HAL	1/1/2006	INVALID	N	NO
S	96151	HEALTH AND BEHAVIOR ASSESSMENT;	9/1/2003	\$7.00	3	YES
S	97001	PHYSICAL THERAPY EVALUATION	10/1/2005	\$51.90	3	NO
S	97002	PHYSICAL THERAPY RE-EVALUATION	10/1/2005	\$27.51	3	NO
S	97003	OCCUPATIONAL THERAPY EVALUATION	10/1/2005	\$55.53	3	NO
S	97004	OCCUPATIONAL THERAPY RE-EVALUATI	10/1/2005	\$33.48	3	NO
S	97010	APPLICATION OF A MODALITY TO ONE	10/1/2004	NC	9	NO
S	97012	APPLICATION OF A MODALITY TO ONE	10/1/2005	\$10.12	3	YES
S	97014	APPLICATION OF A MODALITY TO ONE	10/1/2005	\$9.86	3	YES
S	97016	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
S	97018	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
S	97020	APPLICATION OF A MODALITY TO ONE	1/1/2006	INVALID	N	NO
S	97022	APPLICATION OF A MODALITY TO ONE	10/1/2005	\$10.12	3	YES
S	97024	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
S	97026	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
S	97028	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
S	97032	APPLICATION OF MODALITY TO ONE O	10/1/2005	\$10.90	3	YES
S	97033	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
S	97034	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
S	97035	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
S	97036	APPLICATION OF A MODALITY TO ONE	10/1/2005	\$15.83	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	97039	UNLISTED MODALITY (SPECIFY TYPE	4/1/2005	NC	9	NO
S	97110	THERAPEUTIC PROC, ONE OR MORE AR	10/1/2005	\$19.20	3	YES
S	97112	THERAPEUTIC PROC, ONE OR MORE AR	10/1/2005	\$20.24	3	YES
S	97113	THERAPEUTIC PROCEDURE ONE OR MOR	10/1/2005	\$22.06	3	YES
S	97116	THERAPEUTIC PROCEDURE, ONE OR MO	10/1/2005	\$16.87	3	YES
S	97124	THERAPEUTIC PROC, ONE OR MORE AR	10/1/2005	\$15.31	3	YES
S	97139	THERAPEUTIC PROC, ONE OR MORE AR	4/1/2005	NC	9	NO
S	97140	MANUAL THERAPY TECHNIQUES, ONE O	10/1/2005	\$18.17	3	YES
S	97150	THERAPEUTIC PROCEDURE(S), GROUP	10/1/2005	\$11.94	3	YES
S	97504	ORTHOTIC(S) FITTING & TRAINING,	1/1/2006	INVALID	N	YES
S	97520	PROSTHETIC TRAINING, UPPER AND/O	1/1/2006	INVALID	N	YES
S	97530	THERAPEUTIC ACTIVITIES, DIRECT P	10/1/2005	\$20.24	3	YES
S	97532	DEVELOPMENT OF COGNITIVE SKILLS	1/1/2001	NC	9	NO
S	97533	SENSORY INTEGRATIVE TECHNIQUES T	1/1/2001	NC	9	NO
S	97535	SELF CARE/HOME MANAGEMENT TRAINI	10/1/2005	\$20.50	3	YES
S	97537	COMMUNITY/WORK REINTEGRATION TRA	10/1/2005	\$18.68	3	YES
S	97542	WHEELCHAIR MANAGEMENT (EG, ASSES	10/1/2005	\$19.20	3	YES
S	97597	REMOVAL OF DEVITALIZED TISSUE FR	10/1/2005	\$33.48	3	NO
S	97598	REMOVAL OF DEVITALIZED TISSUE FR	10/1/2005	\$42.56	3	NO
S	97601	REMOVAL OF DEVITALIZED TISSUE FR	1/1/2005	INVALID	N	NO
S	97602	REMOVAL OF DEVITALIZED TISSUE FR	10/1/2004	\$23.36	3	NO
S	97703	CHECKOUT FOR ORTHOTIC/PROSTHETIC	1/1/2006	INVALID	N	YES
S	97750	PHYSICAL PERFORMANCE TEST OR MEA	10/1/2005	\$20.50	3	NO
S	97755	ASSISTIVE TECHNOLOGY ASSESSMENT,	10/1/2005	\$23.87	3	YES
S	97760	ORTHOTIC(S) MANAGEMENT AND TRAIN	1/1/2006	\$21.28	3	YES
S	97761	PROSTHETIC TRAINING, UPPER AND/O	1/1/2006	\$19.46	3	YES
S	97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC	1/1/2006	\$17.91	3	YES
S	97780	ACUPUNCTURE, ONE OR MORE NEEDLES	1/1/2005	INVALID	N	NO
S	97781	ACUPUNCTURE, ONE OR MORE NEEDLES	1/1/2005	INVALID	N	NO
S	97810	ACUPUNCTURE, ONE OR MORE NEEDLES	10/1/2005	\$16.35	3	NO
S	97811	ACUPUNCTURE, 1 OR MORE NEEDLES;	10/1/2005	\$13.75	3	NO
S	97813	ACUPUNCTURE, 1 OR MORE NEEDLES;	10/1/2005	\$17.65	3	NO
S	97814	ACUPUNCTURE, 1 OR MORE NEEDLES;	10/1/2005	\$15.05	3	NO
S	98940	CHIROPRACTIC MANIPULATIVE TREATM	10/1/2005	\$17.91	3	NO
S	98941	CHIROPRACTIC MANIPULATIVE TREATM	10/1/2005	\$25.17	3	NO
S	98942	CHIROPRACTIC MANIPULATIVE TREATM	10/1/2005	\$32.44	3	NO
S	98943	CHIROPRACTIC MANIPULATIVE TREATM	1/1/1997	NC	9	NO
S	99000	HANDLING AND/OR CONVEYANCE OF SP	1/1/1996	NC	9	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	99024	POSTOPERATIVE FOLLOW-UP VISIT, I	1/1/1996	NC	9	NO
S	99025	INITIAL (NEW PATIENT) VISIT WHEN	4/1/2004	INVALID	N	NO
S	99056	SVCS TYPICALLY PROVIDED IN THE O	1/1/1996	NC	9	NO
S	99078	PHYSICIAN EDUCATIONAL SERVICES R	10/1/2005	NC	9	NO
S	99082	UNUSUAL TRAVEL (EG, TRANSPORTATI	1/1/1996	NC	9	NO
S	99201	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$25.17	3	NO
S	99202	OFFICE VISIT FOR THE EVALUATION	10/1/2005	\$44.63	3	NO
S	99203	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$66.43	3	NO
S	99212	OFFICE VISIT FOR THE EVALUATION	10/1/2005	\$26.47	3	NO
S	99213	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$36.07	3	NO
S	99214	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$56.57	3	NO
S	99261	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
S	99262	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
S	99263	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
S	99271	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
S	99272	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
S	99273	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
S	99274	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
S	99275	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
S	99301	E/M OF NEW OR EST PT INVOLVING A	1/1/2006	INVALID	N	NO
S	99302	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
S	99303	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
S	99311	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
S	99312	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
S	99313	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
S	99321	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
S	99322	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
S	99323	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
S	99331	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
S	99332	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
S	99333	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
S	99341	HOME VISIT FOR E/M OF NEW PT, WH	10/1/2005	\$39.96	3	NO
S	99342	HOME VISIT FOR E/M OF NEW PT, WH	10/1/2005	\$58.91	3	NO
S	99343	HOME VISIT FOR E/M OF NEW PT, WH	10/1/2005	\$85.89	3	NO
S	99347	HOME VISIT FOR THE E/M OF AN EST	10/1/2005	\$31.14	3	NO
S	99348	HOME VISIT FOR THE E/M OF AN EST	10/1/2005	\$49.31	3	NO
S	99349	HOME VISIT FOR THE E/M OF AN EST	10/1/2005	\$76.29	3	NO
S	99354	PROLONGED PHYSICIAN SERVICE IN T	10/1/2005	\$67.99	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	99355	PROLONGED PHYSICIAN SERVICE IN T	10/1/2005	\$67.21	3	NO
S	99385	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$81.48	3	NO
S	99386	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$95.76	3	NO
S	99391	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$53.98	3	NO
S	99395	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$66.69	3	NO
S	99396	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$73.70	3	NO
S	99401	PREVENTIVE MEDICINE COUNSELING A	10/1/2005	\$28.80	3	NO
S	99402	COUNSELING AND/OR RISK FACTOR RE	10/1/2005	\$48.53	3	NO
S	99403	COUNSELING AND/OR RISK FACTOR RE	10/1/2005	\$67.21	3	NO
S	99404	COUNSELING AND/OR RISK FACTOR RE	10/1/2005	\$86.15	3	NO
S	99431	HISTORY AND EXAM OF NORMAL NEWBO	10/1/2005	\$41.52	3	NO
S	99432	NORMAL NEWBORN CARE IN OTHER THA	10/1/2005	\$58.65	3	NO
S	99433	SUBSEQUENT HOSP CARE, FOR THE E/	10/1/2005	\$21.80	3	NO
S	99435	HISTORY AND EXAMINATION OF THE N	10/1/2005	\$55.79	3	NO
S	99455	WORK RELATED OR MEDICAL DISABILI	4/1/2003	\$151.02	3	NO
S	99456	WORK RELATED OR MEDICAL DISABILI	4/1/2003	\$151.02	3	NO
S	99551	HOME INFUSION FOR PAIN MANAGEMEN	4/1/2004	INVALID	N	NO
S	99552	HOME INFUSION FOR PAIN MANAGEMEN	4/1/2004	INVALID	N	NO
S	99553	HOME INFUSION FOR TOCOLYTIC THER	4/1/2004	INVALID	N	NO
S	99554	HOME INFUSION FOR HEMATOPOIETIC	4/1/2004	INVALID	N	NO
S	99555	HOME INFUSION FOR CHEMOTHERAPY,	4/1/2004	INVALID	N	NO
S	99556	HOME INFUSION FOR ANTIBIOTICS/AN	4/1/2004	INVALID	N	NO
S	99557	HOME INFUSION OF CONTINUOUS ANTI	4/1/2004	INVALID	N	NO
S	99558	HOME INFUSION OF IMMUNOTHERAPY,	4/1/2004	INVALID	N	NO
S	99559	HOME INFUSION OF PERITONEAL DIAL	4/1/2004	INVALID	N	NO
S	99560	HOME INFUSION OF ENTERAL NUTRITI	4/1/2004	INVALID	N	NO
S	99561	HOME INFUSION OF HYDRATION THERA	4/1/2004	INVALID	N	NO
S	99562	HOME INFUSION OF TOTAL PARENTERA	4/1/2004	INVALID	N	NO
S	99563	HOME ADMINISTRATION OF AEROSOLIZ	4/1/2004	INVALID	N	NO
S	99564	HOME INFUSION FOR ANTI-HEMOPHILI	4/1/2004	INVALID	N	NO
S	99565	HOME INFUSION OF ALPHA-1-PROTEIN	4/1/2004	INVALID	N	NO
S	99566	HOME INFUSION FO RUNINTERRUPTED,	4/1/2004	INVALID	N	NO
S	99567	HOME INFUSION OF SYMPATHOMIMETIC	4/1/2004	INVALID	N	NO
S	99568	HOME INFUSION OF MISCELLANEOUS D	4/1/2004	INVALID	N	NO
S	99569	HOME INFUSION, EACH ADDITIONAL T	4/1/2004	INVALID	N	NO
S	99600	UNLISTED HOME VISIT SERVICE OR P	4/1/2003	\$48.13	3	YES
S	99601	HOME INFUSION/SPECIALTY DRUG ADM	7/1/2003	\$48.13	3	YES
S	99602	HOME INFUSION/SPECIALTY DRUG ADM	12/1/2003	\$28.88	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	A4641	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2001	NC	9	NO
T	A4642	SUPPLY OF SATUMOMAB PENDETIDE, R	1/1/2001	NC	9	NO
T	A4643	SUPPLY OF ADDITIONAL HIGH DOSE C	1/1/2006	INVALID	N	NO
T	A4644	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
T	A4645	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
T	A4646	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
T	A4647	SUPPLY OF PARAMAGNETIC CONTRAST	1/1/2006	INVALID	N	NO
T	A9500	SUPPLY OF RADIOPHARMACEUTICAL DI	4/1/2002	\$200.00	3	NO
T	A9502	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2005	\$132.31	3	NO
T	A9503	SUPPLY OF RADIOPHARMACEUTICAL DI	4/1/2002	\$200.00	3	NO
T	A9504	SUPPLY OF RADIOPHARMACEUTICAL DI	4/1/2002	\$200.00	3	NO
T	A9505	SUPPLY OF RADIOPHARMACEUTICAL DI	4/1/2002	\$200.00	3	NO
T	A9507	SUPPLY OF RADIOPHARMACEUTICAL DI	4/1/2002	\$200.00	3	NO
T	A9508	SUPPLY OF RADIOPHARMACEUTICAL DI	4/1/2002	\$200.00	3	NO
T	A9510	SUPPLY OF RADIOPHARMACEUTICAL DI	4/1/2002	\$200.00	3	NO
T	A9511	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	A9512	TECHNETIUM TC-99M PERTECHNETATE,	1/1/2003	\$200.00	3	NO
T	A9513	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	A9514	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	A9515	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	A9516	IODINE I-123 SODIUM IODIDE CAPSU	1/1/2003	\$200.00	3	NO
T	A9517	IODINE I-131 SODIUM IODIDE CAPSU	1/1/2003	\$200.00	3	NO
T	A9518	SUPPLY OF RADIOPHARMACEUTICAL TH	4/1/2004	INVALID	N	NO
T	A9519	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	A9520	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	A9521	TECHNETIUM TC-99M EXAMETAZIME, D	1/1/2003	\$200.00	3	NO
T	A9522	SUPPLY OF RADIPHARMACEUTICAL DIA	1/1/2006	INVALID	N	NO
T	A9523	SUPPLY OF RADIOPHARMACEUTICAL TH	1/1/2006	INVALID	N	NO
T	A9524	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2003	\$200.00	3	NO
T	A9525	SUPPLY OF LOW OR ISO-OSMOLAR CON	1/1/2006	INVALID	N	NO
T	A9535	INJECTION, METHYLENE BLUE, 1 ML	1/1/2006	\$0.01	5	NO
T	A9536	TECHNETIUM TC-99M DEPREOTIDE, DI	1/1/2006	\$0.01	5	NO
T	A9537	TECHNETIUM TC-99M MEBROFENIN, DI	1/1/2006	\$0.01	5	NO
T	A9538	TECHNETIUM TC-99M PYROPHOSPHATE,	1/1/2006	\$0.01	5	NO
T	A9539	TECHNETIUM TC-99M PENTETATE, DI	1/1/2006	\$0.01	5	NO
T	A9540	TECHNETIUM TC-99M MACROAGGREGATE	1/1/2006	\$0.01	5	NO
T	A9541	TECHNETIUM TC-99M SULFUR COLLOID	1/1/2006	\$0.01	5	NO
T	A9542	INDIUM IN-111 IBRITUMOMAB TIUXET	1/1/2006	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETA	1/1/2006	\$0.01	5	NO
T	A9544	IODINE I-131 TOSITUMOMAB, DIAGNO	1/1/2006	\$0.01	5	NO
T	A9545	IODINE I-131 TOSITUMOMAB, THERAP	1/1/2006	\$0.01	5	NO
T	A9546	COBALT CO-57/58, CYANOCOBALAMIN,	1/1/2006	\$0.01	5	NO
T	A9547	INDIUM IN-111 OXYQUINOLINE, DIAG	1/1/2006	\$0.01	5	NO
T	A9548	INDIUM IN-111 PENTETATE, DIAGNOS	1/1/2006	\$0.01	5	NO
T	A9549	TECHNETIUM TC-99M ARCITUMOMAB, D	1/1/2006	\$0.01	5	NO
T	A9550	TECHNETIUM TC-99M SODIUM GLUCEPT	1/1/2006	\$0.01	5	NO
T	A9551	TECHNETIUM TC-99M SUCCIMER, DIAG	1/1/2006	\$0.01	5	NO
T	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIA	1/1/2006	\$0.01	5	NO
T	A9553	CHROMIUM CR-51 SODIUMCHROMATE, D	1/1/2006	\$0.01	5	NO
T	A9554	IODINE I-125 SODIUM IOTHALAMATE,	1/1/2006	\$0.01	5	NO
T	A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER	1/1/2006	\$0.01	5	NO
T	A9556	GALLIUM GA-67 CITRATE, DIAGNOSTI	1/1/2006	\$0.01	5	NO
T	A9557	TECHNETIUM TC-99M BICISATE, DIAG	1/1/2006	\$0.01	5	NO
T	A9558	XENON XE-133 GAS, DIAGNOSTIC, PE	1/1/2006	\$0.01	5	NO
T	A9559	COBALT CO-57 CYANOCOBALAMIN, ORA	1/1/2006	\$0.01	5	NO
T	A9560	TECHNETIUM TC-99M LABELED RED BL	1/1/2006	\$0.01	5	NO
T	A9561	TECHNETIUM TC-99M OXIDRONATE, DI	1/1/2006	\$0.01	5	NO
T	A9562	TECHNETIUM TC-99M MERTIATIDE, DI	1/1/2006	\$0.01	5	NO
T	A9563	SODIUM PHOSPHATE P-32, THERAPEUT	1/1/2006	\$0.01	5	NO
T	A9564	CHROMIC PHOSPHATE P-32 SUSPENSIO	1/1/2006	\$0.01	5	NO
T	A9565	INDIUM IN-111 PENTETREOTIDE, DIA	1/1/2006	\$0.01	5	NO
T	A9566	TECHNETIUM TC-99M FANOLESOMAB, D	1/1/2006	\$0.01	5	NO
T	A9567	TECHNETIUM TC-99M PENTETATE, DIA	1/1/2006	\$0.01	5	NO
T	A9600	STRONTIUM SR-89 CHLORIDE, THERAP	4/1/2002	\$200.00	3	NO
T	A9605	SAMARIUM SM-153 LEXIDRONAMM, THE	4/1/2002	\$200.00	3	NO
T	A9698	NONRADIOACTIVE CONTRAST IMAGING	1/1/2006	\$0.01	5	NO
T	G0001	ROUTINE VENIPUNCTURE FOR COLLECT	1/1/2005	INVALID	N	NO
T	G0026	FECAL LEUKOCYTE EXAMINATION	7/1/2003	INVALID	N	NO
T	G0027	SEMEN ANALYSIS: PRESENCE AND/OR	7/1/2003	INVALID	N	NO
T	G0030	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0031	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0032	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0033	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0034	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0035	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0036	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	G0037	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0038	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0039	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0040	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0041	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0042	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0043	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0044	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0045	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0046	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0047	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0050	MEASUREMENT OF POST-VOIDING RESI	7/1/2003	INVALID	N	NO
T	G0103	PROSTATE CANCER SCREENING; PROST	11/1/2001	\$18.81	3	NO
T	G0106	COLORECTAL CANCER SCREENING; ALT	10/1/2005	\$61.24	3	NO
T	G0107	COLORECTAL CANCER SCREENING; FEC	4/1/2004	\$3.36	3	NO
T	G0120	COLORECTAL CANCER SCREENING; ALT	10/1/2005	\$61.24	3	NO
T	G0122	COLORECTAL CANCER SCREENING; BAR	10/1/2005	\$60.20	3	NO
T	G0123	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2003	\$20.95	3	NO
T	G0124	SCREENING CYTOPATHOLOGY, CERVICA	10/1/2005	\$15.31	3	NO
T	G0125	PET IMAGING REGIONAL OR WHOLE BO	1/1/2006	INVALID	N	YES
T	G0126	PET LUNG IMAGING OF SOLITARY PUL	4/1/2002	INVALID	N	NO
T	G0130	SINGLE ENERGY X-RAY ABSORPTIOMET	10/1/2005	\$22.06	3	NO
T	G0131	COMPUTERIZED TOMOGRAPHY BONE MIN	7/1/2003	INVALID	N	NO
T	G0132	COMPUTERIZED TOMOGRAPHY BONE MIN	7/1/2003	INVALID	N	NO
T	G0141	SCREENING CYTOPATHOLOGY SMEARS,	10/1/2005	\$15.31	3	NO
T	G0143	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2003	\$20.95	3	NO
T	G0144	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2003	\$22.13	3	NO
T	G0145	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2003	\$30.17	3	NO
T	G0147	SCREENING CYTOPATHOLOGY SMEARS,	1/1/2003	\$14.76	3	NO
T	G0148	SCREENING CYTOPATHOLOGY SMEARS,	1/1/2003	\$20.95	3	NO
T	G0173	LINEAR ACCELERATOR BASED STEREOT	1/1/2001	NC	9	NO
T	G0174	INTENSITY MODULATED RADIATION TH	4/1/2002	INVALID	N	NO
T	G0188	FULL LENGTH RADIOGRAPHY OF LOWER	4/1/2002	INVALID	N	NO
T	G0202	SCREENING MAMMOGRAPHY, PRODUCING	1/1/2002	NC	9	NO
T	G0204	DIAGNOSTIC MAMMOGRAPHY, PRODUCIN	1/1/2002	NC	9	NO
T	G0206	DIAGNOSTIC MAMMOGRAPHY, PRODUCIN	1/1/2002	NC	9	NO
T	G0210	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
T	G0211	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	G0212	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
T	G0213	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
T	G0214	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
T	G0215	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
T	G0216	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
T	G0217	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
T	G0218	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
T	G0219	PET IMAGING WHOLE BODY; MELANOMA	6/20/2005	NC	9	YES
T	G0220	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
T	G0221	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
T	G0222	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
T	G0223	PET IMAGING WHOLE BODY OR REGION	1/1/2006	INVALID	N	YES
T	G0224	PET IMAGING WHOLE BODY OR REGION	1/1/2006	INVALID	N	YES
T	G0225	PET IMAGING WHOLE BODY OR REGION	1/1/2006	INVALID	N	YES
T	G0226	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
T	G0227	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
T	G0228	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
T	G0229	PET IMAGING; METABOLIC BRAIN IMA	1/1/2006	INVALID	N	YES
T	G0230	PET IMAGING; METABOLIC ASSESS FO	1/1/2006	INVALID	N	YES
T	G0231	PET, WHOLE BODY, FOR RECURRENCE	1/1/2006	INVALID	N	YES
T	G0232	PET, WHOLE BODY, FOR RECURRENCE	1/1/2006	INVALID	N	YES
T	G0233	PET, WHOLE BODY, FOR RECURRENCE	1/1/2006	INVALID	N	YES
T	G0234	PET, REGIONAL OR WHOLE BODY, FOR	1/1/2006	INVALID	N	YES
T	G0235	PET IMAGING, ANY SITE, NOT OTHER	4/1/2005	NC	9	NO
T	G0236	DIGITIZATION OF FILM RADIOGRAPHI	4/1/2004	INVALID	N	NO
T	G0242	MULTI-SOURCE PHOTON STEREOTACTIC	1/1/2006	INVALID	N	NO
T	G0243	MULTI-SOURCE PHOTON STEREOTACTIC	4/1/2002	\$0.01	5	NO
T	G0252	PET IMAGING, FULL AND PARTIAL-RI	1/1/2003	NC	9	NO
T	G0253	PET IMAGING FOR BREAST CANCER, F	1/1/2006	INVALID	N	NO
T	G0254	PET IMAGING FOR BREAST CANCER, F	1/1/2006	INVALID	N	NO
T	G0296	PET IMAGING, FULL AND PARTIAL RI	1/1/2006	INVALID	N	NO
T	G0306	COMPLETE CBC, AUTOMATED (HGB, HC	1/1/2004	\$8.04	3	NO
T	G0307	COMPLETE (CBC), AUTOMATED (HGB,	1/1/2004	\$6.69	3	NO
T	G0328	COLORECTALCANCER SCREENING; FECA	1/1/2004	\$13.39	3	NO
T	G0330	PET IMAGING INITIAL DIAGNOSIS CE	4/1/2005	INVALID	N	NO
T	G0331	PET IMAGING RESTAGING OVARIAN	4/1/2005	INVALID	N	NO
T	G0336	PET IMAGING, BRAIN IMAGING FOR T	4/1/2005	INVALID	N	NO
T	G0365	VESSEL MAPPING OF VESSELS FOR HE	10/1/2005	\$107.17	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	P2028	CEPHALIN FLOCCULATION, BLOOD	9/1/1985	NC	9	NO
T	P2029	CONGO RED, BLOOD	9/1/1985	NC	9	NO
T	P2031	HAIR ANALYSIS (EXCLUDING ARSENIC	10/1/1984	NC	9	NO
T	P2033	THYMOL TURBIDITY, BLOOD	10/1/1984	NC	9	NO
T	P2038	MUCOPROTEIN, BLOOD (SEROMUCOID)	1/1/2004	NC	9	NO
T	P3000	SCREENING PAPANICOLAOU SMEAR, CE	1/1/2003	\$14.76	3	NO
T	P3001	SCREENING PAPANICOLAOU SMEAR, CE	10/1/2005	\$15.31	3	NO
T	P7001	CULTURE, BACTERIAL, URINE; QUANT	2/15/2000	NC	9	NO
T	P9010	BLOOD (WHOLE) FOR TRANSFUSION PE	1/1/1988	NC	9	NO
T	P9011	BLOOD (SPLIT UNIT) SPECIFY AMOUN	1/1/1988	NC	9	NO
T	P9012	CRYOPRECIPITATE EACH UNIT	1/1/1988	NC	9	NO
T	P9016	RED BLOOD CELLS, LEUKOCYTES REDU	1/1/1988	NC	9	NO
T	P9017	FRESH FROZEN PLASMA (SINGLE DONO	1/1/1988	NC	9	NO
T	P9019	PLATELETS, EACH UNIT	10/1/2004	NC	9	NO
T	P9020	PLATELET RICH PLASMA EACH UNIT	1/1/1988	NC	9	NO
T	P9021	RED BLOOD CELLS EACH UNIT	1/1/1988	NC	9	NO
T	P9022	RED BLOOD CELLS, WASHED, EACH UN	1/1/1988	NC	9	NO
T	P9045	INFUSION, ALBUMIN (HUMAN), 5%, 2	1/1/2002	NC	9	NO
T	P9046	INFUSION, ALBUMIN (HUMAN), 25%,	1/1/2002	NC	9	NO
T	P9047	INFUSION, ALBUMIN (HUMAN), 25%,	1/1/2002	NC	9	NO
T	P9048	INFUSION, PLASMA PROTEIN FRACTIO	1/1/2002	NC	9	NO
T	P9050	GRANULOCYTES, PHERESIS, EACH UNI	1/1/2002	NC	9	NO
T	P9615	CATHETERIZATION FOR COLLECTION O	11/1/2001	\$2.22	3	NO
T	Q0035	CARDIOKYOGRAPHY	1/1/2004	NC	9	NO
T	Q0083	CHEMOTHERAPY ADMINISTRATION BY O	1/1/1999	\$30.00	3	NO
T	Q0084	CHEMOTHERAPY ADMINISTRATION BY I	1/1/1999	\$30.00	3	NO
T	Q0085	CHEMOTHERAPY ADMINISTRATION BY B	1/1/1999	\$30.00	3	NO
T	Q0091	SCREENING PAP SMEAR; OBTAINING,	1/1/1992	NC	9	NO
T	Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	1/1/1992	NC	9	NO
T	Q0111	WET MOUNTS, INCLUDING PREPARATIO	4/1/2001	\$3.55	3	NO
T	Q0112	ALL POTASSIUM HYDROXIDE (KOH) PR	4/1/2001	\$3.55	3	NO
T	Q0113	PINWORM EXAMINATIONS	4/1/2001	\$4.49	3	NO
T	Q0114	FERN TEST	8/16/1993	NC	9	NO
T	Q0115	POST-COITAL DIRECT, QUALITATIVE	8/16/1993	NC	9	NO
T	Q3001	RADIOELEMENTS FOR BRACHYTHERAPY,	1/1/2001	NC	9	NO
T	Q3002	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	Q3003	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	Q3004	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	Q3005	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	Q3006	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	Q3007	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	Q3008	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	Q3009	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	Q3010	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	Q3011	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	Q9941	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2006	INVALID	N	NO
T	Q9945	LOW OSMOLAR CONTRAST MATERIAL, U	7/18/2005	\$0.41	3	NO
T	Q9946	LOW OSMOLAR CONTRAST MATERIAL, 1	7/18/2005	\$0.41	3	NO
T	Q9947	LOW OSMOLAR CONTRAST MATERIAL, 2	7/18/2005	\$0.48	3	NO
T	Q9948	LOW OSMOLAR CONTRAST MATERIAL, 2	7/18/2005	\$0.48	3	NO
T	Q9949	LOW OSMOLAR CONTRAST MATERIAL, 3	7/18/2005	\$0.53	3	NO
T	Q9950	LOW OSMOLAR CONTRAST MATERIAL, 3	7/18/2005	\$0.60	3	NO
T	Q9951	LOW OSMOLAR CONTRAST MATERIAL, 4	7/18/2005	\$0.60	3	NO
T	Q9952	INJECTION, GADOLINIUM-BASED MAGN	10/1/2005	NC	9	NO
T	Q9953	INJECTION, IRON-BASED MAGNETIC R	4/1/2005	\$0.01	5	NO
T	Q9954	ORAL MAGNETIC RESONANCE CONTRAST	4/1/2005	\$0.01	5	NO
T	Q9955	INJECTION, PERFLEXANE LIPID MICR	4/1/2005	\$0.01	5	NO
T	Q9956	INJECTION, OCTAFLUOROPROPANCE MI	4/1/2005	\$0.01	5	NO
T	Q9957	INJECTION, PERFLUTREN LIPID MICR	4/1/2005	\$0.01	5	NO
T	R0070	TRANSPORT OF PORT X-RAY EQUIP/PE	10/1/2000	\$42.82	3	NO
T	R0075	TRANSPORT OF PORT X-RAY EQUIP/PE	10/1/2000	\$18.17	3	NO
T	R0076	TRANSPORTATION OF PORTABLE EKG T	10/1/2000	\$50.22	3	NO
T	S0820	COMPUTERIZED CORNEAL TOPOGRAPHY,	8/1/2004	\$32.55	3	NO
T	S0830	ULTRASOUND PACYMETRY TO DETERMIN	1/1/2005	INVALID	N	NO
T	S3620	NEWBORN METABOLIC SCREENING PANE	7/1/2004	\$27.00	3	NO
T	S3700	BLADDER TUMOR-ASSOCIATED ANTIGEN	4/1/2002	INVALID	N	NO
T	S3708	GASTROINTESTINAL FAT ABSORPTION	1/1/2001	NC	9	NO
T	S8055	ULTRASOUND GUIDANCE FOR MULTIFET	4/1/2002	\$0.01	5	NO
T	36415	COLLECTION OF VENOUS BLOOD BY VE	7/11/2005	\$3.00	3	NO
T	51725	SIMPLE CYSTOMETROGRAM (CMG) (EG,	10/1/2005	\$133.38	3	NO
T	51726	COMPLEX CYSTOMETROGRAM (EG, CALI	10/1/2005	\$181.39	3	NO
T	51736	SIMPLE UROFLOWMETRY (UFR) (EG, S	10/1/2005	\$10.12	3	NO
T	51741	COMPLEX UROFLOWMETRY (EG, CALIBR	10/1/2005	\$11.42	3	NO
T	51772	URETHRAL PRESSURE PROFILE STUDIE	10/1/2005	\$131.83	3	NO
T	51784	ELECTROMYOGRAPHY STUDIES (EMG) O	10/1/2005	\$91.34	3	NO
T	51785	ELECTROMYOGRAPHIC STUDIES (EMG)	10/1/2005	\$103.28	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	51792	STIMULUS EVOKED RESPONSE (EG MEA	10/1/2005	\$148.17	3	NO
T	51795	VOIDING PRESSURE STUDIES (VP); B	10/1/2005	\$178.80	3	NO
T	51797	VOIDING PRESSURE STUDIES (VP); I	10/1/2005	\$137.54	3	NO
T	53670	CATHERIZATION, URETHRA; SIMPLE	7/1/2003	INVALID	N	NO
T	54240	PENILE PLETHYSMOGRAPHY	10/1/2005	\$17.13	3	NO
T	54250	NOCTURNAL PENILE TUMESCENCE AND/	10/1/2005	\$5.71	3	NO
T	59020	FETAL CONTRACTION STRESS TEST	10/1/2005	\$16.09	3	NO
T	59025	FETAL NON-STRESS TEST	10/1/2005	\$6.49	3	NO
T	62252	REPROGRAMMING OF PROGRAMMABLE CE	10/1/2005	\$29.06	3	NO
T	70010	MYELOGRAPHY, POSTERIOR FOSSA, RA	10/1/2005	\$118.07	3	NO
T	70015	CISTERNOGRAPHY, POSITIVE CONTRAS	10/1/2005	\$37.11	3	NO
T	70030	RADIOLOGIC EXAMINATION EYE FOR D	10/1/2005	\$11.42	3	NO
T	70100	RADIOLOGIC EXAMINATION MANDIBLE	10/1/2005	\$14.01	3	NO
T	70110	RADIOLOGIC EXAMINATION MANDIBLE;	10/1/2005	\$17.13	3	NO
T	70120	RADIOLOGIC EXAMINATION MASTOIDS	10/1/2005	\$17.13	3	NO
T	70130	RADIOLOGIC EXAMINATION MASTOIDS;	10/1/2005	\$21.54	3	NO
T	70134	RADIOLOGIC EXAMINATION INTERNAL	10/1/2005	\$20.24	3	NO
T	70140	RADIOLOGIC EXAMINATION FACIAL BO	10/1/2005	\$17.13	3	NO
T	70150	RADIOLOGIC EXAMINATION FACIAL BO	10/1/2005	\$21.54	3	NO
T	70160	RADIOLOGIC EXAMINATION NASAL BON	10/1/2005	\$14.01	3	NO
T	70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL	10/1/2005	\$26.21	3	NO
T	70190	RADIOLOGIC EXAMINATION OPTIC FOR	10/1/2005	\$17.13	3	NO
T	70200	RADIOLOGIC EXAMINATION; ORBITS C	10/1/2005	\$21.54	3	NO
T	70210	RADIOLOGIC EXAMINATION SINUSES P	10/1/2005	\$17.13	3	NO
T	70220	RADIOLOGIC EXAMINATION SINUSES P	10/1/2005	\$21.54	3	NO
T	70240	RADIOLOGIC EXAMINATION SELLA TUR	10/1/2005	\$11.42	3	NO
T	70250	RADIOLOGIC EXAMINATION SKULL LES	10/1/2005	\$17.13	3	NO
T	70260	RADIOLOGIC EXAAMINATION SKULL; C	10/1/2005	\$24.65	3	NO
T	70300	RADIOLOGIC EXAMINATION TEETH SIN	10/1/2005	\$7.27	3	NO
T	70310	RADIOLOGIC EXAMINATION TEETH; PA	10/1/2005	\$11.42	3	NO
T	70320	RADIOLOGIC EXAMINATION TEETH; CO	10/1/2005	\$21.54	3	NO
T	70328	RADIOLOGIC EXAMINATION TEMPOROMA	10/1/2005	\$13.23	3	NO
T	70330	RADIOLOGIC EXAMINATION TEMPOROMA	10/1/2005	\$23.10	3	NO
T	70332	TEMPOROMANDIBULAR JOINT ARTHROGR	10/1/2005	\$57.61	3	NO
T	70336	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$305.95	3	NO
T	70350	CEPHALOGRAM ORTHODONTIC	10/1/2005	\$10.38	3	YES
T	70355	ORTHOPANTOGRAM	10/1/2005	\$15.83	3	YES
T	70360	RADIOLOGIC EXAMINATION NECK SOFT	10/1/2005	\$11.42	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	70370	RADIOLOGIC EXAMINATION; PHARYNX	10/1/2005	\$35.81	3	NO
T	70371	COMPLEX DYNAMIC PHARYNGEAL AND S	10/1/2005	\$57.61	3	NO
T	70373	LARYNGOGRAPHY, CONTRAST, RADIOLO	10/1/2005	\$49.05	3	NO
T	70380	RADIOLOGIC EXAMINATION SALIVARY	10/1/2005	\$18.42	3	NO
T	70390	SIALOGRAPHY, RADIOLOGICAL SUPERV	10/1/2005	\$49.05	3	NO
T	70450	COMPUTED TOMOGRAPHY, HEAD OR BRA	10/1/2005	\$128.97	3	NO
T	70460	COMPUTERIZED AXIAL TOMOGRAPHY HE	10/1/2005	\$154.66	3	NO
T	70470	COMPUTERIZED AXIAL TOMOGRAPHY HE	10/1/2005	\$193.07	3	NO
T	70480	COMPUTED TOMOGRAPHY, ORBIT, SELL	10/1/2005	\$128.97	3	NO
T	70481	COMPUTERIZED AXIAL TOMOGRAPHY OR	10/1/2005	\$154.66	3	NO
T	70482	COMPUTERIZED AXIAL TOMOGRAPHY OR	10/1/2005	\$193.07	3	NO
T	70486	COMPUTED TOMOGRAPHY, MAXILLOFACI	10/1/2005	\$128.97	3	NO
T	70487	COMPUTERIZED AXIAL TOMOGRAPHY MA	10/1/2005	\$154.66	3	NO
T	70488	COMPUTERIZED AXIAL TOMOGRAPHY MA	10/1/2005	\$193.07	3	NO
T	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE	10/1/2005	\$128.97	3	NO
T	70491	COMPUTERIZED AXIAL TOMOGRAPHY SO	10/1/2005	\$154.66	3	NO
T	70492	COMPUTERIZED AXIAL TOMOGRAPHY SO	10/1/2005	\$193.07	3	NO
T	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$290.12	3	NO
T	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$290.12	3	NO
T	70540	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$300.76	3	NO
T	70542	MAGNETIC RESONANCE IMAGING, ORBI	10/1/2005	\$360.96	3	NO
T	70543	MAGNETIC RESONANCE IMAGING, ORBI	10/1/2005	\$667.43	3	NO
T	70544	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$305.95	3	NO
T	70545	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$305.95	3	NO
T	70546	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$596.85	3	NO
T	70547	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$305.95	3	NO
T	70548	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$305.95	3	NO
T	70549	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$596.85	3	NO
T	70551	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$305.95	3	NO
T	70552	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$366.93	3	NO
T	70553	MAGNETIC RESONANCE (EG,PROTON) I	10/1/2005	\$679.63	3	NO
T	70557	MAGNETIC RESONANCE (EG, PROTON)	1/1/2004	\$0.01	5	NO
T	70558	MAGNETIC RESONANCE (EG, PROTON)	1/1/2004	\$0.01	5	NO
T	70559	MAGNETIC RESONANCE (EG, PROTON)	1/1/2004	\$0.01	5	NO
T	71010	RADIOLOGIC EXAMINATION, CHEST; S	10/1/2005	\$12.72	3	NO
T	71015	RADIOLOGIC EXAMINATION CHEST; ST	10/1/2005	\$14.01	3	NO
T	71020	RADIOLOGIC EXAMINATION, CHEST, T	10/1/2005	\$17.13	3	NO
T	71021	RADIOLOGIC EXAMINATION CHEST TWO	10/1/2005	\$20.24	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	71022	RADIOLOGIC EXAMINATION CHEST TWO	10/1/2005	\$20.24	3	NO
T	71023	RADIOLOGIC EXAMINATION CHEST TWO	10/1/2005	\$21.54	3	NO
T	71030	RADIOLOGIC EXAMINATION, CHEST, C	10/1/2005	\$21.54	3	NO
T	71034	RADIOLOGIC EXAMINATION CHEST COM	10/1/2005	\$39.44	3	NO
T	71035	RADIOLOGIC EXAMINATION CHEST SPE	10/1/2005	\$14.01	3	NO
T	71040	BRONCHOGRAPHY, UNILATERAL, RADIO	10/1/2005	\$39.96	3	NO
T	71060	BRONCHOGRAPHY, BILATERAL, RADIOL	10/1/2005	\$60.46	3	NO
T	71090	INSERTION PACEMAKER, FLUOROSCOPY	10/1/2005	\$46.45	3	NO
T	71100	RADIOLOGIC EXAMINATION RIBS UNIL	10/1/2005	\$15.83	3	NO
T	71101	RADIOLOGIC EXAMINATION RIBS UNIL	10/1/2005	\$18.42	3	NO
T	71110	RADIOLOGIC EXAMINATION RIBS BILA	10/1/2005	\$21.54	3	NO
T	71111	RADIOLOGIC EXAMINATION RIBS BILA	10/1/2005	\$24.65	3	NO
T	71120	RADIOLOGIC EXAMINATION STERNUM M	10/1/2005	\$17.91	3	NO
T	71130	RADIOLOGIC EXAMINATION; STERNOCL	10/1/2005	\$19.46	3	NO
T	71250	COMPUTED TOMOGRAPHY, THORAX; WIT	10/1/2005	\$161.41	3	NO
T	71260	COMPUTERIZED AXIAL TOMOGRAPHY TH	10/1/2005	\$193.07	3	NO
T	71270	COMPUTERIZED AXIAL TOMOGRAPHY TH	10/1/2005	\$241.59	3	NO
T	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$331.38	3	NO
T	71550	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$302.32	3	NO
T	71551	MAGNETIC RESONANCE IMAGING, CHES	10/1/2005	\$362.26	3	NO
T	71552	MAGNETIC RESONANCE IMAGING, CHES	10/1/2005	\$663.28	3	NO
T	71555	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$305.95	3	NO
T	72010	RADIOLOGIC EXAMINATION SPINE ENT	10/1/2005	\$28.03	3	NO
T	72020	RADIOLOGIC EXAMINATION SPINE SIN	10/1/2005	\$11.42	3	NO
T	72040	RADIOLOGIC EXAMINATION, SPINE, C	10/1/2005	\$16.61	3	NO
T	72050	RADIOLOGIC EXAMINATION SPINE CER	10/1/2005	\$24.65	3	NO
T	72052	RADIOLOGIC EXAMINATION SPINE CER	10/1/2005	\$30.88	3	NO
T	72069	RADIOLOGIC EXAMINATION, SPINE, T	10/1/2005	\$13.23	3	NO
T	72070	RADIOLOGIC EXAMINATION, SPINE; T	10/1/2005	\$17.91	3	NO
T	72072	RADIOLOGIC EXAMINATION, SPINE; T	10/1/2005	\$20.24	3	NO
T	72074	RADIOLOGIC EXAMINATION, SPINE; T	10/1/2005	\$25.17	3	NO
T	72080	RADIOLOGIC EXAMINATION, SPINE; T	10/1/2005	\$18.42	3	NO
T	72090	RADIOLOGIC EXAMINATION SPINE; SC	10/1/2005	\$18.42	3	NO
T	72100	RADIOLOGIC EXAMINATION, SPINE, L	10/1/2005	\$18.42	3	NO
T	72110	RADIOLOGIC EXAMINATION, SPINE, L	10/1/2005	\$25.17	3	NO
T	72114	RADIOLOGIC EXAMINATION SPINE LUM	10/1/2005	\$32.44	3	NO
T	72120	RADIOLOGIC EXAMINATION SPINE LUM	10/1/2005	\$24.65	3	NO
T	72125	COMPUTED TOMOGRAPHY, CERVICAL SP	10/1/2005	\$161.41	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	72126	COMPUTERIZED AXIAL TOMOGRAPHY CE	10/1/2005	\$193.07	3	NO
T	72127	COMPUTERIZED AXIAL TOMOGRAPHY, C	10/1/2005	\$241.59	3	NO
T	72128	COMPUTED TOMOGRAPHY, THORACIC SP	10/1/2005	\$161.41	3	NO
T	72129	COMPUTERIZED AXIAL TOMOGRAPHY TH	10/1/2005	\$193.07	3	NO
T	72130	COMPUTERIZED AXIAL TOMOGRAPHY, T	10/1/2005	\$241.59	3	NO
T	72131	COMPUTED TOMOGRAPHY, LUMBAR SPIN	10/1/2005	\$161.41	3	NO
T	72132	COMPUTERIZED AXIAL TOMOGRAPHY LU	10/1/2005	\$193.07	3	NO
T	72133	COMPUTERIZED AXIAL TOMOGRAPHY, L	10/1/2005	\$241.59	3	NO
T	72141	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$305.95	3	NO
T	72142	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$366.93	3	NO
T	72146	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$339.43	3	NO
T	72147	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$366.93	3	NO
T	72148	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$339.43	3	NO
T	72149	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$366.93	3	NO
T	72156	MAGNETIC RESONANCE (EG,PROTON) I	10/1/2005	\$679.63	3	NO
T	72157	MAGNETIC RESONANCE (EG,PROTON) I	10/1/2005	\$679.63	3	NO
T	72158	MAGNETIC RESONANCE (EG,PROTON) I	10/1/2005	\$679.63	3	NO
T	72159	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$333.98	3	NO
T	72170	RADIOLOGIC EXAMINATION, PELVIS;	10/1/2005	\$14.01	3	NO
T	72190	RADIOLOGIC EXAMINATION PELVIS; C	10/1/2005	\$18.42	3	NO
T	72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$322.30	3	NO
T	72192	COMPUTERIZED AXIAL TOMOGRAPHY, P	10/1/2005	\$161.41	3	NO
T	72193	COMPUTERIZED AXIAL TOMOGRAPHY PE	10/1/2005	\$186.84	3	NO
T	72194	COMPUTERIZED AXIAL TOMOGRAPHY PE	10/1/2005	\$231.47	3	NO
T	72195	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$302.32	3	NO
T	72196	MAGNETIC RESONANSE (EG, PROTON)	10/1/2005	\$362.26	3	NO
T	72197	MAGNETIC RESONANCE IMAGING, PELV	10/1/2005	\$669.51	3	NO
T	72198	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$305.95	3	NO
T	72200	RADIOLOGIC EXAMINATION SACROILIA	10/1/2005	\$14.01	3	NO
T	72202	RADIOLOGIC EXAMINATION SACROILIA	10/1/2005	\$17.13	3	NO
T	72220	RADIOLOGIC EXAMINATION SACRUM AN	10/1/2005	\$15.83	3	NO
T	72240	MYELOGRAPHY, CERVICAL, RADIOLOGI	10/1/2005	\$129.75	3	NO
T	72255	MYELOGRAPHY, THORACIC, RADIOLOGI	10/1/2005	\$118.07	3	NO
T	72265	MYELOGRAPHY, LUMBOSACRAL, RADIOL	10/1/2005	\$111.33	3	NO
T	72270	MYELOGRAPHY, ENTIRE SPINAL CANAL	10/1/2005	\$166.86	3	NO
T	72275	EPIDUROGRAPHY, RADIOLOGICAL SUPE	10/1/2005	\$60.20	3	NO
T	72285	DISKOGRAPHY, CERVICAL, RADIOLOGI	10/1/2005	\$228.62	3	NO
T	72295	DISKOGRAPHY, LUMBAR, RADIOLOGICA	10/1/2005	\$214.35	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	73000	RADIOLOGIC EXAMINATION CLAVICLE	10/1/2005	\$14.01	3	NO
T	73010	RADIOLOGIC EXAMINATION; SCAPULA	10/1/2005	\$14.01	3	NO
T	73020	RADIOLOGIC EXAMINATION SHOULDER	10/1/2005	\$12.72	3	NO
T	73030	RADIOLOGIC EXAMINATION SHOULDER;	10/1/2005	\$15.83	3	NO
T	73040	RADIOLOGICAL EXAMINATION, SHOULD	10/1/2005	\$57.61	3	NO
T	73050	RADIOLOGIC EXAMINATION ACROMIOCL	10/1/2005	\$18.42	3	NO
T	73060	RADIOLOGIC EXAMINATION; HUMERUS	10/1/2005	\$15.83	3	NO
T	73070	RADIOLOGIC EXAMINATION, ELBOW; T	10/1/2005	\$14.01	3	NO
T	73080	RADIOLOGIC EXAMINATION ELBOW; CO	10/1/2005	\$15.83	3	NO
T	73085	RADIOLOGIC EXAMINATION, ELBOW, A	10/1/2005	\$57.61	3	NO
T	73090	RADIOLOGIC EXAMINATION; FOREARM,	10/1/2005	\$14.01	3	NO
T	73092	RADIOLOGIC EXAMINATION; UPPER EX	10/1/2005	\$13.23	3	NO
T	73100	RADIOLOGIC EXAMINATION, WRIST; T	10/1/2005	\$13.23	3	NO
T	73110	RADIOLOGIC EXAMINATION WRIST; CO	10/1/2005	\$14.27	3	NO
T	73115	RADIOLOGIC EXAMINATION, WRIST, A	10/1/2005	\$43.60	3	NO
T	73120	RADIOLOGIC EXAMINATION HAND TWO	10/1/2005	\$13.23	3	NO
T	73130	RADIOLOGIC EXAMINATIO;N HAND; MI	10/1/2005	\$14.27	3	NO
T	73140	RADIOLOGIC EXAMINATION FINGER OR	10/1/2005	\$11.42	3	NO
T	73200	COMPUTED TOMOGRAPHY, UPPER EXTRE	10/1/2005	\$135.20	3	NO
T	73201	COMPUTERIZED AXIAL TOMOGRAPHY UP	10/1/2005	\$161.41	3	NO
T	73202	COMPUTERIZED AXIAL TOMOGRAPHY UP	10/1/2005	\$202.67	3	NO
T	73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$294.53	3	NO
T	73218	MAGNETIC RESONANCE IMAGING, UPPE	10/1/2005	\$300.76	3	NO
T	73219	MAGNETIC RESONANCE IMAGING, UPPE	10/1/2005	\$360.96	3	NO
T	73220	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$667.43	3	NO
T	73221	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$300.76	3	NO
T	73222	MAGNETIC RESONANCE IMAGING, ANY	10/1/2005	\$360.96	3	NO
T	73223	MAGNETIC RESONANCE IMAGING, ANY	10/1/2005	\$667.43	3	NO
T	73225	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$301.02	3	NO
T	73500	RADIOLOGIC EXAMINATION HIP UNILA	10/1/2005	\$12.72	3	NO
T	73510	RADIOLOGIC EXAMINATION HIP; COMP	10/1/2005	\$15.83	3	NO
T	73520	RADIOLOGIC EXAMINATION HIPS BILA	10/1/2005	\$18.42	3	NO
T	73525	RADIOLOGIC EXAMINATION, HIP, ART	10/1/2005	\$57.61	3	NO
T	73530	RADIOLOGIC EXAMINATION HIP DURIN	10/1/2005	\$14.01	3	NO
T	73540	RADIOLOGIC EXAMINATION PELVIS AN	10/1/2005	\$15.83	3	NO
T	73542	RADIOLOGICAL EXAMINATION, SACROI	10/1/2005	\$57.61	3	NO
T	73550	RADIOLOGIC EXAMINATION, FEMUR, T	10/1/2005	\$15.83	3	NO
T	73560	RADIOLOGIC EXAMINATION KNEE ANTE	10/1/2005	\$14.01	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	73562	RADIOLOGIC EXAMINATION KNEE; ANT	10/1/2005	\$15.83	3	NO
T	73564	RADIOLOGIC EXAM, KNEE; COMPLETE,	10/1/2005	\$17.13	3	NO
T	73565	RADIOLOGIC EXAMINATION, KNEE; BO	10/1/2005	\$13.23	3	NO
T	73580	RADIOLOGIC EXAMINATION, KNEE, AR	10/1/2005	\$71.62	3	NO
T	73590	RADIOLOGIC EXAMINATION; TIBIA AN	10/1/2005	\$14.01	3	NO
T	73592	RADIOLOGIC EXAMINATION; LOWER EX	10/1/2005	\$15.83	3	NO
T	73600	RADIOLOGIC EXAMINATION, ANKLE; T	10/1/2005	\$13.23	3	NO
T	73610	RADIOLOGIC EXAMINATION ANKLE; CO	10/1/2005	\$14.27	3	NO
T	73615	RADIOLOGIC EXAMINATION, ANKLE, A	10/1/2005	\$57.61	3	NO
T	73620	RADIOLOGIC EXAMINATION, FOOT; TW	10/1/2005	\$13.23	3	NO
T	73630	RADIOLOGIC EXAMINATION FOOT; COM	10/1/2005	\$14.27	3	NO
T	73650	RADIOLOGIC EXAMINATION CALCANEUS	10/1/2005	\$12.72	3	NO
T	73660	RADIOLOGIC EXAMINATION; TOE OR T	10/1/2005	\$11.42	3	NO
T	73700	COMPUTED TOMOGRAPHY, LOWER EXTRE	10/1/2005	\$135.20	3	NO
T	73701	COMPUTERIZED AXIAL TOMOGRAPHY LO	10/1/2005	\$161.41	3	NO
T	73702	COMPUTERIZED AXIAL TOMOGRAPHY LO	10/1/2005	\$202.67	3	NO
T	73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$294.53	3	NO
T	73718	MAGNETIC RESONANCE IMAGING, LOWE	10/1/2005	\$300.76	3	NO
T	73719	MAGNETIC RESONANCE IMAGING, LOWE	10/1/2005	\$360.96	3	NO
T	73720	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$667.43	3	NO
T	73721	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$300.76	3	NO
T	73722	MAGNETIC RESONANCE IMAGING, ANY	10/1/2005	\$360.96	3	NO
T	73723	MAGNETIC RESONANCE IAMGING, ANY	10/1/2005	\$667.43	3	NO
T	73725	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$305.95	3	NO
T	74000	RADIOLOGIC EXAMINATION ABDOMEN S	10/1/2005	\$14.01	3	NO
T	74010	RADIOLOGIC EXAMINATION ABDOMEN;	10/1/2005	\$15.83	3	NO
T	74020	RADIOLOGIC EXAMINATION ABDOMEN;	10/1/2005	\$17.13	3	NO
T	74022	RADIOLOGIC EXAMINATION, ABDOMEN;	10/1/2005	\$20.24	3	NO
T	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WI	10/1/2005	\$154.66	3	NO
T	74160	COMPUTERIZED AXAIAL TOMOGRAPHY A	10/1/2005	\$186.84	3	NO
T	74170	COMPUTERIZED AXIAL TOMOGRAPHY AB	10/1/2005	\$231.47	3	NO
T	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$322.30	3	NO
T	74181	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$302.32	3	NO
T	74182	MAGNETIC RESONANCE IMAGING, ABDO	10/1/2005	\$362.26	3	NO
T	74183	MAGNETIC RESONANCE IMAGING, ABDO	10/1/2005	\$669.51	3	NO
T	74185	MAGNETIC RESONANCE ANGIOGRAPHY,	10/1/2005	\$305.95	3	NO
T	74190	PERITONEOGRAM, RADIOLOGICAL SUPE	10/1/2005	\$35.81	3	NO
T	74210	RADIOLOGIC EXAMINATION PHARYNX A	10/1/2005	\$32.44	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	74220	RADIOLOGIC EXAMINATION; ESOPHAGU	10/1/2005	\$32.44	3	NO
T	74230	SWALLOWING FUNCTION, WITH CINERA	10/1/2005	\$35.81	3	NO
T	74235	REMOVAL OF FOREIGN BODY(S), ESOP	10/1/2005	\$71.62	3	NO
T	74240	RADIOLOGIC EXAMINATION GASTROINT	10/1/2005	\$39.96	3	NO
T	74241	RADIOLOGIC EXAMINATION GASTROINT	10/1/2005	\$40.74	3	NO
T	74245	RADIOLOGIC EXAM, GASTGROINTESTIN	10/1/2005	\$65.13	3	NO
T	74246	RADIOLOGICAL EXAMINATION GASTROI	10/1/2005	\$45.15	3	NO
T	74247	RADIOLOGICAL EXAMINATION GASTROI	10/1/2005	\$46.45	3	NO
T	74249	RADIOLOGICAL EXAM, GASTROINTESTI	10/1/2005	\$70.32	3	NO
T	74250	RADIOLOGIC EXAMINTION, SMALL INT	10/1/2005	\$35.81	3	NO
T	74251	RADIOLOGIC EXAMINATION, SMALL BO	10/1/2005	\$35.81	3	NO
T	74260	DUODENOGRAPHY HYPOTONIC	10/1/2005	\$40.74	3	NO
T	74270	RADIOLOGIC EXAMINATION, COLON; B	10/1/2005	\$46.97	3	NO
T	74280	RADIOLOGIC EXAMINATION COLON AIR	10/1/2005	\$61.24	3	NO
T	74283	BARIUM ENEMA, THERAPEUTIC, FOR R	10/1/2005	\$70.07	3	NO
T	74290	CHOLECYSTOGRAPHY ORAL CONTRAST	10/1/2005	\$20.24	3	NO
T	74291	CHOLECYSTOGRAPHY ORAL CONTRAST;	10/1/2005	\$11.42	3	NO
T	74300	CHOLANGIOGRAPHY AND/OR PANCREATO	10/1/2005	\$84.86	3	NO
T	74305	CHOLANGIOGRAPHY AND/OR PANCREATO	10/1/2005	\$21.54	3	NO
T	74320	CHOLANGIOGRAPHY, PERCUTANEOUS, T	10/1/2005	\$86.15	3	NO
T	74327	POSTOPERATIVE BILIARY DUCT CALCU	10/1/2005	\$48.53	3	NO
T	74328	ENDOSCOPIC CATHETERIZATION OF TH	10/1/2005	\$86.15	3	NO
T	74329	ENDOSCOPIC CATHETERIZATION OF TH	10/1/2005	\$86.15	3	NO
T	74330	COMBINED ENDOSCOPIC CATHETERIZAT	10/1/2005	\$86.15	3	NO
T	74340	INTRO OF LONG GASTROINTESTINAL T	10/1/2005	\$71.62	3	NO
T	74350	PERCUTANEOUS PLACEMENT OF GASTRO	10/1/2005	\$86.15	3	NO
T	74355	PERCUTANEOUS PLACEMENT OF INTERO	10/1/2005	\$71.62	3	NO
T	74360	INTRALUMINAL DILATION OF STRICTU	10/1/2005	\$86.15	3	NO
T	74363	PERCUTANEOUS TRANSHEPATIC DILATA	10/1/2005	\$166.86	3	NO
T	74400	UROGRAPHY (PYELOGRAPHY), INTRAVE	10/1/2005	\$46.45	3	NO
T	74410	UROGRAPHY, INFUSION, DRIP TECHN	10/1/2005	\$53.46	3	NO
T	74415	UROGRAPHY INFUSION DRIP TECHNIQU	10/1/2005	\$58.13	3	NO
T	74420	UROGRAPHY RETROGRADE WITH OR WIT	10/1/2005	\$71.62	3	NO
T	74425	UROGRAPHY, ANTEGRADE, (PYELOSTOG	10/1/2005	\$35.81	3	NO
T	74430	CYSTOGRAPHY, MINIMUM OF THREE VI	10/1/2005	\$28.80	3	NO
T	74440	VASOGRAPHY, VESICULOGRAPHY, OR E	10/1/2005	\$30.88	3	NO
T	74445	CORPORA CAVERNOSOGRAPHY, RADIOLO	10/1/2005	\$30.88	3	NO
T	74450	URETHROCYSTOGRAPHY, RETROGRADE,	10/1/2005	\$39.96	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	74455	URETHROCYSTOGRAPHY, VOIDING, RAD	10/1/2005	\$43.60	3	NO
T	74470	RADIOLOGIC EXAMINATION, RENAL CY	10/1/2005	\$34.25	3	NO
T	74475	INTRODUCTION OF INTRACATHETER OR	10/1/2005	\$111.33	3	NO
T	74480	INTRO OF URETERAL CATH OR STENT	10/1/2005	\$111.33	3	NO
T	74485	DILATION OF NEPHROSTOMY, URETERS	10/1/2005	\$86.15	3	NO
T	74710	PELVIMETRY WITH OR WITHOUT PLACE	10/1/2005	\$28.80	3	NO
T	74740	HYSTEROSALPINGOGRAPHY, RADIOLOGI	8/11/2003	NC	9	NO
T	74742	TRANSCERVICAL CATHETERIZATION OF	1/1/1993	NC	9	NO
T	74775	PERINEOGRAM (EG, VAGINOGRAM, FOR	10/1/2005	\$39.96	3	NO
T	75552	CARDIAC MAGNETIC RESONANCE IMAGI	10/1/2005	\$305.95	3	NO
T	75553	CARDIAC MAGNETIC RESONANCE IMAGI	10/1/2005	\$305.95	3	NO
T	75554	CARDIAC MAGNETIC RESONANCE IMAGI	10/1/2005	\$305.95	3	NO
T	75555	CARDIAC MAGNETIC RESONANCE IMAGI	10/1/2005	\$305.95	3	NO
T	75556	CARDIAC MAGNETIC RESONANCE IMAGI	10/1/2001	\$0.01	5	NO
T	75600	AORTOGRAPHY, THORACIC, W/OUT SER	10/1/2005	\$343.84	3	NO
T	75605	AORTOGRAPHY, THORACIC, BY SERIAL	10/1/2005	\$343.84	3	NO
T	75625	AORTOGRAPHY, ABDOMINAL, BY SERIA	10/1/2005	\$343.84	3	NO
T	75630	AORTOGRAPHY, ABDOM PLUS BILAT IL	10/1/2005	\$358.63	3	NO
T	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	10/1/2005	\$422.99	3	NO
T	75650	ANGIOGRAPHY, CERVICOCEREBRAL, CA	10/1/2005	\$343.84	3	NO
T	75658	ANGIOGRAPHY, BRACHIAL, RETROGRAD	10/1/2005	\$343.84	3	NO
T	75660	ANGIOGRAPHY, EXTERNAL CAROTID, U	10/1/2005	\$343.84	3	NO
T	75662	ANGIOGRAPHY, EXTERNAL CAROTID, B	10/1/2005	\$343.84	3	NO
T	75665	ANGIOGRPAHY, CAROTID, CEREBRAL,	10/1/2005	\$343.84	3	NO
T	75671	ANGIOGRAPHY, CAROTID, CEREBRAL,	10/1/2005	\$343.84	3	NO
T	75676	ANGIOGRAPHY, CAROTID, CERVICAL,	10/1/2005	\$343.84	3	NO
T	75680	ANGIOGRAPHY, CAROTID, CERVICAL,	10/1/2005	\$343.84	3	NO
T	75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL	10/1/2005	\$343.84	3	NO
T	75705	ANGIOGRAPHY, SPINAL, SELECTIVE,	10/1/2005	\$343.84	3	NO
T	75710	ANGIOGRAPHY, EXTREMITY, UNILATER	10/1/2005	\$343.84	3	NO
T	75716	ANGIOGRAPHY, EXTREMITY, BILATERA	10/1/2005	\$343.84	3	NO
T	75722	ANGIOGRAPHY, RENAL, UNILATERAL,	10/1/2005	\$343.84	3	NO
T	75724	ANGIOGRAPHY, RENAL, BILATERAL, S	10/1/2005	\$343.84	3	NO
T	75726	ANGIOGRAPHY,VISCERAL,SELECTIVE O	10/1/2005	\$343.84	3	NO
T	75731	ANGIOGRAPHY, ADRENAL, UNILATERAL	10/1/2005	\$343.84	3	NO
T	75733	ANGIOGRAPHY, ADRENAL, BILATERAL,	10/1/2005	\$343.84	3	NO
T	75736	ANGIOGRAPHY, PELVIC, SELECTIVE O	10/1/2005	\$343.84	3	NO
T	75741	ANGIOGRAPHY, PULMONARY, UNILATER	10/1/2005	\$343.84	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	75743	ANGIOGRAPHY, PULMONARY, BILATERA	10/1/2005	\$343.84	3	NO
T	75746	ANGIOGRAPHY, PULMONARY, BY NONSE	10/1/2005	\$343.84	3	NO
T	75756	ANGIOGRAPHY, INTERNAL MAMMARY, R	10/1/2005	\$343.84	3	NO
T	75774	ANGIOGRAPHY, SELECTIVE, EACH ADD	10/1/2005	\$343.84	3	NO
T	75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT	10/1/2005	\$37.11	3	NO
T	75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY	10/1/2005	\$147.92	3	NO
T	75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY	10/1/2005	\$147.92	3	NO
T	75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMIN	10/1/2005	\$166.86	3	NO
T	75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMIN	10/1/2005	\$166.86	3	NO
T	75809	SHUNTOGRAM FOR INVESTIGATION OF	10/1/2005	\$21.54	3	NO
T	75810	SPLENOPORTOGRAPHY, RADIOLOGICAL	10/1/2005	\$343.84	3	NO
T	75820	VENOGRAPHY, EXTREMITY, UNILATERA	10/1/2005	\$26.21	3	NO
T	75822	VENOGRAPHY, EXTREMITY, BILATERAL	10/1/2005	\$40.48	3	NO
T	75825	VENOGRAPHY, CAVAL, INFERIOR, W/S	10/1/2005	\$343.84	3	NO
T	75827	VENOGRAPHY, CAVAL, SUPERIOR, W/S	10/1/2005	\$343.84	3	NO
T	75831	VENOGRAPHY, RENAL, UNILATERAL, S	10/1/2005	\$343.84	3	NO
T	75833	VENOGRAPHY, RENAL, BILATERAL, SE	10/1/2005	\$343.84	3	NO
T	75840	VENOGRAPHY, ADRENAL, UNILATERAL,	10/1/2005	\$343.84	3	NO
T	75842	VENOGRAPHY, ADRENAL, BILATERAL,	10/1/2005	\$343.84	3	NO
T	75860	VENOGRAPHY, SINUS OR JUGULAR, CA	10/1/2005	\$343.84	3	NO
T	75870	VENOGRAPHY, SUPERIOR SAGITTAL SI	10/1/2005	\$343.84	3	NO
T	75872	VENOGRAPHY, EPIDURAL, RADIOLOGIC	10/1/2005	\$343.84	3	NO
T	75880	VENOGRAPHY, ORBITAL, RADIOLOGICA	10/1/2005	\$26.21	3	NO
T	75885	PERCUTANEOUS TRANSHEPATIC PORTOG	10/1/2005	\$343.84	3	NO
T	75887	PERCUTANEOUS TRANSHEPATIC PORTOG	10/1/2005	\$343.84	3	NO
T	75889	HEPATIC VENOGRAPHY, WEDGED OR FR	10/1/2005	\$343.84	3	NO
T	75891	HEPATIC VENOGRAPHY, WEDGED OR FR	10/1/2005	\$343.84	3	NO
T	75893	VENOUS SAMPLING THRU CATH, W/OR	10/1/2005	\$343.84	3	NO
T	75894	TRANSCATHETER THERAPY, EMBOLIZAT	10/1/2005	\$659.13	3	NO
T	75896	TRANSCATHETER THERAPY, INFUSION,	10/1/2005	\$573.24	3	NO
T	75898	ANGIOGRAPHY THRU EXISTING CATHET	10/1/2005	\$28.80	3	NO
T	75900	EXCHANGE OF A PREVIOUSLY PLACED	10/1/2005	\$572.98	3	NO
T	75901	MECHANICAL REMOVAL OF PERICATHET	10/1/2005	\$55.53	3	NO
T	75902	MECHANICAL REMOVAL OF INTRALUMIN	10/1/2005	\$55.53	3	NO
T	75940	PERCUTANEOUS PLACEMENT OF IVC FI	10/1/2005	\$343.84	3	NO
T	75945	INTRAVASCULAR ULTRASOUND (NON-CO	10/1/2005	\$124.56	3	NO
T	75946	INTRAVASCULAR ULTRASOUND (NON-CO	10/1/2005	\$62.80	3	NO
T	75952	ENDOVASCULAR REPAIR OF INFRARENA	6/1/2004	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	75953	PLACEMENT OF PROXIMAL OR DISTAL	6/1/2004	\$0.01	5	NO
T	75954	ENDOVASCULAR REPAIR OF ILIAC ART	10/1/2005	\$0.01	5	NO
T	75956	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	\$0.01	5	NO
T	75957	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	\$0.01	5	NO
T	75958	PLACEMENT OF PROXIMAL EXTENSION	1/1/2006	\$0.01	5	NO
T	75959	PLACEMENT OF DISTAL EXTENSION PR	1/1/2006	\$0.01	5	NO
T	75960	TRANSCATHETER INTRO OF INTRAVASC	10/1/2005	\$406.64	3	NO
T	75961	TRANSCATHETER RETRIEVAL,PERCUTAN	10/1/2005	\$286.75	3	NO
T	75962	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$429.99	3	NO
T	75964	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$228.88	3	NO
T	75966	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$429.99	3	NO
T	75968	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$228.88	3	NO
T	75970	TRANSCATHETER BIOPSY, RADIOLOGIC	10/1/2005	\$315.03	3	NO
T	75978	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$429.99	3	NO
T	75980	PERCUTANEOUS TRANSHEPATIC BILIRY	10/1/2005	\$147.92	3	NO
T	75982	PERCUTANEOUS PLACE OF DRAIN CATH	10/1/2005	\$166.86	3	NO
T	75984	CHANGE OF PERCUTANEOUS TUBE OR D	10/1/2005	\$53.46	3	NO
T	75989	RADIOLOGICAL GUIDANCE FOR PERCUT	10/1/2005	\$86.15	3	NO
T	75992	TRANSLUMINAL ATHERECTOMY, PERIPH	10/1/2005	\$429.99	3	NO
T	75993	TRANSLUMINAL ATHERECTOMY, EACH A	10/1/2005	\$228.88	3	NO
T	75994	TRANSLUMINAL ATHERECTOMY, RENAL,	10/1/2005	\$429.99	3	NO
T	75995	TRANSLUMINAL ATHERECTOMY, VISCER	10/1/2005	\$429.99	3	NO
T	75996	TRANSLUMINAL ATHERECTOMY, EACH A	10/1/2005	\$228.88	3	NO
T	75998	FLUOROSCOPIC GUIDANCE FOR CENTRA	10/1/2005	\$36.59	3	NO
T	76000	FLUOROSCOPY 9SEP PROC), UP TO ON	10/1/2005	\$35.81	3	NO
T	76001	FLUOROSCOPY, PHYS TIME MORE THAN	10/1/2005	\$71.62	3	NO
T	76003	FLUROSCOPIC GUIDANCE FOR NEEDLE	10/1/2005	\$35.81	3	NO
T	76005	FLUOROSCOPIC GUIDANCE AND LOCALI	10/1/2005	\$35.81	3	NO
T	76006	MANUAL APPLICATION OF STRESS PER	10/1/2005	\$16.87	3	NO
T	76010	RADIOLOGIC EXAMINATION FROM NOSE	10/1/2005	\$14.01	3	NO
T	76012	RADIOLOGICAL SUPERVISION AND INT	6/1/2004	\$0.01	5	NO
T	76013	RADIOLOGICAL SUPERVISION AND INT	6/1/2004	\$0.01	5	NO
T	76020	BONE AGE STUDIES	10/1/2005	\$14.01	3	NO
T	76040	BONE LENGTH STUDIES (ORTHOROENTG	10/1/2005	\$21.54	3	NO
T	76061	RADIOLOGIC EXAMINATION OSSEOUS S	10/1/2005	\$27.51	3	NO
T	76062	RADIOLOGIC EXAMINATION OSSEOUS S	10/1/2005	\$39.44	3	NO
T	76065	INFANT	10/1/2005	\$20.24	3	NO
T	76066	JOINT SURVEY, SINGLE VIEW, TWO O	10/1/2005	\$30.36	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	76070	COMPUTED TOMOGRAPHY, BONE MINERA	10/1/2005	\$80.70	3	NO
T	76071	COMPUTED TOMOGRAPHY, BONE MINERA	10/1/2005	\$77.85	3	NO
T	76075	DUAL ENERGY X-RAY ABSORPTIOMETRY	10/1/2005	\$84.60	3	NO
T	76076	DUAL ENERGY X-RAY ABSORPTIOMETRY	10/1/2005	\$20.76	3	NO
T	76077	DUAL ENERGY X-RAY ABSORPTIOMETRY	10/1/2005	\$20.76	3	NO
T	76078	RADIOGRAPHIC ABSORPTIOMETRY (EG,	10/1/2005	\$20.76	3	NO
T	76080	RADIOLOGIC EXAM, FISTULA OR SINU	10/1/2005	\$28.80	3	NO
T	76082	COMPUTER AIDED DETECTION WITH FU	10/1/2005	\$11.16	3	NO
T	76083	COMPUTER AIDED DETECTION WITH FU	10/1/2005	\$11.16	3	NO
T	76085	DIGITIZATION OF FILM RADIOGRAPHI	4/1/2004	INVALID	N	NO
T	76086	MAMMARY DUCTOGRAM OR GALACTOGRAM	10/1/2005	\$71.62	3	NO
T	76088	MAMMARY DUCTOGRAM OR GALACTOGRAM	10/1/2005	\$99.91	3	NO
T	76090	MAMMOGRAPHY UNILATERAL	10/1/2005	\$28.80	3	NO
T	76091	MAMMOGRAPHY; BILATERAL	10/1/2005	\$35.81	3	NO
T	76092	SCREENING MAMMOGRAPHY, BILATERAL	10/1/2005	\$33.74	3	NO
T	76093	MAGNETIC RESONANCE IMAGING, BREA	10/1/2005	\$481.11	3	NO
T	76094	MAGNETIC RESONANCE IMAGING, BREA	10/1/2005	\$652.64	3	NO
T	76095	STEREOTACTIC LOCALIZATION GUIDAN	10/1/2005	\$195.40	3	NO
T	76096	MAMMOGRAPHIC GUIDANCE FOR NEEDLE	10/1/2005	\$35.81	3	NO
T	76098	RADIOLOGICAL EXAMINATION, SURGIC	10/1/2005	\$11.42	3	NO
T	76100	RADIOLOGICAL EXAMINATION, SINGLE	10/1/2005	\$34.25	3	NO
T	76101	RADIOLOGIC EXAM,CMPLX MOTION(HYP	10/1/2005	\$38.93	3	NO
T	76102	RADIOLOGIC EXAMINATION COMPLEX M	10/1/2005	\$47.75	3	NO
T	76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY	10/1/2005	\$28.80	3	NO
T	76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY	10/1/2005	\$21.54	3	NO
T	76150	XERORADIOGRAPHY	10/1/2005	\$11.42	3	NO
T	76350	SUBTRACTION IN CONJUNCTION WITH	1/1/2003	\$78.20	3	NO
T	76355	COMPUTED TOMOGRAPHY GUIDANCE FOR	10/1/2005	\$225.25	3	NO
T	76360	COMPUTED TOMOGRAPHY GUIDANCE FOR	10/1/2005	\$225.25	3	NO
T	76362	COMPUTERIZED AXIAL TOMOGRAPHIC G	10/1/2005	\$252.23	3	NO
T	76370	COMPUTED TOMOGRAPHY GUIDANCE FOR	10/1/2005	\$80.70	3	NO
T	76375	CORONAL, SAGITTAL, MULTIPLANAR,	1/1/2006	INVALID	N	NO
T	76376	3D RENDERING W/INTERPRETATION AN	1/1/2006	\$91.08	3	NO
T	76377	3D RENDERING W/INTERPRETATION AN	1/1/2006	\$97.05	3	NO
T	76380	COMPUTED TOMOGRAPHY, LIMITED OR	10/1/2005	\$95.50	3	NO
T	76390	MAGNETIC RESONANCE SPECTROSCOPY	10/1/2005	\$301.02	3	NO
T	76393	MAGNETIC RESONANCE GUIDANCE FOR	10/1/2005	\$304.91	3	NO
T	76394	MAGNETIC RESONANCE GUIDANCE FOR,	10/1/2005	\$331.12	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	76400	MAGNETIC RESONANCE (EG, PROTON)	10/1/2005	\$305.95	3	NO
T	76490	ULTRASOUND GUIDANCE FOR, AND MON	4/1/2004	INVALID	N	NO
T	76496	UNLISTED FLUOROSCOPIC PROCEDURE	1/1/2003	\$0.01	5	NO
T	76497	UNLISTED COMPUTED TOMOGRAPHY PRO	1/1/2003	\$0.01	5	NO
T	76498	UNLISTED MAGNETIC RESONANCE PROC	1/1/2003	\$0.01	5	NO
T	76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC	10/1/2001	\$0.01	5	NO
T	76506	ECHOENCEPHALOGRAPHY B-MODE (GRAY	10/1/2005	\$38.93	3	NO
T	76510	OPHTHALMIC ULTRASOUND, DIAGNOSTI	10/1/2005	\$58.39	3	NO
T	76511	OPHTHALMIC ULTRASOUND, DIAGNOSTI	10/1/2005	\$54.50	3	NO
T	76512	OPHTHALMIC ULTRASOUND, DIAGNOSTI	10/1/2005	\$49.56	3	NO
T	76513	OPHTHALMIC ULTRASOUND; ECHOGRAPH	10/1/2005	\$42.04	3	NO
T	76514	OPHTHALMIC ULTRASOUND, ECHOGRAPH	10/1/2005	\$1.56	3	NO
T	76516	OPHTHALMIC BIOMETRY BY ULTRASOUN	10/1/2005	\$33.48	3	NO
T	76519	OPHTHALMIC BIOMETRY BY ULTRASOUN	10/1/2005	\$35.81	3	NO
T	76529	OPHTHALMIC ULTRASONIC FOREIGN BO	10/1/2005	\$31.40	3	NO
T	76536	ULTRASOUND, SOFT TISSUES OF HEAD	10/1/2005	\$38.93	3	NO
T	76604	ULTRASOUND, CHEST, B-SCAN (INCL	10/1/2005	\$35.81	3	NO
T	76645	ULTRASOUND, BREAST(S) (UNILATERA	10/1/2005	\$28.80	3	NO
T	76700	ULTRASOUND, ABDOMINAL, B-SCAN AN	10/1/2005	\$53.98	3	NO
T	76705	ECHOGRAPHY ABDOMINAL B-SCAN AND/	10/1/2005	\$38.93	3	NO
T	76770	ULTRASOUND, RETROPERITONEAL (REN	10/1/2005	\$53.98	3	NO
T	76775	ECHOGRAPHY RETROPERITONEAL B-SCA	10/1/2005	\$38.93	3	NO
T	76778	ULTRASOUND, TRANSPLANTED KIDNEY,	10/1/2005	\$53.98	3	NO
T	76800	ULTRASOUND, SPINAL CANAL AND CON	10/1/2005	\$38.93	3	NO
T	76801	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$57.61	3	NO
T	76802	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$30.36	3	NO
T	76805	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$57.61	3	NO
T	76810	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$32.96	3	NO
T	76811	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$102.76	3	NO
T	76812	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$37.89	3	NO
T	76815	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$38.93	3	NO
T	76816	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$30.36	3	NO
T	76817	ULTRASOUND, PREGNANT UTERUS, REA	10/1/2005	\$41.00	3	NO
T	76818	FETAL BIOPHYSICAL PROFILE; WITH	10/1/2005	\$44.37	3	NO
T	76819	FETAL BIOPHYSICAL PROFILE; WITHO	10/1/2005	\$44.37	3	NO
T	76820	DOPPLER VELOCIMETRY, FETAL; UMBI	10/1/2005	\$44.89	3	NO
T	76821	DOPPLER VELOCIMETRY, FETAL; MIDD	10/1/2005	\$44.89	3	NO
T	76825	ECHOCARDIOGRAPHY, FETAL, CARDIOV	10/1/2005	\$53.98	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOV	10/1/2005	\$19.72	3	NO
T	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL,	10/1/2005	\$47.75	3	NO
T	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL,	10/1/2005	\$30.88	3	NO
T	76830	ULTRASOUND, TRANSVAGINAL	10/1/2005	\$42.04	3	NO
T	76831	HYSTEROSONOGRAPHY, WITH OR WITHO	10/1/2005	\$42.04	3	NO
T	76856	ULTRASOUND, PELVIC (NON-OBSTETRI	10/1/2005	\$42.04	3	NO
T	76857	ECHOGRAPHY, PELVIC (NON-OBSTETRI	10/1/2005	\$45.93	3	NO
T	76870	ULTRASOUND, SCROTUM AND CONTENTS	10/1/2005	\$42.04	3	NO
T	76872	ECHOGRAPHY, TRANSRECTAL	10/1/2005	\$55.01	3	NO
T	76873	ECHOGRAPHY, TRANSRECTAL; PROSTAT	10/1/2005	\$58.65	3	NO
T	76880	ULTRASOUND, EXTREMITY, NON-VASCU	10/1/2005	\$38.93	3	NO
T	76885	ULTRASOUND, INFANT HIPS, REAL TI	10/1/2005	\$42.04	3	NO
T	76886	ULTRASOUND, INFANT HIPS, REAL TI	10/1/2005	\$38.93	3	NO
T	76930	ULTRASONIC GUIDANCE FOR PERICARD	10/1/2005	\$42.04	3	NO
T	76932	ULTRASONIC GUIDANCE FOR ENDOMYOC	10/1/2005	\$42.04	3	NO
T	76936	ULTRASOUND GUIDED COMPRESSION RE	10/1/2005	\$172.05	3	NO
T	76937	ULTRASOUND GUIDANCE FOR VASCULAR	10/1/2005	\$12.46	3	NO
T	76940	ULTRASOUND GUIDANCE FOR, AND MON	10/1/2005	\$46.97	3	NO
T	76941	ULTRASONIC GUIDANCE FOR INTRAUTE	10/1/2005	\$41.78	3	NO
T	76942	ULTRASONIC GUIDANCE FOR NEEDLE P	10/1/2005	\$75.51	3	NO
T	76945	ULTRASONIC GUIDANCE FOR CHORIONI	10/1/2005	\$41.78	3	NO
T	76946	ULTRASONIC GUIDANCE FOR AMNIOCEN	10/1/2005	\$42.04	3	NO
T	76948	ULTRASONIC GUIDANCE FOR ASPIRATI	10/1/2005	\$42.04	3	NO
T	76950	ULTRASONIC GUIDANCE FOR PLACEMEN	10/1/2005	\$35.81	3	NO
T	76965	ULTRASONIC GUIDANCE FOR INTERSTI	10/1/2005	\$152.07	3	NO
T	76970	ULTRASOUND STUDY FOLLOW-UP (SPEC	10/1/2005	\$28.80	3	NO
T	76975	GASTROINTESTINAL ENDOSCOPIC ULTR	10/1/2005	\$42.04	3	NO
T	76977	ULTRASOUND BONE DENSITY MEASUREM	10/1/2005	\$22.58	3	NO
T	76986	ULTRASONIC GUIDANCE, INTRAOPERAT	10/1/2005	\$71.62	3	NO
T	76999	UNLISTED ULTRASOUND PROCEDURE (E	10/1/2001	\$0.01	5	NO
T	77280	THERAPEUTIC RADIOLOGY SIMULATION	10/1/2005	\$94.72	3	NO
T	77285	THERAPEUTIC RADIOLOGY SIMULATION	10/1/2005	\$152.33	3	NO
T	77290	THERAPEUTIC RADIOLOGY SIMULATION	10/1/2005	\$178.02	3	NO
T	77295	THERAPEUTIC RADIOLOGY SIMULATION	10/1/2005	\$763.19	3	NO
T	77299	UNLISTED PROCEDURE, THERAPEUTIC	10/1/2001	\$0.01	5	NO
T	77300	BASIC RADIATION DOSIMETRY CALCUL	10/1/2005	\$36.59	3	NO
T	77301	INTENSITY MODULATED RADIOTHERAPY	10/1/2005	\$763.19	3	NO
T	77305	TELETHERAPY ISODOSE PLAN (WHETHE	10/1/2005	\$51.12	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	77310	TELE THERAPY ISODOSE PLAN (WHETHE	10/1/2005	\$63.84	3	NO
T	77315	TELE THERAPY, ISODOSE PLAN (WHETH	10/1/2005	\$72.66	3	NO
T	77321	SPECIAL TELE THERAPY PORT PLAN PA	10/1/2005	\$110.29	3	NO
T	77326	BRACHYTHERAPY ISODOSE PLAN; SIMP	10/1/2005	\$64.62	3	NO
T	77327	BRACHYTHERAPY ISODOSE CALCULATIO	10/1/2005	\$94.72	3	NO
T	77328	BRACHYTHERAPY ISODOSE CALCULATIO	10/1/2005	\$135.20	3	NO
T	77331	SPECIAL DOSIMETRY (EG, TLD, MICR	10/1/2005	\$13.49	3	NO
T	77332	TREATMENT DEVICES DESIGN AND CON	10/1/2005	\$36.59	3	NO
T	77333	TREATMENT DEVICES DESIGN AND CON	10/1/2005	\$51.90	3	NO
T	77334	TREATMENT DEVICES DESIGN AND CON	10/1/2005	\$88.75	3	NO
T	77336	CONTINUING MEDICAL RADIATION PHY	10/1/2005	\$81.48	3	NO
T	77370	SPECIAL MEDICAL RADIATION PHYSIC	10/1/2005	\$95.24	3	NO
T	77399	UNLISTED PROCEDURE MEDICAL RADIA	10/1/2001	\$0.01	5	NO
T	77401	RADIATION TREATMENT DELIVERY, SU	10/1/2005	\$48.79	3	NO
T	77402	RADIATION TREATMENT DELIVERY, SIN	10/1/2005	\$48.79	3	NO
T	77403	RADIATION TREATMENT DELIVERY, SIN	10/1/2005	\$48.79	3	NO
T	77404	RADIATION TREATMENT DELIVERY, SIN	10/1/2005	\$48.79	3	NO
T	77406	RADIATION TREATMENT DELIVERY, SIN	10/1/2005	\$48.79	3	NO
T	77407	RADIATION TREATMENT DELIVERY, TWO	10/1/2005	\$57.35	3	NO
T	77408	RADIATION TREATMENT DELIVERY, TWO	10/1/2005	\$57.35	3	NO
T	77409	RADIATION TREATMENT DELIVERY, TWO	10/1/2005	\$57.35	3	NO
T	77411	RADIATION TREATMENT DELIVERY, TWO	10/1/2005	\$57.35	3	NO
T	77412	RADIATION TREATMENT DELIVERY, THR	10/1/2005	\$63.84	3	NO
T	77413	RADIATION TREATMENT DELIVERY, THR	10/1/2005	\$63.84	3	NO
T	77414	RADIATION TREATMENT DELIVERY, THR	10/1/2005	\$63.84	3	NO
T	77416	RADIATION TREATMENT DELIVERY, THR	10/1/2005	\$63.84	3	NO
T	77417	THERAPEUTIC RADIOLOGY PORT FILM(	10/1/2005	\$16.35	3	NO
T	77418	INTENSITY MODULATED TREATMENT DE	10/1/2005	\$469.95	3	NO
T	77421	STEREOSCOPIC X-RAY GUIDANCE FOR	1/1/2006	\$89.79	3	NO
T	77422	HIGH ENERGY NEUTRON RADIATION TR	1/1/2006	NC	9	NO
T	77423	HIGH ENERGY NEUTRON RADIATION TR	1/1/2006	NC	9	NO
T	77470	SPECIAL TREATMENT PROCEDURE (EG	10/1/2005	\$304.65	3	NO
T	77520	PROTON TREATMENT DELIERY; SIMPLE	12/1/2002	\$0.01	5	NO
T	77522	PROTON TREATMENT DELIVERY; SIMPL	12/1/2002	\$0.01	5	NO
T	77523	PROTON TREATMENT DELIVERY; INTER	12/1/2002	\$0.01	5	NO
T	77525	PROTON TREATMENT DELIVERY; COMPL	10/1/2001	\$0.01	5	NO
T	77600	HYPERTHERMIA, EXTERNALLY GENERAT	10/1/2005	\$83.30	3	NO
T	77605	HYPERTHERMIA, EXTERNALLY GENERAT	10/1/2005	\$111.07	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	77610	HYPERTHERMIA GENERATED BY INTERS	10/1/2005	\$83.30	3	NO
T	77615	HYPERTHERMIA GENERATED BY INTERS	10/1/2005	\$111.07	3	NO
T	77620	HYPERTHERMIA GENERATED BY INTRAC	10/1/2005	\$83.30	3	NO
T	77750	INFUSION OR INSTILLATION OF RADI	10/1/2005	\$36.33	3	NO
T	77761	INTRACAVITARY RADIATION SOURCE A	10/1/2005	\$68.51	3	NO
T	77762	INTRACAVITARY RADIOELEMENT APPLI	10/1/2005	\$98.61	3	NO
T	77763	INTRACAVITARY RADIOELEMENT APPLI	10/1/2005	\$122.48	3	NO
T	77776	INTERSTITIAL RADIATION SOURCE AP	10/1/2005	\$59.94	3	NO
T	77777	INTERSTITIAL RADIOELEMENT APPLIC	10/1/2005	\$115.48	3	NO
T	77778	INTERSTITIAL RADIOELEMENT APPLIC	10/1/2005	\$140.13	3	NO
T	77781	REMOTE AFTERLOADING HIGH INTENSI	10/1/2005	\$554.29	3	NO
T	77782	REMOTE AFTERLOADING HIGH INTENSI	10/1/2005	\$554.29	3	NO
T	77783	REMOTE AFTERLOADING HIGH INTENSI	10/1/2005	\$554.29	3	NO
T	77784	REMOTE AFTERLOADING HIGH INTENSI	10/1/2005	\$554.29	3	NO
T	77789	SURFACE APPLICATION OF RADIATION	10/1/2005	\$12.20	3	NO
T	77790	SUPERVISION, HANDLING, LOADING O	10/1/2005	\$13.49	3	NO
T	77799	UNLISTED PROCEDURE CLINICAL BRAC	10/1/2005	\$0.01	5	NO
T	78000	THYROID UPTAKE; SINGLE DETERMINA	10/1/2005	\$26.73	3	NO
T	78001	THYROID UPTAKE; MULTIPLE DETERMI	10/1/2005	\$35.81	3	NO
T	78003	THYROID UPTAKE; STIMULATION SUPP	10/1/2005	\$26.73	3	NO
T	78006	THYROID IMAGING WITH UPTAKE SING	10/1/2005	\$65.13	3	NO
T	78007	THYROID IMAGING WITH UPTAKE; MUL	10/1/2005	\$70.32	3	NO
T	78010	THYROID IMAGING; ONLY	10/1/2005	\$50.08	3	NO
T	78011	THYROID IMAGING; WITH VASCULAR F	10/1/2005	\$65.91	3	NO
T	78015	THYROID CARCINOMA METASTASES IMA	10/1/2005	\$70.32	3	NO
T	78016	THYROID CARCINOMA METASTASES IMA	10/1/2005	\$94.98	3	NO
T	78018	THYROID CARCINOMA METASTASES IMA	10/1/2005	\$148.17	3	NO
T	78020	THYROID CARCINOMA METASTASES UPT	10/1/2005	\$37.63	3	NO
T	78070	PARATHYROID IMAGING	10/1/2005	\$113.66	3	NO
T	78075	ADRENAL IMAGING, CORTEX AND/OR M	10/1/2005	\$148.17	3	NO
T	78099	UNLISTED ENDOCRINE PROCEDURE DIA	10/1/2001	\$0.01	5	NO
T	78102	BONE MARROW IMAGING LIMITED AREA	10/1/2005	\$56.05	3	NO
T	78103	BONE MARROW IMAGING; MULTIPLE AR	10/1/2005	\$86.67	3	NO
T	78104	BONE MARROW IMAGING; WHOLE BODY	10/1/2005	\$111.33	3	NO
T	78110	PLASMA VOLUME, RADIOPHARMACEUTIC	10/1/2005	\$26.21	3	NO
T	78111	BLOOD OR PLASMA VOLUME RADIOISOT	10/1/2005	\$70.32	3	NO
T	78120	RED CELL VOLUME DETERMINATION (S	10/1/2005	\$47.75	3	NO
T	78121	RED CELL MASS DETERMINATION; MUL	10/1/2005	\$79.15	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	78122	WHOLE BLOOD VOLUME DETERMINATION	10/1/2005	\$125.60	3	NO
T	78130	RED CELL SURVIVAL STUDY;	10/1/2005	\$77.59	3	NO
T	78135	RED CELL SURVIVAL STUDY; DIFFERE	10/1/2005	\$132.86	3	NO
T	78140	LABELED RED CELL SEQUESTRATION,	10/1/2005	\$107.43	3	NO
T	78160	PLASMA RADIOIRON DISSAPPEARANCE	1/1/2006	INVALID	N	NO
T	78162	RADIOIRON ORAL ABSORPTION	1/1/2006	INVALID	N	NO
T	78170	RADIOIRON RED CELL UTILIZATION	1/1/2006	INVALID	N	NO
T	78172	CHELATABLE IRON FOR ESTIMATION O	1/1/2006	INVALID	N	NO
T	78185	SPLEEN IMAGING ONLY, WITH OR WIT	10/1/2005	\$64.62	3	NO
T	78190	KINETICS,STUDY OF PLATELET SURVI	10/1/2005	\$155.96	3	NO
T	78191	PLATELET SURVIVAL STUDY	10/1/2005	\$200.07	3	NO
T	78195	LYMPHATICS AND LYMPH NODES IMAGI	10/1/2005	\$111.33	3	NO
T	78199	UNLISTED HEMATOPOIETIC, RETICULO	10/1/2005	\$0.01	5	NO
T	78201	LIVER IMAGING STATIC ONLY	10/1/2005	\$64.62	3	NO
T	78202	LIVER IMAGING; WITH VASCULAR FLO	10/1/2005	\$78.37	3	NO
T	78205	LIVER IMAGING (SPECT)	10/1/2005	\$161.41	3	NO
T	78206	LIVER IMAGING (SPECT); WITH VASC	10/1/2005	\$156.22	3	NO
T	78215	LIVER AND SPLEEN IMAGING STATIC	10/1/2005	\$79.93	3	NO
T	78216	LIVER AND SPLEEN IMAGING; WITH V	10/1/2005	\$94.98	3	NO
T	78220	LIVER FUNCTION STUDY WITH HEPATO	10/1/2005	\$101.46	3	NO
T	78223	HEPATOBILIARY DUCTAL SYSTEM IMAG	10/1/2005	\$99.91	3	NO
T	78230	SALIVARY GLAND IMAGING;	10/1/2005	\$59.94	3	NO
T	78231	SALIVARY GLAND IMAGING; WITH SER	10/1/2005	\$86.67	3	NO
T	78232	SALIVARY GLAND FUNCTION STUDY	10/1/2005	\$96.53	3	NO
T	78258	ESOPHAGEAL MOTILITY	10/1/2005	\$78.37	3	NO
T	78261	GASTRIC MUCOSA IMAGING	10/1/2005	\$112.10	3	NO
T	78262	GASTROESOPHAGEAL REFLUX STUDY	10/1/2005	\$116.00	3	NO
T	78264	GASTRIC EMPTYING STUDY	10/1/2005	\$112.88	3	NO
T	78267	UREA BREATH TEST, C-14; ACQUISIT	10/1/2001	\$6.53	3	NO
T	78268	UREA BREATH TEST, C-14; ANALYSIS	10/1/2001	\$55.99	3	NO
T	78270	VITAMIN B-12 ABSORPTION STUDY (E	10/1/2005	\$42.82	3	NO
T	78271	VITAMIN B-12 ABSORPTION STUDY (E	10/1/2005	\$45.15	3	NO
T	78272	VITAMIN B-12 ABSORPTION STUDIES	10/1/2005	\$63.58	3	NO
T	78278	ACUTE GASTROINTESTINAL BLOOD LOS	10/1/2005	\$132.86	3	NO
T	78282	GASTROINTESTINAL PROTEIN LOSS	10/1/2001	\$0.01	5	NO
T	78290	INTESTINE IMAGING (EG, ECTOPIC G	10/1/2005	\$83.30	3	NO
T	78291	PERITONEAL-VEINUS SHUNT PATENCY	10/1/2005	\$83.56	3	NO
T	78299	UNLISTED GASTROINTESTINAL PROCED	10/1/2001	\$0.01	5	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	78300	BONE AND/OR JOINT IMAGING; LIMIT	10/1/2005	\$67.99	3	NO
T	78305	BONE IMAGING; MULTIPLE AREAS	10/1/2005	\$99.91	3	NO
T	78306	BONE IMAGING; WHOLE BODY	10/1/2005	\$116.52	3	NO
T	78315	BONE AND/OR JOINT IMAGING; THREE	10/1/2005	\$130.53	3	NO
T	78320	BONE IMAGING; TOMOGRAPHIC (SPECT	10/1/2005	\$161.41	3	NO
T	78350	BONE DENSITY (BONE MINERAL CONTE	10/1/2005	\$20.76	3	NO
T	78351	BONE DENSITY (BONE MINERAL CONTE	10/1/2005	\$52.68	3	NO
T	78399	UNLISTED MUSCULOSKELETAL PROCEDU	10/1/2001	\$0.01	5	NO
T	78428	CARDIAC SHUNT DETECTION	10/1/2005	\$61.76	3	NO
T	78445	NON-CARDIAC VASCULAR FLOW IMAGIN	10/1/2005	\$51.12	3	NO
T	78455	VENOUS THROMBOSIS STUDY (EG RADI	1/1/2006	INVALID	N	NO
T	78456	ACUTE VENOUS THROMBOSIS IMAGING,	10/1/2005	\$110.81	3	NO
T	78457	VENOUS THROMBOSIS STUDY(E.G.,VEN	10/1/2005	\$72.66	3	NO
T	78458	VENOUS THROMBOSIS IMAGING (EG VE	10/1/2005	\$109.77	3	NO
T	78459	MYOCARDIAL IMAGING, POSITRON EMI	10/1/2005	NC	9	YES
T	78460	MYOCARDIAL PERFUSION IMAGING; (P	10/1/2005	\$64.62	3	NO
T	78461	MYOCARDIAL PERFUSION IMAGING; MU	10/1/2005	\$128.97	3	NO
T	78464	MYOCARDIAL PERFUSION IMAGING; TO	10/1/2005	\$193.07	3	NO
T	78465	MYOCARDIAL PERFUSION IMAGING; TO	10/1/2005	\$322.04	3	NO
T	78466	MYOCARDIAL IMAGING, INFARCT AVID	10/1/2005	\$71.62	3	NO
T	78468	MYOCARDIAL IMAGING, INFARCT AVID	10/1/2005	\$99.91	3	NO
T	78469	MYOCARDIAL IMAGING, INFARCT AVID	10/1/2005	\$142.73	3	NO
T	78472	CARDIAC BLOOD POOL IMAGING, GATE	10/1/2005	\$150.77	3	NO
T	78473	CARDIAC BLOOD POOL IMAGING, GATE	10/1/2005	\$225.25	3	NO
T	78478	MYOCARDIAL PERFUSION STUDY W/WAL	10/1/2005	\$43.08	3	NO
T	78480	MYOCARDIAL PERFUSION STUDY W/EJE	10/1/2005	\$43.08	3	NO
T	78481	CARDIAC BLOOD POOL IMAGING, (PLA	10/1/2005	\$142.73	3	NO
T	78483	CARDIAC BLOOD POOL IMAGING, (PLA	10/1/2005	\$214.87	3	NO
T	78491	MYOCARDIAL IMAGING, POSITRON EMI	10/1/2005	NC	9	YES
T	78492	MYOCARDIAL IMAGING, POSITRON EMI	10/1/2005	NC	9	YES
T	78494	CARDIAC BLOOD POOL IMAGING, GATE	10/1/2005	\$191.25	3	NO
T	78496	CARDIAC BLOOD POOL IMAGING, GATE	10/1/2005	\$191.25	3	NO
T	78499	UNLISTED CARDIOVASCULAR PROCEDUR	10/1/2001	\$0.01	5	NO
T	78580	PULMONARY PERFUSION IMAGING PART	10/1/2005	\$93.68	3	NO
T	78584	PULMONARY PERFUSION IMAGING, PAR	10/1/2005	\$87.45	3	NO
T	78585	PULMONARY PERFUSION IMAGING PART	10/1/2005	\$154.14	3	NO
T	78586	PULMONARY VENTILATION IMAGING AE	10/1/2005	\$70.84	3	NO
T	78587	PULMONARY VENTILATION IMAGING AE	10/1/2005	\$76.29	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	78588	PULMONARY PERFUSION IMAGING, PAR	10/1/2005	\$87.71	3	NO
T	78591	BULMONARY VENTILATION IMAGING GA	10/1/2005	\$77.59	3	NO
T	78593	PULMONARY VENTILATION IMAGING GA	10/1/2005	\$94.20	3	NO
T	78594	PULMONARY VENTILATION IMAGING GA	10/1/2005	\$135.72	3	NO
T	78596	PULMONARY QUANTITATIVE DIFFERENT	10/1/2005	\$193.07	3	NO
T	78599	UNLISTED RESPIRATORY PROCEDURE D	10/1/2001	\$0.01	5	NO
T	78600	BRAIN IMAGING, LIMITED PROCEDURE	10/1/2005	\$78.37	3	NO
T	78601	BRAIN IMAGING LIMITED PROCEDURE;	10/1/2005	\$92.90	3	NO
T	78605	BRAIN IMAGING COMPLETE STUDY STA	10/1/2005	\$92.90	3	NO
T	78606	BRAIN IMAGING COMPLETE STUDY; WI	10/1/2005	\$105.88	3	NO
T	78607	BRAIN IMAGING, COMPLETE STUDY; T	10/1/2005	\$179.06	3	NO
T	78608	BRAIN IMAGING, POSITRON EMISSION	6/1/2005	\$1,152.97	3	YES
T	78609	BRAIN IMAGING, POSITRON EMISSION	6/1/2005	\$1,152.97	3	YES
T	78610	BRAIN IMAGING, VASCULAR FLOW ONL	10/1/2005	\$43.60	3	NO
T	78615	CEREBRAL VASCULAR FLOW	10/1/2005	\$105.36	3	NO
T	78630	CEREBROSPINAL FLUID FLOW IMAGING	10/1/2005	\$137.79	3	NO
T	78635	CEREBROSPINAL FLUID FLOW IMAGING	10/1/2005	\$69.55	3	NO
T	78645	CEREBROSPINAL FLUID FLOW IMAGING	10/1/2005	\$93.68	3	NO
T	78647	CEREBROSPINAL FLUID FLOW, IMAGIN	10/1/2005	\$161.41	3	NO
T	78650	CEREBROSPINAL FLUID LEAKAGE DETE	10/1/2005	\$126.64	3	NO
T	78660	RADIOPHARMACEUTICAL DACRYOCYSTOG	10/1/2005	\$58.13	3	NO
T	78699	UNLISTED NERVOUS SYSTEM PROCEDUR	10/1/2001	\$0.01	5	NO
T	78700	KIDNEY IMAGING STATIC ONLY	10/1/2005	\$83.30	3	NO
T	78701	KIDNEY IMAGING; WITH VASCULAR FL	10/1/2005	\$97.05	3	NO
T	78704	KIDNEY IMAGING; WITH FUNCTION ST	10/1/2005	\$107.95	3	NO
T	78707	KIDNEY IMAGING; WITH VASCUL;AR F	10/1/2005	\$121.97	3	NO
T	78708	KIDNEY IMAGING WITH VASCULAR FLO	10/1/2005	\$121.97	3	NO
T	78709	KIDNEY IMAGING WITH VASCULAR FLO	10/1/2005	\$121.97	3	NO
T	78710	KIDNEY IMAGING; TOMOGRAPHIC (SPE	10/1/2005	\$161.41	3	NO
T	78715	KIDNEY VASCULAR FLOW ONLY	10/1/2005	\$43.60	3	NO
T	78725	KIDNEY FUNCTION STUDY WITHOUT PH	10/1/2005	\$49.05	3	NO
T	78730	URINARY BLADDER RESIDUAL STUDY	10/1/2005	\$39.96	3	NO
T	78740	URETERAL REFLUX STUDY (RADIOPHAR	10/1/2005	\$58.13	3	NO
T	78760	TESTICULAR IMAGING	10/1/2005	\$73.18	3	NO
T	78761	TESTICULAR IMAGING; WITH VASCULA	10/1/2005	\$87.45	3	NO
T	78799	UNLISTED GENITOURINARY PROCEDURE	10/1/2001	\$0.01	5	NO
T	78800	RADIOPHARMACEUTICAL LOCALIZATION	10/1/2005	\$92.90	3	NO
T	78801	TUMOR LOCALIZATION; MULTIPLE ARE	10/1/2005	\$115.22	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	78802	TUMOR LOCALIZATION; WHOLE BODY	10/1/2005	\$151.29	3	NO
T	78803	RADIOPHARMACEUTICAL LOCALIZATION	10/1/2005	\$179.06	3	NO
T	78804	RADIOPHARMACEUTICAL LOCALIZATION	10/1/2005	\$294.79	3	NO
T	78805	RADIOPHARMACEUTICAL LOCALIZATION	10/1/2005	\$92.90	3	NO
T	78806	ABSCCESS LOCALIZATION; WHOLE BODY	10/1/2005	\$175.94	3	NO
T	78807	RADIOPHARMACEUTICAL LOCALIZATION	10/1/2005	\$179.06	3	NO
T	78810	TUMOR IMAGING, POSITRON EMISSION	1/1/2005	INVALID	N	YES
T	78811	TUMOR IMAGING, POSITRON EMISSION	4/1/2005	\$998.05	3	YES
T	78812	TUMOR IMAGING, POSITRON EMISSION	1/1/2005	\$1,171.22	3	YES
T	78813	TUMOR IMAGING, POSITRON EMISSION	1/1/2005	\$1,301.91	3	YES
T	78814	TUMOR IMAGING, POSITRON EMISSION	4/1/2005	\$1,152.97	3	YES
T	78815	TUMOR IMAGING, POSITRON EMISSION	4/1/2005	\$1,365.07	3	YES
T	78816	TUMOR IMAGING, POSITRON EMISSION	4/1/2005	\$1,463.84	3	YES
T	78890	GENERATION OF AUTOMATED DATA: IN	10/1/2005	\$35.55	3	NO
T	78891	GENERATION OF AUTOMATED DATA INT	10/1/2005	\$71.36	3	NO
T	78990	PROVISION OF DIAGNOSTIC RADIOPHA	1/1/2005	INVALID	N	NO
T	78999	UNLISTED MISCELLANEOUS PROCEDURE	10/1/2001	\$0.01	5	NO
T	79000	RADIOPHARMACEUTICAL THERAPY, HYP	1/1/2005	INVALID	N	NO
T	79001	RADIONUCLIDE THERAPY HYPERTHYROI	1/1/2005	INVALID	N	NO
T	79005	RADIOPHARMACEUTICAL THERAPY, BY	10/1/2005	\$71.62	3	NO
T	79020	RADIOPHARMACEUTICAL THERAPY, THY	1/1/2005	INVALID	N	NO
T	79030	RADIOPHARMACEUTICAL ABLATION OF	1/1/2005	INVALID	N	NO
T	79035	RADIOPHARMACEUTICAL THERAPY FOR	1/1/2005	INVALID	N	NO
T	79100	RADIOPHARMACEUTICAL THERAPY, POL	1/1/2005	INVALID	N	NO
T	79101	RADIOPHARMACEUTICAL THERAPY, BY	10/1/2005	\$71.62	3	NO
T	79200	RADIOPHARMACEUTICAL THERAPY, BY	10/1/2005	\$71.62	3	NO
T	79300	RADIOPHARMACEUTICAL THERAPY, BY	4/1/1982	\$0.01	5	NO
T	79400	RADIOPHARMACEUTICAL THERAPY, NON	1/1/2005	INVALID	N	NO
T	79403	RADIOPHARMACEUTICAL THERAPY, RAD	10/1/2005	\$114.44	3	NO
T	79420	INTRAVASCULAR RADIOPHARMACEUTICA	1/1/2005	INVALID	N	NO
T	79440	RADIOPHARMACEUTICAL THERAPY, BY	10/1/2005	\$71.62	3	NO
T	79445	RADIOPHARMACEUTICAL THERAPY, BY	10/1/2005	\$72.14	3	NO
T	79900	PROVISION OF THERAPEUTIC RADIOPH	1/1/2005	INVALID	N	NO
T	79999	RADIOPHARMACEUTICAL THERAPY, UNL	10/1/2001	\$0.01	5	NO
T	80048	BASIC METABOLIC PANEL	11/1/2001	\$8.66	3	NO
T	80050	GENERAL HEALTH PANEL	10/1/2001	\$36.75	3	NO
T	80051	ELECTROLYTE PANEL	11/1/2001	\$7.17	3	NO
T	80053	COMPREHENSIVE METABOLIC PANEL	11/1/2001	\$10.81	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	80055	OBSTETRIC PANEL	10/1/2001	\$40.00	3	NO
T	80061	LIPID PANEL; CHOLESTEROL, SERUM,	11/1/2001	\$13.70	3	NO
T	80069	RENAL FUNCTION PANEL	11/1/2001	\$8.88	3	NO
T	80072	ARTHRITIS PANEL; URIC ACID, BLOO	4/1/2002	INVALID	N	NO
T	80074	ACUTE HEPATITIS PANEL	11/1/2001	\$48.71	3	NO
T	80076	HEPATIC FUNCTION PANEL	11/1/2001	\$8.35	3	NO
T	80090	TORCH ANTIBODY PANEL; ANTIBODY,	7/1/2003	INVALID	N	NO
T	80100	DRUG SCREEN, QUALITATIVE; MULTIP	11/1/2001	\$14.87	3	NO
T	80101	DRUG SCREEN, QUALITATIVE; SINGLE	11/1/2001	\$14.08	3	NO
T	80102	DRUG, CONFIRMATION, EACH PROCEDU	11/1/2001	\$13.55	3	NO
T	80103	TISSUE PREPARATION FOR DRUG ANAL	10/1/2005	\$0.01	5	NO
T	80150	AMIKACIN	11/1/2001	\$15.41	3	NO
T	80152	AMITRIPTYLINE	11/1/2001	\$18.31	3	NO
T	80154	BENZODIAZEPINES	11/1/2001	\$18.91	3	NO
T	80156	CARBAMAZEPINE; TOTAL	11/1/2001	\$14.89	3	NO
T	80157	CARBAMAZEPINE; FREE	11/1/2001	\$10.17	3	NO
T	80158	CYCLOSPORINE	11/1/2001	\$18.46	3	NO
T	80160	DESIPRAMINE	11/1/2001	\$17.60	3	NO
T	80162	DIGOXIN	11/1/2001	\$13.58	3	NO
T	80164	DIPROPYLACETIC ACID (VALPROIC AC	11/1/2001	\$13.85	3	NO
T	80166	DOXEPIN	11/1/2001	\$15.85	3	NO
T	80168	ETHOSUXIMIDE	11/1/2001	\$16.71	3	NO
T	80170	GENTAMICIN	11/1/2001	\$16.76	3	NO
T	80172	GOLD	11/1/2001	\$16.66	3	NO
T	80173	HALOPERIDOL	11/1/2001	\$14.89	3	NO
T	80174	IMIPRAMINE	11/1/2001	\$17.60	3	NO
T	80176	LIDOCAINE	11/1/2001	\$15.02	3	NO
T	80178	LITHIUM	11/1/2001	\$6.76	3	NO
T	80182	NORTRIPTYLINE	11/1/2001	\$13.85	3	NO
T	80184	PHENOBARBITAL	11/1/2001	\$11.71	3	NO
T	80185	PHENYTOIN; TOTAL	11/1/2001	\$13.56	3	NO
T	80186	PHENYTOIN; FREE	11/1/2001	\$14.08	3	NO
T	80188	PRIMIDONE	11/1/2001	\$16.97	3	NO
T	80190	PROCAINAMIDE;	11/1/2001	\$17.13	3	NO
T	80192	PROCAINAMIDE; WITH METABOLITES (	11/1/2001	\$17.13	3	NO
T	80194	QUINIDINE	11/1/2001	\$14.93	3	NO
T	80195	SIROLIMUS	1/1/2006	\$14.19	3	NO
T	80196	SALICYLATE	11/1/2001	\$7.26	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	80197	TACROLIMUS	11/1/2001	\$14.04	3	NO
T	80198	THEOPHYLLINE	11/1/2001	\$14.47	3	NO
T	80200	TOBRAMYCIN	11/1/2001	\$16.48	3	NO
T	80201	TOPIRAMATE	11/1/2001	\$12.20	3	NO
T	80202	VANCOMYCIN	11/1/2001	\$13.85	3	NO
T	80299	QUANTITATION OF DRUG, NOT ELSEWH	11/1/2001	\$14.00	3	NO
T	80400	ACTH STIMUALTION PANEL; FOR ADRE	11/1/2001	\$33.34	3	NO
T	80402	ACTH STIMUALTION PANEL; FOR 21 H	11/1/2001	\$88.90	3	NO
T	80406	ACTH STIMULATION PANEL; FOR 3 BE	11/1/2001	\$80.02	3	NO
T	80408	ALDOSTERONE SUPPRESSION EVALUATI	11/1/2001	\$128.35	3	NO
T	80410	CALCITONIN STIMULATION PANEL (EG	11/1/2001	\$82.16	3	NO
T	80412	CORTICOTROPIC RELEASING HORMONE	11/1/2001	\$337.04	3	NO
T	80414	CHORIONIC GONADOTROPHIN STIMULAT	1/1/1994	NC	9	NO
T	80415	CHORIONIC GONADOTROPHIN STIMUALT	1/1/1994	NC	9	NO
T	80416	RENAL VEIN RENIN STIMUALTION PAN	11/1/2001	\$134.98	3	NO
T	80417	PERIPHERAL VEIN RENIN STIMUALTIO	11/1/2001	\$44.99	3	NO
T	80418	COMBINED RAPID ANTERIOR PITUITAR	11/1/2001	\$592.68	3	NO
T	80420	DEXAMETHASONE SUPPRESSION PANEL;	11/1/2001	\$73.66	3	NO
T	80422	GLUCAGON TOLERANCE PANEL; FOR IN	11/1/2001	\$47.13	3	NO
T	80424	GLUCAGON TOLERANCE PANEL; FOR PH	11/1/2001	\$51.65	3	NO
T	80426	GONADOTROPIN RELEASING HORMONE S	11/1/2001	\$151.82	3	NO
T	80428	GROWTH HORMONE STIMULATION PANEL	11/1/2001	\$68.20	3	NO
T	80430	GROWTH HORMONE SUPPRESSION PANEL	11/1/2001	\$80.23	3	NO
T	80432	INSULIN-INDUCED C-PEPTIDE SUPPRE	11/1/2001	\$138.13	3	NO
T	80434	INSULIN TOLERANCE PANEL; FOR ACT	11/1/2001	\$103.42	3	NO
T	80435	INSULIN TOLERANCE PANEL; FOR GRO	11/1/2001	\$105.30	3	NO
T	80436	METYRAPONE PANEL	11/1/2001	\$93.23	3	NO
T	80438	THYROTROPIN RELEASING HORMONE (T	11/1/2001	\$51.53	3	NO
T	80439	THYROTROPIN RELEASING HORMONE (T	11/1/2001	\$68.70	3	NO
T	80440	THYROTROPIN RELEASING HORMONE (T	11/1/2001	\$59.45	3	NO
T	80500	CLINICAL PATHOLOGY CONSULTATION;	10/1/2005	\$15.31	3	NO
T	80502	CLINICAL PATHOLOGY CONSULTATION	10/1/2005	\$50.08	3	NO
T	81000	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$3.23	3	NO
T	81001	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$3.23	3	NO
T	81002	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$2.62	3	NO
T	81003	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$2.29	3	NO
T	81005	URINALYSIS; QUALITATIVE OR SEMIQ	11/1/2001	\$2.22	3	NO
T	81007	URINALYSIS; BACTERIURIA SCREEN,	11/1/2001	\$2.63	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	81015	URINALYSIS; MICROSCOPIC ONLY	11/1/2001	\$3.11	3	NO
T	81020	URINALYSIS; TWO OR THREE GLASS T	11/1/2001	\$3.77	3	NO
T	81025	URINE PREGNANCY TEST, BY VISUAL	11/1/2001	\$6.47	3	NO
T	81050	VOLUME MEASUREMENT FOR TIMED COL	11/1/2001	\$3.06	3	NO
T	81099	UNLISTED URINALYSIS PROCEDURE	10/1/2005	\$0.01	5	NO
T	82000	ACETALDEHYDE BLOOD	11/1/2001	\$12.67	3	NO
T	82003	ACETAMINOPHEN	11/1/2001	\$20.69	3	NO
T	82009	ACETONE OR OTHER KETONE BODIES,	11/1/2001	\$4.63	3	NO
T	82010	ACETONE; QUANTITATIVE	11/1/2001	\$8.35	3	NO
T	82013	ACETYLCHOLINESTRASE	11/1/2001	\$11.43	3	NO
T	82016	ACYLCARNITINES; QUALITATIVE, EAC	11/1/2001	\$14.18	3	NO
T	82017	ACYLCARNITINES; QUANTITATIVE, EA	11/1/2001	\$17.25	3	NO
T	82024	ADRENOCORTICOTROPIC HORMONE (ACT	11/1/2001	\$39.50	3	NO
T	82030	ADENOSINE; 5'-MONOPHOSPHATE, CYC	11/1/2001	\$16.38	3	NO
T	82040	ALBUMIN SERUM	11/1/2001	\$5.07	3	NO
T	82042	ALBUMIN; URINE OR OTHER SOURCE,	11/1/2001	\$5.29	3	NO
T	82043	ALBUMIN; URINE, MICROALBUMIN, QU	11/1/2001	\$5.92	3	NO
T	82044	ALBUMIN; URINE, MICROALBUMIN, SE	11/1/2001	\$4.68	3	NO
T	82045	ALBUMIN; ISCHEMIA MODIFIED	1/1/2005	\$35.10	3	NO
T	82055	ALCOHOL (ETHANOL); ANY SPECIMAN	11/1/2001	\$11.05	3	NO
T	82075	ALCOHOL (ETHANOL); BREATH	11/1/2001	\$12.33	3	NO
T	82085	ALDOLASE	11/1/2001	\$9.93	3	NO
T	82088	ALDOSTERONE	11/1/2001	\$41.68	3	NO
T	82101	ALKALOIDS, URINE, QUANTITATIVE	11/1/2001	\$30.70	3	NO
T	82103	ALPHA-1-ANTITRYPSIN; TOTAL	11/1/2001	\$13.73	3	NO
T	82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	11/1/2001	\$14.79	3	NO
T	82105	ALPHA-FETOPROTEIN; SERUM	11/1/2001	\$16.38	3	NO
T	82106	ALPHA-FETOPROTEIN; AMNIOTIC FLUI	11/1/2001	\$16.38	3	NO
T	82108	ALUMINUM	11/1/2001	\$16.35	3	NO
T	82120	AMINES, VAGINAL FLUID, QUALITATI	11/1/2001	\$3.23	3	NO
T	82127	AMINO ACIDS; SINGLE, QUALITATIVE	11/1/2001	\$14.18	3	NO
T	82128	AMINO ACIDS QUALITATIVE	11/1/2001	\$14.18	3	NO
T	82131	AMINO ACIDS, QUANTITATION, EACH	11/1/2001	\$17.25	3	NO
T	82135	AMINOLEVULINIC ACID DELTA (ALA)	11/1/2001	\$16.84	3	NO
T	82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS,	11/1/2001	\$17.25	3	NO
T	82139	AMINO ACIDS, 6 OR MORE AMINO ACI	11/1/2001	\$17.25	3	NO
T	82140	AMMONIA	11/1/2001	\$14.90	3	NO
T	82143	AMNIOTIC FLUID SCAN (SPECTROPHOT	11/1/2001	\$7.03	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	82145	AMPHETAMINE OR METHAMPHETAMINE	11/1/2001	\$15.90	3	NO
T	82150	AMYLASE	11/1/2001	\$6.63	3	NO
T	82154	ANDROSTANEDIOL GLUCURONIDE	11/1/2001	\$29.49	3	NO
T	82157	ANDROSTENEDIONE	11/1/2001	\$29.94	3	NO
T	82160	ANDROSTERONE	11/1/2001	\$25.58	3	NO
T	82163	ANGIOTENSIN II	11/1/2001	\$20.99	3	NO
T	82164	ANGIOTENSIN I - CONVERTING ENZYM	11/1/2001	\$14.93	3	NO
T	82172	APOLIPOPROTEIN, EACH	11/1/2001	\$15.84	3	NO
T	82175	ARSENIC	11/1/2001	\$19.40	3	NO
T	82180	ASCORBIC ACID (VITAMIN C) BLOOD	11/1/2001	\$10.11	3	NO
T	82190	ATOMIC ABSORPTION SPECTROSCOPY,	11/1/2001	\$15.24	3	NO
T	82205	BARBITURATES, NOT ELSEWHERE SPEC	11/1/2001	\$11.71	3	NO
T	82232	BETA-2 MICROGLOBULIN	11/1/2001	\$16.55	3	NO
T	82239	BILE ACIDS; TOTAL	11/1/2001	\$17.52	3	NO
T	82240	BILE ACIDS; CHOLYLGLYCINE	11/1/2001	\$27.18	3	NO
T	82247	BILIRUBIN; TOTAL	11/1/2001	\$5.14	3	NO
T	82248	BILIRUBIN; DIRECT	11/1/2001	\$5.14	3	NO
T	82252	BILIRUBIN; FECES QUALITATIVE	11/1/2001	\$4.65	3	NO
T	82261	BIOTINIDASE, EACH SPECIMEN	11/1/2001	\$17.25	3	NO
T	82270	BLOOD, OCCULT, BY PEROXIDASE ACT	11/1/2001	\$3.32	3	NO
T	82271	BLOOD, OCCULT, BY PEROXIDASE ACT	1/1/2006	\$3.36	3	NO
T	82272	BLOOD, OCCULT, BY PEROXIDASE ACT	1/1/2006	\$3.36	3	NO
T	82273	BLOOD, OCCULT, BY PEROXIDASE ACT	1/1/2006	INVALID	N	NO
T	82286	BRADYKININ	11/1/2001	\$7.04	3	NO
T	82300	CADMIUM	11/1/2001	\$20.94	3	NO
T	82307	CALCIFEROL (VITAMIN D)	11/1/2001	\$32.95	3	NO
T	82308	CALCITONIN	11/1/2001	\$27.39	3	NO
T	82310	CALCIUM; TOTAL	11/1/2001	\$5.27	3	NO
T	82330	CALCIUM; IONIZED	11/1/2001	\$13.97	3	NO
T	82331	CALCIUM BLOOD; AFTER CALCIUM INF	11/1/2001	\$5.29	3	NO
T	82340	CALCIUM; URINE QUANTITATIVE, TIM	11/1/2001	\$5.33	3	NO
T	82355	CALCULUS; QUALITATIVE ANALYSIS	11/1/2001	\$11.83	3	NO
T	82360	CALCULUS (STONE); QUANITATIVE AN	11/1/2001	\$13.17	3	NO
T	82365	CALCULUS (STONE) QUANTITATIVE; I	11/1/2001	\$13.19	3	NO
T	82370	CALCULUS (STONE) QUANTITATIVE; X	11/1/2001	\$12.82	3	NO
T	82373	CARBOHYDRATE DEFICIENT TRANSFERR	11/1/2001	\$7.36	3	NO
T	82374	CARBON DIOXIDE (BICARBONATE)	11/1/2001	\$5.00	3	NO
T	82375	CARBON MONOXIDE (CARBOXYHEMOGLOB	11/1/2001	\$12.60	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	82376	CARBON MONOXIDE (CARBOXYHEMOGLOB	11/1/2001	\$5.70	3	NO
T	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	11/1/2001	\$19.40	3	NO
T	82379	CARNITINE (TOTAL AND FREE), QUAN	11/1/2001	\$17.25	3	NO
T	82380	CAROTENE	11/1/2001	\$9.44	3	NO
T	82382	CATECHOLAMINES; TOTAL URINE	11/1/2001	\$17.58	3	NO
T	82383	CATECHOLAMINES (DOPAMINE NOREPIN	11/1/2001	\$21.42	3	NO
T	82384	CATECHOLAMINES (DOPAMINE NOREPIN	11/1/2001	\$25.83	3	NO
T	82387	CATHEPSIN-D	11/1/2001	\$21.28	3	NO
T	82390	CERULOPLASMIN	11/1/2001	\$10.98	3	NO
T	82397	CHEMILUMINESCENT ASSAY	11/1/2001	\$14.45	3	NO
T	82415	CHLORAMPHENICOL	11/1/2001	\$12.96	3	NO
T	82435	CHLORIDE; BLOOD	11/1/2001	\$4.70	3	NO
T	82436	CHLORIDE; URINE	11/1/2001	\$5.14	3	NO
T	82438	CHLORIDE; OTHER SOURCE	11/1/2001	\$5.00	3	NO
T	82441	CHLORINATED HYDROCARBONS SCREEN	11/1/2001	\$6.14	3	NO
T	82465	CHOLESTEROL, SERUM OR WHOLE BLOO	11/1/2001	\$4.45	3	NO
T	82480	CHOLINESTERASE SERUM	11/1/2001	\$8.06	3	NO
T	82482	CHOLINESTERASE; RBC	11/1/2001	\$7.86	3	NO
T	82485	CHONDROITIN B SULFATE QUANTITATI	11/1/2001	\$21.12	3	NO
T	82486	CHROMATOGRAPHY, QUALITATIVE; COL	11/1/2001	\$18.47	3	NO
T	82487	CHROMATOGRAPHY, QUALITATIVE; PAP	11/1/2001	\$14.75	3	NO
T	82488	CHROMATOGRAPHY, QUALITATIVE; PAP	11/1/2001	\$21.85	3	NO
T	82489	CHROMATOGRAPHY, QUALITATIVE; THI	11/1/2001	\$18.91	3	NO
T	82491	CHROMOTOGRAPHY, QUANTITATIVE; CO	11/1/2001	\$18.47	3	NO
T	82492	CHROMATOGRAPHY, QUANTITATIVE COL	11/1/2001	\$18.47	3	NO
T	82495	CHROMIUM	11/1/2001	\$20.74	3	NO
T	82507	CITRIC ACID	11/1/2001	\$28.44	3	NO
T	82520	COCAINE OR METABOLITE	11/1/2001	\$15.50	3	NO
T	82523	COLLAGEN CROSS LINKS, ANY METHOD	11/1/2001	\$19.11	3	NO
T	82525	COPPER	11/1/2001	\$12.69	3	NO
T	82528	CORTICOSTERONE	11/1/2001	\$23.02	3	NO
T	82530	CORTISOL; FREE	11/1/2001	\$17.09	3	NO
T	82533	CORTISOL; TOTAL	11/1/2001	\$16.67	3	NO
T	82540	CREATINE	11/1/2001	\$4.74	3	NO
T	82541	COLUMN CHROMATOGRAPHY/MASS SPECT	11/1/2001	\$18.47	3	NO
T	82542	COLUMN CHROMATOGRAPHY/MASS SPECT	11/1/2001	\$18.47	3	NO
T	82543	COLUMN CHROMATOGRAPHY/MASS SPECT	11/1/2001	\$18.47	3	NO
T	82544	COLUMN CHROMATOGRAPHY/MASS SPECT	11/1/2001	\$18.47	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	82550	CREATINE KINASE (CK), (CPK); TOT	11/1/2001	\$6.67	3	NO
T	82552	CREATINE PHOSPHOKINASE (CPK) BLO	11/1/2001	\$13.70	3	NO
T	82553	CREATINE KINASE (CK), (CPK); MB	11/1/2001	\$11.80	3	NO
T	82554	CREATINE KINASE (CK), (CPK); ISO	11/1/2001	\$12.14	3	NO
T	82565	CREATININE; BLOOD	11/1/2001	\$5.23	3	NO
T	82570	CREATININE; OTHER SOURCE	11/1/2001	\$5.29	3	NO
T	82575	CREATININE; CLEARANCE	11/1/2001	\$9.66	3	NO
T	82585	CRYOFIBRINOGEN	11/1/2001	\$8.77	3	NO
T	82595	CRYOGLOBULIN, QUALITATIVE OR SEM	11/1/2001	\$6.62	3	NO
T	82600	CYANIDE	11/1/2001	\$19.84	3	NO
T	82607	CYANOCOBALAMIN (VITAMIN B-12)	11/1/2001	\$15.41	3	NO
T	82608	CYANOCOBALAMIN (VITAMIN B-12); U	11/1/2001	\$14.65	3	NO
T	82615	CYSTINE AND HOMOCYSTINE URINE QU	11/1/2001	\$8.35	3	NO
T	82626	DEHYDROEPIANDROSTERONE (DHEA)	11/1/2001	\$25.85	3	NO
T	82627	DEHYDROEPIANDROSTERONE-SULFATE (	11/1/2001	\$22.73	3	NO
T	82633	DESOXYCORTICOSTERONE, 11-	11/1/2001	\$31.68	3	NO
T	82634	DESOXYCORTISOL, 11-	11/1/2001	\$29.94	3	NO
T	82638	DIBUCAINE NUMBER	11/1/2001	\$12.52	3	NO
T	82646	DIHYDROCODINONE	11/1/2001	\$21.12	3	NO
T	82649	DIHYDROMORPHINONE	11/1/2001	\$26.28	3	NO
T	82651	DIHYDROTESTOSTERONE (DHT)	11/1/2001	\$26.40	3	NO
T	82652	DIHYDROXYVITAMIN D, 1, 25	11/1/2001	\$39.36	3	NO
T	82654	DIMETHADIONE	11/1/2001	\$14.16	3	NO
T	82656	ELASTASE, PANCREATIC (EL-1), FEC	1/1/2005	\$11.93	3	NO
T	82657	ENZYME ACTIVITY IN BLOOD CELLS,	11/1/2001	\$18.47	3	NO
T	82658	ENZYME ACITIVITY IN BLOOD CELLS,	11/1/2001	\$18.47	3	NO
T	82664	ELECTROPHORETIC TECHNIQUE NOT EL	11/1/2001	\$35.14	3	NO
T	82666	EPIANDROSTERONE	11/1/2001	\$21.97	3	NO
T	82668	ERYTHROPOIETIN	11/1/2001	\$19.22	3	NO
T	82670	ESTRADIOL	11/1/2001	\$28.58	3	NO
T	82671	ESTROGENS FRACTIONATED	11/1/2001	\$33.03	3	NO
T	82672	ESTROGENS; TOTAL	11/1/2001	\$22.18	3	NO
T	82677	ESTRIOL	11/1/2001	\$24.74	3	NO
T	82679	ESTRONE	11/1/2001	\$25.53	3	NO
T	82690	ETHCHLORVYNOL	11/1/2001	\$17.68	3	NO
T	82693	ETHYLENE GLYCOL	11/1/2001	\$15.24	3	NO
T	82696	ETIOCHOLANOLONE	11/1/2001	\$24.12	3	NO
T	82705	FAT OR LIPIDS, FECES; QUALITATIV	11/1/2001	\$4.51	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	82710	FAT OR LIPIDS, FECES; QUANTITATI	11/1/2001	\$17.18	3	NO
T	82715	FAT DIFFERENTIAL FECES QUANTITAT	11/1/2001	\$17.60	3	NO
T	82725	FATTY ACIDS, NONESTERIFIED	11/1/2001	\$13.62	3	NO
T	82726	VERY LONG CHAIN FATTY ACIDS	11/1/2001	\$18.47	3	NO
T	82728	FERRITIN	11/1/2001	\$8.95	3	NO
T	82731	FETAL FIBRONECTIN,CERVICOVAGINAL	11/1/2001	\$65.87	3	NO
T	82735	FLOURIDE	11/1/2001	\$18.97	3	NO
T	82742	FLURAZEPAM	11/1/2001	\$20.25	3	NO
T	82746	FOLIC ACID; SERUM	11/1/2001	\$15.04	3	NO
T	82747	FOLIC ACID; RBC	11/1/2001	\$17.71	3	NO
T	82757	FRUCTOSE SEMEN	2/22/1994	NC	9	NO
T	82759	GALACTOKINASE RBC	11/1/2001	\$21.97	3	NO
T	82760	GALACTOSE	11/1/2001	\$11.45	3	NO
T	82775	GALACTOSE-1-PHOSPHATE URIDYL TRA	11/1/2001	\$21.54	3	NO
T	82776	GALACTOSE-1-PHOSPHATE URIDYL TRA	11/1/2001	\$8.58	3	NO
T	82784	GAMMAGLOBULIN; IGA, IGD, IGG, IG	11/1/2001	\$6.56	3	NO
T	82785	GAMMAGLOBULIN; IGE	11/1/2001	\$16.84	3	NO
T	82787	GAMMAGLOBULIN; IMMUNOGLOBULIN SU	11/1/2001	\$8.21	3	NO
T	82800	GASES BLOOD PH ONLY	11/1/2001	\$8.67	3	NO
T	82803	GASES, BLOOD, ANY COMBINATION OF	11/1/2001	\$19.79	3	NO
T	82805	GASES, BLOOD, ANY COMBINATION OF	11/1/2001	\$29.02	3	NO
T	82810	GASES, BLOOD, O2 SATURATION ONLY	11/1/2001	\$8.92	3	NO
T	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2	11/1/2001	\$10.23	3	NO
T	82926	GASTRIC ACID, FREE AND TOTAL; EA	11/1/2001	\$4.95	3	NO
T	82928	GASTRIC ACID, FREE OR TOTAL; EAC	11/1/2001	\$6.70	3	NO
T	82938	GASTRIN AFTER SECRETIN STIMULATI	11/1/2001	\$18.10	3	NO
T	82941	GASTRIN	11/1/2001	\$18.04	3	NO
T	82943	GLUCAGON	11/1/2001	\$14.62	3	NO
T	82945	GLUCOSE, BODY FLUID, OTHER THAN	11/1/2001	\$4.01	3	NO
T	82946	GLUCAGON TOLERANCE TEST	11/1/2001	\$15.41	3	NO
T	82947	GLUCOSE; QUANTITATIVE, BLOOD (EX	11/1/2001	\$4.01	3	NO
T	82948	GLUCOSE; BLOOD, REAGENT STRIP	11/1/2001	\$3.23	3	NO
T	82950	GLUCOSE; POST GLUCOSE DOSE (INCL	11/1/2001	\$4.85	3	NO
T	82951	GLUCOSE; TOLERANCE TEST (GTT) TH	11/1/2001	\$7.71	3	NO
T	82952	GLUCOSE; TOLERANCE TEST EACH ADD	11/1/2001	\$4.01	3	NO
T	82953	GLUCOSE; TOLBUTAMIDE TOLERANCE T	11/1/2001	\$15.49	3	NO
T	82955	GLUCOSE-6-PHOSPHATE DEHYDROGENAS	11/1/2001	\$9.92	3	NO
T	82960	GLUCOSE-6-PHOSPHATE DEHYDROGENAS	11/1/2001	\$6.20	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	82962	GLUCOSE, BLOOD, BY GLUCOSE MONIT	10/1/2001	\$4.34	3	NO
T	82963	GLUCOSIDASE, BETA	11/1/2001	\$21.97	3	NO
T	82965	GLUTAMATE DEHYDROGENASE	11/1/2001	\$7.90	3	NO
T	82975	GLUTAMINE (GLUTAMIC ACID AMIDE)	11/1/2001	\$16.19	3	NO
T	82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	11/1/2001	\$7.36	3	NO
T	82978	GLUTATHIONE	11/1/2001	\$14.58	3	NO
T	82979	GLUTATHIONE REDUCTASE RBC	11/1/2001	\$7.04	3	NO
T	82980	GLUTETHIMIDE	11/1/2001	\$12.28	3	NO
T	82985	GLYCATED PROTEIN	11/1/2001	\$15.41	3	NO
T	83001	GONADOTROPIN; FOLLICLE STIMULATI	11/1/2001	\$19.01	3	NO
T	83002	GONADOTROPIN; LUTEINIZING HORMON	11/1/2001	\$18.94	3	NO
T	83003	GROWTH HORMONE, HUMAN (HGH) (SOM	11/1/2001	\$17.05	3	NO
T	83008	GUANOSINE MONOPHOSPHATE (GMP), C	11/1/2001	\$17.17	3	NO
T	83009	HELICOBACTER PYLORI, BLOOD TEST	1/1/2005	\$69.64	3	NO
T	83010	HAPTOGLOVIN; QUANTITATIVE	11/1/2001	\$12.86	3	NO
T	83012	HAPTOGLOBIN; PHENOTYPES	11/1/2001	\$15.41	3	NO
T	83013	HELICOBACTER PYLORI; BREATH TEST	11/1/2001	\$68.89	3	NO
T	83014	HELICOBACTER PYLORI; DRUG ADMINI	11/1/2001	\$8.04	3	NO
T	83015	HEAVY METAL (ARSENIC, BARIUM, BE	11/1/2001	\$18.56	3	NO
T	83018	HEAVY METAL (ARSENIC, BARIUM, BE	11/1/2001	\$22.46	3	NO
T	83020	HEMOGLOBIN; ELECTROPHORESIS (EG,	7/1/1997	\$17.67	3	NO
T	83021	HEMOGLOBIN FRACTIONATION AND QUA	11/1/2001	\$18.47	3	NO
T	83026	HEMOGLOBIN; BY COPPER SULFATE ME	11/1/2001	\$2.41	3	NO
T	83030	HEMOGLOBIN; F(FETAL) CHEMICAL	11/1/2001	\$8.46	3	NO
T	83033	HEMOGLOBIN; F (FETAL), QUALITATI	11/1/2001	\$6.10	3	NO
T	83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	11/1/2001	\$9.93	3	NO
T	83037	HEMOGLOBIN; GLYCOSYLATED (A1C) B	1/1/2006	NC	9	NO
T	83045	HEMOGLOBIN; METHEMOGLOBIN QUALIT	11/1/2001	\$5.07	3	NO
T	83050	HEMOGLOBIN; METHEMOGLOBIN QUANTI	11/1/2001	\$7.49	3	NO
T	83051	HEMOGLOBIN; PLASMA	11/1/2001	\$7.47	3	NO
T	83055	HEMOGLOBIN; SULFHEMOGLOBIN QUALI	11/1/2001	\$5.03	3	NO
T	83060	HEMOGLOBIN; SULFHEMOGLOBIN QUANT	11/1/2001	\$8.46	3	NO
T	83065	HEMOGLOBIN; THERMOLABILE	11/1/2001	\$7.04	3	NO
T	83068	HEMOGLOBIN; UNSTABLE SCREEN	11/1/2001	\$8.67	3	NO
T	83069	HEMOGLOBIN; URINE	11/1/2001	\$2.95	3	NO
T	83070	HEMOSIDERIN; QUALITATIVE	11/1/2001	\$4.85	3	NO
T	83071	HEMOSIDERIN; QUANTITATIVE	11/1/2001	\$7.03	3	NO
T	83080	B-HEXOSAMINIDASE, EACH ASSAY	11/1/2001	\$17.25	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	83088	HISTAMINE	11/1/2001	\$30.20	3	NO
T	83090	HOMOCYSTINE	11/1/2001	\$17.25	3	NO
T	83150	HOMOVANILLIC ACID (HVA)	11/1/2001	\$19.79	3	NO
T	83491	HYDROXYCORTICOSTEROIDS, 17- (17-	11/1/2001	\$17.92	3	NO
T	83497	HYDROXYINDOLACETIC ACID 5-(HIAA)	11/1/2001	\$13.19	3	NO
T	83498	HYDROXYPROGESTERONE, 17-D	11/1/2001	\$27.78	3	NO
T	83499	HYDROXYPROGESTERONE 20	11/1/2001	\$25.77	3	NO
T	83500	HYDROXYPROLINE; FREE	11/1/2001	\$23.16	3	NO
T	83505	HYDROXYPROLINE; TOTAL	11/1/2001	\$24.86	3	NO
T	83516	IMMUNOASSAY FOR ANALYTE OTHER TH	11/1/2001	\$11.80	3	NO
T	83518	IMMUNOASSAY FOR ANALYTE OTHER TH	11/1/2001	\$8.67	3	NO
T	83519	IMMUNOASSAY, ANALYTE, QUANTITATI	11/1/2001	\$13.82	3	NO
T	83520	IMMUNOASSAY, ANALYTE; NOT OTHERW	11/1/2001	\$13.24	3	NO
T	83525	INSULIN; TOTAL	11/1/2001	\$11.70	3	NO
T	83527	INSULIN; FREE	11/1/2001	\$13.25	3	NO
T	83528	INTRINSIC FACTOR	11/1/2001	\$16.27	3	NO
T	83540	IRON	11/1/2001	\$6.62	3	NO
T	83550	IRON BINDING CAPACITY	11/1/2001	\$8.94	3	NO
T	83570	ISOCITRIC DEHYDROGENASE (IDH)	11/1/2001	\$9.04	3	NO
T	83582	KETOGENIC STEROIDS; FRACTIONATIO	11/1/2001	\$14.50	3	NO
T	83586	KETOSTEROIDS, 17- (17-KS); TOTAL	11/1/2001	\$13.09	3	NO
T	83593	KETOSTEROIDS, 17- (17-KS); FRACT	11/1/2001	\$26.90	3	NO
T	83605	LACTATE (LACTIC ACID)	11/1/2001	\$10.92	3	NO
T	83615	LACTATE DEHDROGENASE (LD), (LDH)	11/1/2001	\$6.18	3	NO
T	83625	LACTATE DEHYDROGENASE (LD), (LDH	11/1/2001	\$13.09	3	NO
T	83630	LACTOFERRIN, FECAL; QUALITATIVE	1/1/2005	\$11.93	3	NO
T	83631	LACTOFERRIN, FECAL; QUANTITATIVE	1/1/2006	\$20.29	3	NO
T	83632	LACTOGEN, HUMAN PLACENTAL (HPL)	11/1/2001	\$20.67	3	NO
T	83633	LACTOSE URINE QUALITATIVE	11/1/2001	\$5.63	3	NO
T	83634	LACTOSE URINE; QUANTITATIVE	11/1/2001	\$11.78	3	NO
T	83655	LEAD	11/1/2001	\$12.37	3	NO
T	83661	FETAL LUNG MATURITY ASSESSMENT;	11/1/2001	\$22.48	3	NO
T	83662	LECITHIN-SPHINGOMYELIN RATIO (L/	11/1/2001	\$19.34	3	NO
T	83663	FETAL LUNG MATURITY ASSESSMENT;	11/1/2001	\$9.67	3	NO
T	83664	FETAL LUNG MATURITY ASSESSMENT;	11/1/2001	\$4.83	3	NO
T	83670	LEUCINE AMINOPEPTIDASE (LAP)	11/1/2001	\$9.37	3	NO
T	83690	LIPASE	11/1/2001	\$7.04	3	NO
T	83695	LIPOPROTEIN (A)	1/1/2006	\$13.39	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	83700	LIPOPROTEIN, BLOOD; ELECTROPHORE	1/1/2006	\$11.64	3	NO
T	83701	LIPOPROTEIN, BLOOD; HIGH RESOLUT	1/1/2006	\$25.66	3	NO
T	83704	LIPOPROTEIN, BLOOD; QUANTITATION	1/1/2006	\$32.62	3	NO
T	83715	LIPOPROTEIN, BLOOD; ELECTROPHORE	1/1/2006	INVALID	N	NO
T	83716	LIPOPROTEIN, BLOOD; HIGH RESOLUT	1/1/2006	INVALID	N	NO
T	83718	LIPOPROTEIN, DIRECT MEASUREMENT;	11/1/2001	\$8.37	3	NO
T	83719	LIPOPROTEIN, DIRECT MEASUREMENT;	11/1/2001	\$11.90	3	NO
T	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	11/1/2001	\$9.75	3	NO
T	83727	LUTEINIZING RELEASE FACTOR (LRH)	11/1/2001	\$17.58	3	NO
T	83735	MAGNESIUM	11/1/2001	\$6.85	3	NO
T	83775	MALATE DEHYDROGENASE	11/1/2001	\$7.54	3	NO
T	83785	MANGANESE	11/1/2001	\$25.15	3	NO
T	83788	MASS SPECTROMETRY AND TANDEM MAS	11/1/2001	\$18.47	3	NO
T	83789	MASS SPECTROMETRY AND TANDEM MAS	11/1/2001	\$18.47	3	NO
T	83805	MEPROBAMATE	11/1/2001	\$18.03	3	NO
T	83825	MERCURY, QUANTITATIVE	11/1/2001	\$16.63	3	NO
T	83835	METANEPHRINES	11/1/2001	\$17.32	3	NO
T	83840	METHADONE	11/1/2001	\$16.69	3	NO
T	83857	METHEMALBUMIN	11/1/2001	\$10.98	3	NO
T	83858	METHSUXIMIDE	11/1/2001	\$15.16	3	NO
T	83864	MUCOPOLYSACCHARIDES, ACID; QUANT	11/1/2001	\$20.36	3	NO
T	83866	MUCOPOLYSACCHARIDES ACID URINE;	11/1/2001	\$10.08	3	NO
T	83872	MUCIN SYNOVIAL FLUID (ROPES TEST	11/1/2001	\$5.70	3	NO
T	83873	MYELIN BASIC PROTEIN, CEREBROSPI	11/1/2001	\$7.38	3	NO
T	83874	MYOGLOBIN	11/1/2001	\$13.20	3	NO
T	83880	NATRIURETIC PEPTIDE	1/1/2003	\$25.10	3	NO
T	83883	NEPHELOMETRY, EACH ANALYTE NOT E	11/1/2001	\$13.90	3	NO
T	83885	NICKEL	11/1/2001	\$25.06	3	NO
T	83887	NICOTINE	11/1/2001	\$24.22	3	NO
T	83890	MOLECULAR DIAGNOSTICS; MOLECULAR	11/1/2001	\$4.10	3	NO
T	83891	MOLECULAR DIAGNOSTICS; ISOLATION	11/1/2001	\$4.10	3	NO
T	83892	NUCLEAR MOLECULAR DIAGNOSTICS; E	11/1/2001	\$4.10	3	NO
T	83893	MOLECULAR DIAGNOSTICS; DOT/SLOT	11/1/2001	\$4.10	3	NO
T	83894	NUCLEAR NOLECULAR DIAGNOSTICS; S	11/1/2001	\$4.10	3	NO
T	83896	NUCLEAR MOLECULAR DIAGNOSTICS; N	11/1/2001	\$4.10	3	NO
T	83897	MOLECULAR DIAGNOSTICS; NUCLEIC A	11/1/2001	\$4.10	3	NO
T	83898	MOLECULAR DIAGNOSTICS; AMPLIFICA	11/1/2001	\$17.15	3	NO
T	83900	MOLECULAR DIAGNOSTICS; AMPLIFICA	1/1/2006	\$34.66	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	83901	MOLECULAR DIAGNOSTICS; AMPLIFICA	11/1/2001	\$17.15	3	NO
T	83902	MOLECULAR DIAGNOSTICS; REVERSE T	11/1/2001	\$8.79	3	NO
T	83903	MOLECULAR DIAGNOSTICS; MUTATION	11/1/2001	\$17.15	3	NO
T	83904	MOLECULAR DIAGNOSTICS; MUTATION	11/1/2001	\$17.15	3	NO
T	83905	MOLECULAR DIAGNOSTICS; MUTATION	11/1/2001	\$17.15	3	NO
T	83906	MOLECULAR DIAGNOSTICS; MUTATION	11/1/2001	\$17.15	3	NO
T	83907	MOLECULAR DIAGNOSTICS; LYSIS OF	1/1/2006	\$13.81	3	NO
T	83908	MOLECULAR DIAGNOSTICS; SIGNAL AM	1/1/2006	\$17.33	3	NO
T	83909	MOLECULAR DIAGNOSTICS; SEPARATIO	1/1/2006	\$17.33	3	NO
T	83914	MUTATION IDENTIFICATION BY ENZYM	1/1/2006	\$17.33	3	NO
T	83915	NUCLEOTIDASE 5	11/1/2001	\$11.40	3	NO
T	83916	OLIGOCLONAL IMMUNE (OLIGOCLONAL	11/1/2001	\$20.56	3	NO
T	83918	ORGANIC ACIDS; TOTAL, QUANTITATI	11/1/2001	\$16.84	3	NO
T	83919	ORGANIC ACIDS; QUALITATIVE, EACH	11/1/2001	\$16.84	3	NO
T	83921	ORGANIC ACID, SINGLE, QUANTITATI	11/1/2001	\$16.84	3	NO
T	83925	OPIATES, (EG, MORPHINE, MEPERIDI	11/1/2001	\$19.90	3	NO
T	83930	OSMOLALITY BLOOD	11/1/2001	\$6.76	3	NO
T	83935	OSMOLALITY; URINE	11/1/2001	\$6.97	3	NO
T	83937	OSTEOCALCIN (BONE G1A PROTEIN)	11/1/2001	\$30.53	3	NO
T	83945	OXALATE	11/1/2001	\$13.17	3	NO
T	83970	PARATHORMONE (PARATHYROID HORMON	11/1/2001	\$42.21	3	NO
T	83986	PH BODY FLUID EXCEPT BLOOD	11/1/2001	\$3.66	3	NO
T	83992	PHENCYCLIDINE (PCP)	11/1/2001	\$15.03	3	NO
T	84022	PHENOTHIAZINE	11/1/2001	\$15.93	3	NO
T	84030	PHENYLALANINE (PKU), BLOOD	3/1/1992	NC	9	NO
T	84035	PHENYLKETONES, QUALITATIVE	11/1/2001	\$3.74	3	NO
T	84060	PHOSPHATASE, ACID; TOTAL	11/1/2001	\$7.55	3	NO
T	84061	PHOSPHATASE, ACID; FORENSIC EXAM	11/1/2001	\$8.10	3	NO
T	84066	PHOSPHATASE, ACID; PROSTATIC	11/1/2001	\$9.88	3	NO
T	84075	PHOSPHATASE, ALKALINE;	11/1/2001	\$5.29	3	NO
T	84078	PHOSPHATASE ALKALINE BLOOD; HEAT	11/1/2001	\$7.47	3	NO
T	84080	PHOSPHATASE, ALKALINE; ISOENZYME	11/1/2001	\$15.13	3	NO
T	84081	PHOSPHATIDYLGYCEROL	11/1/2001	\$16.90	3	NO
T	84085	PHOSPHOGLUCONATE 6- DEHYDROGENAS	11/1/2001	\$6.90	3	NO
T	84087	PHOSPHOHEXOSE ISOMERASE	11/1/2001	\$10.56	3	NO
T	84100	PHOSPHORUS INORGANIC (PHOSPHATE)	11/1/2001	\$4.85	3	NO
T	84105	PHOSPHORUS (PHOSPHATE); BLOOD UR	11/1/2001	\$5.29	3	NO
T	84106	PORPHOBILINOGEN URINE QUALITATIV	11/1/2001	\$4.38	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	84110	PORPHOBILINOGEN URINE; QUANTITAT	11/1/2001	\$8.64	3	NO
T	84119	PORPHYRINS, URINE; QUALITATIVE	11/1/2001	\$8.81	3	NO
T	84120	PORPHYRINS, URINE; QUANTITATION	11/1/2001	\$15.04	3	NO
T	84126	PORPHYRINS, FECES; QUANTITATIVE	11/1/2001	\$26.05	3	NO
T	84127	PORPHYRINS, FECES; QUALITATIVE	11/1/2001	\$11.91	3	NO
T	84132	POTASSIUM; SERUM	11/1/2001	\$4.70	3	NO
T	84133	POTASSIUM; URINE	11/1/2001	\$4.40	3	NO
T	84134	PREALBUMIN	11/1/2001	\$14.92	3	NO
T	84135	PREGNANEDIOL	11/1/2001	\$19.57	3	NO
T	84138	PREGNANETRIOL	11/1/2001	\$19.36	3	NO
T	84140	PREGNENOLONE	11/1/2001	\$21.15	3	NO
T	84143	17-HYDROXPREGNENOLONE	11/1/2001	\$23.34	3	NO
T	84144	PROGESTERONE	11/1/2001	\$21.33	3	NO
T	84146	PROLACTIN	11/1/2001	\$19.82	3	NO
T	84150	PROSTAGLANDIN, EACH	11/1/2001	\$25.53	3	NO
T	84152	PROSTATE SPECIFIC ANTIGEN (PSA);	11/1/2001	\$18.81	3	NO
T	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	11/1/2001	\$18.81	3	NO
T	84154	PROSTATE SPECIFIC ANTIGEN (PSA);	11/1/2001	\$18.81	3	NO
T	84155	PROTEIN; TOTAL, EXCEPT REFRACTOM	11/1/2001	\$3.74	3	NO
T	84156	PROTEIN, TOTAL, EXCEPT BY REFRAC	1/1/2004	\$3.79	3	NO
T	84157	PROTEIN, TOTAL, EXCEPT BY REFRAC	1/1/2004	\$3.79	3	NO
T	84160	PROTEIN TOTAL SERUM; REFRACTOMET	11/1/2001	\$5.29	3	NO
T	84163	PREGNANCY-ASSOCIATED PLASMA PROT	1/1/2005	\$15.56	3	NO
T	84165	PROTEIN; ELECTROPHORETIC FRACTIO	7/1/1997	\$15.45	3	NO
T	84166	PROTEIN; ELECTROPHORETIC FRACTIO	10/1/2005	\$18.44	3	NO
T	84181	PROTEIN; WESTERN BLOT, WITH INTE	7/1/1997	\$24.55	3	NO
T	84182	PROTEIN; WESTERN BLOT, WITH INTE	7/1/1997	\$25.95	3	NO
T	84202	PROTOPORPHYRIN RBC QUANTITATIVE	11/1/2001	\$14.67	3	NO
T	84203	PROTOPORPHYRIN RBC; SCREEN	11/1/2001	\$8.80	3	NO
T	84206	PROINSULIN	11/1/2001	\$18.22	3	NO
T	84207	PYRIDOXAL PHOSPHATE (VITAMIN B-6	11/1/2001	\$28.73	3	NO
T	84210	PYRUVATE	11/1/2001	\$11.11	3	NO
T	84220	PYRUVATE KINASE	11/1/2001	\$9.65	3	NO
T	84228	QUININE	11/1/2001	\$11.90	3	NO
T	84233	RECEPTOR ASSAY; ESTROGEN	11/1/2001	\$65.87	3	NO
T	84234	RECEPTOR ASSAY; PROGESTERONE	11/1/2001	\$66.33	3	NO
T	84235	RECEPTOR ASSAY; ENDOCRINE OTHER	11/1/2001	\$53.51	3	NO
T	84238	RECEPTOR ASSAY; NON-ENDOCRINE (S	11/1/2001	\$37.39	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	84244	RENIN	11/1/2001	\$22.50	3	NO
T	84252	RIBOFLAVIN (VITAMIN B-2)	11/1/2001	\$20.69	3	NO
T	84255	SELENIUM	11/1/2001	\$26.11	3	NO
T	84260	SEROTONIN	11/1/2001	\$31.68	3	NO
T	84270	SEX HORMONE BINDING GLOBULIN (SH	11/1/2001	\$22.22	3	NO
T	84275	SIALIC ACID	11/1/2001	\$13.73	3	NO
T	84285	SILICA	11/1/2001	\$24.09	3	NO
T	84295	SODIUM; SERUM	11/1/2001	\$4.92	3	NO
T	84300	SODIUM; URINE	11/1/2001	\$4.97	3	NO
T	84302	SODIUM; OTHER SOURCE	1/1/2003	\$5.02	3	NO
T	84305	SOMATOMEDIN	11/1/2001	\$21.74	3	NO
T	84307	SOMATOSTATIN	11/1/2001	\$18.70	3	NO
T	84311	SPECTROPHOTOMETRY, ANALYTE NOT E	11/1/2001	\$7.15	3	NO
T	84315	SPECIFIC GRAVITY (EXCEPT URINE)	11/1/2001	\$2.56	3	NO
T	84375	SUGARS CHROMATOGRAPHIC TLC OR PA	11/1/2001	\$8.95	3	NO
T	84376	SUGARS (MON-, DI, AND OLIGOSACCH	11/1/2001	\$5.63	3	NO
T	84377	SUGARS (MON-, DI, AND OLIGOSACCH	11/1/2001	\$5.63	3	NO
T	84378	SUGARS (MON-, DI, AND OLIGOSACCH	11/1/2001	\$11.78	3	NO
T	84379	SUGARS (MON-, DI, AND OLIGOSACCH	11/1/2001	\$11.78	3	NO
T	84392	SULFATE, URINE	11/1/2001	\$4.85	3	NO
T	84402	TESTOSTERONE; FREE	11/1/2001	\$26.04	3	NO
T	84403	TESTOSTERONE; TOTAL	11/1/2001	\$26.40	3	NO
T	84425	THIAMINE (VITAMIN B-1)	11/1/2001	\$21.72	3	NO
T	84430	THIOCYANATE	11/1/2001	\$8.95	3	NO
T	84432	THYROGLOBULIN	11/1/2001	\$16.43	3	NO
T	84436	THYROXINE; TOTAL	11/1/2001	\$7.03	3	NO
T	84437	THYROXINE; REQUIRING ELUTION (EG	11/1/2001	\$6.62	3	NO
T	84439	THYROXINE; FREE	11/1/2001	\$9.22	3	NO
T	84442	THYROXINE BINDING GLOBULIN (TBG)	11/1/2001	\$15.13	3	NO
T	84443	THYROID STIMULATING HORMONE (TSH	11/1/2001	\$17.18	3	NO
T	84445	THYROID STIMULATING IMMUNE GLOBU	11/1/2001	\$52.01	3	NO
T	84446	TOCOPHEROL ALPHA (VITAMIN E)	11/1/2001	\$14.50	3	NO
T	84449	TRANSCORTIN (CORTISOL BINDING GL	11/1/2001	\$18.40	3	NO
T	84450	TRANSFERASSE; ASPARTATE AMINO (A	11/1/2001	\$5.28	3	NO
T	84460	TRANSFERASE; ALANINE AMINO (ALT)	11/1/2001	\$5.42	3	NO
T	84466	TRANSFERRIN	11/1/2001	\$13.06	3	NO
T	84478	TRIGLYCERIDES	11/1/2001	\$5.88	3	NO
T	84479	THYROID HORMONE (T3 OR T4) UPTAK	11/1/2001	\$6.62	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	84480	TRIIODOTHYRONINE T3; TOTAL (TT-3	11/1/2001	\$14.50	3	NO
T	84481	TRIDOTHYRONINE (T-3); FREE	11/1/2001	\$17.32	3	NO
T	84482	TRIDOTHYRONINE (T-3); REVERSE	11/1/2001	\$16.12	3	NO
T	84484	TROPONIN	11/1/2001	\$10.06	3	NO
T	84485	TRYPsin DUODENAL FLUID	11/1/2001	\$7.67	3	NO
T	84488	TRYPsin; FECES, QUALITATIVE	11/1/2001	\$7.47	3	NO
T	84490	TRYPsin; FECES, QUANTITATIVE, 24	11/1/2001	\$7.78	3	NO
T	84510	TYROSINE	11/1/2001	\$10.64	3	NO
T	84512	TROPONIN, QUALITATIVE	11/1/2001	\$7.87	3	NO
T	84520	UREA NITROGEN; QUANTITATIVE	11/1/2001	\$4.03	3	NO
T	84525	UREA NITROGEN; SEMIQUANTITATIVE	11/1/2001	\$3.23	3	NO
T	84540	UREA NITROGEN URINE	11/1/2001	\$4.85	3	NO
T	84545	UREA NITROGEN CLEARANCE	11/1/2001	\$6.75	3	NO
T	84550	URIC ACID; BLOOD	11/1/2001	\$4.63	3	NO
T	84560	URIC ACID; OTHER SOURCE	11/1/2001	\$4.85	3	NO
T	84577	UROBILINOGEN FECES QUANTITATIVE	11/1/2001	\$3.90	3	NO
T	84578	UROBILINOGEN URINE QUALITATIVE	11/1/2001	\$3.32	3	NO
T	84580	UROBILINOGEN URINE; QUANTITATIVE	11/1/2001	\$7.26	3	NO
T	84583	UROBILINOGEN URINE; SEMIQUANTITA	11/1/2001	\$5.14	3	NO
T	84585	VANILLYLMANDELIC ACID (VMA) URIN	11/1/2001	\$15.85	3	NO
T	84586	VASOACTIVE INTESTINAL PEPTIDE (V	11/1/2001	\$36.13	3	NO
T	84588	VASOPRESSIN (ANTIDIURETIC HORMON	11/1/2001	\$34.71	3	NO
T	84590	VITAMIN A	11/1/2001	\$11.85	3	NO
T	84591	VITAMIN, NOT OTHERWISE SPECIFIED	11/1/2001	\$11.85	3	NO
T	84597	VITAMIN K	11/1/2001	\$14.02	3	NO
T	84600	VOLATILES (EG, ACETIC ANHYDRIDE,	11/1/2001	\$16.44	3	NO
T	84620	XYLOSE ABSORPTION TEST, BLOOD AN	11/1/2001	\$12.11	3	NO
T	84630	ZINC	11/1/2001	\$11.65	3	NO
T	84681	C-PEPTIDE	11/1/2001	\$21.28	3	NO
T	84702	GONADOTROPIN, CHORIONIC (HCG); Q	11/1/2001	\$15.39	3	NO
T	84703	GONADOTROPIN CHORIONIC QUALITAVE	11/1/2001	\$7.68	3	NO
T	84830	OVULATION TESTS, BY VISUAL COLOR	2/22/1994	NC	9	NO
T	84999	UNLISTED CHEMISTRY PROCEDURE	12/1/1999	\$0.01	5	NO
T	85002	BLEEDING TIME	11/1/2001	\$4.60	3	NO
T	85004	BLOOD COUNT; AUTOMATED DIFFERENT	1/1/2003	\$6.69	3	NO
T	85007	BLOOD COUNT; BLOOD SMEAR, MICROS	7/1/1997	\$4.06	3	NO
T	85008	BLOOD COUNT; BLOOD SMEAR, MICROS	11/1/2001	\$3.52	3	NO
T	85009	BLOOD COUNT; MANUAL DIFFERENTIAL	11/1/2001	\$3.80	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	85013	BLOOD COUNT; SPUN MICROHEMATOCRI	11/1/2001	\$2.42	3	NO
T	85014	BLOOD COUNT; HEMATOCRIT (HCT)	11/1/2001	\$2.42	3	NO
T	85018	BLOOD COUNT; HEMOGLOBIN (HGB)	11/1/2001	\$2.42	3	NO
T	85021	BLOOD COUNT; HEMOGRAM AUTOMATED	7/1/2003	INVALID	N	NO
T	85022	BLOOD COUNT HEMOGRAM AUTOMATED A	7/1/2003	INVALID	N	NO
T	85023	BLOOD COUNT HEMOGRAM AND PLATELE	7/1/2003	INVALID	N	NO
T	85024	BLOOD COUNT HEMOGRAM AND PLATELE	7/1/2003	INVALID	N	NO
T	85025	BLOOD COUNT; COMPLETE (CBC), AUT	11/1/2001	\$7.95	3	NO
T	85027	BLOOD COUNT; COMPLETE (CBC), AUT	11/1/2001	\$6.62	3	NO
T	85031	BLOOD COUNT HEMOGRAM MANUAL COMP	7/1/2003	INVALID	N	NO
T	85032	BLOOD COUNT; MANUAL CELL COUNT (	1/1/2003	\$4.45	3	NO
T	85041	BLOOD COUNT; RED BLOOD CELL (RBC	11/1/2001	\$3.08	3	NO
T	85044	BLOOD COUNT; RETICULOCYTE, MANUA	11/1/2001	\$4.40	3	NO
T	85045	BLOOD COUNT; RETICULOCYTE, AUTOM	11/1/2001	\$4.10	3	NO
T	85046	BLOOD COUNT; RETICULOCYTES, AUTO	11/1/2001	\$5.70	3	NO
T	85048	BLOOD COUNT; LEUKOCYTE (WBC), AU	11/1/2001	\$2.60	3	NO
T	85049	BLOOD COUNT; PLATELET, AUTOMATED	1/1/2003	\$4.63	3	NO
T	85055	RETICULATED PLATELET ASSAY	1/1/2004	\$18.71	3	NO
T	85060	BLOOD SMEAR, PERIPHERAL, INTERPR	10/1/2005	\$16.87	3	NO
T	85095	BONE MARROW; ASPIRATION ONLY	4/1/2002	INVALID	N	NO
T	85097	BONE MARROW, SMEAR INTERPRETATIO	10/1/2005	\$75.00	3	NO
T	85102	BONE MARROW BIOPSY, NEEDLE OR TR	4/1/2002	INVALID	N	NO
T	85130	CHROMOGENIC SUBSTRATE ASSAY	11/1/2001	\$12.17	3	NO
T	85170	CLOT RETRACTION	11/1/2001	\$3.70	3	NO
T	85175	CLOT LYSIS TIME WHOLE BLOOD DILU	11/1/2001	\$4.65	3	NO
T	85210	CLOTTING FACTOR II PROTHROMBIN S	11/1/2001	\$13.28	3	NO
T	85220	CLOTTING; FACTOR V (ACG OR PROAC	11/1/2001	\$16.38	3	NO
T	85230	CLOTTING; FACTOR VII (PROCONVERT	11/1/2001	\$16.38	3	NO
T	85240	CLOTTING; FACTOR VIII (AHG) ONE	11/1/2001	\$16.38	3	NO
T	85244	CLOTTING; FACTOR VIII RELATED AN	11/1/2001	\$20.88	3	NO
T	85245	CLOTTING; FACTOR VIII, VW FACTOR	11/1/2001	\$23.47	3	NO
T	85246	CLOTTING; FACTOR VIII, VW FACTOR	11/1/2001	\$23.47	3	NO
T	85247	CLOTTING; FACTOR VIII, VON WILLE	11/1/2001	\$23.47	3	NO
T	85250	CLOTTING; FACTOR IX (PTC OR CHRI	11/1/2001	\$16.38	3	NO
T	85260	CLOTTING; FACTOR X (STRUART-PROW	11/1/2001	\$16.38	3	NO
T	85270	CLOTTING; FACTOR XI (PTA)	11/1/2001	\$16.38	3	NO
T	85280	CLOTTING; FACTOR XII (HAGEMAN)	11/1/2001	\$19.79	3	NO
T	85290	CLOTTING; FACTOR XIII (FIBRIN ST	11/1/2001	\$16.38	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	85291	CLOTTING; FACTOR XIII (FIBRIN ST	11/1/2001	\$9.09	3	NO
T	85292	CLOTTING; PREKALLIKREIN ASSAY (F	11/1/2001	\$19.37	3	NO
T	85293	CLOTTING; HIGH MOLECULAR WEIGHT	11/1/2001	\$19.37	3	NO
T	85300	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$12.12	3	NO
T	85301	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$11.06	3	NO
T	85302	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$12.29	3	NO
T	85303	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$14.14	3	NO
T	85305	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$11.85	3	NO
T	85306	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$15.67	3	NO
T	85307	ACTIVATED PROTEIN C (APC) RESIST	11/1/2001	\$15.67	3	NO
T	85335	FACOTR INHIBITOR TEST	11/1/2001	\$13.14	3	NO
T	85337	THROMBOMODULIN	11/1/2001	\$10.66	3	NO
T	85345	COAGULATION TIME LEE AND WHITE	11/1/2001	\$4.40	3	NO
T	85347	COAGULATION TIME; ACTIVATED	11/1/2001	\$3.23	3	NO
T	85348	COAGULATION TIME; OTHER METHODS	11/1/2001	\$3.80	3	NO
T	85360	EUGLOBULIN LYSIS	11/1/2001	\$8.59	3	NO
T	85362	FIBRIN(OGEN) DEGRADATION (SPLIT)	11/1/2001	\$6.56	3	NO
T	85366	FIBRIN(OGEN) DEGRADATION (SPLIT)	11/1/2001	\$8.81	3	NO
T	85370	FIBRIN(OGEN) DEGRADATION (SPLIT)	11/1/2001	\$11.62	3	NO
T	85378	FIBRIN DEGRADATION PRODUCTS, D-D	11/1/2001	\$7.30	3	NO
T	85379	FIBRIN DEGRADATION PRODUCTS, D-D	11/1/2001	\$10.40	3	NO
T	85380	FIBRIN DEGRADATION PRODUCTS, D-D	1/1/2003	\$10.52	3	NO
T	85384	FIBRINOGEN: ACTIVITY	11/1/2001	\$8.69	3	NO
T	85385	FIBRINOGEN; ANTIGEN	11/1/2001	\$8.69	3	NO
T	85390	FIBRINOLYSINS OR COAGULOPATHY SC	7/1/1997	\$7.08	3	NO
T	85396	COAGULATION/FIBRINOLYSIS ASSAY,	10/1/2005	\$14.79	3	NO
T	85400	FIBRINOLYTIC FACTORS AND INHIBIT	11/1/2001	\$9.04	3	NO
T	85410	FIBRINOLYTIC MECHANISMS ALPHA-2	11/1/2001	\$7.89	3	NO
T	85415	FIBRINOLYTIC FACTORS AND INHIBIT	11/1/2001	\$17.58	3	NO
T	85420	FIBRINOLYTIC MECHANISMS; PLASMIN	11/1/2001	\$6.69	3	NO
T	85421	FIBRINOLYTIC MECHANISMS; PLASMIN	11/1/2001	\$10.41	3	NO
T	85441	HEINZ BODIES DIRECT	11/1/2001	\$4.30	3	NO
T	85445	HEINZ BODIES; INDUCED ACETYL PHE	11/1/2001	\$6.97	3	NO
T	85460	HEMOGLOBIN OR RBCS, FETAL, FOR F	11/1/2001	\$7.91	3	NO
T	85461	HEMOGLOBIN OR RBCS, FETAL, FOR F	11/1/2001	\$6.79	3	NO
T	85475	HEMOLYSIN, ACID	11/1/2001	\$9.07	3	NO
T	85520	HEPARIN ASSAY	11/1/2001	\$13.39	3	NO
T	85525	HEPARIN NEUTRALIZATION	11/1/2001	\$12.12	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	85530	HEPARIN-PROTAMINE TOLERANCE TEST	11/1/2001	\$14.50	3	NO
T	85535	IRON STAIN (RBC OR BONE MARROW S	4/1/2002	INVALID	N	NO
T	85536	IRON STAIN, PERIPHERAL BLOOD	11/1/2001	\$6.62	3	NO
T	85540	LEUKOCYTE ALKALINE PHOSPHATASE W	11/1/2001	\$8.79	3	NO
T	85547	MECHANICAL FRAGILITY RBC	11/1/2001	\$8.79	3	NO
T	85549	MURAMIDASE	11/1/2001	\$19.18	3	NO
T	85555	OSMOTIC FRAGILITY, RBC; UNINCUBA	11/1/2001	\$6.84	3	NO
T	85557	OSMOTIC FRAGILITY, RBC; INCUBATE	11/1/2001	\$6.85	3	NO
T	85576	PLATELET; AGGREGATION (IN VITRO)	7/1/1997	\$29.50	3	NO
T	85585	PLATELET; ESTIMATION ON SMEAR ON	7/1/2003	INVALID	N	NO
T	85590	PLATELET; MANUAL COUNT	7/1/2003	INVALID	N	NO
T	85595	PLATELET; AUTOMATED COUNT	7/1/2003	INVALID	N	NO
T	85597	PLATELET NEUTRLIZATION	11/1/2001	\$18.38	3	NO
T	85610	PROTHROMBIN TIME	11/1/2001	\$4.02	3	NO
T	85611	PROTHROMBIN TIME; SUBSTITUTION,	11/1/2001	\$4.03	3	NO
T	85612	RUSSELL VIPER VENOM TIME (INCLUD	11/1/2001	\$6.56	3	NO
T	85613	RUSSELL VIPER VENOM TIME (INCLUD	11/1/2001	\$6.56	3	NO
T	85635	REPTILASE TEST	11/1/2001	\$10.07	3	NO
T	85651	SEDIMENTATION RATE, ERYTHROCYTE;	11/1/2001	\$3.63	3	NO
T	85652	SEDIMENTATION RATE, ERYTHROCYTE;	11/1/2001	\$2.76	3	NO
T	85660	SICKLING OF RBC REDUCTION SLIDE	11/1/2001	\$5.65	3	NO
T	85670	THROMBIN TIME PLASMA	11/1/2001	\$5.91	3	NO
T	85675	THROMBIN TIME; TITER	11/1/2001	\$7.01	3	NO
T	85705	THROMBOPLASTIN INHIBITION; TISSU	11/1/2001	\$9.85	3	NO
T	85730	THROMBOPLASTIN TIME PARTIAL (PTT	11/1/2001	\$6.14	3	NO
T	85732	THROMBOPLASTIN TIME, PARTIAL (PT	11/1/2001	\$6.62	3	NO
T	85810	VISCOSITY	11/1/2001	\$11.94	3	NO
T	85999	UNLISTED HEMATOLOGY PROCEDURE	10/1/2001	\$0.01	5	NO
T	86000	AGGLUTININS, FEBRILE, EACH ANTIG	11/1/2001	\$7.14	3	NO
T	86001	ALLERGEN SPECIFIC IGG QUANTITATI	11/1/2001	\$5.34	3	NO
T	86003	ALLERGEN SPECIFIC IGE; QUANTITAT	11/1/2001	\$5.34	3	NO
T	86005	ALLERGEN SPECIFIC IGE; QUALITATI	11/1/2001	\$8.15	3	NO
T	86021	ANTIBODY IDENTIFICATION LEUKOCYT	11/1/2001	\$15.39	3	NO
T	86022	ANTIBODY IDENTIFICATION; PLATELE	11/1/2001	\$18.78	3	NO
T	86023	ANTIBODY IDENTIFICATION; PLATELE	11/1/2001	\$12.74	3	NO
T	86038	ANTINUCLEAR ANTIBODIES (ANA);	11/1/2001	\$12.36	3	NO
T	86039	ANTINUCLEAR ANTIBODIES (ANA); TI	11/1/2001	\$11.42	3	NO
T	86060	ANTISTREPTOLYSIN O TITER	11/1/2001	\$7.47	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	86063	ANTISTREPTOLYSIN O; SCREEN	11/1/2001	\$5.91	3	NO
T	86064	B CELLS, TOTAL COUNT	1/1/2006	INVALID	N	NO
T	86077	BLOOD BANK PHYSYCIAN SERVICES; D	10/1/2005	\$35.55	3	NO
T	86078	BLOOD BANK PHYSICIAN SERVICES IN	10/1/2005	\$37.37	3	NO
T	86079	BLOOD BANK PHYSICIAN SERVICES AU	10/1/2005	\$36.85	3	NO
T	86140	C-REACTIVE PROTEIN	11/1/2001	\$5.29	3	NO
T	86141	C-REACTIVE PROTEIN; HIGH SENSITI	12/1/2002	\$13.24	3	NO
T	86146	BETA 2 BLYCOPROTEIN I ANTIBODY,	11/1/2001	\$26.02	3	NO
T	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIB	11/1/2001	\$26.02	3	NO
T	86148	ANTI-PHOSPHATIDYLSERINE (PHOSPHO	11/1/2001	\$16.43	3	NO
T	86155	CHEMOTAXIS ASSAY SPECIFY METHOD	11/1/2001	\$16.34	3	NO
T	86156	COLD AGGLUTININ; SCREEN	11/1/2001	\$6.85	3	NO
T	86157	COLD AGGLUTININ; TITER	11/1/2001	\$8.24	3	NO
T	86160	COMPLEMENT; ANTIGEN, EACH COMPON	11/1/2001	\$12.28	3	NO
T	86161	COMPLEMENT; FUNCTIONAL ACTIVITY,	11/1/2001	\$12.28	3	NO
T	86162	COMPLEMENT; TOTAL HEMOLYTIC (CH5	11/1/2001	\$20.78	3	NO
T	86171	COMPLEMENT FIXATION TESTS, EACH	11/1/2001	\$10.25	3	NO
T	86185	COUNTERIMMUNOELECTROPHORESIS, EA	11/1/2001	\$9.15	3	NO
T	86200	CYCLIC CITRULLINATED PEPTIDE (CC	1/1/2006	\$13.39	3	NO
T	86215	DEOXYRIBONUCLEASE ANTIBODY	11/1/2001	\$13.56	3	NO
T	86225	DEOCYRIBONUCLEIC ACID (DNA) ANTI	11/1/2001	\$14.05	3	NO
T	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTI	11/1/2001	\$12.38	3	NO
T	86235	EXTRACTABLE NUCLEAR ANTIGEN, ANT	11/1/2001	\$16.38	3	NO
T	86243	FC RECEPTOR	11/1/2001	\$20.99	3	NO
T	86255	FLUORESCENT ANTIBODY; SCREEN, EA	7/1/1997	\$15.33	3	NO
T	86256	FLUORESCENT ANTIBODY; TITER, EAC	7/1/1997	\$16.55	3	NO
T	86277	GROWTH HORMONE, HUMAN (HGH), ANT	11/1/2001	\$16.10	3	NO
T	86280	HEMAGGLUTINATION INHIBITION TEST	11/1/2001	\$8.37	3	NO
T	86294	IMMUNOASSAY FOR TUMOR ANTIGEN, Q	10/1/2001	\$0.01	5	NO
T	86300	IMMUNOASSAY FOR TUMOR ANTIGEN, Q	11/1/2001	\$21.28	3	NO
T	86301	IMMUNOASSAY FOR TUMOR ANTIGEN, Q	11/1/2001	\$21.28	3	NO
T	86304	IMMUNOASSAY FOR TUMOR ANTIGEN, Q	11/1/2001	\$21.28	3	NO
T	86308	HETEROPHILE ANTIBODIES; SCREENIN	11/1/2001	\$5.29	3	NO
T	86309	HETEROPHILE ANTIBODIES; TITER	11/1/2001	\$6.62	3	NO
T	86310	HETEROPHILE ANTIBODIES; TITERS A	11/1/2001	\$7.54	3	NO
T	86316	IMMUNOASSAY FOR TUMOR ANTIGEN; O	11/1/2001	\$21.28	3	NO
T	86317	IMMUNOASSAY FOR INFECTIOUS AGENT	11/1/2001	\$15.33	3	NO
T	86318	IMMUNOASSAY FOR INFECTIOUS AGENT	11/1/2001	\$13.24	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	86320	IMMUNOELECTROPHORESIS; SERUM	7/1/1997	\$30.77	3	NO
T	86325	IMMUNOELECTROPHORESIS; OTHER FLU	7/1/1997	\$30.69	3	NO
T	86327	IMMUNOELECTROPHORESIS; CROSSED (	7/1/1997	\$31.15	3	NO
T	86329	IMMUNODIFFUSION, NOT ELSEWHERE S	11/1/2001	\$14.36	3	NO
T	86331	IMMUNODIFFUSION; GEL DIFFUSION,	11/1/2001	\$12.25	3	NO
T	86332	IMMUNE COMPLEX ASSAY	11/1/2001	\$24.92	3	NO
T	86334	IMMUNOFIXATION ELECTROPHORESIS;	7/1/1997	\$30.66	3	NO
T	86335	IMMUNOFIXATION ELECTROPHORESIS;	1/1/2005	\$30.34	3	NO
T	86336	INHIBIN A	8/1/2002	\$15.29	3	NO
T	86337	INSULIN ANTIBODIES	11/1/2001	\$21.90	3	NO
T	86340	INTRINSIC FACTOR ANTIBODIES	11/1/2001	\$15.41	3	NO
T	86341	ISLET CELL ANTIBODY	11/1/2001	\$20.23	3	NO
T	86343	LEUKOCYTE HISTAMINE RELEASE TEST	11/1/2001	\$12.74	3	NO
T	86344	LEUKOCYTE PHAGOCYTOSIS	11/1/2001	\$8.17	3	NO
T	86353	LYMPHOCYTE TRANSFORMATION, MITOG	11/1/2001	\$50.14	3	NO
T	86355	B CELLS, TOTAL COUNT	1/1/2006	\$39.00	3	NO
T	86357	NATURAL KILLER (NK) CELLS, TOTAL	1/1/2006	\$39.00	3	NO
T	86359	T CELLS; TOTAL COUNT	11/1/2001	\$38.58	3	NO
T	86360	T CELLS; T4 AND T8, INCLUDING RA	11/1/2001	\$48.05	3	NO
T	86361	T CELLS; ABSOLUTE CD4 COUNT	11/1/2001	\$18.50	3	NO
T	86367	STEM CELLS (IE, CD34), TOTAL COU	1/1/2006	\$39.00	3	NO
T	86376	MICROSOMAL ANTIBODIES (EG, THYRO	11/1/2001	\$14.88	3	NO
T	86378	MIGRATION INHIBITORY FACTOR TEST	11/1/2001	\$20.14	3	NO
T	86379	NATURAL KILLER (NK) CELLS, TOTAL	1/1/2006	INVALID	N	NO
T	86382	NEUTRALIZATION TEST VIRAL	11/1/2001	\$17.29	3	NO
T	86384	NITROBLUE TETRAZOLIUM DYE TEST (	11/1/2001	\$11.65	3	NO
T	86403	PARTICLE AGGLUTINATION; SCREEN,	11/1/2001	\$10.42	3	NO
T	86406	PARTICLE AGGLUTINATION; TITER, E	11/1/2001	\$10.88	3	NO
T	86430	RHEUMATOID FACTOR; QUALITATIVE	11/1/2001	\$5.81	3	NO
T	86431	RHEUMATOID FACTOR; QUANTITATIVE	11/1/2001	\$5.81	3	NO
T	86480	TUBERCULOSIS TEST, CELL MEDIATED	1/1/2006	\$64.08	3	NO
T	86485	SKIN TEST; CANDIDA	10/1/2001	\$27.75	3	NO
T	86490	SKIN TEST; COCCIDIOIDOMYCOSIS	10/1/2005	\$8.04	3	NO
T	86510	SKIN TEST; HISTOPLASMOSIS	10/1/2005	\$8.82	3	NO
T	86580	SKIN TEST; TUBERCULOSIS INTRADER	10/1/2005	\$7.01	3	NO
T	86585	SKIN TEST; TUBERCULOSIS TINE TES	1/1/2006	INVALID	N	NO
T	86586	SKIN TEST; UNLISTED ANTIGEN, EAC	10/1/2001	\$15.33	3	NO
T	86587	STEM CELLS (IE, CD34), TOTAL COU	1/1/2006	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	86590	STREPTOKINASE ANTIBODY	11/1/2001	\$11.28	3	NO
T	86592	SYPHILIS TEST; QUALITATIVE (EG,	11/1/2001	\$4.37	3	NO
T	86593	SYPHILIS TEST; QUANTITATIVE	11/1/2001	\$4.51	3	NO
T	86602	ANTIBODY; ACTINOMYCES	11/1/2001	\$10.40	3	NO
T	86603	ANTIBODY; ADENOVIRUS	11/1/2001	\$13.16	3	NO
T	86606	ANTIBODY; ASPIRGILLUS	11/1/2001	\$15.39	3	NO
T	86609	ANTIBODY; BACTERIUM, NOT ELSEWHE	11/1/2001	\$13.18	3	NO
T	86611	BARTONELLA	11/1/2001	\$10.40	3	NO
T	86612	ANTIBODY; BLASTOMYCES	11/1/2001	\$13.19	3	NO
T	86615	ANTIBODY; BORDETELLA	11/1/2001	\$13.49	3	NO
T	86617	ANTIBODY; BORRELIA BURGDORFERI (	11/1/2001	\$15.84	3	NO
T	86618	ANTIBODY; BORELLIA BUFGDORFERI (	11/1/2001	\$17.42	3	NO
T	86619	ANTIBODY; BORRELIA (RELAPSING FE	11/1/2001	\$13.68	3	NO
T	86622	ANTIBODY; BRUCELLA	11/1/2001	\$9.14	3	NO
T	86625	ANTIBODY; CAMPYLOBACTER	11/1/2001	\$13.42	3	NO
T	86628	ANTIBODY; CANDIDA	11/1/2001	\$12.28	3	NO
T	86631	ANTIBODEY; CHLAMYDIA	11/1/2001	\$12.10	3	NO
T	86632	ANTIBODY; CHLAMYDIA, IGM	11/1/2001	\$12.99	3	NO
T	86635	ANTIBODY; COCCIDIODES	11/1/2001	\$11.73	3	NO
T	86638	ANTIBODY; COXIELLA BRUNETII (Q F	11/1/2001	\$12.40	3	NO
T	86641	ANTIODY; CRYPTOCOCCUS	11/1/2001	\$14.74	3	NO
T	86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	11/1/2001	\$14.72	3	NO
T	86645	ANTIBODY; CYTOMEGALOVIRUS (CMV),	11/1/2001	\$17.23	3	NO
T	86648	ANTIBODY; DIPHTHERIA	11/1/2001	\$15.55	3	NO
T	86651	ANTIBODY; ENCEPHALITIS, CALIFORN	11/1/2001	\$13.49	3	NO
T	86652	ANTIBODY; ENCEPHALITIS, EASTERN	11/1/2001	\$13.49	3	NO
T	86653	ANTIBODY; ENCEPHALITIS, ST. LOUI	11/1/2001	\$13.49	3	NO
T	86654	ANTIBODY; ENCEPHALITIS, WESTERN	11/1/2001	\$13.49	3	NO
T	86658	ANTIBODY; ENTEROVIRUS (EG, COXSA	11/1/2001	\$13.33	3	NO
T	86663	ANTIBODY; EPSTEIN-BARR (EB) VIRU	11/1/2001	\$13.42	3	NO
T	86664	ANTIBODY; EPSTEIN-BARR (EB) VIRU	11/1/2001	\$15.64	3	NO
T	86665	ANTIBODY; EPSTEIN-BARR (EB) VIRU	11/1/2001	\$18.55	3	NO
T	86666	EHRlichia	11/1/2001	\$10.40	3	NO
T	86668	ANTIBODY; FRANCISELLA TULARENSIS	11/1/2001	\$10.64	3	NO
T	86671	ANTIBODY; FUNGUS, NOT ELSEWHERE	11/1/2001	\$12.54	3	NO
T	86674	ANTIBODY; GIARDIA LAMBLIA	11/1/2001	\$15.05	3	NO
T	86677	ANTIBODY; HELICOBACTER PYLORI	11/1/2001	\$14.84	3	NO
T	86682	ANTIBODY; HELMINTH, NOT ELSEWHER	11/1/2001	\$13.30	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	86683	HEMOGLOBIN, FECAL	4/1/2002	INVALID	N	NO
T	86684	ANTIBODY; HEMOPHILUS INFLUENZA	11/1/2001	\$16.21	3	NO
T	86687	ANTIBODY; HTLV I	11/1/2001	\$8.58	3	NO
T	86688	ANTIBODY; HTLV-II	11/1/2001	\$14.33	3	NO
T	86689	ANTIBODY; HTLV OR HIV ANTIBODY,	11/1/2001	\$19.80	3	NO
T	86692	ANTIBODY; HEPATITIS, DELTA AGENT	11/1/2001	\$17.55	3	NO
T	86694	ANTIBODY; HERPES SIMPLEX, NON-SP	11/1/2001	\$14.72	3	NO
T	86695	ANTIBODY; HERPES SIMPLEX, TYPE I	11/1/2001	\$13.49	3	NO
T	86696	HERPES SIMPLEX, TYPE 2	3/1/2003	\$25.00	3	NO
T	86698	ANTIBODY; HISTOPLASMA	11/1/2001	\$12.79	3	NO
T	86701	ANTIBODY; HIV-1	11/1/2001	\$9.09	3	NO
T	86702	ANTIBODY; HIV-2	11/1/2001	\$13.83	3	NO
T	86703	ANTIBODY; HIV-1 AND HIV-2, SINGL	11/1/2001	\$14.03	3	NO
T	86704	HEPATITIS B CORE ANTIBODY (HBCAB	11/1/2001	\$12.33	3	NO
T	86705	HEPATITIS B CORE ANTIBODY (HBCAB	11/1/2001	\$12.04	3	NO
T	86706	HEPATITIS B SURFACE ANTIBODY (HB	11/1/2001	\$10.98	3	NO
T	86707	HEPATITIS BE ANTIBODY (HBEAB)	11/1/2001	\$11.83	3	NO
T	86708	HEPATITIS A ANTIBODY (HAAB), TOT	11/1/2001	\$12.67	3	NO
T	86709	HEPATITIS A ANTIBODY (HAAB); IGM	11/1/2001	\$11.51	3	NO
T	86710	ANTIBODY; INFLUENZA VIRUS	11/1/2001	\$13.87	3	NO
T	86713	ANTIBODY; LEGIONELLA	11/1/2001	\$15.65	3	NO
T	86717	ANTIBODY; LEISHMANIA	11/1/2001	\$12.53	3	NO
T	86720	ANTIBODY; LEPTOSPIRA	11/1/2001	\$13.49	3	NO
T	86723	ANTIBODY; LISTERIA MONOCYTOGENES	11/1/2001	\$13.49	3	NO
T	86727	ANTIBODY; LYMPHOCYTIC CHORIOMENI	11/1/2001	\$13.16	3	NO
T	86729	ANTIBODY; LYMPHOGRANULOMA VENERE	11/1/2001	\$12.22	3	NO
T	86732	ANTIBODY; MUCORMYCOSIS	11/1/2001	\$13.49	3	NO
T	86735	ANTIBODY; MUMPS	11/1/2001	\$13.34	3	NO
T	86738	ANTIBODY; MYCOPLASMA	11/1/2001	\$13.55	3	NO
T	86741	ANTIBODY; NEISSERIA MENINGITIS	11/1/2001	\$13.49	3	NO
T	86744	ANTIBODY; NOCARDIA	11/1/2001	\$13.49	3	NO
T	86747	ANTIBODY; PARVOVIRUS	11/1/2001	\$15.37	3	NO
T	86750	ANTIBODY; PLASMODIUM (MALARIA)	11/1/2001	\$13.49	3	NO
T	86753	ANTIBODY; PROTOZOA, NOT ELSEWHER	11/1/2001	\$12.67	3	NO
T	86756	ANTIBODY; RESPIRATORY SYNCYTIAL	11/1/2001	\$13.18	3	NO
T	86757	RICKETTSIA	11/1/2001	\$19.80	3	NO
T	86759	ANTIBODY; ROTAVIRUS	11/1/2001	\$13.49	3	NO
T	86762	ANTIBODY; RUBELLA	11/1/2001	\$14.72	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	86765	ANTIBODY; RUBEOLA	11/1/2001	\$13.18	3	NO
T	86768	ANTIBODY; SALMONELLA	11/1/2001	\$13.49	3	NO
T	86771	ANTIBODY; SHIGELLA	11/1/2001	\$13.49	3	NO
T	86774	ANTIBODY; TETANUS	11/1/2001	\$15.13	3	NO
T	86777	ANTIBODY; TOXOPLASMA	11/1/2001	\$14.72	3	NO
T	86778	ANTIBODY; TOXOPLASMA, IGM	11/1/2001	\$14.73	3	NO
T	86781	ANTIBODY; TREPONEMA PALLIDUM, CO	11/1/2001	\$13.54	3	NO
T	86784	ANTIBODY; TRICHINELLA	11/1/2001	\$12.85	3	NO
T	86787	ANTIBODY; VARICELLA-ZOSTER	11/1/2001	\$13.18	3	NO
T	86790	ANTIBODY; VIRUS, NOT ELSEWHERE S	11/1/2001	\$13.18	3	NO
T	86793	ANTIBODY; YERSINIA	11/1/2001	\$13.49	3	NO
T	86800	THYROGLOBULIN ANTIBODY	11/1/2001	\$16.27	3	NO
T	86803	HEPATITIS C ANTIBODY	11/1/2001	\$14.60	3	NO
T	86804	HEPATITIS C ANTIBODY; CONFIRMATO	11/1/2001	\$15.84	3	NO
T	86805	LYMPHOCYTOTOXICITY ASSAY, VISUAL	11/1/2001	\$53.47	3	NO
T	86806	LYMPHOCYTOTOXICITY ASSAY, VISUAL	11/1/2001	\$48.66	3	NO
T	86807	SERUM SCREENING FOR CYTOTOXIC PE	11/1/2001	\$40.47	3	NO
T	86808	SERUM SCREENING FOR CYTOTOXIC PE	11/1/2001	\$30.35	3	NO
T	86812	HLA TYPING; A, B, OR C (EG, A10,	11/1/2001	\$26.39	3	NO
T	86813	HLA TYPING; A, B, OR C, MULTIPLE	11/1/2001	\$59.30	3	NO
T	86816	HLA TYPING; DR/DQ, SINGLE ANTIGE	11/1/2001	\$28.48	3	NO
T	86817	HLA TYPING; DR/DQ, MULTIPLE ANTI	11/1/2001	\$65.85	3	NO
T	86821	TISSUE TYPING; LYMPHOCYTE CULTUR	11/1/2001	\$57.74	3	NO
T	86822	TISSUE TYPING; LYMPHOCYTE CULTUR	11/1/2001	\$37.38	3	NO
T	86849	UNLISTED IMMUNOLOGY PROCEDURE	10/1/2005	\$0.01	5	NO
T	86850	ANTIBODY SCREEN, RBC, EACH SERUM	7/1/1997	\$7.81	3	NO
T	86860	ANTIBODY ELUTION (RBC), EACH ELU	2/15/2000	\$32.48	3	NO
T	86870	ANTIBODY IDENTIFICATION, RBC ANT	10/1/2001	\$38.52	3	NO
T	86880	ANTIHUMAN GLOBULIN TEST (COOMBS	11/1/2001	\$5.49	3	NO
T	86885	ANTIHUMAN GLOBULIN TEST; INDIRECT	11/1/2001	\$5.85	3	NO
T	86886	ANTIHUMAN GLOBULIN TEST (COOMBS	11/1/2001	\$5.29	3	NO
T	86890	AUTOLOGOUS BLOOD OR COMPONENT, C	10/1/2001	\$46.51	3	NO
T	86891	AUTOLOGOUS BLOOD OR COMPONENT, C	10/1/2005	\$0.01	5	NO
T	86900	BLOOD TYPING; ABO	11/1/2001	\$3.05	3	NO
T	86901	BLOOD TYPING; RH (D)	10/1/2001	\$6.62	3	NO
T	86903	BLOOD TYPING; ANTIGEN SCREENING	11/1/2001	\$9.66	3	NO
T	86904	BLOOD TYPING; ANTIGEN SCREENING	11/1/2001	\$9.72	3	NO
T	86905	BLOOD TYPING; RBC ANTIGENS, OTHE	11/1/2001	\$3.91	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	86906	BLOOD TYPING; RH PHENOTYPING, CO	11/1/2001	\$7.93	3	NO
T	86910	BLOOD TYPING, FOR PATERNITY TEST	2/22/1994	NC	9	NO
T	86911	BLOOD TYPING, FOR PATERNITY TEST	1/1/1994	NC	9	NO
T	86915	BONE MARROW, MODIFICATION OR TRE	7/1/2003	INVALID	N	NO
T	86920	COMPATIBILITY TEST EACH UNIT; IM	10/1/2001	\$58.92	3	NO
T	86921	COMPATIBILITY TEST EAH UNIT; INC	10/1/2005	\$0.01	5	NO
T	86922	COMPATIBILITY TEST EACH UNIT; AN	12/5/2005	\$58.92	3	NO
T	86923	COMPATIBILITY TEST EACH UNIT; EL	1/1/2006	NC	9	NO
T	86927	FRESH FROZEN PLASMA, THAWING, EA	10/1/2005	\$0.01	5	NO
T	86930	FROZEN BLOOD, EACH UNIT; FREEZIN	10/1/2005	\$0.01	5	NO
T	86931	FROZEN BLOOD, EACH UNIT; THAWING	10/1/2005	\$0.01	5	NO
T	86932	FROZEN BLOOD, EACH UNIT; FREEZIN	10/1/2005	\$0.01	5	NO
T	86940	HEMOLYSINS AND AGGLUTININS, AUTO	11/1/2001	\$8.38	3	NO
T	86941	HEMOLYSINS AND AGGLUTININS, AUTO	11/1/2001	\$12.38	3	NO
T	86945	IRRADIATION OF BLOOD PRODUCT, EA	3/23/2006	\$12.91	3	NO
T	86950	LEUKOCYTE TRANSFUSION	11/1/2000	\$0.01	5	NO
T	86960	VOLUME REDUCTION OF BLOOD OR BLO	1/1/2006	NC	9	NO
T	86965	POOLING OF PLATELETS OR OTHER BL	10/1/2001	\$27.35	3	NO
T	86970	PRETREATMENT OF RBC'S FOR USE IN	10/1/2005	\$0.01	5	NO
T	86971	PRETREATMENT OF RBC'S FOR USE IN	10/1/2005	\$0.01	5	NO
T	86972	PRETREATMENT OF RBC'S FOR USE IN	10/1/2005	\$0.01	5	NO
T	86975	PRETREATMENT OF SERUM FOR USE IN	10/1/2005	\$0.01	5	NO
T	86976	PRETREATMENT OF SERUM FOR USE IN	10/1/2005	\$0.01	5	NO
T	86977	PRETREATMENT OF SERUM FOR USE IN	10/1/2005	\$0.01	5	NO
T	86978	PRETREATMENT OF SERUM FOR USE IN	10/1/2005	\$0.01	5	NO
T	86985	SPLITTING OF BLOOD OR BLOOD PROD	10/1/2005	\$0.01	5	NO
T	86999	UNLISTED TRANSFUSION MEDICINE PR	10/1/2005	\$0.01	5	NO
T	87001	ANIMAL INOCULATION SMALL ANIMAL	11/1/2001	\$13.52	3	NO
T	87003	ANIMAL INOCULATION SMALL ANIMAL;	11/1/2001	\$17.21	3	NO
T	87015	CONCENTRATION (ANY TYPE), FOR IN	11/1/2001	\$6.83	3	NO
T	87040	CULTURE, BACTERIAL; BLOOD, WITH	11/1/2001	\$10.56	3	NO
T	87045	CULTURE, BACTERIAL; FECES, W/ISO	11/1/2001	\$9.65	3	NO
T	87046	CULTURE, BACTERIAL; STOOL, AEROB	11/1/2001	\$2.41	3	NO
T	87070	CULTURE, BACTERIAL; ANY OTHER SO	11/1/2001	\$8.81	3	NO
T	87071	CULTURE, BACTERIAL; QUANTITATIVE	11/1/2001	\$4.82	3	NO
T	87073	CULTURE, BACTERIAL; QUANTITATIVE	11/1/2001	\$4.82	3	NO
T	87075	CULTURE, BACTERIAL; ANY SOURCE,	11/1/2001	\$9.68	3	NO
T	87076	CULTURE, BACTERIAL; ANAEROBIC IS	11/1/2001	\$8.26	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	87077	CULTURE, BACTERIAL; AEROBIC ISOL	11/1/2001	\$8.26	3	NO
T	87081	CULTURE, PRESUMPTIVE, PATHOGENIC	11/1/2001	\$6.78	3	NO
T	87084	CULTURE PRESUMPTIVE PATHOGENIC O	11/1/2001	\$8.81	3	NO
T	87086	CULTURE, BACTERIAL; QUANTITATIVE	11/1/2001	\$8.26	3	NO
T	87088	CULTURE, BACTERIAL; WITH ISOLATI	11/1/2001	\$8.27	3	NO
T	87101	CULTURE, FUNGI (MOLD OR YEAST) I	11/1/2001	\$7.89	3	NO
T	87102	CULTURE, FUNGI, ISOLATION; OTHER	11/1/2001	\$8.59	3	NO
T	87103	CULTURE, FUNGI, ISOLATION; BLOOD	11/1/2001	\$9.22	3	NO
T	87106	CULTURE, FUNGI, DEFINITIVE IDENT	11/1/2001	\$8.95	3	NO
T	87107	CULTURE, FUNGI, DEFINITIVE IDENT	11/1/2001	\$8.95	3	NO
T	87109	CULTURE MYCOPLASMA ANY SOURCE	11/1/2001	\$15.73	3	NO
T	87110	CULTURE, CHLAMYDIA, ANY SOURCE	11/1/2001	\$20.04	3	NO
T	87116	CULTURE, TUBERCLE OR OTHER ACID-	11/1/2001	\$11.05	3	NO
T	87118	CULTURE, MYCOBACTERIA, DEFINITIV	11/1/2001	\$11.20	3	NO
T	87140	CULTURE, TYPING; IMMUNOFLUORESCE	11/1/2001	\$5.71	3	NO
T	87143	CULTURE, TYPING; GAS LIQUID CHRO	11/1/2001	\$12.82	3	NO
T	87147	CULTURE, TYPING; IMMUNOLOGIC MET	11/1/2001	\$5.29	3	NO
T	87149	CULTURE, TYPING; IDENTIFICATION	11/1/2001	\$20.51	3	NO
T	87152	CULTURE, TYPING; IDENTIFICATION	11/1/2001	\$5.35	3	NO
T	87158	CULTURE TYPING; OTHER METHODS	11/1/2001	\$5.35	3	NO
T	87164	DARK FIELD EXAMINATION ANY SOURC	7/1/1997	\$14.74	3	NO
T	87166	DARK FIELD EXAMINATION ANY SOURC	11/1/2001	\$11.55	3	NO
T	87168	MACROSCOPIC EXAMINATION; ARTHROP	11/1/2001	\$4.37	3	NO
T	87169	MACROSCOPIC EXAMINATION; PARASIT	11/1/2001	\$4.37	3	NO
T	87172	PINWORM EXAM (EG, CELLOPHANE TAP	11/1/2001	\$4.37	3	NO
T	87176	HOMOGENIZATION, TISSUE, FOR CULT	11/1/2001	\$6.02	3	NO
T	87177	OVA AND PARASITES DIRECT SMEARS	11/1/2001	\$9.10	3	NO
T	87181	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$0.86	3	NO
T	87184	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$7.05	3	NO
T	87185	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$0.86	3	NO
T	87186	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$8.84	3	NO
T	87187	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$10.60	3	NO
T	87188	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$6.79	3	NO
T	87190	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$4.95	3	NO
T	87197	SERUM BACTERICIDAL TITER (SCHLIC	11/1/2001	\$12.27	3	NO
T	87205	SMEAR, PRIMARY SOURCE WITH INTER	11/1/2001	\$4.37	3	NO
T	87206	SMEAR, PRIMARY SOURCE WITH INTER	11/1/2001	\$5.49	3	NO
T	87207	SMEAR, PRIMARY SOURCE WITH INTER	7/1/1997	\$7.58	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	87209	SMEAR, PRIMARY SOURCE W/INTERPRE	1/1/2006	\$18.58	3	NO
T	87210	SMEAR, PRIMARY SOURCE WIHT INTER	11/1/2001	\$4.37	3	NO
T	87220	TISSUE EXAMINATION BY KOH SLIDE	11/1/2001	\$4.37	3	NO
T	87230	TOXIN FOE ANTITOXIN ASSAY, TISSU	11/1/2001	\$20.19	3	NO
T	87250	VIRUS ISOLATION; INOCULATION OF	11/1/2001	\$19.99	3	NO
T	87252	VIRUS ISOLATION; TISSUE CULTURE	11/1/2001	\$24.54	3	NO
T	87253	VIRUS ISOLATION; TISSUE CULTURE,	11/1/2001	\$20.65	3	NO
T	87254	VIRUS ISOLATION; CENTRIFUGE ENHA	11/1/2001	\$5.00	3	NO
T	87255	VIRUS ISOLATION; INCLUDING IDENT	1/1/2003	\$35.01	3	NO
T	87260	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87265	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87267	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2003	\$12.40	3	NO
T	87269	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2004	\$12.40	3	NO
T	87270	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87271	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2003	\$12.40	3	NO
T	87272	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87273	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87274	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87275	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87276	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87277	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87278	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87279	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87280	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87281	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87283	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87285	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87290	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87299	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87300	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$6.13	3	NO
T	87301	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87320	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87324	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87327	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87328	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87329	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2004	\$12.40	3	NO
T	87332	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87335	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	87336	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87337	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87338	HELICOBACTER PYLORI, STOOL	10/1/2005	\$0.01	5	NO
T	87339	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87340	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$10.56	3	NO
T	87341	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$10.56	3	NO
T	87350	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$11.78	3	NO
T	87380	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$16.79	3	NO
T	87385	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87390	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$18.04	3	NO
T	87391	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$18.04	3	NO
T	87400	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$6.13	3	NO
T	87420	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87425	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87427	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87430	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87449	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87450	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$9.81	3	NO
T	87451	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$9.81	3	NO
T	87470	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87471	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87472	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87475	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87476	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87477	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87480	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87481	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87482	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
T	87485	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87486	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87487	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87490	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87491	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87492	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.75	3	NO
T	87495	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87496	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87497	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87510	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	87511	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87512	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
T	87515	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87516	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87517	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87520	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87521	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87522	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87525	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87526	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87527	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
T	87528	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87529	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87530	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87531	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87532	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87533	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
T	87534	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87535	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87536	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$87.02	3	NO
T	87537	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87538	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87539	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87540	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87541	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87542	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
T	87550	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87551	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87552	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87555	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87556	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87557	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87560	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87561	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87562	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87580	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87581	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87582	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	87590	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87591	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87592	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87620	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87621	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87622	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
T	87650	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87651	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87652	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
T	87660	INFECTIOUS AGENT DETECTION BY NU	1/1/2004	\$20.73	3	NO
T	87797	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$20.51	3	NO
T	87798	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$35.89	3	NO
T	87799	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$0.01	5	NO
T	87800	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$20.51	3	NO
T	87801	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$35.89	3	NO
T	87802	INFECTIOUS AGENT ANTIGEN DETECTI	12/1/2002	\$12.27	3	NO
T	87803	INFECTIOUS AGENT ANTIGEN DETECTI	12/1/2002	\$12.27	3	NO
T	87804	INFECTIOUS AGENT ANTIGEN DETECTI	12/1/2002	\$12.27	3	NO
T	87807	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2005	\$12.40	3	NO
T	87810	INFECTIOUS AGENT DETECTION BY IM	11/1/2001	\$12.27	3	NO
T	87850	INFECTIOUS AGENT DETECTION BY IM	11/1/2001	\$12.27	3	NO
T	87880	INFECTIOUS AGENT DETECTION BY IM	11/1/2001	\$12.27	3	NO
T	87899	INFECTIOUS AGENT DETECTION BY IM	8/1/2003	\$12.27	3	NO
T	87900	INFECTIOUS AGENT DRUG SUSCEPTIBI	1/1/2006	\$124.02	3	NO
T	87901	INFECTIOUS AGENT GENOTYPE ANALYS	11/1/2001	\$263.28	3	NO
T	87902	INFECTIOUS AGENT GENOTYPE ANALYS	12/1/2002	\$263.28	3	NO
T	87903	INFECTIOUS AGENT PHENOTYPE ANALY	11/1/2001	\$499.71	3	NO
T	87904	INFECTIOUS AGENT PHENOTYPE ANALY	11/1/2001	\$24.54	3	NO
T	87999	UNLISTED MICROBIOLOGY PROCEDURE	10/1/2001	\$0.01	5	NO
T	88000	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
T	88005	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
T	88007	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
T	88012	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
T	88014	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
T	88016	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
T	88020	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
T	88025	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
T	88027	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	88028	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
T	88029	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
T	88036	NECROPSY (AUTOPSY) LIMITED GROSS	4/1/1982	NC	9	NO
T	88037	NECROPSY (AUTOPSY) LIMITED GROSS	4/1/1982	NC	9	NO
T	88040	NECROPSY (AUTOPSY) FORENSIC EXAM	4/1/1982	NC	9	NO
T	88045	NECROPSY (AUTOPSY); CORONER'S CA	4/1/1982	NC	9	NO
T	88099	UNLISTED NECROPSY (AUTOPSY) PROC	4/1/1982	NC	9	NO
T	88104	CYTOPATHOLOGY, FLUIDS, WASHINGS	10/1/2005	\$16.35	3	NO
T	88106	CYTOPATHOLOGY FLUIDS WASHINGS OR	10/1/2005	\$29.32	3	NO
T	88107	CYTOPATHOLOGY FLUIDS WASHINGS OR	10/1/2005	\$31.92	3	NO
T	88108	CYTOPATHOLOGY FLUIDS WASHINGS OR	10/1/2005	\$25.69	3	NO
T	88112	CYTOPATHOLOGY, SELECTIVE CELLULA	10/1/2005	\$38.41	3	NO
T	88125	CYTOPATHOLOGY, FERENSIC, (EG, SP	1/1/1989	NC	9	NO
T	88130	SEX CHROMATIN IDENTIFICATION BAR	10/1/2001	\$21.69	3	NO
T	88140	SEX CHROMATIN IDENTIFICATION; PE	11/1/2001	\$8.18	3	NO
T	88141	CYTOPATHOLOGY, CERVICAL OR VAGIN	10/1/2005	\$15.31	3	NO
T	88142	CYTOPATHOLOGY, CERVICAL OR VAGIN	1/1/2003	\$20.95	3	NO
T	88143	CYTOPATHOLOGY, CERVICAL OR VAGIN	1/1/2003	\$20.95	3	NO
T	88144	CYTOPATHOLOGY, CERVICAL OR VAGIN	7/1/2003	INVALID	N	NO
T	88145	CYTOPATHOLOGY, CERVICAL OR VAGIN	7/1/2003	INVALID	N	NO
T	88147	CYTOPATHOLOGY SMEARS, CERVICAL O	1/1/2003	\$14.76	3	NO
T	88148	CYTOPATHOLOGY SMEARS, CERVICAL O	1/1/2003	\$20.95	3	NO
T	88150	CYTOPATHOLOGY, SMEARS, CERVICAL	1/1/2003	\$14.76	3	NO
T	88152	CYTOPATHOLOGY, SMEARS, CERVICAL	1/1/2003	\$14.76	3	NO
T	88153	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
T	88154	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
T	88155	CYTOPATHOLOGY SMEARS WITH DEFINI	1/1/2003	\$6.19	3	NO
T	88160	CYTOPATHOLOGY, SMEARS, ANY OTHER	10/1/2005	\$16.61	3	NO
T	88161	CYTOPATHOLOGY ANY OTHER SOURCE;	10/1/2005	\$19.46	3	NO
T	88162	CYTOPATHOLOGY ANY OTHER SOURCE;	10/1/2005	\$18.42	3	NO
T	88164	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
T	88165	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
T	88166	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
T	88167	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
T	88170	FINE NEEDLE ASPIRATION; SUPERFIC	4/1/2002	INVALID	N	NO
T	88171	FINE NEEDLE ASPIRATION WITH OR W	4/1/2002	INVALID	N	NO
T	88172	CYTOPATHOLOGY, EVALUATION OF FIN	10/1/2005	\$12.72	3	NO
T	88173	EVALUATION OF FINE NEEDLE ASPIRA	10/1/2005	\$40.74	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	88174	CYTOPATHOLOGY, CERVICAL OR VAGIN	1/1/2003	\$22.13	3	NO
T	88175	CYTOPATHOLOGY, CERVICAL OR VAGIN	1/1/2003	\$30.17	3	NO
T	88180	FLOW CYTOMETRY; EACH CELL SURFAC	1/1/2005	INVALID	N	NO
T	88182	FLOW CYTOMETRY; CELL CYCLE OR DN	10/1/2005	\$43.86	3	NO
T	88184	FLOW CYTOMETRY, CELL SURFACE, CY	10/1/2005	\$34.77	3	NO
T	88185	FLOW CYTOMETRY, CELL SURFACE, CY	10/1/2005	\$17.13	3	NO
T	88187	FLOW CYTOMETRY, INTERPRETATION;	10/1/2005	\$47.23	3	NO
T	88188	FLOW CYTOMETRY, INTERPRETATION;	10/1/2005	\$58.91	3	NO
T	88189	FLOW CYTOMETRY, INTERPRETATION;	10/1/2005	\$77.59	3	NO
T	88199	UNLISTED CYTOPATHOLOGY PROCEDURE	12/1/1999	\$0.01	5	NO
T	88230	TISSUE CULTURE FOR CHROMOSOME A	11/1/2001	\$78.53	3	NO
T	88233	TISSUE CULTURE FOR CHROMOSOME AN	11/1/2001	\$143.92	3	NO
T	88235	TISSUE CULTURE FOR CHROMOSOME AN	11/1/2001	\$82.15	3	NO
T	88237	TISSUE CULTURE FOR CHROMOSOME AN	11/1/2001	\$129.17	3	NO
T	88239	TISSUE CULTURE FOR CHROMOSOME AN	11/1/2001	\$144.43	3	NO
T	88240	CRYOPRESERVATION, FREEZING AND S	11/1/2001	\$10.33	3	NO
T	88241	THAWING AND EXPANSION OF FROZEN	11/1/2001	\$10.33	3	NO
T	88245	CHROMOSOME ANALYSIS FOR BREAKAGE	11/1/2001	\$152.23	3	NO
T	88248	CHROMOSOME ANALYSIS FOR BREAKAGE	11/1/2001	\$177.10	3	NO
T	88249	CHROMOSOME ANALYSIS FOR BREAKAGE	11/1/2001	\$177.10	3	NO
T	88261	CHROMOSOME ANALYSIS; COUNT 5 CEL	11/1/2001	\$180.74	3	NO
T	88262	CHROMOSOME ANALYSIS; COUNT 15-20	11/1/2001	\$127.47	3	NO
T	88263	CHROMOSOME ANALYSIS; COUNT 45 CE	11/1/2001	\$153.68	3	NO
T	88264	CHROMOSOME ANALYSIS; ANALYZE 20	11/1/2001	\$127.47	3	NO
T	88267	CHROMOSOME ANALYSIS, AMNIOTIC FL	11/1/2001	\$183.85	3	NO
T	88269	CHROMOSOME ANALYSIS IN SITU FOR	11/1/2001	\$170.09	3	NO
T	88271	MOLECULAR CYTOGENETICS; DNA PROB	11/1/2001	\$21.90	3	NO
T	88272	MOLECULAR CYTOGENETICS; CHROMOSO	11/1/2001	\$27.38	3	NO
T	88273	MOLECULAR CYTOGENETICA; CHROMOSO	11/1/2001	\$32.86	3	NO
T	88274	MOLECULAR CYTOGENETICS; INTERPHA	11/1/2001	\$35.59	3	NO
T	88275	MOLECULAR CYTOGENETICS; INTERPHA	11/1/2001	\$41.07	3	NO
T	88280	CHROMOSOME ANALYSIS; ADDITIONAL	11/1/2001	\$25.66	3	NO
T	88283	CHROMOSOME ANALYSIS; ADDITIONAL	11/1/2001	\$70.14	3	NO
T	88285	CHROMOSOME ANALYSIS; ADDITIONAL	11/1/2001	\$19.43	3	NO
T	88289	CHROMOSOME ANALYSIS; ADDITIONAL	11/1/2001	\$22.57	3	NO
T	88291	CYTOGENETICS AND MOLECULAR CYTOG	10/1/2005	\$18.42	3	NO
T	88299	UNLISTED CYTOGENETIC STUDY	12/1/1999	\$0.01	5	NO
T	88300	LEVEL I - SURGICAL PATHOLOGY, GR	10/1/2005	\$11.16	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	88302	LEVEL II - SURGICAL PATHOLOGY, G	10/1/2005	\$25.69	3	NO
T	88304	LEVEL III - SURGICAL PATHOLOGY,	10/1/2005	\$32.44	3	NO
T	88305	LEVEL IV - SURGICAL PATHOLOGY, G	10/1/2005	\$42.04	3	NO
T	88307	LEVEL V - SURGICAL PATHOLOGY, GR	10/1/2005	\$65.65	3	NO
T	88309	LEVEL VI - SURGICAL PATHOLOGY, G	10/1/2005	\$90.31	3	NO
T	88311	DECALCIFICATION PROCEDURE (LIST	10/1/2005	\$3.63	3	NO
T	88312	SPECIAL STAINS (LIST SEPARATELY	10/1/2005	\$33.74	3	NO
T	88313	SPECIAL STAINS GROUP II ALL OTHE	10/1/2005	\$30.10	3	NO
T	88314	SPECIAL STAINS HISTOCHEMICAL STA	10/1/2005	\$49.05	3	NO
T	88318	DETERMINATIVE HISTOCHEMISTRY TO	10/1/2005	\$38.41	3	NO
T	88319	DETERMINATIVE HISTOCHEMISTRY OR	10/1/2005	\$83.30	3	NO
T	88323	CONSULTATION AND REPORT ON REFER	10/1/2005	\$31.92	3	NO
T	88331	PATHOLOGY CONSULTATION DURING SU	10/1/2005	\$16.35	3	NO
T	88332	CONSULTATION DURING SURGERY; EAC	10/1/2005	\$5.97	3	NO
T	88333	PATHOLOGY CONSULTATION DURING SU	1/1/2006	\$15.31	3	NO
T	88334	PATHOLOGY CONSULTATION DURING SU	1/1/2006	\$9.34	3	NO
T	88342	IMMUNOCYTOCHEMISTRY (INCLUDING T	10/1/2005	\$29.06	3	NO
T	88346	IMMUNOFLUORESCENT STUDY, EACH AN	10/1/2005	\$31.92	3	NO
T	88347	IMMUNOFLUORESCENT STUDY, EACH AN	10/1/2005	\$24.13	3	NO
T	88348	ELECTRON MICROSCOPY DIAGNOSTIC	10/1/2005	\$227.84	3	NO
T	88349	SCANNING	10/1/2005	\$85.38	3	NO
T	88355	MORPHOMETRIC ANALYSIS SKELETAL M	10/1/2005	\$208.64	3	NO
T	88356	MORPHOMETRIC ANALYSIS NERVE	10/1/2005	\$77.59	3	NO
T	88358	MORPHOMETRIC ANALYSIS; TUMOR	10/1/2005	\$13.23	3	NO
T	88360	MORPHOMETRIC ANALYSIS, TUMOR IMM	10/1/2005	\$33.22	3	NO
T	88361	MORPHOMETRIC ANALYSIS; TUMOR IMM	10/1/2005	\$67.47	3	NO
T	88362	NERVE TEASING PREPARATIONS	10/1/2005	\$99.39	3	NO
T	88365	IN SITU HYBRIDIZATION (EG, FISH)	10/1/2005	\$42.56	3	NO
T	88367	MORPHOMETRIC ANALYSIS, IN SITU H	10/1/2005	\$94.20	3	NO
T	88368	MORPHOMETRIC ANALYSIS, IN SITU H	10/1/2005	\$76.81	3	NO
T	88371	PROTEIN ANALYSIS OF TISSUE BY WE	7/1/1997	\$30.44	3	NO
T	88372	PROTEIN ANALYSIS OF TISSUE BY WE	7/1/1997	\$31.04	3	NO
T	88384	ARRAY-BASED EVALUATION OF MULTIP	1/1/2006	NC	9	NO
T	88399	UNLISTED SURGICAL PATHOLOGY PROC	10/1/2001	\$0.01	5	NO
T	88400	BILIRUBIN, TOTAL, TRANSCUTANEOUS	11/1/2001	\$2.57	3	NO
T	89050	CELL COUNT, MISCELLANEOUS BODY F	11/1/2001	\$4.83	3	NO
T	89051	CELL COUNT MISCELLANEOUS BODY FL	11/1/2001	\$5.63	3	NO
T	89055	LEUKOCYTE COUNT, FECAL	1/1/2003	\$4.41	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	89100	DUODENAL INTUBATION AND ASPIRATI	10/1/2005	\$63.84	3	NO
T	89105	DUODENAL INTUBATION AND ASPIRATI	10/1/2005	\$71.10	3	NO
T	89125	FAT STAIN, FECES, URINE, OR RESP	11/1/2001	\$2.95	3	NO
T	89130	GASTRIC INTUBATION AND ASPIRATIO	10/1/2005	\$57.35	3	NO
T	89132	GASTRIC INTUBATION AND ASPIRATIO	10/1/2005	\$45.41	3	NO
T	89135	GASTRIC INTUBATION ASPIRATION AN	10/1/2005	\$70.58	3	NO
T	89136	GASTRIC INTUBATION ASPIRATIO;N A	10/1/2005	\$50.60	3	NO
T	89140	GASTRIC INTUBATION ASPIRATION AN	10/1/2005	\$79.41	3	NO
T	89141	GASTRIC INTUBATION ASPIRATION AN	10/1/2005	\$95.24	3	NO
T	89160	MEAT FIBERS FECES	11/1/2001	\$3.77	3	NO
T	89190	NASAL SMEAR FOR EOSINOPHILS	11/1/2001	\$4.85	3	NO
T	89220	SPUTUM, OBTAINING SPECIMEN, AERO	10/1/2005	\$10.64	3	NO
T	89225	STARCH GRANULES, FECES	1/1/2004	\$2.97	3	NO
T	89230	SWEAT COLLECTION BY IONTOPHORESI	10/1/2005	\$3.37	3	NO
T	89235	WATER LOAD TEST	1/1/2004	NC	9	NO
T	89240	UNLISTED MISCELLANEOUS PATHOLOGY	1/1/2004	NC	9	NO
T	89250	CULTURE AND FERTILIZATION OF OOC	1/1/1996	NC	9	NO
T	89251	CULTURE AND FERTILIZATION OF OOC	1/1/1998	NC	9	NO
T	89252	ASSISTED OOCYTE FERTILIZATION, M	4/1/2004	INVALID	N	NO
T	89253	ASSISTED EMBRYO HATCHING, MICROT	1/1/1998	NC	9	NO
T	89254	OOCYTE IDENTIFICATION FROM FOLLI	1/1/1998	NC	9	NO
T	89255	PREPARATION OF EMBRYO FOR TRANSF	1/1/1998	NC	9	NO
T	89256	PREPARATION OF CRYOPRESERVED EMB	4/1/2004	INVALID	N	NO
T	89257	SPERM IDENTIFICATION FROM ASPIRA	1/1/1998	NC	9	NO
T	89258	CRYOPRESERVATION; EMBRYO	1/1/1998	NC	9	NO
T	89259	CRYOPRESERVATION; SPERM	1/1/1998	NC	9	NO
T	89260	SPERM ISOLATION; SIMPLE PREP FOR	1/1/1998	NC	9	NO
T	89261	SPERM ISOLATION; COMPLEX PREP FO	1/1/1998	NC	9	NO
T	89264	SPERM IDENTIFICATION FROM TESTS	1/1/1999	NC	9	NO
T	89268	INSEMINATION OF OOCYTES	1/1/2004	NC	9	NO
T	89272	EXTENDED CULTURE OF OOCYTE(S)/EM	1/1/2004	NC	9	NO
T	89280	ASSISTED OOCYTE FERTILIZATION, M	1/1/2004	NC	9	NO
T	89281	ASSISTED OOCYTE FERTILIZATION, M	1/1/2004	NC	9	NO
T	89290	BIOPSY, OOCYTE POLAR BODY OR EMB	1/1/2004	NC	9	NO
T	89291	BIOPSY, OOCYTE POLAR BODY OR EMB	1/1/2004	NC	9	NO
T	89300	SEMEN ANALYSIS PRESENCE AND/OR M	12/7/1993	NC	9	NO
T	89310	SEMEN ANALYSIS; MOTILITY AND COU	4/1/1982	NC	9	NO
T	89320	SEMEN ANALYSIS; COMPLETE (AVOLUM	4/1/1982	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	89321	SEMEN ANALYSIS, PRESENCE AND/OR	1/1/2001	NC	9	NO
T	89325	SPERM ANTIBODIES	4/1/1982	NC	9	NO
T	89329	SPERM EVALUATION HAMSTER PENETRA	3/1/1987	NC	9	NO
T	89330	SPERM EVALUATION CERVICAL MUCUS	8/1/1986	NC	9	NO
T	89335	CRYOPRESERVATION, REPRODUCTIVE T	1/1/2004	NC	9	NO
T	89342	STORAGE, (PER YEAR); EMBRYO(S)	1/1/2004	NC	9	NO
T	89343	STORAGE, (PER YEAR); SPERM/SEMEN	1/1/2004	NC	9	NO
T	89344	STORAGE, (PER YEAR); REPRODUCTIV	1/1/2004	NC	9	NO
T	89346	STORAGE, (PER YEAR); OOCYTE(S)	1/1/2004	NC	9	NO
T	89350	SPUTUM OBTAINING SPECIMEN AEROSO	4/1/2004	INVALID	N	NO
T	89352	THAWING OF CRYOPRESERVED; EMBRYO	1/1/2004	NC	9	NO
T	89353	THAWING OF CRYOPRESERVED; SPERM/	1/1/2004	NC	9	NO
T	89354	THAWING OF CRYOPRESERVED; REPROD	1/1/2004	NC	9	NO
T	89355	STARCH GRANULES FECES	4/1/2004	INVALID	N	NO
T	89356	THAWING OF CRYOPRESERVED; OOCYTE	1/1/2004	NC	9	NO
T	89360	SWEAT COLLECTION BY IONTOPHORESI	4/1/2004	INVALID	N	NO
T	89365	WATER LOAD TEST	4/1/2004	INVALID	N	NO
T	89399	UNLISTED MISCELLANEOUS PATHOLOGY	4/1/2004	INVALID	N	NO
T	90709	IMMUNIZATION, ACTIVE; RUBELLA &	7/1/2003	INVALID	N	NO
T	90710	IMMUNIZATION, ACTIVE; MEASLES, M	8/1/2005	NC	9	NO
T	90712	IMMUNIZATION, ACTIVE; POLIOVIRUS	1/1/2001	NC	9	NO
T	90735	IMMUNIZATION ACTIVE; ENCEPHALITI	2/1/2001	NC	9	NO
T	90862	PHARMACOLOGIC MANAGEMENT; CLOZAR	10/1/2005	\$18.72	3	NO
T	91000	ESOPHAGEAL INTUBATION AND COLLEC	10/1/2005	\$2.34	3	NO
T	91010	ESOPHAGEAL MOTILITY STUDY	10/1/2005	\$104.58	3	NO
T	91011	ESOPHAGEAL MOTILITY STUDY; WITH	10/1/2005	\$123.52	3	NO
T	91012	ESOPHAGEAL MOTILITY STUDY; WITH	10/1/2005	\$137.79	3	NO
T	91020	ESOPHAGOGASTRIC MANOMETRIC STUDI	10/1/2005	\$106.14	3	NO
T	91022	DUODENAL MOTILITY (MANOMETRIC) S	1/1/2006	\$102.76	3	NO
T	91030	ESOPHAGUS ACID PERFUSION (BERNST	10/1/2005	\$55.27	3	NO
T	91032	ESOPHAGUS ACID REFLUX TEST WITH	1/1/2005	INVALID	N	NO
T	91033	ESOPHAGUS ACID REFLUX TEST PROLO	1/1/2005	INVALID	N	NO
T	91034	ESOPHAGUS, GASTROESOPHAGEAL REFL	1/1/2005	\$128.71	3	NO
T	91035	ESOPHAGUS, GASTROESOPHAGEAL REFL	10/1/2005	\$267.29	3	NO
T	91037	ESOPHAGEAL FUNCTION TEST, GASTRO	10/1/2005	\$68.77	3	NO
T	91038	ESOPHAGEAL FUNCTION TEST, GASTRO	10/1/2005	\$49.05	3	NO
T	91040	ESOPHAGEAL BALLOON DISTENSION PR	10/1/2005	\$281.56	3	NO
T	91052	GASTRIC ANALYSIS TEST WITH INJEC	10/1/2005	\$56.83	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	91055	GASTRIC INTUBATION WASHINGS AND	10/1/2005	\$69.81	3	NO
T	91060	GASTRIC SALINE LOAD TEST	10/1/2005	\$47.75	3	NO
T	91065	BREATH HYDROGEN TEST (EG, FOR DE	10/1/2005	\$36.59	3	NO
T	91120	RECTAL SENSATION, TONE, AND COMP	10/1/2005	\$277.15	3	NO
T	91122	ANORECTAL MANOMETRY	10/1/2005	\$118.85	3	NO
T	91299	UNLISTED DIAGNOSTIC GASTROENTERO	9/1/1993	\$0.01	5	NO
T	92060	SENSORIMOTOR EXAM W/MULTIPLE MEA	10/1/2005	\$11.68	3	NO
T	92065	ORTHOPTIC AND/OR PLEOPTIC TRAINI	10/1/2005	\$10.12	3	NO
T	92081	VISUAL FIELD EXAM, UNILATERAL OR	10/1/2005	\$20.76	3	NO
T	92082	VISUAL FIELD EXAM, UNILATERAL OR	10/1/2005	\$27.25	3	NO
T	92083	VISUAL FIELD EXAM, UNILATERAL OR	10/1/2005	\$31.66	3	NO
T	92135	SCANNING COMPUTERIZED OPHTHALMIC	10/1/2005	\$16.87	3	NO
T	92136	OPHTHALMIC BIOMETRY BY PARTIAL C	10/1/2005	\$38.41	3	NO
T	92235	OPHTHALMOSCOPY WITH MEDICAL DIAG	10/1/2005	\$59.69	3	NO
T	92240	INDOCYNAINE-GREEN ANGIOGRAPHY (I	10/1/2005	\$146.88	3	NO
T	92250	FUNDUS PHOTOGRAPHY WITH INTERPRE	10/1/2005	\$35.03	3	NO
T	92265	OCULOELECTROMYOGRAPHY ONE OR MOR	10/1/2005	\$31.92	3	NO
T	92270	ELECTRO-OCULOGRAPHY WITH MEDICAL	10/1/2005	\$31.66	3	NO
T	92275	ELECTRORETINOGRAPHY WITH MEDICAL	10/1/2005	\$39.70	3	NO
T	92283	COLOR VISION EXAMINATION EXTENDE	10/1/2005	\$20.24	3	NO
T	92284	DARK ADAPTATION EXAMINATION WITH	10/1/2005	\$46.97	3	NO
T	92285	EXTERNAL OCULAR PHOTOGRAPHY W/IN	10/1/2005	\$23.61	3	NO
T	92286	SPECIAL ANTERIOR SEGMENT PHOTOGR	10/1/2005	\$72.14	3	NO
T	92499	UNLISTED OPHTHALMOLOGICAL SERVIC	9/21/1993	\$0.01	5	NO
T	92541	SPONTANEOUS NYSTAGMUS TEST INCLU	10/1/2005	\$22.32	3	NO
T	92542	POSITIONAL NYSTAGMUS TEST MINIMU	10/1/2005	\$25.95	3	NO
T	92543	CALORIC VESTIBULAR TEST EACH IRR	10/1/2005	\$13.75	3	NO
T	92544	OPTOKINETIC NYSTAGMUS TEST BIDIR	10/1/2005	\$20.76	3	NO
T	92545	OSCILLATING TRACKING TEST WITH R	10/1/2005	\$18.42	3	NO
T	92546	SINUSOIDAL VERTICAL AXIS ROTATIO	10/1/2005	\$48.53	3	NO
T	92548	COMPUTERIZED DYNAMIC POSTUROGRAP	10/1/2005	\$55.01	3	NO
T	92585	AUDITORY EVOKED POTENTIALS FOR E	10/1/2005	\$51.64	3	NO
T	92587	EVOKED OTOACOUSTIC EMISSIONS; LI	10/1/2005	\$36.85	3	NO
T	92588	EVOKED OTOACOUSTIC EMISSIONS; CO	10/1/2005	\$41.52	3	NO
T	92599	UNLISTED OTORHYNOLARYNGOLOGICAL	7/1/2003	INVALID	N	NO
T	92978	INTRAVASCULAR ULTRASOUND DURING	10/1/2005	\$124.56	3	NO
T	92979	INTERVASCULAR ULTRASOUND DURING	10/1/2005	\$62.80	3	NO
T	93024	ERGONOVINE PROVOCATION TEST	10/1/2005	\$31.14	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	93025	MICROVOLT T-WAVE ALTERNANS FOR A	10/1/2005	\$192.29	3	NO
T	93278	SIGNAL-AVERAGED ELECTROCARDIOGRA	10/1/2005	\$32.70	3	NO
T	93303	TRANSTHORACIC ECHOCARDIOGRAPHY F	10/1/2005	\$106.14	3	NO
T	93304	TRANSTHORACIC ECHOCARDIOGRAPHY F	10/1/2005	\$53.72	3	NO
T	93307	ECHOCARDIOGRAPHY, TRANSTHORACIC,	10/1/2005	\$106.14	3	NO
T	93308	ECHOCARDIOGRAPHY, REAL-TIME W/IM	10/1/2005	\$53.72	3	NO
T	93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEA	10/1/2005	\$105.62	3	NO
T	93314	ECHOCARDIOGRAPHY, REAL TIME WITH	10/1/2005	\$105.62	3	NO
T	93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY	10/1/2005	\$103.80	3	NO
T	93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY	10/1/2005	\$103.80	3	NO
T	93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEA	10/1/2002	\$0.01	5	NO
T	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED	10/1/2005	\$47.49	3	NO
T	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED	10/1/2005	\$30.88	3	NO
T	93325	DOPPLER COLOR FLOW VELOCITY MAPP	10/1/2005	\$80.70	3	NO
T	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC,	10/1/2005	\$49.05	3	NO
T	93501	RIGHT HEART CATHETERIZATION	10/1/2005	\$465.80	3	NO
T	93505	ENDOMYOCARDIAL BIOPSY	10/1/2005	\$55.53	3	NO
T	93508	CATHETER PLACEMENT IN CORONARY A	10/1/2005	\$343.84	3	NO
T	93510	LEFT HEART CATHETERIZATION RETRO	10/1/2005	\$1,018.54	3	NO
T	93511	LEFT HEART CATHETERIZATION RETRO	10/1/2005	\$991.29	3	NO
T	93514	LEFT HEART CATHETERIZATION BY LE	10/1/2005	\$991.29	3	NO
T	93524	COMBINED TRANSSEPTAL AND RETROGR	10/1/2005	\$1,295.68	3	NO
T	93526	COMBINED RIGHT HEART CATHETERIZA	10/1/2005	\$1,331.49	3	NO
T	93527	COMBINED RT HEART CATH & TRANSSE	10/1/2005	\$1,295.68	3	NO
T	93528	COMBINED RIGHT HEART CATHETERIZA	10/1/2005	\$1,295.68	3	NO
T	93529	COMBINED RIGHT HEART CATH/LEFT H	10/1/2005	\$1,295.68	3	NO
T	93530	RIGHT HEART CATHETERIZATION, FOR	10/1/2005	\$465.80	3	NO
T	93531	COMBINED RIGHT HEART CATHETERIZA	10/1/2005	\$1,331.49	3	NO
T	93532	COMBINED RIGHT HEART CATHETERIZA	10/1/2005	\$1,295.68	3	NO
T	93533	COMBINED RIGHT HEART CATHETERIZA	10/1/2005	\$1,295.68	3	NO
T	93555	IMAGING SUPERVISION, INTERPRETAT	10/1/2005	\$171.53	3	NO
T	93556	IMAGING SUPERVISION, INTERPRETAT	10/1/2005	\$269.88	3	NO
T	93561	INDICATOR DILUTION STUDIES SUCH	10/1/2005	\$15.05	3	NO
T	93562	INDICATOR DILUTION STUDIES SUCH	10/1/2005	\$9.34	3	NO
T	93571	INTRAVASCULAR DOPPLER VELOCITY A	10/1/2005	\$124.56	3	NO
T	93572	INTRAVASCULAR DOPPLER VELOCITY A	10/1/2005	\$62.80	3	NO
T	93600	BUNDLE OF HIS RECORDING	10/1/2005	\$53.98	3	NO
T	93602	INTRA-ATRIAL RECORDING	10/1/2005	\$30.62	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	93603	RIGHT VENTRICULAR RECORDING	10/1/2005	\$46.45	3	NO
T	93607	LEFT VENTRICULAR RECORDING	4/1/2002	INVALID	N	NO
T	93609	INTRAVENTRICULAR AND/OR INTRA-AT	10/1/2005	\$75.00	3	NO
T	93610	INTRA-ATRIAL PACING	10/1/2005	\$37.63	3	NO
T	93612	INTRAVENTRICULAR PACING	10/1/2005	\$44.63	3	NO
T	93613	INTRACARDIAC ELECTROPHYSIOLOGIC	10/1/2005	\$265.47	3	NO
T	93615	ESOPHAGEAL RECORDING OF ATRIAL E	10/1/2005	\$8.82	3	NO
T	93616	ESOPHAGEAL RECORDING OF ATRIAL E	10/1/2005	\$8.82	3	NO
T	93618	INDUCTION OF ARRHYTHMIA BY ELECT	10/1/2005	\$108.99	3	NO
T	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC	10/1/2005	\$212.01	3	NO
T	93620	COMP ELECTROPHYSIOLOGIC EVAL W/R	10/1/2002	\$232.25	3	NO
T	93621	COMP ELECTROPHYSIOLOGIC EVAL W/R	1/1/1992	\$0.01	5	NO
T	93622	COMP ELECTROPHYSIOLOGIC EVAL W/R	1/1/1992	\$0.01	5	NO
T	93623	PROGRAMMED STIMULATION AND PACIN	1/1/2002	\$0.01	5	NO
T	93624	ELECTROPHYSIOLOGIC FOLLOW-UP STU	10/1/2005	\$54.75	3	NO
T	93631	INTRA-OPERATIVE CARDIAC PACING A	10/1/2005	\$175.68	3	NO
T	93640	ELECTROPHYSIOLOGIC EVALUATION OF	10/1/2005	\$196.96	3	NO
T	93641	ELECTROPHYSIOLOGIC EVALUATION OF	10/1/2005	\$196.96	3	NO
T	93642	ELECTROPHYSIOLOGIC EVALUATION OF	10/1/2005	\$196.96	3	NO
T	93660	EVALUATION OF CARDIOVASCULAR FUN	10/1/2005	\$44.12	3	NO
T	93662	INTRACARDIAC ECHOCARDIOGRAPHY DU	10/1/2002	\$0.01	5	NO
T	93701	BIOIMPEDANCE, THORACIC, ELECTRIC	10/1/2005	\$23.87	3	NO
T	93721	PLETHYSMOGRAPHY TOTAL BODY TRACI	#####	\$19.98	3	NO
T	93724	ELECTRONIC ANALYSIS OF ANTITACHY	10/1/2005	\$108.99	3	NO
T	93731	ELECTRONIC ANALYSIS OF DUAL-CHAM	10/1/2005	\$13.75	3	NO
T	93732	ELECTRONIC ANALYSIS OF DUAL-CHAM	10/1/2005	\$14.27	3	NO
T	93733	ELECTRONIC ANALYSIS OF DUAL-CHAM	10/1/2005	\$20.50	3	NO
T	93734	ELECTRONIC ANALYSIS OF SINGLE-CH	7/1/1991	\$8.83	3	NO
T	93735	ELECTRONIC ANALYSIS OF SINGLE-CH	10/1/2005	\$12.46	3	NO
T	93736	ELECTRONIC ANALYSIS OF SINGLE-CH	10/1/2005	\$17.91	3	NO
T	93737	ELECTRONIC ANALYSIS OF CARDIOVER	4/1/2002	INVALID	N	NO
T	93738	ELECTRONIC ANALYSIS OF CARDIOVER	4/1/2002	INVALID	N	NO
T	93740	TEMPERATURE GRADIENT STUDIES	10/1/2005	\$4.15	3	NO
T	93741	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$18.42	3	NO
T	93742	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$18.42	3	NO
T	93743	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$19.98	3	NO
T	93744	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$18.42	3	NO
T	93745	INITIAL SET-UP AND PROGRAMMING B	1/1/2005	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	93760	THERMOGRAM CEPHALIC	10/1/2000	\$31.35	3	NO
T	93762	THERMOGRAM; PERIPHERAL	10/1/2000	\$40.59	3	NO
T	93770	DETERMINATION OF VENOUS PRESSURE	10/1/2005	\$1.04	3	NO
T	93799	UNLISTED CARDIOVASCULAR SERVICE	3/29/1993	\$0.01	5	NO
T	93875	NON-INVASIVE PHYSIOLOGIC STUDIES	10/1/2005	\$61.24	3	NO
T	93880	DUPLEX SCAN OF EXTRACRANIAL ARTE	10/1/2005	\$147.92	3	NO
T	93882	DUPLEX SCAN OF EXTRACRANIAL ARTE	10/1/2005	\$92.90	3	NO
T	93886	TRANSCRANIAL DOPPLER STUDY OF TH	10/1/2005	\$175.42	3	NO
T	93888	TRANSCRANIAL DOPPLER STUDY OF TH	10/1/2005	\$111.07	3	NO
T	93890	TRANSCRANIAL DOPPLER STUDY OF TH	10/1/2005	\$126.90	3	NO
T	93892	TRANSCRANIAL DOPPLER STUDY OF TH	10/1/2005	\$132.09	3	NO
T	93893	TRANSCRANIAL DOPPLER STUDY OF TH	10/1/2005	\$128.71	3	NO
T	93922	NONINVASIVE PHYSIOLOGIC STUDIES	10/1/2005	\$70.84	3	NO
T	93923	NONINVASIVE PHYSIOLOGIC STUDIES	10/1/2005	\$106.40	3	NO
T	93924	NONINVASIVE PHYSIOLOGIC STUDIES	10/1/2005	\$126.38	3	NO
T	93925	DUPLEX SCAN OF LOWER EXTREMITY A	10/1/2005	\$179.83	3	NO
T	93926	DUPLEX SCAN OF LOWER EXTREMITY A	10/1/2005	\$107.69	3	NO
T	93930	DUPLEX SCAN OF UPPER EXTREMITY A	10/1/2005	\$144.28	3	NO
T	93931	DUPLEX SCAN OF UPPER EXTREMITY A	10/1/2005	\$93.94	3	NO
T	93965	NON-INVASIVE PHYSIOLOGIC STUDIES	10/1/2005	\$72.40	3	NO
T	93970	DUPLEX SCAN OF EXTREMITY VEINS I	10/1/2005	\$140.65	3	NO
T	93971	DUPLEX SCAN OF EXTREMITY VEINS I	10/1/2005	\$96.27	3	NO
T	93975	DUPLEX SCAN OF ARTERIAL INFLOW A	10/1/2005	\$193.59	3	NO
T	93976	DUPLEX SCAN OF ARTERIAL INFLOW A	10/1/2005	\$109.77	3	NO
T	93978	DUPLEX SCAN OF AORTA, INFERIOR V	10/1/2005	\$120.93	3	NO
T	93979	DUPLEX SCAN OF AORTA, INFERIOR V	10/1/2005	\$85.64	3	NO
T	93980	DUPLEX SCAN OF ARTERIAL INFLOW A	10/1/2005	\$72.14	3	NO
T	93981	DUPLEX SCAN OF ARTERIAL INFLOW A	10/1/2005	\$78.89	3	NO
T	93990	DUPLEX SCAN OF HEMODIALYSIS ACCE	10/1/2005	\$107.17	3	NO
T	94010	SPIROMETRY INCLUDING GRAPHIC REC	10/1/2005	\$14.01	3	NO
T	94060	BRONCHOSPASM EVALUATION SPIROMET	10/1/2005	\$26.99	3	NO
T	94070	PROLONGED POSTEXPOSURE EVALUATIO	10/1/2005	\$19.20	3	NO
T	94150	VITAL CAPACITY TOTAL (SEPARATE P	10/1/2005	\$11.68	3	NO
T	94200	MAXIMUM BREATHING CAPACITY MAXIM	10/1/2005	\$11.16	3	NO
T	94240	FUNCTIONAL RESIDUAL CAPACITY OR	10/1/2005	\$16.35	3	NO
T	94250	EXPIRED GAS COLLECTION QUANTITAT	10/1/2005	\$16.09	3	NO
T	94260	THORACIC GAS VOLUME	10/1/2005	\$15.05	3	NO
T	94350	DETERMINATION OF MALDISTRIBUTION	10/1/2005	\$18.68	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	94360	DETERMINATION OF RESISTANCE TO A	10/1/2005	\$17.65	3	NO
T	94370	DETERMINATION OF AIRWAY CLOSING	10/1/2005	\$17.13	3	NO
T	94375	RESPIRATORY FLOW VOLUME LOOP	10/1/2005	\$13.75	3	NO
T	94400	BREATHING RESPONSE TO C02 (C02 R	10/1/2005	\$20.24	3	NO
T	94450	BREATHING RESPONSE TO HYPOXIA (H	10/1/2005	\$19.46	3	NO
T	94620	PULMONARY STRESS TESTING SIMPLE	10/1/2005	\$62.02	3	NO
T	94621	PULMONARY STRESS TESTING; COMPLE	10/1/2005	\$48.27	3	NO
T	94680	OXYGEN UPTAKE EXPIRED GAS ANALYS	10/1/2005	\$47.75	3	NO
T	94681	OXYGEN UPTAKE EXPIRED GAS ANALYS	10/1/2005	\$66.95	3	NO
T	94690	OXYGEN UPTAKE EXPIRED GAS ANALYS	10/1/2005	\$52.16	3	NO
T	94720	CARBON MONOXIDE DIFFUSING CAPACI	10/1/2005	\$25.43	3	NO
T	94725	MEMBRANE DIFFUSION CAPACITY	10/1/2005	\$76.55	3	NO
T	94750	PULMONARY COMPLIANCE STUDY (EG,	10/1/2005	\$33.99	3	NO
T	94770	CARBON DIOXIDE EXPIRED GAS DETER	10/1/2005	\$20.24	3	NO
T	94772	CIRCADIAN RESPIRATORY PATTERN RE	10/1/2000	\$127.02	3	NO
T	94799	UNLISTED PULMONARY SERVICE OR PR	3/29/1993	\$0.01	5	NO
T	95805	MULTIPLE SLEEP LATENCY TESTING (	10/1/2005	\$439.59	3	NO
T	95806	SLEEP STUDY, SIMULTANEOUS RECORD	10/1/2005	\$80.45	3	NO
T	95807	SLEEP STUDY, 3 OR MORE PARAMETER	10/1/2005	\$304.65	3	NO
T	95808	POLYSOMNOGRAPHY; SLEEP STAGING W	10/1/2005	\$329.31	3	NO
T	95810	POLYSOMNOGRAPHY; SLEEP STAGING W	10/1/2005	\$434.14	3	NO
T	95811	POLYSOMNOGRAPHY; OF SLEEP, ATTEN	10/1/2005	\$476.18	3	NO
T	95812	ELECTROENCEPHALOGRAM (EEG) EXTEN	10/1/2005	\$95.76	3	NO
T	95813	ELECTROENCEPHALOGRAM (EEG) EXTEN	10/1/2005	\$114.96	3	NO
T	95816	ELECTROENCEPHALOGRAM (EEG); INCL	10/1/2005	\$86.93	3	NO
T	95819	ELECTROENCEPHALOGRAM (EEG); INCL	10/1/2005	\$67.99	3	NO
T	95822	ELECTROENCEPHALOGRAM (EEG); RECO	10/1/2005	\$110.81	3	NO
T	95827	ELECTROENCEPHALOGRAM (EEG); ALL	10/1/2005	\$63.06	3	NO
T	95829	ELECTROCORTICOGRAM AT SURGERY (S	10/1/2005	\$745.02	3	NO
T	95858	TENSILON TEST FOR MYASTHENIA GRA	1/1/2006	INVALID	N	NO
T	95860	ELECTROMYOGRAPHY ONE EXTREMITY A	10/1/2005	\$26.47	3	NO
T	95861	ELECTROMYOGRAPHY; TWO EXTREMITIE	10/1/2005	\$20.50	3	NO
T	95863	ELECTROMYOGRAPHY; THREE EXTREMIT	10/1/2005	\$25.95	3	NO
T	95864	ELECTROMYOGRAPHY; FOUR EXTREMITI	10/1/2005	\$49.31	3	NO
T	95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	1/1/2006	\$18.42	3	NO
T	95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIA	1/1/2006	\$5.97	3	NO
T	95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL	10/1/2005	\$16.09	3	NO
T	95868	ELECTROMYOGRAPHY CRANIAL NERVE S	10/1/2005	\$19.46	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	95869	NEEDLE ELECTROMYOGRAPHY; THORACI	10/1/2005	\$5.97	3	NO
T	95870	NEEDLE ELECTROMYOGRAPHY; OTHER T	10/1/2005	\$5.97	3	NO
T	95872	NEEDLE ELECTROMYOGRAPHY USING SI	10/1/2005	\$16.87	3	NO
T	95873	ELECTRICAL STIMULATION FOR GUIDA	1/1/2006	\$5.71	3	NO
T	95874	NEEDLE ELECTROMYOGRAPHY FOR GUID	1/1/2006	\$5.71	3	NO
T	95875	ISCHEMIC LIMB EXERCISE TEST WITH	10/1/2005	\$26.99	3	NO
T	95900	NERVE CONDUCTION, AMPLITUDE AND	10/1/2005	\$28.55	3	NO
T	95903	NERVE CONDUCTION, AMPLITUDE AND	10/1/2005	\$24.65	3	NO
T	95904	NERVE CONDUCTION, AMPLITUDE AND	10/1/2005	\$24.91	3	NO
T	95920	INTRAOPERATIVE NEUROPHYSIOLOGY T	10/1/2005	\$35.81	3	NO
T	95921	TESTING OF AUTONOMIC NERVOUS SYS	10/1/2005	\$10.38	3	NO
T	95922	TESTING OF AUTONOMIC NERVOUS SYS	10/1/2005	\$10.38	3	NO
T	95923	TESTING OF AUTONOMIC NERVOUS SYS	10/1/2005	\$41.00	3	NO
T	95925	SHORT-LATENCY SOMATOSENSORY EVOK	10/1/2005	\$25.17	3	NO
T	95926	SHORT-LATENCY SOMATOSENSORY EVOK	10/1/2005	\$25.17	3	NO
T	95927	SHORT-LATENCY SOMATOSENSORY EVOK	10/1/2005	\$25.17	3	NO
T	95930	VISUAL EVOKED POTENTIAL (VEP) TE	10/1/2005	\$54.50	3	NO
T	95933	ORBICULARIS OCULI (BLINK) REFLEX	10/1/2005	\$21.80	3	NO
T	95934	H-REFLEX, AMPLITUDE AND LATENCY	10/1/2005	\$5.97	3	NO
T	95936	H-REFLEX, AMPLITUDE AND LATENCY	10/1/2005	\$5.97	3	NO
T	95937	NEUROMUSCULAR JUNCTION TESTING (	10/1/2005	\$9.34	3	NO
T	95950	MONITORING FOR IDENTIFICATION AN	10/1/2005	\$96.53	3	NO
T	95951	MONITORING FOR IDENTIFICATION OF	10/1/2004	\$0.01	5	NO
T	95953	MONITORING FOR LOCALIZATION OF C	10/1/2005	\$175.42	3	NO
T	95954	PHARMACOLOGICAL OR PHYSICAL ACTI	10/1/2005	\$84.08	3	NO
T	95955	ELECTROENCEPHALOGRAM (EEG) DURIN	10/1/2005	\$55.27	3	NO
T	95956	MONITORING FOR LOCALIZATION OF C	10/1/2005	\$377.31	3	NO
T	95957	DIGITAL ANALYSIS OF ELECTROENCEP	10/1/2005	\$47.23	3	NO
T	95958	WADA ACTIVATION TEST FOR HEMISPH	10/1/2005	\$48.53	3	NO
T	95961	FUNCTIONAL CORTICAL MAPPING BY S	10/1/2005	\$35.81	3	NO
T	95962	FUNCTIONAL CORTICAL MAPPING BY S	10/1/2005	\$35.81	3	NO
T	95966	MAGNETOENCEPHALOGRAPHY (MEG), RE	1/1/2003	\$0.01	5	NO
T	95967	MAGNETOENCEPHALOGRAPHY (MEG), RE	1/1/2003	\$0.01	5	NO
T	96400	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2006	INVALID	N	NO
T	96405	CHEMOTHERAPY ADMINISTRATION; INT	10/1/2005	\$73.96	3	NO
T	96406	CHEMOTHERAPY ADMINISTRATION; INT	10/1/2005	\$99.65	3	NO
T	96408	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
T	96410	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	96412	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
T	96414	CHEMOTHERAPY ADMINISTRATION, IN	1/1/2006	INVALID	N	NO
T	96420	CHEMOTHERAPY ADMINISTRATION, INT	10/1/2005	\$75.26	3	NO
T	96422	CHEMOTHERAPY ADMINISTRATION, INT	10/1/2005	\$131.83	3	NO
T	96423	CHEMOTHERAPY ADMINISTRATION, INT	10/1/2005	\$53.72	3	NO
T	96425	CHEMOTHERAPY ADMINISTRATION, INT	10/1/2005	\$122.48	3	NO
T	96440	CHEMOTHERAPY ADMINISTRATION INTO	10/1/2005	\$271.44	3	NO
T	96445	CHEMOTHERAPY ADMINISTRATION INTO	10/1/2005	\$269.10	3	NO
T	96450	CHEMOTHERAPY ADMINISTRATION, INT	10/1/2005	\$231.47	3	NO
T	96520	REFILLING AND MAINTENANCE OF PRO	1/1/2006	INVALID	N	NO
T	96530	REFILLING AND MAINTENANCE OF IMP	1/1/2006	INVALID	N	NO
T	96542	CHEMOTHERAPY INJECTION, SUBARACH	10/1/2005	\$148.43	3	NO
T	96545	PROVISION OF CHEMOTHERAPY AGENT	1/1/2006	INVALID	N	NO
T	96549	UNLISTED CHEMOTHERAPY PROCEDURE	1/1/1997	\$0.01	5	NO
T	99082	UNUSUAL TRAVEL (EG, TRANSPORTATI	3/1/1987	NC	9	NO
U	G0176	ACTIVITY THERAPY RELATED TO THE	10/1/2003	\$16.08	3	NO
U	G0177	TRAINING AND EDUCATIONAL SERVICE	10/1/2003	\$44.76	3	NO
U	H0004	BEHAVIORAL HEALTH COUNSELING AND	10/1/2003	\$21.11	3	NO
U	H0031	MENTAL HEALTH ASSESSMENT, BY NON	10/1/2003	\$84.44	3	NO
U	H0034	MEDICATION TRAINING AND SUPPORT,	10/1/2003	\$21.11	3	NO
U	H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE	10/1/2003	\$7.47	3	NO
U	H2010	COMPREHENSIVE MEDICATION SERVICE	10/1/2003	\$22.25	3	NO
U	H2013	PSYCHIATRIC HEALTH FACILITY SERV	10/1/2003	\$328.10	3	NO
U	H2018	PSYCHOSOCIAL REHABILITATION SERV	6/24/2005	\$93.47	1	NO
U	H2020	THERAPEUTIC BEHAVIORAL SERVICES,	10/1/2003	\$62.87	3	NO
U	T1013	SIGN LANGUAGE OR ORAL INTERPRETI	10/1/2003	\$7.65	3	NO
U	90804	INDIVIDUAL THERAPY, INSIGHT, 20-	10/1/2003	\$62.32	3	NO
U	90805	INDIVIDUAL THERAPY, INSIGHT, WIT	10/1/2003	\$62.32	3	NO
U	90806	INDIVIDUAL THERAPY, INSIGHT, 45-	10/1/2003	\$93.43	3	NO
U	90807	INDIVIDUAL THERAPY, INSIGHT, WIT	10/1/2003	\$93.43	3	NO
U	90808	INDIVIDUAL THERAPY,INSIGHT, 75-8	10/1/2003	\$155.80	3	NO
U	90809	INDIVIDUAL THERAPY, INSIGHT, WIT	10/1/2003	\$155.80	3	NO
U	90810	INDIVIDUAL THERAPY, INTERACTIVE,	10/1/2003	\$62.32	3	NO
U	90811	INDIVIDUAL THERAPY, INTERACTIVE,	10/1/2003	\$62.32	3	NO
U	90812	INDIVIDUAL THERAPY, INTERACTIVE,	10/1/2003	\$93.43	3	NO
U	90813	INDIVIDUAL THERAPY, INTERACTIVE,	10/1/2003	\$93.43	3	NO
U	90814	INDIVIDUAL THERAPY, INTERACTIVE,	10/1/2003	\$155.80	3	NO
U	90815	INDIVIDUAL THERAPY, INTERACTIVE,	10/1/2003	\$155.80	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
U	90846	FAMILY THERAPY WITHOUT PATIENT P	10/1/2003	\$84.44	3	NO
U	90847	FAMILY THERAPY, WITH PATIENT PRE	10/1/2003	\$126.66	3	NO
U	90853	GROUP THERAPY	10/1/2003	\$42.24	3	NO
U	90857	INTERACTIVE GROUP THERAPY	10/1/2003	\$42.24	3	NO
U	90862	PHARMACOLOGIC MGMNT, INCL PRESCR	10/1/2003	\$62.32	3	NO
U	90882	ENVIRONMENTAL INTERVENTION WITH	10/1/2003	\$84.44	3	NO
U	90887	INTERPRETATION OR EXPLANATION OF	10/1/2003	\$84.44	3	NO
W	A4214	STERILE SALINE OR WATER, 30CC VI	4/1/2004	INVALID	N	NO
W	A4310	INSERTION TRAY WITHOUT DRAINAGE	10/1/2005	\$6.33	3	NO
W	A4311	INSERTION TRAY WITHOUT DRAINAGE	10/1/2005	\$12.18	3	NO
W	A4312	INSERTION TRAY WITHOUT DRAINAGE	10/1/2005	\$14.79	3	NO
W	A4313	INSERTION TRAY WITHOUT DRAINAGE	10/1/2005	\$15.19	3	NO
W	A4314	INSERTION TRAY WITH DRAINAGE BAG	10/1/2005	\$20.73	3	NO
W	A4315	INSERTION TRAY WITH DRAINAGE BAG	10/1/2005	\$21.63	3	NO
W	A4316	INSERTION TRAY WITH DRAINAGE BAG	10/1/2005	\$23.29	3	NO
W	A4320	IRRIGATION TRAY WITH BULB OR PIS	10/1/2005	\$5.14	3	NO
W	A4322	IRRIGATION SYRINGE, BULB OR PIST	10/1/2005	\$2.64	3	NO
W	A4323	STERILE SALINE IRRIGATION SOLUTI	4/1/2004	INVALID	N	NO
W	A4326	MALE EXTERNAL CATHETER SPECIALTY	10/1/2005	\$10.00	3	NO
W	A4327	FEMALE EXTERNAL URINARY COLLECTI	10/1/2005	\$43.04	3	NO
W	A4328	FEMALE EXTERNAL URINARY COLLECTI	10/1/2005	\$9.53	3	NO
W	A4329	EXTERNAL CATHETER STARTER SET, M	4/1/2002	INVALID	N	NO
W	A4330	PERIANAL FECAL COLLECTION POUCH	10/1/2005	\$6.82	3	NO
W	A4335	INCONTINENCE SUPPLY; MISCELLANEO	10/1/2001	\$12.00	3	NO
W	A4338	INDWELLING CATHETER; FOLEY TYPE;	10/1/2005	\$11.84	3	NO
W	A4340	INDWELLING CATHETER; SPECIALTY T	10/1/2005	\$30.62	3	NO
W	A4344	INDWELLING CATHETER, FOLEY TYPE,	10/1/2005	\$15.45	3	NO
W	A4346	INDWELLING CATHETER; FOLEY TYPE,	10/1/2005	\$18.91	3	NO
W	A4347	MALE EXTERNAL CATHETER WITH OR W	1/1/2005	INVALID	N	NO
W	A4351	INTERMITTENT URINARY CATHETER; S	10/1/2005	\$1.75	3	NO
W	A4352	INTERMITTENT URINARY CATHETER; C	10/1/2005	\$6.19	3	NO
W	A4354	INSERTION TRAY WITH DRAINAGE BAG	10/1/2005	\$9.67	3	NO
W	A4355	IRRIGATION TUBING SET FOR CONTIN	10/1/2005	\$8.60	3	NO
W	A4356	EXTERNAL URETHRAL CLAMP OR COMPR	10/1/2005	\$40.92	3	NO
W	A4357	BEDSIDE DRAINAGE BAG, DAY OR NIG	10/1/2005	\$9.35	3	NO
W	A4358	URINARY DRAINAGE BAG, LEG OR ABD	10/1/2005	\$5.65	3	NO
W	A4359	URINARY SUSPENSORY WITHOUT LEG B	10/1/2005	\$25.12	3	NO
W	A4361	OSTOMY FACEPLATE, EACH	10/1/2005	\$18.08	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQ	10/1/2005	\$2.94	3	NO
W	A4367	OSTOMY BELT, EACH	10/1/2005	\$7.23	3	NO
W	A4397	IRRIGATION SUPPLY; SLEEVE, EACH	10/1/2005	\$4.00	3	NO
W	A4398	OSTOMY IRRIGATION SUPPLY; BAG, E	10/1/2005	\$13.59	3	NO
W	A4399	OSTOMY IRRIGATION SUPPLY; CONE/C	10/1/2005	\$12.07	3	NO
W	A4400	OSTOMY IRRIGATION SET	9/1/1996	NC	9	NO
W	A4402	LUBRICANT, PER OUNCE	10/1/2005	\$1.57	3	NO
W	A4404	OSTOMY RING, EACH	10/1/2005	\$1.41	3	NO
W	A4421	OSTOMY SUPPLY; MISCELLANEOUS	1/1/1994	\$100.00	3	NO
W	A4454	TAPE, ALL TYPES, ALL SIZES	7/1/2003	INVALID	N	NO
W	A4460	ELASTIC BANDAGE, PER ROLL (EG; C	7/1/2003	INVALID	N	NO
W	A4465	NONELASTIC BINDER FOR EXREMITY	10/1/2000	\$21.63	3	NO
W	A4470	GRAVLEE JET WASHER	10/1/2001	NC	9	NO
W	A4480	VABRA ASPIRATOR	10/1/2001	NC	9	NO
W	A4490	SURGICAL STOCKING ABOVE KNEE LEN	4/1/2003	NC	9	NO
W	A4495	SURGICAL STOCKING THIGH LENGTH,	4/1/2003	NC	9	NO
W	A4500	SURGICAL STOCKING BELOW KNEE LEN	1/1/2003	NC	9	NO
W	A4510	SURGICAL STOCKING FULL-LENGTH, E	1/1/2003	NC	9	NO
W	A4550	SURGICAL TRAYS	10/1/2000	\$27.04	3	NO
W	A4565	SLINGS	10/1/2000	\$10.82	3	NO
W	A4570	SPLINT	7/1/2002	NC	9	NO
W	A4572	RIB BELT	7/1/2003	INVALID	N	NO
W	A4580	CAST SUPPLIES (E.G.,PLASTER)	7/1/2002	NC	9	NO
W	A4590	SPECIAL CASTING MATERIAL (E.G.,F	7/1/2002	NC	9	NO
W	A4621	TRACHEOTOMY MASK OR COLLAR	4/1/2004	INVALID	N	NO
W	A4622	TRACHEOSTOMY OR LARYNGECTOMY TUB	4/1/2004	INVALID	N	NO
W	A4649	SURGICAL SUPPLY; MISCELLANEOUS	#####	\$0.01	5	NO
W	A4712	WATER, STERILE, FOR INJECTION, P	4/1/2004	INVALID	N	NO
W	A5051	OSTOMY POUCH, CLOSED; WITH BARRI	10/1/2005	\$2.06	3	NO
W	A5052	OSTOMY POUCH, CLOSED; WITHOUT BA	10/1/2005	\$1.49	3	NO
W	A5053	OSTOMY POUCH, CLOSED; FOR USE ON	10/1/2005	\$1.71	3	NO
W	A5054	OSTOMY POUCH, CLOSED; FOR USE ON	10/1/2005	\$1.66	3	NO
W	A5055	STOMA CAP	10/1/2005	\$1.41	3	NO
W	A5062	OSTOMY POUCH, DRAINABLE; WITHOUT	10/1/2005	\$2.06	3	NO
W	A5063	OSTOMY POUCH, DRAINABLE; FOR USE	10/1/2005	\$2.14	3	NO
W	A5064	POUCH, DRAINABLE; WITH FACEPLATE	4/1/2002	INVALID	N	NO
W	A5071	OSTOMY POUCH, URINARY; WITH BARR	10/1/2005	\$3.64	3	NO
W	A5072	OSTOMY POUCH, URINARY; WITHOUT B	10/1/2005	\$3.45	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	A5073	OSTOMY POUCH, URINARY; FOR USE O	10/1/2005	\$3.14	3	NO
W	A5074	POUCH, URINARY; WITH FACEPLATE A	4/1/2002	INVALID	N	NO
W	A5075	POUCH, URINARY; FOR USE ON FACEP	4/1/2002	INVALID	N	NO
W	A5081	CONTINENT DEVICE; PLUG FOR CONTI	10/1/2005	\$2.76	3	NO
W	A5082	CONTINENT DEVICE; CATHETER FOR C	10/1/2005	\$9.99	3	NO
W	A5093	OSTOMY ACCESSORY; CONVEX INSERT	10/1/2005	\$1.63	3	NO
W	A5102	BEDSIDE DRAINAGE BOTTLE, WITH OR	10/1/2005	\$21.78	3	NO
W	A5105	URINARY SUSPENSORY; WITH LEG BAG	10/1/2005	\$33.43	3	NO
W	A5112	URINARY LEG BAG; LATEX	10/1/2005	\$33.40	3	NO
W	A5119	SKIN BARRIER; WIPES OR SWABS, PE	1/1/2006	INVALID	N	NO
W	A5123	SKIN BARRIER; WITH FLANGE (SOLID	7/1/2003	INVALID	N	NO
W	D1203	TOPICAL APPLICATION OF FLUORIDE	10/1/2000	\$12.73	3	NO
W	D1204	TOPICAL APPLICATION OF FLUORIDE	10/1/2003	\$12.73	3	NO
W	E0100	CANE, INCLUDES CANES OF ALL MATE	10/1/2005	\$20.39	3	NO
W	E0105	CANE, QUAD OR THREE-PRONG, INCLU	10/1/2005	\$48.35	3	NO
W	E0110	CRUTCHES, FOREARM, INC CRUTCHES	10/1/2005	\$76.38	3	NO
W	E0111	CRUTCH, FOREARM, INC CRUTCHES OF	10/1/2005	\$52.43	3	NO
W	E0112	CRUTCHES, UNDERARM, WOOD, ADJUST	10/1/2005	\$36.42	3	NO
W	E0113	CRUTCH, UNDERARM, WOOD, ADJUSTAB	10/1/2005	\$20.79	3	NO
W	E0114	CRUTCHES, UNDERARM, OTHER THAN W	10/1/2005	\$46.45	3	NO
W	E0116	CRUTCH, UNDERARM, OTHER THAN WOO	10/1/2005	\$27.31	3	NO
W	E0191	HEEL OR ELBOW PROTECTOR, EACH	10/1/2005	\$8.36	3	NO
W	G0001	ROUTINE VENIPUNCTURE FOR COLLECT	1/1/2005	INVALID	N	NO
W	G0002	OFFICE PROCEDURE, INSERTION OF T	7/1/2003	INVALID	N	NO
W	G0008	ADMINISTRATION OF INFLUENZA VIRU	2/15/2000	NC	9	NO
W	G0009	ADMINISTRATION OF PNEUMOCOCCAL V	2/15/2000	NC	9	NO
W	G0010	ADMINISTRATION OF HEPATITIS B VA	2/15/2000	NC	9	NO
W	G0104	COLORECTAL CANCER SCREENING; FLE	10/1/2005	\$85.89	3	NO
W	G0345	INTRAVENOUS INFUSION, HYDRATION;	1/1/2006	INVALID	N	NO
W	G0346	EACH ADDITIONAL HOUR, UP TO EIGH	1/1/2006	INVALID	N	NO
W	G0347	INTRAVENOUS INFUSION, FOR THERAP	1/1/2006	INVALID	N	NO
W	G0351	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
W	G0353	INTRAVENOUS PUSH, SINGLE OR INIT	1/1/2006	INVALID	N	NO
W	G0354	EACH ADDITIONAL SEQUENTIAL INTRA	1/1/2006	INVALID	N	NO
W	G0363	IRRIGATION OF IMPLANTED VENOUS A	1/1/2006	INVALID	N	NO
W	G9001	COORDINATED CARE FEE, INITIAL RA	4/1/2003	\$22.93	3	NO
W	G9002	COORDINATED CARE FEE, MAINTENANC	4/1/2003	\$70.00	3	NO
W	G9003	COORDINATED CARE FEE, RISK ADJUS	1/1/2003	\$0.01	P	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	G9004	COORDINATED CARE FEE, RISK ADJUS	1/1/2003	\$0.01	P	NO
W	G9005	COORDINATED CARE FEE, RISK ADJUS	4/1/2003	\$120.00	3	NO
W	G9006	COORDINATED CARE FEE, HOME MONIT	4/1/2003	\$40.00	3	NO
W	G9009	CASE MANAGEMENT (PARTIAL SERVICE	4/1/2003	\$35.00	3	NO
W	G9010	HIGH RISK CASE MANAGEMENT (PARTI	4/1/2003	\$60.00	3	NO
W	G9011	TELEPHONE CASE MANAGEMENT VISIT	4/1/2003	\$10.00	3	NO
W	G9012	OTHER SPECIFIED CASE MANAGEMENT	4/1/2003	\$40.00	3	NO
W	G9016	SMOKING CESSATION COUNSELING, IN	4/1/2001	\$10.00	3	NO
W	J0295	INJECTION, AMPICILLIN SODIUM/SUL	1/23/2006	\$9.05	3	NO
W	J0350	INJECTION, ANISTREPLASE, PER 30	7/25/2005	NC	9	NO
W	J0702	INJECTION, BETAMETHASONE ACETATE	1/23/2006	\$3.13	3	NO
W	J0704	INJECTION, BETAMETHASONE SODIUM	6/7/2004	\$4.28	3	NO
W	J0715	INJECTION, CEFTIZOXIME SODIUM, P	1/17/2005	\$6.41	3	NO
W	J0835	INJECTION, COSYNTROPIN, PER 0.25	8/1/2004	\$88.83	3	NO
W	J0850	INJECTION, CYTOMEGALOVIRUS IMMUN	1/23/2006	\$944.21	3	NO
W	J1056	INJECTION, MEDROXYPROGESTERONE A	#####	NC	9	NO
W	J1362	INJECTION, ERYTHROMYCIN GLUCEPTA	4/1/2002	INVALID	N	NO
W	J1364	INJECTION, ERYTHROMYCIN LACTOBIO	7/18/2005	\$9.01	3	NO
W	J1610	INJECTION, GLUCAGON HYDROCHLORID	10/6/2003	\$78.13	3	NO
W	J1620	INJECTION, GONADORELIN HYDROCHLO	7/31/2001	\$212.61	3	NO
W	J1642	INJECTION, HEPARIN SODIUM, (HEPA	5/16/2001	\$2.75	3	NO
W	J1644	INJECTION, HEPARIN SODIUM, PER 1	10/6/2003	\$1.84	3	NO
W	J1785	INJECTION, IMIGLUCERASE, PER UNI	6/6/2005	\$4.63	3	NO
W	J1830	INTERFERON BETA-1B, PER 0.25 MG	1/31/2005	\$87.37	3	NO
W	J1950	INJECTION, LEUPROLIDE ACETATE (F	#####	\$614.09	3	NO
W	J2260	INJECTION, MILRINONE LACTATE, 5	#####	\$49.40	3	NO
W	J2512	INJECTION, PENTAGASTRIN, PER 2 M	4/1/2002	INVALID	N	NO
W	J2725	INJECTION, PROTIRELIN, PER 250 M	8/1/2001	\$25.68	3	NO
W	J2788	INJECTION, RHO D IMMUNE GLOBULIN	7/18/2005	\$38.13	3	NO
W	J3030	INJECTION, SUMATRIPTAN SUCCINATE	1/23/2006	\$69.51	3	NO
W	J7300	INTRAUTERINE COPPER CONTRACEPTIV	1/23/2006	\$475.00	3	NO
W	J7302	LEVONOGESTREL-RELEASING INTRAUTE	1/23/2006	\$515.29	3	NO
W	J7507	TACROLIMUS, ORAL, PER 1 MG (PROG	1/30/2006	\$4.28	3	NO
W	J7508	TACROLIMUS, ORAL, PER 5 MG (PROG	4/1/2004	INVALID	N	NO
W	J8499	PRESCRIPTION DRUG, ORAL, NON CHE	11/1/2004	\$0.01	5	NO
W	J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG (C	4/1/2001	\$2.26	3	NO
W	J8560	ETOPOSIDE, ORAL, 50 MG (VEPESID)	1/31/2005	\$63.77	3	NO
W	J8600	MELPHALAN, ORAL, 2 MG (ALKERAN)	1/30/2006	\$6.58	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	J8610	METHOTREXATE, ORAL, 2.5 MG (RHEU	8/16/2002	\$5.17	3	NO
W	J9245	INJECTION, MELPHALAN HCL, 50 MG	10/1/2005	\$1,448.44	3	NO
W	L8100	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8110	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8120	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8130	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8140	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8150	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8160	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8170	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8180	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8190	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8200	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8210	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8220	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8230	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8300	TRUSS, SINGLE WITH STANDARD PAD	10/1/2005	\$72.99	3	NO
W	L8310	TRUSS, DOUBLE WITH STANDARD PADS	10/1/2005	\$102.24	3	NO
W	L8320	TRUSS, ADDITION TO STANDARD PAD,	10/1/2005	\$38.92	3	NO
W	L8330	TRUSS, ADDITION TO STANDARD PAD,	10/1/2005	\$34.39	3	NO
W	M0300	IV CHELATION THERAPY (CHEMICAL E	2/1/1994	NC	9	NO
W	M0301	FABRIC WRAPPING OF ABDOMINAL ANE	2/1/1994	NC	9	NO
W	Q4001	CAST SUPPLIES, BODY CAST ADULT,	7/1/2001	\$34.78	3	NO
W	Q4002	CAST SUPPLIES, BODY CAST ADULT,	7/1/2001	\$131.44	3	NO
W	Q4003	CAST SUPPLIES, APPLICATION OF SH	7/1/2001	\$24.98	3	NO
W	Q4004	CAST SUPPLIES, APPLICATION OF SH	7/1/2001	\$86.48	3	NO
W	Q4005	CAST SUPPLIES, LONG ARM CAST, AD	7/1/2001	\$9.21	3	NO
W	Q4006	CAST SUPPLIES, LONG ARM CAST, AD	7/1/2001	\$20.76	3	NO
W	Q4007	CAST SUPPLIES, LONG ARM CAST, PE	7/1/2001	\$4.61	3	NO
W	Q4008	CAST SUPPLIES, LONG ARM CAST, PE	7/1/2001	\$10.38	3	NO
W	Q4009	CAST SUPPLIES, SHORT ARM CAST, A	7/1/2001	\$6.14	3	NO
W	Q4010	CAST SUPPLIES, SHORT ARM CAST, A	7/1/2001	\$13.84	3	NO
W	Q4011	CAST SUPPLIES, SHORT ARM CAST, P	7/1/2001	\$3.07	3	NO
W	Q4012	CAST SUPPLIES, SHORT ARM CAST, P	7/1/2001	\$6.92	3	NO
W	Q4013	CAST SUPPLIES, GAUNTLET CAST (IN	7/1/2001	\$11.18	3	NO
W	Q4014	CAST SUPPLIES, GAUNTLET CAST (IN	7/1/2001	\$18.88	3	NO
W	Q4015	CAST SUPPLIES, GAUNTLET CAST (IN	7/1/2001	\$5.59	3	NO
W	Q4016	CAST SUPPLIES, GAUNTLET CAST (IN	7/1/2001	\$9.44	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	Q4017	CAST SUPPLIES, LONG ARM SPLINT,	7/1/2001	\$6.47	3	NO
W	Q4018	CAST SUPPLIES, LONG ARM SPLINT,	7/1/2001	\$10.32	3	NO
W	Q4019	CAST SUPPLIES, LONG ARM SPLINT,	7/1/2001	\$3.24	3	NO
W	Q4020	CAST SUPPLIES, LONG ARM SPLINT,	7/1/2001	\$5.16	3	NO
W	Q4021	CAST SUPPLIES, SHORT ARM SPLINT,	7/1/2001	\$4.79	3	NO
W	Q4022	CAST SUPPLIES, SHORT ARM SPLINT,	7/1/2001	\$6.14	3	NO
W	Q4023	CAST SUPPLIES, SHORT ARM SPLINT,	7/1/2001	\$2.40	3	NO
W	Q4024	CAST SUPPLIES, SHORT ARM SPLINT,	7/1/2001	\$4.32	3	NO
W	Q4025	CAST SUPPLIES, HIP SPICA (ONE OR	7/1/2001	\$26.86	3	NO
W	Q4026	CAST SUPPLIES, HIP SPICA (ONE OR	7/1/2001	\$83.85	3	NO
W	Q4027	CAST SUPPLIES, HIP SPICA (ONE OR	7/1/2001	\$13.43	3	NO
W	Q4028	CAST SUPPLIES, HIP SPICA (ONE OR	7/1/2001	\$41.93	3	NO
W	Q4029	CAST SUPPLIES, LONG LEG CAST, AD	7/1/2001	\$20.53	3	NO
W	Q4030	CAST SUPPLIES, LONG LEG CAST, AD	7/1/2001	\$54.05	3	NO
W	Q4031	CAST SUPPLIES, LONG LEG CAST, PE	7/1/2001	\$10.27	3	NO
W	Q4032	CAST SUPPLIES, LONG LEG CAST, PE	7/1/2001	\$27.03	3	NO
W	Q4033	CAST SUPPLIES, LONG LEG CYLINDER	7/1/2001	\$19.15	3	NO
W	Q4034	CAST SUPPLIES, LONG LEG CYLINDER	7/1/2001	\$47.65	3	NO
W	Q4035	CAST SUPPLIES, LON GLEG CYLINDER	7/1/2001	\$9.58	3	NO
W	Q4036	CAST SUPPLIES, LONG LEG CYLINDER	7/1/2001	\$23.83	3	NO
W	Q4037	CAST SUPPLIES, SHORT LEG CAST, A	7/1/2001	\$11.69	3	NO
W	Q4038	CAST SUPPLIES, SHORT LEG CAST, A	7/1/2001	\$29.27	3	NO
W	Q4039	CAST SUPPLIES, SHORT LEG CAST, P	7/1/2001	\$5.85	3	NO
W	Q4040	CAST SUPPLIES, SHORT LEG CAST, P	7/1/2001	\$14.64	3	NO
W	Q4041	CAST SUPPLIES, LONG LEG SPLINT,	7/1/2001	\$14.21	3	NO
W	Q4042	CAST SUPPLIES, LONG LEG SPLINT,	7/1/2001	\$24.25	3	NO
W	Q4043	CAST SUPPLIES, LONG LEG SPLINT,	7/1/2001	\$7.10	3	NO
W	Q4044	CAST SUPPLIES, LONG LEG SPLINT,	7/1/2001	\$12.13	3	NO
W	Q4045	CAST SUPPLIES, SHORT LEG SPLINT,	7/1/2001	\$8.25	3	NO
W	Q4046	CAST SUPPLIES, SHORT LEG SPLINT,	7/1/2001	\$13.27	3	NO
W	Q4047	CAST SUPPLIES, SHORT LEG SPLINT,	7/1/2001	\$4.12	3	NO
W	Q4048	CAST SUPPLIES, SHORT LEG SPLINT,	7/1/2001	\$6.64	3	NO
W	Q4049	FINGER SPLINT, STATIC	7/1/2001	\$1.50	3	NO
W	Q4050	CAST SUPPLIES, FOR UNLISTED TYPE	7/1/2001	\$50.00	3	NO
W	Q4051	SPLINT SUPPLIES, MISC (INC THERM	7/1/2001	\$50.00	3	NO
W	S4989	CONTRACEPTIVE INTRAUTERINE DEVIC	4/1/2002	\$299.00	3	NO
W	S9075	SMOKING CESSATION TREATMENT	10/1/2000	\$10.00	3	NO
W	S9470	NUTRITIONAL COUNSELING, DIETITIA	4/1/2003	\$44.10	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	10040	ACNE SURGERY (EG MARSUPIALIZATIO	10/1/2005	\$58.39	3	NO
W	10060	INCISION AND DRAINAGE OF ABSCESS	10/1/2005	\$64.88	3	NO
W	10061	INCISION AND DRAINAGE OF ABSCESS	10/1/2005	\$116.26	3	NO
W	10080	INCISION AND DRAINAGE OF PILONID	10/1/2005	\$113.66	3	NO
W	10081	INCISION AND DRAINAGE OF PILONID	10/1/2005	\$175.68	3	NO
W	10120	INCISION AND REMOVAL OF FOREIGN	10/1/2005	\$91.08	3	NO
W	10121	INCISION AND REMOVAL OF FOREIGN	10/1/2005	\$169.19	3	NO
W	10140	INCISION AND DRAINAGE OF HEMATOM	10/1/2005	\$90.57	3	NO
W	10160	PUNCTURE ASPIRATION OF ABSCESS H	10/1/2005	\$76.29	3	NO
W	10180	INCISION AND DRAINAGE, COMPLEX,	10/1/2005	\$144.28	3	NO
W	11000	DEBRIDEMENT OF EXTENSIVE ECZEMAT	10/1/2005	\$32.44	3	NO
W	11001	DEBRIDEMENT OF EXTENSIVE ECZEMAT	10/1/2005	\$14.53	3	NO
W	11010	DEBRIDEMENT INCLUDING REMOVAL OF	10/1/2005	\$60.52	3	NO
W	11011	DEBRIDEMENT INCLUDING REMOVAL OF	10/1/2005	\$71.62	3	NO
W	11012	DEBRIDEMENT INCLUDING REMOVAL OF	10/1/2005	\$104.27	3	NO
W	11040	DEBRIDEMENT; SKIN, PARTIAL THICK	10/1/2005	\$28.03	3	NO
W	11044	DEBRIDEMENT; SKIN SUBCUTANEOUS T	10/1/2005	\$205.26	3	NO
W	11100	BIOPSY OF SKIN SUBCUTANEOUS TISS	10/1/2005	\$54.50	3	NO
W	11101	BIOPSY OF SKIN SUBCUTANEOUS TISS	10/1/2005	\$19.72	3	NO
W	11200	REMOVAL OF SKIN TAGS, MULTIPLE F	4/1/1982	NC	9	NO
W	11201	EXCISION SKIN TAGS MULTIPLE FIBR	4/1/1982	NC	9	NO
W	11400	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$75.51	3	NO
W	11401	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$87.71	3	NO
W	11402	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$100.17	3	NO
W	11403	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$112.88	3	NO
W	11404	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$128.97	3	NO
W	11420	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$73.70	3	NO
W	11421	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$93.68	3	NO
W	11422	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$104.58	3	NO
W	11423	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$124.30	3	NO
W	11424	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$142.21	3	NO
W	11426	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$199.04	3	NO
W	11440	EXCISION, OTHER BENIGN LESION IN	10/1/2005	\$86.67	3	NO
W	11441	EXCISION OTHER BENIGN LESION FAC	10/1/2005	\$102.24	3	NO
W	11442	EXCISION OTHER BENIGN LESION FAC	10/1/2005	\$114.44	3	NO
W	11443	EXCISION OTHER BENIGN LESION FAC	10/1/2005	\$140.39	3	NO
W	11444	EXCISION OTHER BENIGN LESION FAC	10/1/2005	\$179.06	3	NO
W	11446	EXCISION OTHER BENIGN LESION FAC	10/1/2005	\$231.99	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	11720	DEBRIDEMENT OF NAIL(S) BY ANY ME	10/1/2005	\$18.17	3	NO
W	11721	DEBRIDEMENT OF NAIL(S) BY ANY ME	10/1/2005	\$27.25	3	NO
W	11730	AVULSION OF NAIL PLATE PARTIAL O	10/1/2005	\$59.69	3	NO
W	11732	AVULSION OF NAIL PLATE PARTIAL O	10/1/2005	\$28.03	3	NO
W	11740	EVACUATION OF SUBUNGUAL HEMATOMA	10/1/2005	\$24.91	3	NO
W	11750	EXCISION OF NAIL AND NAIL MATRIX	10/1/2005	\$110.03	3	NO
W	11760	REPAIR OF NAIL BED	10/1/2005	\$114.18	3	NO
W	11900	INJECTION INTRALESIONAL UP TO AN	10/1/2005	\$31.14	3	NO
W	11901	INJECTION INTRALESIONAL; MORE TH	10/1/2005	\$38.67	3	NO
W	11920	TATTOOING INTRADERMAL INTRODUCTI	4/1/1982	NC	9	NO
W	11921	TATTOOING INTRADERMAL INTRO OF I	4/1/1982	NC	9	NO
W	11922	TATTOOING INTRADERMAL INTRODUCTI	4/1/1982	NC	9	NO
W	11950	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
W	11951	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
W	11952	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
W	11954	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
W	11971	REMOVAL OF TISSUE EXPANDER(S) WI	10/1/2005	\$299.46	3	NO
W	12001	SIMPLE REPAIR OF SUPERFICIAL WOU	10/1/2005	\$99.65	3	NO
W	12002	SIM REP OF SUPERFICIAL WOUNDS SC	10/1/2005	\$105.88	3	NO
W	12004	SIM REP OF SUPERFICIAL WOUNDS SC	10/1/2005	\$124.04	3	NO
W	12005	SIM REP OF SUPERFICIAL WOUNDS SC	10/1/2005	\$154.66	3	NO
W	12006	SIM REP OF SUPERFICIAL WOUNDS SC	10/1/2005	\$192.81	3	NO
W	12007	SIMPLE REPAIR OF SUPERFICIAL WOU	10/1/2005	\$217.20	3	NO
W	12011	SIM REP OF SUPERFICIAL WOUNDS OF	10/1/2005	\$105.36	3	NO
W	12013	SIM REP OF SUPERFICIAL WOUNDS OF	10/1/2005	\$115.48	3	NO
W	12014	SIM REP OF SUPERFICIAL WOUNDS OF	10/1/2005	\$136.50	3	NO
W	12015	SIM REP OF SUPERFICIAL WOUNDS OF	10/1/2005	\$171.79	3	NO
W	12016	SIM REP OF SUPERFICIAL WOUNDS OF	10/1/2005	\$203.71	3	NO
W	12017	SIM REP OF SUPERFICIAL WOUNDS OF	10/1/2005	\$183.73	3	NO
W	12018	SIMPLE REPAIR OF SUPERFICIAL WOU	10/1/2005	\$43.49	3	NO
W	12020	TREATMENT OF SUPERFICIAL WOUND D	10/1/2005	\$174.90	3	NO
W	12021	TRETMENT OF SUPERFICIAL WOUND DE	10/1/2005	\$100.95	3	NO
W	12031	LAYER CLOSURE OF WOUNDS OF SCALP	10/1/2005	\$119.63	3	NO
W	12032	LAYER CLOSURE OF WOUNDS OF SCALP	10/1/2005	\$168.16	3	NO
W	12041	LAYER CLOSURE OF WOUNDS OF NECK	10/1/2005	\$132.60	3	NO
W	12042	LAYER CLOSURE OF WOUNDS OF NECK	10/1/2005	\$160.63	3	NO
W	12051	LAYER CLOSURE OF WOUNDS OF FACE	10/1/2005	\$154.14	3	NO
W	12052	LAYER CLOSURE OF WOUNDS OF FACE	10/1/2005	\$160.37	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	12053	LAYER CLOSURE OF WOUNDS OF FACE	10/1/2005	\$171.27	3	NO
W	12054	LAYER CLOSURE OF WOUNDS OF FACE	10/1/2005	\$189.69	3	NO
W	12055	LAYER CLOSURE OF WOUNDS OF FACE	10/1/2005	\$242.63	3	NO
W	12056	LAYER CLSOURE OF WOUNDS OF FACE	10/1/2005	\$325.67	3	NO
W	12057	LAYER CLOSURE OF WOUNDS OF FACE	10/1/2005	\$65.50	3	NO
W	13100	REPAIR COMPLEX TRUNK 1.1 CM TO 2	10/1/2005	\$193.07	3	NO
W	15000	SURGICAL PREP OR CREATION OF REC	10/1/2005	\$42.87	3	NO
W	15001	SURGICAL PREPARATION OR CREATION	10/1/2005	\$12.92	3	NO
W	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK	10/1/2005	\$118.70	3	NO
W	15101	SPLIT GRAFT, TRUNK, ARMS, LEGS;	10/1/2005	\$29.53	3	NO
W	15120	SPLIT-THICKNESS AUTOGRAFT, FACE,	10/1/2005	\$112.57	3	NO
W	15121	SPLIT GRAFT, FACE, SCALP, EYELID	10/1/2005	\$39.03	3	NO
W	15342	APPLICATION OF BILAMINATE SKIN S	1/1/2006	INVALID	N	NO
W	15343	APPLICATION OF BILAMINATE SKIN S	1/1/2006	INVALID	N	NO
W	15350	HOMOGRAFT SKIN	1/1/2006	INVALID	N	NO
W	15732	MUSCLE, MYOCUTANEOUS, OR FASCIOC	10/1/2005	\$196.29	3	NO
W	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOC	10/1/2005	\$199.35	3	NO
W	15736	MUSCLE, MYOCUTANEOUS, OR FASCIOC	10/1/2005	\$191.30	3	NO
W	15738	MUSCLE, MYOCUTANEOUS, OR FASCIOC	10/1/2005	\$199.66	3	NO
W	15750	FLAP; NEUROVASCULAR PEDICLE	10/1/2005	\$113.30	3	NO
W	15756	FREE MUSCLE FLAP WITH OR WITHOUT	10/1/2005	\$312.96	3	NO
W	15757	FREE SKIN FLAP WITH MICROVASCULA	10/1/2005	\$314.93	3	NO
W	15758	FREE FASCIAL FLAP WITH MICROVASC	10/1/2005	\$315.76	3	NO
W	15770	GRAFT DERMA-FAT-FACIA	10/1/2005	\$78.99	3	NO
W	15775	PUNCH GRAFT FOR HAIR TRANSPLANT	4/1/1982	NC	9	NO
W	15776	PUNCH GRAFT FOR HAIR TRANSPLANT;	4/1/1982	NC	9	NO
W	15780	DERMABRASION; TOTAL FACE (EG, FO	4/1/1982	NC	9	NO
W	15781	DERMABRASION; SEGMENTAL, FACE (E	10/1/1984	NC	9	NO
W	15782	DERMABRASION; REGIONAL, OTHER TH	10/1/1984	NC	9	NO
W	15783	DERMABRASION; SUPERFICIAL, ANY S	3/1/1987	NC	9	NO
W	15786	ABRASION SINGLE LESION (EG KERAT	4/1/1982	NC	9	NO
W	15787	ABRASION; EACH ADDITIONAL FOUR L	4/1/1982	NC	9	NO
W	15810	SALABRASION 20 SQ CM OR LESS	1/1/2006	INVALID	N	NO
W	15811	SALABRASION; OVER 20 SQ CM	1/1/2006	INVALID	N	NO
W	15819	CERVICOPLASTY	10/1/1984	NC	9	NO
W	15820	BLEPHAROPLASTY LOWER EYELIDS	4/1/1982	NC	9	NO
W	15821	BLEPHAROPLASTY LOWER EYELID; WIT	4/1/1982	NC	9	NO
W	15824	RHYTIDECTOMY FOREHEAD	4/1/1982	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	15825	RHYTIDECTOMY; NECK WITH PLATYSMA	10/1/1984	NC	9	NO
W	15826	RHYTIDECTOMY; GLABELLAR FROWN LI	4/1/1982	NC	9	NO
W	15828	RHYTIDECTOMY; CHEEK CHIN AND NEC	4/1/1982	NC	9	NO
W	15829	RHYTIDECTOMY; SUPERFICIAL MUSCUL	10/1/1984	NC	9	NO
W	15832	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
W	15833	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
W	15834	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
W	15835	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
W	15837	EXCISION ECESSIVE SKIN AND SUBCU	4/1/1982	NC	9	NO
W	15838	EXCISION EXCESSIVE SKIN AND SUBC	10/1/1984	NC	9	NO
W	15839	EXCISION EXCESSIVE SKIN AND SUBC	10/1/1984	NC	9	NO
W	15841	GRAFT FOR FACIAL NERVE PARALYSIS	10/1/2005	\$211.54	3	NO
W	15842	GRAFT FOR FACIAL NERVE PARALYSIS	10/1/2005	\$340.98	3	NO
W	15845	GRAFT FOR FACIAL NERVE PARALYSIS	10/1/2005	\$117.55	3	NO
W	15876	SUCTION ASSISTED LIPECTOMY; HEAD	3/1/1987	NC	9	NO
W	15877	SUCTION ASSISTED LIPECTOMY; TRUN	3/1/1987	NC	9	NO
W	15878	SUCTION ASSISTED LIPECTOMY; UPPE	3/1/1987	NC	9	NO
W	15879	SUCTION ASSISTED LIPECTOMY; LOWE	3/1/1987	NC	9	NO
W	15922	EXCISION, COCCYGEAL PRESSURE ULC	10/1/2005	\$96.02	3	NO
W	15935	EXCISION SACRAL PRESSURE ULCER W	10/1/2005	\$139.71	3	NO
W	15936	EXCISION, SACRAL PRESSURE ULCER,	10/1/2005	\$115.79	3	NO
W	15937	EXCISION SACRAL PRESSURE ULCER W	10/1/2005	\$135.10	3	NO
W	15946	EXCISION, ISCHIAL PRESSURE ULCER	10/1/2005	\$202.46	3	NO
W	15950	EXCISION TROCHANTERIC DECUBITUS	10/1/2005	\$72.40	3	NO
W	15951	EXCISION TROCHANTERIC PRESSURE U	10/1/2005	\$103.85	3	NO
W	15952	EXCISION, TROCHANTERIC PRESSURE	10/1/2005	\$107.48	3	NO
W	15953	EXCISION TROCHANTERIC PRESSURE U	10/1/2005	\$121.34	3	NO
W	15956	EXCISION, TROCHANTERIC PRESSURE	10/1/2005	\$147.55	3	NO
W	15958	EXCISION TROCHANTERIC PRESSURE U	10/1/2005	\$149.00	3	NO
W	15999	UNLISTED PROCEDURE, EXCISION PRE	9/1/1985	\$0.01	5	NO
W	16000	INITIAL TREATMENT FIRST DEGREE B	10/1/2005	\$47.49	3	NO
W	16010	DRESSINGS AND/OR DEBRIDEMENT INI	1/1/2006	INVALID	N	NO
W	16015	DRESSINGS AND/OR DEBRIDEMENT INI	1/1/2006	INVALID	N	NO
W	16020	DRESSINGS AND/OR DEBRIDEMENT OF	10/1/2005	\$56.31	3	NO
W	16025	DRESSINGS AND/OR DEBRIDEMENT OF	10/1/2005	\$98.61	3	NO
W	16030	DRESSINGS AND/OR DEBRIDEMENT OF	10/1/2005	\$116.52	3	NO
W	16036	ESCHAROTOMY; EACH ADDITIONAL INC	10/1/2005	\$59.69	3	NO
W	17000	DESTRUCTION BY ANY METHOD, INCLU	10/1/2005	\$41.52	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	17003	DESTRUCTION BY ANY METHOD, INCLU	10/1/2005	\$7.01	3	NO
W	17110	DESTRUCTION, OF FLAT WARTS, MOLL	10/1/2005	\$60.20	3	NO
W	17250	CHEMICAL CAUTERIZATION OF GRANUL	10/1/2005	\$45.93	3	NO
W	17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N	10/1/2005	\$30.62	3	NO
W	17380	ELECTROLYSIS EPILATION EACH 1/2	8/1/1989	NC	9	NO
W	17999	UNLISTED PROCEDURE SKIN MUCOUS M	4/1/1982	\$0.01	5	NO
W	19000	PUNCTURE ASPIRATION OF CYST OF B	10/1/2005	\$75.26	3	NO
W	19001	PUNCTURE ASPIRATION OF CYST OF B	10/1/2005	\$18.42	3	NO
W	19030	INJECTION PROCEDURE ONLY FOR MAM	10/1/2005	\$116.26	3	NO
W	19100	BIOPSY OF BREAST; PERCUTANEOUS,	10/1/2005	\$91.08	3	NO
W	19140	MASTECTOMY FOR GYNECOMASTIA	2/1/1993	NC	9	NO
W	19162	MASTECTOMY PARTIAL (QUADRECTOMY	10/1/2005	\$112.16	3	NO
W	19180	MASTECTOMY SIMPLE COMPLETE UNILA	10/1/2005	\$77.80	3	NO
W	19182	MASTECTOMY SUBCUTANEOUS	10/1/2005	\$70.12	3	NO
W	19200	MASTECTOMY RADICAL INCLUDING BRE	10/1/2005	\$131.41	3	NO
W	19220	MASTECTOMY RADICAL INCLUDING BRE	10/1/2005	\$134.68	3	NO
W	19240	MASTECTOMY,MODIFIED RAD,INCL AXI	10/1/2005	\$136.39	3	NO
W	19260	EXCISION OF CHEST WALL TUMOR INC	10/1/2005	\$148.64	3	NO
W	19271	EXCISION OF CHEST WALL TUMOR INV	10/1/2005	\$204.54	3	NO
W	19272	EXCISION OF CHEST WALL TUMOR INV	10/1/2005	\$225.35	3	NO
W	19316	MASTOPEXY	8/1/2003	NC	9	NO
W	19318	REDUCTION MAMMAPLASTY	10/1/2005	\$153.78	3	NO
W	19357	BREAST RECONSTRUCTION, IMMEDIATE	10/1/2005	\$189.95	3	NO
W	19361	BREAST RECONSTRUCTION W/LATISSIM	10/1/2005	\$179.16	3	NO
W	19364	BREAST RECONSTRUCTION WITH FREE	10/1/2005	\$366.47	3	NO
W	19366	BREAST RECONSTRUCTION WITH OTHER	10/1/2005	\$187.00	3	NO
W	19367	BREAST RECONSTRUCTION WITH TRANS	10/1/2005	\$240.45	3	NO
W	19368	BREAST RECONSTRUCTION WITH TRANS	10/1/2005	\$294.64	3	NO
W	19369	BREAST RECONSTRUCTION WITH TRANS	10/1/2005	\$273.10	3	NO
W	19370	OPEN PERIPROSTHETIC CAPSULOTOMY,	10/1/1984	NC	9	NO
W	19396	PREPARATION OF MOULAGE FOR CUSTO	10/1/1984	NC	9	NO
W	19499	UNLISTED PROCEDURE BREAST	2/1/1994	\$0.01	5	NO
W	20000	INCISION OF SOFT TISSUE ABSCESS	10/1/2005	\$131.05	3	NO
W	20005	INCISION OF SOFT TISSUE ABSCESS	10/1/2005	\$190.47	3	NO
W	20100	EXPLORATION OF PENETRATING WOUND	10/1/2005	\$81.79	3	NO
W	20101	EXPLORATION OF PENETRATING WOUND	10/1/2005	\$49.62	3	NO
W	20102	EXPLORATION OF PENETRATING WOUND	10/1/2005	\$61.66	3	NO
W	20103	EXPLORATION OF PENETRATING WOUND	10/1/2005	\$75.67	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	20200	BIOPSY MUSCLE SUPERFICIAL	10/1/2005	\$121.97	3	NO
W	20205	BIOPSY MUSCLE; DEEP	10/1/2005	\$170.23	3	NO
W	20206	BIOPSY MUSCLE PERCUTANEOUS NEEDL	10/1/2005	\$196.18	3	NO
W	20220	BIOPSY BONE TROCAR OR NEEDLE SUP	10/1/2005	\$153.62	3	NO
W	20245	BIOPSY, BONE, OPEN; DEEP (EG, HU	10/1/2005	\$80.81	3	NO
W	20251	BIOPSY VERTEBRAL BODY OPEN; LUMB	10/1/2005	\$56.10	3	NO
W	20500	INJECTION OF SINUS TRACT THERAPE	10/1/2005	\$93.68	3	NO
W	20501	INJECTION OF SINUS TRACT; DIAGNO	10/1/2005	\$96.27	3	NO
W	20520	REMOVAL OF FOREIGN BODY IN MUSCL	10/1/2005	\$128.97	3	NO
W	20525	REMOVAL OF FOREIGN BODY IN MUSCL	10/1/2005	\$340.46	3	NO
W	20550	INJECTION(S); TENDON SHEATH, LIG	10/1/2005	\$39.96	3	NO
W	20600	ARTHROCENTESIS, ASPIRATION AND/O	10/1/2005	\$36.07	3	NO
W	20605	ARTHROCENTESIS, ASPIRATION AND/O	10/1/2005	\$39.44	3	NO
W	20610	ARTHROCENTESIS ASPIRATION AND/OR	10/1/2005	\$47.75	3	NO
W	20615	ASPIRATION AND INJECTION FOR TRE	10/1/2005	\$155.44	3	NO
W	20650	INSERTION OF WIRE OR PIN WITH AP	10/1/2005	\$25.43	3	NO
W	20660	APPLICATION OF CRANIAL TONGS, CA	10/1/2005	\$158.55	3	NO
W	20680	REMOVAL OF INPLANT; DEEP (EG BUR	10/1/2005	\$65.71	3	NO
W	20802	REPLANTATION ARM (INCLUDES SURGI	10/1/2005	\$341.61	3	NO
W	20805	REPLANTATION FOREARM (INCLUDES R	10/1/2005	\$462.12	3	NO
W	20808	REPLANTATION HAND (INCLUDES HAND	10/1/2005	\$573.96	3	NO
W	20816	REPLANTATION DIGIT EXCL THUMB (I	10/1/2005	\$379.75	3	NO
W	20822	REPLANTATION DIGIT EXCLUDING THU	10/1/2005	\$330.55	3	NO
W	20824	REPLANTATION THUMB (INCLUDES CAR	10/1/2005	\$373.68	3	NO
W	20827	REPLANTATION THUMB (INCLUDES DIS	10/1/2005	\$344.98	3	NO
W	20838	REPLANTATION FOOT COMPLETE AMPUT	10/1/2005	\$336.00	3	NO
W	20900	BONE GRAFT ANY DONOR AREA MINOR	10/1/2005	\$77.43	3	NO
W	20902	BONE GRAFT ANY DONOR AREA; MAJOR	10/1/2005	\$81.48	3	NO
W	20920	FASCIA LATA GRAFT BY STRIPPER	10/1/2005	\$52.68	3	NO
W	20922	FASCIA LATA GRAFT; BY INCISION A	10/1/2005	\$77.07	3	NO
W	20924	TENDON GRAFT FROM A DISTANCE (EG	10/1/2005	\$69.39	3	NO
W	20931	ALLOGRAFT FOR SPINE SURGERY ONLY	10/1/2005	\$16.40	3	NO
W	20936	AUTOGRAFT FOR SPINE SURGERY ONLY	#####	\$24.70	3	NO
W	20937	AUTOGRAFT FOR SPINE SURGERY ONLY	10/1/2005	\$24.81	3	NO
W	20938	AUTOGRAFT FOR SPINE SURGERY ONLY	10/1/2005	\$26.99	3	NO
W	20950	MONITORING OF INTERSTITIAL FLUID	10/1/2005	\$215.13	3	NO
W	20955	BONE GRAFT WITH MICROVASCULAR AN	10/1/2005	\$354.11	3	NO
W	20956	BONE GRAFT WITH MICROVASCULAR AN	10/1/2005	\$367.24	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	20957	BONE GRAFT WITH MICROVASCULAR AN	10/1/2005	\$345.29	3	NO
W	20962	BONE GRAFT WITH MICROVASCULAR AN	10/1/2005	\$373.11	3	NO
W	20969	FREE OSTEOCUTANEOUS FLAP WITH MI	10/1/2005	\$391.01	3	NO
W	20970	FREE OSTEOCUTANEOUS FLAP WITH MI	10/1/2005	\$388.89	3	NO
W	20972	FREE OSTEOCUTANEOUS FLAP WITH MI	10/1/2005	\$357.18	3	NO
W	20973	FREE OSTEOCUTANEOUS FLAP WITH MI	10/1/2005	\$396.57	3	NO
W	20974	ELECTRICAL STIMULATION TO AID BO	10/1/2005	\$36.59	3	NO
W	20975	ELECTRICAL STIMULATION TO AID BO	10/1/2005	\$24.96	3	NO
W	20979	LOW INTENSITY ULTRASOUND STIMULA	10/1/2005	\$39.18	3	NO
W	20999	UNLISTED PROCEDURE MUSCULOSKELET	2/1/1994	\$0.01	5	NO
W	21034	EXCISION OF MALIGNANT TUMOR OF M	10/1/2005	\$175.21	3	NO
W	21041	EXCISION OF BENIGN CYST OR TUMOR	7/1/2003	INVALID	N	NO
W	21044	EXCISION OF MALIGNANT TUMOR OF M	10/1/2005	\$116.00	3	NO
W	21045	EXCESION OF MALIGNANT TUMOR OF M	10/1/2005	\$155.86	3	NO
W	21060	MENISCECTOMY, PARTIAL OR COMPLET	10/1/2005	\$104.84	3	NO
W	21116	INJECTION PROCEDURE FOR TEMPOROM	10/1/2005	\$134.94	3	NO
W	21137	REDUCTION FOREHEAD; CONTOURING O	10/1/2005	\$97.88	3	YES
W	21138	REDUCTION FOREHEAD; CONTOURING A	10/1/2005	\$121.55	3	YES
W	21139	REDUCTION FOREHEAD; CONTOURING A	10/1/2005	\$139.25	3	YES
W	21141	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$176.72	3	YES
W	21142	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$176.30	3	YES
W	21143	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$184.30	3	YES
W	21145	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$190.06	3	YES
W	21146	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$202.77	3	YES
W	21147	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$200.44	3	YES
W	21150	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$230.90	3	YES
W	21151	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$277.61	3	YES
W	21154	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$290.90	3	YES
W	21155	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$336.83	3	YES
W	21159	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$412.76	3	YES
W	21160	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$404.46	3	YES
W	21172	RECONSTRUCTION SUPERIOR-LATERAL	10/1/2005	\$233.65	3	YES
W	21175	RECONSTRUCTION, BIFRONTAL, SUPER	10/1/2005	\$289.08	3	YES
W	21179	RECONSTRUCTION, ENTIRE OR MAJORI	10/1/2005	\$203.03	3	YES
W	21180	RECONSTRUCTION, ENTIRE OR MAJORI	10/1/2005	\$228.26	3	YES
W	21182	RECONSTRUCTION OF ORBITAL WALLS,	10/1/2005	\$280.68	3	YES
W	21183	RECONSTRUCTION OF ORBITAL WALLS,	10/1/2005	\$314.15	3	YES
W	21184	RECONSTRUCTION OF ORBITAL WALLS,	10/1/2005	\$341.35	3	YES



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	21188	RECONSTRUCTION MIDFACE, OSTEOTOM	10/1/2005	\$223.01	3	YES
W	21193	RECONSTRUCTION OF MANDIBULAR RAM	10/1/2005	\$165.92	3	YES
W	21194	RECONSTRUCTION FO MANDIBULAR RAM	10/1/2005	\$184.56	3	YES
W	21195	RECONSTRUCTION OF MANDIBULAR RAM	10/1/2005	\$174.64	3	YES
W	21196	RECONSTRUCTION OF MANDIBULAR RAM	10/1/2005	\$190.11	3	YES
W	21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	10/1/2005	\$146.77	3	YES
W	21199	OSTEOTOMY, MANDIBLE, SEGMENTAL;	10/1/2005	\$137.59	3	YES
W	21206	OSTEOPLASTY (EG FOR PROGNATHISM	10/1/2005	\$145.48	3	NO
W	21209	OSTEOPLASTY, FACIAL BONES; REDUC	10/1/2005	\$95.44	3	YES
W	21240	ARTHROPLASTY, TEMPOROMANDIBULAR	10/1/2005	\$146.93	3	NO
W	21242	ARTHROPLASTY, TEMPOROMANDIBULAR	10/1/2005	\$136.03	3	NO
W	21243	ARTHROPLASTY, TEMPOROMANDIBULAR	10/1/2005	\$214.71	3	NO
W	21244	RECONSTRUCTION OF MANDIBLE, EXTR	10/1/2005	\$130.79	3	NO
W	21245	RECONSTRUCTION OF MANDIBLE OR MA	10/1/2005	\$142.36	3	NO
W	21246	RECONSTRUCTION OF MANDIBLE OR MA	10/1/2005	\$118.49	3	NO
W	21247	RECONSTRUCTION OF MANDIBULAR CON	10/1/2005	\$221.87	3	NO
W	21255	RECONSTRUCTION OF ZYGOMATIC ARCH	10/1/2005	\$182.64	3	NO
W	21256	RECONSTRUCTION OF ORBIT W/OSTEOT	10/1/2005	\$153.78	3	YES
W	21260	ORBITAL HYPERTELORISM CORRECTION	10/1/2005	\$156.89	3	YES
W	21261	PERIORBITAL OSTEOTOMIES FOR ORBI	10/1/2005	\$306.52	3	YES
W	21263	PERIORBITAL OSTEOTOMIES FOR ORBI	10/1/2005	\$259.81	3	YES
W	21267	ORBITAL REPOSITIONING PERIORBITA	10/1/2005	\$209.26	3	YES
W	21268	ORBITAL REPOSITIONING PERIORBITA	10/1/2005	\$250.52	3	YES
W	21270	MALAR AUGMENTATION, PROSTHETIC M	10/1/2005	\$117.19	3	YES
W	21275	SECONDARY REVISION FOR ORBITOCRA	10/1/2005	\$107.23	3	YES
W	21339	OPEN TREATMENT OF ANASOETHMOID F	10/1/2005	\$119.01	3	NO
W	21343	OPEN TREATMENT OF DEPRESSED FRON	10/1/2005	\$155.13	3	NO
W	21347	OPEN TREATMENT OF NASOMAXILLARY	10/1/2005	\$157.31	3	NO
W	21360	OPEN TREATMENT OF DEPRESSED MALA	10/1/2005	\$67.99	3	NO
W	21365	OPEN TREATMENT OF COMPLICATED FR	10/1/2005	\$142.36	3	NO
W	21385	OPEN TREATMENT OF ORBITAL FLOOR	10/1/2005	\$95.44	3	NO
W	21386	OPEN TREATMENT OF ORBITAL FLOOR	10/1/2005	\$89.27	3	NO
W	21387	OPEN TREATMENT OF ORBITAL FLOOR	10/1/2005	\$102.24	3	NO
W	21390	OPEN TREATMENT OF ORBITAL FLOOR	10/1/2005	\$97.73	3	NO
W	21395	OPEN TREATMENT OF ORBITAL FLOOR	10/1/2005	\$120.10	3	NO
W	21401	TREATMENT OF FRACTURE OF ORBIT E	10/1/2005	\$60.36	3	NO
W	21406	OPEN TREATMENT OF FRACTURE OF OR	10/1/2005	\$71.62	3	NO
W	21407	OPEN TREATMENT OF FRACTURE OF OR	10/1/2005	\$85.17	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	21422	OPEN TREATMENT OF PALATAL OR MAX	10/1/2005	\$90.20	3	NO
W	21423	OPEN TREATMENT OF PALATAL OR MAX	10/1/2005	\$108.68	3	NO
W	21431	CLOSED TREATMENT OF CRANIOFACIAL	10/1/2005	\$89.58	3	NO
W	21432	OPEN TREATMENT OF CRANIOFACIAL S	10/1/2005	\$90.67	3	NO
W	21433	OPEN TREATMENT OF CRANIOFACIAL S	10/1/2005	\$230.75	3	NO
W	21435	OPEN TREATMENT OF CRANIOFACIAL S	10/1/2005	\$165.46	3	NO
W	21445	OPEN TREATMENT OF MANDIBULAR OR	10/1/2005	\$82.42	3	NO
W	21454	OPEN TREATMENT OF MANDIBULAR FRA	10/1/2005	\$70.17	3	NO
W	21461	OPEN TREATMENT OF MANDIBULAR FRA	10/1/2005	\$112.67	3	NO
W	21462	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$123.21	3	NO
W	21465	OPEN TREATMENT OF MANDIBULAR CON	10/1/2005	\$120.36	3	NO
W	21470	OPEN TREATMENT OF COMPLICATED MA	10/1/2005	\$151.96	3	NO
W	21490	OPEN TREATMENT OF TEMPOROMANDIBU	10/1/2005	\$121.81	3	NO
W	21493	CLOSED TREATMENT OF HYOID FRACTU	1/1/2006	INVALID	N	NO
W	21494	TREATMENT OF CLOSED OR OPEN HYOI	1/1/2006	INVALID	N	NO
W	21495	OPEN TREATMENT OF HYOID FRACTURE	10/1/2005	\$75.57	3	NO
W	21502	INCISION AND DRAINAGE DEEP ABSCE	10/1/2005	\$71.21	3	NO
W	21557	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$79.41	3	NO
W	21600	EXCISION OF RIB PARTIAL	10/1/2005	\$70.43	3	NO
W	21610	COSTOTRANSVERSECTOMY (SEPARATE P	10/1/2005	\$136.03	3	NO
W	21615	EXCISION FIRST AND/OR CERVICAL R	10/1/2005	\$93.32	3	NO
W	21616	EXCISION FIRST AND/OR CERVICAL R	10/1/2005	\$113.61	3	NO
W	21620	OSTECTOMY OF STERNUM PARTIAL	10/1/2005	\$71.15	3	NO
W	21627	STERNAL DEBRIDEMENT	10/1/2005	\$73.13	3	NO
W	21630	RADICAL RESECTION OF STERNUM	10/1/2005	\$164.57	3	NO
W	21632	RADICAL RESECTION OF STERNUM; WI	10/1/2005	\$164.94	3	NO
W	21700	DIVISION OF SCALENUS ANTICUS WIT	10/1/2005	\$57.45	3	NO
W	21705	DIVISION OF SCALENUS ANTICUS; WI	10/1/2005	\$86.15	3	NO
W	21720	DIVISION OF STENOCLEIDOMASTOID F	10/1/2005	\$46.76	3	NO
W	21725	DIVISION OF STERNOCLEIDOMASTOID	10/1/2005	\$70.69	3	NO
W	21740	RECONSTRUCTIVE REPAIR OF PECTUS	10/1/2005	\$141.95	3	NO
W	21750	CLOSURE OF MEDIAN STERNOTOMY SEP	10/1/2005	\$95.55	3	NO
W	21810	TREATMENT OF RIB FRACTURE REQUIR	10/1/2005	\$66.22	3	NO
W	21820	CLOSED TREATMENT OF STERNUM FRAC	10/1/2005	\$84.34	3	NO
W	21825	OPEN TREATMENT OF STERNUM FRACTU	10/1/2005	\$77.12	3	NO
W	21920	BIOPSY, SOFT TISSUE OF BACK OR F	10/1/2005	\$142.47	3	NO
W	22100	PART EXCISION OF POST VERT COMPO	10/1/2005	\$100.27	3	NO
W	22101	PART EXCISION OF POST VERT COMPO	10/1/2005	\$99.86	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	22102	PART EXCISION OF POST VERT COMPO	10/1/2005	\$101.67	3	NO
W	22103	PART EXCISION OF POST VERT COMPO	10/1/2005	\$20.55	3	NO
W	22110	PART EXCISION OF VERT BODY, CERV	10/1/2005	\$127.57	3	NO
W	22112	PART EXCISION OF VERT BODY, THOR	10/1/2005	\$127.16	3	NO
W	22114	PART EXCISION OF VERT BODY, LUMB	10/1/2005	\$127.31	3	NO
W	22116	PART EXCISION OF VERT BODY, EA A	10/1/2005	\$20.55	3	NO
W	22210	OSTEOTOMY OF SPINE, POSTERIOR OR	10/1/2005	\$231.16	3	NO
W	22214	OSTEOTOMY OF SPINE, POSTERIOR AP	10/1/2005	\$192.29	3	NO
W	22216	OSTEOTOMY OF SPINE, POSTERIOR OR	10/1/2005	\$54.18	3	NO
W	22220	OSTEOTOMY OF SPINE, INCLUDING DI	10/1/2005	\$207.50	3	NO
W	22222	OSTEOTOMY OF SPINE, ANTERIOR APP	10/1/2005	\$187.10	3	NO
W	22224	OSTEOTOMY OF SPINE, ANTERIOR APP	10/1/2005	\$206.30	3	NO
W	22226	OSTEOTOMY OF SPINE, INCLUDING DI	10/1/2005	\$53.72	3	NO
W	22318	OPEN TREATMENT AND/OR REDUCTION	10/1/2005	\$207.55	3	NO
W	22319	OPEN TREATMENT AND/OR REDUCTION	10/1/2005	\$231.47	3	NO
W	22325	OPEN TREATMENT AND/OR REDUCTION	10/1/2005	\$176.98	3	NO
W	22326	OPEN TREATMENT AND/OR REDUCTION	10/1/2005	\$189.49	3	NO
W	22327	OPEN TREATMENT AND/OR REDUCTION	10/1/2005	\$183.78	3	NO
W	22328	OPEN TREATMENT AND/OR REDUCTION	10/1/2005	\$40.43	3	NO
W	22548	ARTHRODESIS, ANTERIOR TRANSORAL	10/1/2005	\$244.55	3	YES
W	22554	ARTHRODESIS, ANTERIOR INTERBODY	10/1/2005	\$183.00	3	YES
W	22556	ARTHRODESIS, ANTERIOR INTERBODY	10/1/2005	\$219.12	3	YES
W	22558	ARTHRODESIS, ANTERIOR INTERBODY	10/1/2005	\$199.66	3	YES
W	22585	ARTHRODESIS, ANTERIOR INTERBODY	10/1/2005	\$49.25	3	YES
W	22590	ARTHRODESIS, POSTERIOR TECHNIQUE	10/1/2005	\$199.45	3	YES
W	22595	ARTHRODESIS, POSTERIOR TECHNIQUE	10/1/2005	\$189.23	3	YES
W	22600	ARTHRODESIS, POSTERIOR OR POSTER	10/1/2005	\$160.58	3	YES
W	22610	ARTHRODESIS, POSTERIOR OR POSTER	10/1/2005	\$160.06	3	YES
W	22612	ARTHRODESIS, POSTERIOR OR POSTER	10/1/2005	\$205.16	3	YES
W	22614	ARTHRODESIS, POSTERIOR OR POSTER	10/1/2005	\$57.82	3	YES
W	22630	ARTHRODESIS, POSTERIOR INTERBODY	10/1/2005	\$202.41	3	YES
W	22632	ARTHRODESIS, POSTERIOR INTERBODY	10/1/2005	\$46.81	3	YES
W	22800	ARTHRODESIS, POSTERIOR, FOR SPIN	10/1/2005	\$179.78	3	YES
W	22802	ARTHRODESIS, POSTERIOR, FOR SPIN	10/1/2005	\$293.24	3	YES
W	22804	ARTHRODESIS, POSTERIOR, FOR SPIN	10/1/2005	\$341.61	3	YES
W	22808	ARTHRODESIS, ANTERIOR, FOR SPINA	10/1/2005	\$245.54	3	YES
W	22810	ARTHRODESIS, ANTERIOR, FOR SPINA	10/1/2005	\$276.89	3	YES
W	22812	ARTHRODESIS, ANTERIOR, FOR SPINA	10/1/2005	\$300.81	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	22818	KYPHECTOMY, CIRCUMFERENTIAL EXPO	10/1/2005	\$295.52	3	NO
W	22819	KYPHECTOMY, CIRCUMFERENTIAL EXPO	10/1/2005	\$332.32	3	NO
W	22830	EXPLORATION OF SPINAL FUSION	10/1/2005	\$109.15	3	NO
W	22840	POSTERIOR NON-SEGMENTAL INSTRUME	10/1/2005	\$112.73	3	NO
W	22842	POSTERIOR SEGMENTAL INSTRUMENTAT	10/1/2005	\$112.67	3	NO
W	22843	POSTERIOR SEGMENTAL INSTRUMENTAT	10/1/2005	\$118.49	3	YES
W	22844	POSTERIOR SEGMENTAL INSTRUMENTAT	10/1/2005	\$146.88	3	YES
W	22845	ANTERIOR INSTRUMENTATION; 2 TO 3	10/1/2005	\$107.80	3	NO
W	22846	ANTERIOR INSTRUMENTATION; 4 TO 7	10/1/2005	\$112.10	3	YES
W	22847	ANTERIOR INSTRUMENTATION; 8 OR M	10/1/2005	\$123.31	3	YES
W	22848	PELVIC FIXATION (ATTACHMENT OF C	10/1/2005	\$53.51	3	YES
W	22849	REINSERTION OF SPINAL FIXATION D	10/1/2005	\$176.51	3	NO
W	22850	REMOVAL OF POSTERIOR NONSEGMENTA	10/1/2005	\$96.02	3	NO
W	22851	APPLICATION OF PROSTHETIC DEVICE	10/1/2005	\$59.79	3	YES
W	22852	REMOVAL OF POSTERIOR SEGMENTAL I	10/1/2005	\$91.55	3	NO
W	22855	REMOVAL OF ANTERIOR INSTRUMENTAT	10/1/2005	\$146.20	3	NO
W	22899	UNLISTED PROCEDURE SPINE	2/1/1994	\$0.01	5	NO
W	22900	EXCISION ABDOMINAL WALL TUMOR SU	10/1/2005	\$50.65	3	NO
W	23000	REMOVAL OF SUBDELTOID CALCAREOUS	10/1/2005	\$70.22	3	NO
W	23020	CAPSULAR CONTRACTURE RELEASE (SE	10/1/2005	\$93.42	3	NO
W	23035	INCISION DEEP WITH OPENING OF CO	10/1/2005	\$95.03	3	NO
W	23040	ARTHROTOMY GLENOHUMERAL JOINT FO	10/1/2005	\$96.59	3	NO
W	23044	ARTHROTOMY ACROMIOCLAVICULAR STE	10/1/2005	\$76.50	3	NO
W	23065	BIOPSY SOFT TISSUES SUPERFICIAL	10/1/2005	\$128.45	3	NO
W	23066	BIOPSY SOFT TISSUES; DEEP	10/1/2005	\$322.56	3	NO
W	23077	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$148.23	3	NO
W	23100	ARTHROTOMY WITH BIOPSY, GLENOHUM	10/1/2005	\$65.91	3	NO
W	23101	ARTHROTOMY WITH BIOPSY, OR W/EXC	10/1/2005	\$61.45	3	NO
W	23105	ARTHROTOMY WITH SYNOVECTOMY; GLE	10/1/2005	\$86.88	3	NO
W	23106	ARTHROTOMY FOR SYNOVECTOMY STERN	10/1/2005	\$65.50	3	NO
W	23107	ARTHROTOMY, GLENOHUMERAL JOINT,	10/1/2005	\$90.67	3	NO
W	23120	CLAVICULECTOMY PARTIAL	10/1/2005	\$76.66	3	NO
W	23125	CLAVICULECTOMY; TOTAL	10/1/2005	\$96.17	3	NO
W	23130	ACROMIOPLASTY OR ACROMIONECTOMY,	10/1/2005	\$82.83	3	NO
W	23145	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$93.47	3	NO
W	23150	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$86.47	3	NO
W	23155	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$106.08	3	NO
W	23156	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$91.03	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	23170	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$72.24	3	NO
W	23172	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$73.59	3	NO
W	23174	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$101.15	3	NO
W	23180	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$98.35	3	NO
W	23182	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$93.42	3	NO
W	23184	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$105.20	3	NO
W	23190	OSTECTOMY OF SCAPULA PARTIAL (EG	10/1/2005	\$75.62	3	NO
W	23195	RESECTION HUMERAL HEAD	10/1/2005	\$99.70	3	NO
W	23200	RADICAL RESECTION FOR TUMOR CLAV	10/1/2005	\$117.09	3	NO
W	23210	RADICAL RESECTION FOR TUMOR; SCA	10/1/2005	\$121.60	3	NO
W	23220	RADICAL RESECTION FOR TUMOR PROX	10/1/2005	\$144.23	3	NO
W	23221	RADICAL RESECTION FOR TUMOR PROX	10/1/2005	\$168.47	3	NO
W	23222	RADICAL RESECTION FOR TUMOR PROX	10/1/2005	\$226.13	3	NO
W	23330	REMOVAL OF FOREIGN BODY SHOULDER	10/1/2005	\$149.47	3	NO
W	23332	REMOVAL OF FOREIGN BODY; COMPLIC	10/1/2005	\$118.80	3	NO
W	23395	MUSCLE TRANSFER, ANY TYPE, SHOUL	10/1/2005	\$168.57	3	NO
W	23397	MUSCLE TRANSFER ANY TYPE FOR PAR	10/1/2005	\$156.37	3	NO
W	23400	SCAPULOPEXY (EG SPRENGEL'S DEFOR	10/1/2005	\$134.21	3	NO
W	23405	TENOMYOTOMY SINGLE	10/1/2005	\$86.67	3	NO
W	23406	TENOMYOTOMY; MULTIPLE THROUGH SA	10/1/2005	\$108.63	3	NO
W	23410	REPAIR OF RUPTURED MUSCULOTENDIN	10/1/2005	\$124.25	3	NO
W	23412	REPAIR OF RUPTURED SUPRASPINATUS	10/1/2005	\$132.03	3	NO
W	23415	CORACOACROMIAL LIGAMENT RELEASE,	10/1/2005	\$101.98	3	NO
W	23420	REPAIR OF COMPLETE SHOULDER (ROT	10/1/2005	\$136.96	3	NO
W	23430	TENODESIS OF LONG TENDON OF BICE	10/1/2005	\$102.61	3	NO
W	23440	RESECTION OR TRANSPLANTATION OF	10/1/2005	\$106.45	3	NO
W	23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-	10/1/2005	\$132.40	3	NO
W	23455	CAPSULORRHAPHY FOR RECURRENT DIS	10/1/2005	\$141.38	3	NO
W	23460	CAPSULORRHAPHY, ANTERIOR, ANY TY	10/1/2005	\$152.33	3	NO
W	23462	CAPSULORRHAPHY FOR RECURRENT DIS	10/1/2005	\$148.43	3	NO
W	23465	CAPSULORRHAPHY FOR RECURRENT DIS	10/1/2005	\$154.25	3	NO
W	23466	CAPSULORRHAPHY WITH ANY TYPE MUL	10/1/2005	\$145.27	3	NO
W	23470	ARTHROPLASTY WITH PROXIMAL HUMER	10/1/2005	\$167.59	3	NO
W	23472	ARTHROPLASTY WITH GLENOID AND PR	10/1/2005	\$202.77	3	YES
W	23480	OSTEOTOMY CLAVICLE WITH OR WITHO	10/1/2005	\$113.40	3	NO
W	23485	OSTEOTOMY CLAVICLE WITH OR WITHO	10/1/2005	\$132.86	3	NO
W	23490	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$114.13	3	NO
W	23491	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$141.95	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	23500	CLOSED TREATMENT OF CLAVICULAR F	10/1/2005	\$135.98	3	NO
W	23515	OPEN TREATMENT OF CLAVICULAR FRA	10/1/2005	\$78.99	3	NO
W	23520	CLOSED TREATMENT OF STERNOCLAVIC	10/1/2005	\$138.31	3	NO
W	23530	OPEN TREATMENT OF STERNOCLAVICUL	10/1/2005	\$74.89	3	NO
W	23532	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$84.86	3	NO
W	23540	CLOSED TREATMENT OF ACROMIOCLAVI	10/1/2005	\$139.09	3	NO
W	23550	OPEN TREATMENT OF ACROMIOCLAVICU	10/1/2005	\$76.92	3	NO
W	23552	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$89.32	3	NO
W	23570	CLOSED TREATMENT OF SCAPULAR FRA	10/1/2005	\$145.06	3	NO
W	23585	OPEN TREATMENT OF SCAPULAR FRACT	10/1/2005	\$94.04	3	NO
W	23600	CLOSED TREATMENT OF PROXIMAL HUM	10/1/2005	\$206.04	3	NO
W	23615	OPEN TREATMENT OF PROXIMAL HUMER	10/1/2005	\$102.61	3	NO
W	23616	OPEN TREATMENT OF PROXIMAL HUMER	10/1/2005	\$202.46	3	NO
W	23620	CLOSED TREATMENT OF GREATER TUBE	10/1/2005	\$165.82	3	NO
W	23630	OPEN TREATMENT OF GREATER TUBERO	10/1/2005	\$78.99	3	NO
W	23650	CLOSED TREATMENT OF SHOULDER DIS	10/1/2005	\$193.33	3	NO
W	23655	TREATMENT OF CLSOED SHOULDER DIS	10/1/2005	\$243.41	3	NO
W	23660	OPEN TREATMENT OF ACUTE SHOULDER	10/1/2005	\$78.52	3	NO
W	23670	OPEN TREATMENT OF SHOULDER DISLO	10/1/2005	\$83.35	3	NO
W	23680	OPEN TREATMENT OF SHOULDER DISLO	10/1/2005	\$103.02	3	NO
W	23800	ARTHRODESIS SHOULDER JOINT WITH	10/1/2005	\$139.04	3	NO
W	23802	ATHRODESIS SHOULDER JOINT; WITH	10/1/2005	\$152.74	3	NO
W	23900	INTERTHORACOSCAPULAR AMPUTATION	10/1/2005	\$179.11	3	NO
W	23920	DISARTICULATION OF SHOULDER	10/1/2005	\$139.40	3	NO
W	23921	DISARTICULATION OF SHOULDER; SEC	10/1/2005	\$58.80	3	NO
W	23929	UNLISTED PROCEDURE SHOULDER	2/1/1994	\$0.01	5	NO
W	24065	BIOPSY SOFT TISSUES SUPERFICIAL	10/1/2005	\$141.69	3	NO
W	24077	RADICAL RESCTION OF TUMOR (EG, M	10/1/2005	\$109.66	3	NO
W	24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL	10/1/2005	\$53.04	3	NO
W	24101	ARTHROTOMY, ELBOW; W/JOINT EXPLO	10/1/2005	\$67.89	3	NO
W	24102	ARTHROTOMY, ELBOW; WITH SYNOVECT	10/1/2005	\$83.87	3	NO
W	24115	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$95.96	3	NO
W	24116	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$118.80	3	NO
W	24125	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$78.37	3	NO
W	24126	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$85.53	3	NO
W	24130	EXCISION RADIAL HEAD	10/1/2005	\$68.98	3	NO
W	24134	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$104.79	3	NO
W	24136	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$86.05	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	24138	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$88.96	3	NO
W	24140	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$102.61	3	NO
W	24145	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$87.50	3	NO
W	24149	RADICAL RESECTION OF CAPSULE, SO	10/1/2005	\$145.84	3	NO
W	24150	RADICAL RESECTION FOR TUMOR SHAF	10/1/2005	\$132.29	3	NO
W	24151	RADICAL RESECTION FOR TUMOR SHAF	10/1/2005	\$153.88	3	NO
W	24152	RADICAL RESECTION FOR TUMOR RADI	10/1/2005	\$99.91	3	NO
W	24155	RESECTION OF ELBOW JOINT (ARTHRE	10/1/2005	\$114.23	3	NO
W	24160	IMPLANT REMOVAL ELBOW JOINT	10/1/2005	\$82.94	3	NO
W	24164	IMPLANT REMOVAL; RADIAL HEAD	10/1/2005	\$67.52	3	NO
W	24200	REMOVAL OF FOREIGN BODY SUBCUTAN	10/1/2005	\$139.09	3	NO
W	24220	INJECTION PROCEDURE FOR ELBOW AR	10/1/2005	\$130.53	3	NO
W	24301	MUSCLE OR TENDON TRANSFER ANY TY	10/1/2005	\$103.49	3	NO
W	24320	TENOPLASTY WITH MUSCLE TRANSFER	10/1/2005	\$102.71	3	NO
W	24330	FLEXOR-PLASTY ELBOW (EG STEINDLE	10/1/2005	\$98.87	3	NO
W	24331	FLEXOR-PLASTY ELBOW (EG STEINDLE	10/1/2005	\$109.30	3	NO
W	24340	TENODESIS OF BICEPS TENDON AT EL	10/1/2005	\$84.03	3	NO
W	24341	REPAIR, TENDON OR MUSCLE, UPPER	10/1/2005	\$88.96	3	NO
W	24342	REINSERTION OF RUPTURED BICEPS O	10/1/2005	\$108.47	3	NO
W	24352	FASCIOTOMY LATERAL OR MEDIAL (EG	10/1/2005	\$71.10	3	NO
W	24354	FASCIOTOMY LATERAL OR MEDIAL (EG	10/1/2005	\$71.05	3	NO
W	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	10/1/2005	\$123.52	3	NO
W	24361	ARTHROPLASTY ELBOW; WITH DISTAL	10/1/2005	\$139.09	3	NO
W	24362	ARTHROPLASTY ELBOW; WITH IMPLANT	10/1/2005	\$143.19	3	NO
W	24363	ATHROPLASTY ELBOW; WITH DISTAL H	10/1/2005	\$182.32	3	NO
W	24365	ARTHROPLASTY RADIAL HEAD	10/1/2005	\$88.18	3	NO
W	24366	ARTHROPLASTY RADIAL HEAD; WITH I	10/1/2005	\$94.30	3	NO
W	24400	OSTEOTOMY HUMERUS WITH OR WITHOU	10/1/2005	\$112.88	3	NO
W	24410	MULTIPLE OSTEOTOMIES WITH REALIG	10/1/2005	\$143.56	3	NO
W	24420	OSTEOPLASTY HUMERUS (EG SHORTENI	10/1/2005	\$135.51	3	NO
W	24430	REPAIR OF NONUNION OR MALUNION H	10/1/2005	\$128.19	3	NO
W	24435	REPAIR OF NONUNION OR MALUNION H	10/1/2005	\$136.24	3	NO
W	24470	HEMIEPIPHYSEAL ARREST (EG FOR CU	10/1/2005	\$93.06	3	NO
W	24498	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$120.30	3	NO
W	24500	CLOSED TREATMENT OF HUMERAL SHAF	10/1/2005	\$221.61	3	NO
W	24515	OPEN TREATMENT OF HUMERAL SHAFT	10/1/2005	\$119.32	3	NO
W	24516	TREATMENT OF HUMERAL SHAFT FRACT	10/1/2005	\$117.97	3	NO
W	24538	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$102.19	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	24545	OPEN TREATMENT OF HUMERAL SUPRAC	10/1/2005	\$107.33	3	NO
W	24560	CLOSED TREATMENT OF HUMERAL EPIC	10/1/2005	\$199.56	3	NO
W	24565	TREATMENT OF CLOSED EPICONDYLAR	10/1/2005	\$67.78	3	NO
W	24575	OPEN TREATMENT OF HUMERAL EPICON	10/1/2005	\$108.26	3	NO
W	24576	CLOSED TREATMENT OF HUMERAL COND	10/1/2005	\$209.16	3	NO
W	24579	OPEN TREATMENT OF HUMERAL CONDYL	10/1/2005	\$116.20	3	NO
W	24586	OPEN TREATMENT OF PERIARTICULAR	10/1/2005	\$150.51	3	NO
W	24587	OPEN TREATMENT OF PERIARTICULAR	10/1/2005	\$148.75	3	NO
W	24600	TREATMENT OF CLOSED ELBOW DISLOC	10/1/2005	\$247.82	3	NO
W	24615	OPEN TREATMENT OF ACUTE OR CHRON	10/1/2005	\$97.62	3	NO
W	24635	OPEN TREATMENT OF MONTEGGIA TYPE	10/1/2005	\$152.95	3	NO
W	24650	CLOSED TREATMENT OF RADIAL HEAD	10/1/2005	\$162.71	3	NO
W	24665	OPEN TREATMENT OF RADIAL HEAD OR	10/1/2005	\$88.33	3	NO
W	24666	OPEN TREATMENT OF RADIAL HEAD OR	10/1/2005	\$99.34	3	NO
W	24670	CLOSED TREATMENT OF ULNAR FRACTU	10/1/2005	\$182.69	3	NO
W	24685	OPEN TREATMENT OF ULNAR FRACTURE	10/1/2005	\$92.43	3	NO
W	24800	ARTHRODESIS ELBOW JOINT WITH OR	10/1/2005	\$111.79	3	NO
W	24802	ARTHRODESIS ELBOW JOINT; WITH PR	10/1/2005	\$136.55	3	NO
W	24900	AMPUTATION ARM THROUGH HUMERUS W	10/1/2005	\$94.15	3	NO
W	24920	AMPUTATION ARM THROUGH HUMERUS;	10/1/2005	\$93.68	3	NO
W	24925	AMPUTATION ARM THROUGH HUMERUS;	10/1/2005	\$74.11	3	NO
W	24930	AMPUTATION ARM THROUGH HUMERUS;	10/1/2005	\$99.08	3	NO
W	24931	AMPUTATION ARM THROUGH HUMERUS;	10/1/2005	\$105.36	3	NO
W	24940	CINEPLASTY UPPER EXTREMITY COMPL	10/1/2001	\$174.31	3	NO
W	25085	CAPSULOTOMY WRIST (EG FOR CONTRA	10/1/2005	\$69.75	3	NO
W	25107	ARTHROTOMY DISTAL RADIOULNAR JOI	10/1/2005	\$81.69	3	NO
W	25119	SYNOVECTOMY EXTENSOR TENDON SHEA	10/1/2005	\$75.57	3	NO
W	25126	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$113.25	3	NO
W	25135	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$79.82	3	NO
W	25136	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$70.48	3	NO
W	25145	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$100.79	3	NO
W	25151	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$110.44	3	NO
W	25170	RADICAL RESECTION FOR TUMOR RADI	10/1/2005	\$144.85	3	NO
W	25215	CARPECTOMY; ALL BONES OR PROXIMA	10/1/2005	\$92.49	3	NO
W	25250	REMOVAL OF WRIST PROSTHESIS (SEP	10/1/2005	\$70.95	3	NO
W	25251	REMOVAL OF WRIST PROSTHESIS; COM	10/1/2005	\$97.21	3	NO
W	25263	REPAIR TENDON OR MUSCLE FLEXOR;	10/1/2005	\$115.27	3	NO
W	25265	REPAIR TENDON OR MUSCLE FLEXOR S	10/1/2005	\$133.12	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	25300	TENODESIS AT WRIST FLEXORS OF FI	10/1/2005	\$96.02	3	NO
W	25301	TENODESIS AT WRIST; EXTENSORS OF	10/1/2005	\$91.97	3	NO
W	25310	TENDON TRANSPLANTATION OR TRANSF	10/1/2005	\$116.10	3	NO
W	25312	TENDON TRANSPLANTATION OR TRANSF	10/1/2005	\$129.28	3	NO
W	25315	FLEXOR ORIGIN SLIDE (EG, FOR CER	10/1/2005	\$135.67	3	NO
W	25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL	10/1/2005	\$157.05	3	NO
W	25320	CAPSULORRHAPHY OR RECONSTRUCTION	10/1/2005	\$123.11	3	NO
W	25332	ARTHROPLASTY, WRIST, WITH OR WIT	10/1/2005	\$116.10	3	NO
W	25335	CENTRALIZATION OF WRIST ON ULNA	10/1/2005	\$136.76	3	YES
W	25337	RECONSTRUCTION FOR STABILIZATION	10/1/2005	\$118.38	3	NO
W	25350	OSTEOTOMY RADIUS DISTAL THIRD	10/1/2005	\$125.44	3	NO
W	25355	OSTEOTOMY RADIUS; MIDDLE OR PROX	10/1/2005	\$137.43	3	NO
W	25360	OSTEOTOMY ULNA	10/1/2005	\$122.95	3	NO
W	25365	OSTEOTOMY; RADIUS AND ULNA	10/1/2005	\$156.48	3	NO
W	25370	MULTIPLE OSTEOTOMIES WITH REALIG	10/1/2005	\$164.42	3	NO
W	25375	MULTIPLE OSTEOTOMIES WITH REALIG	10/1/2005	\$164.42	3	NO
W	25390	OSTEOPLASTY RADIUS OR ULNA SHORT	10/1/2005	\$138.00	3	NO
W	25391	OSTEOPLASTY RADIUS OR ULNA; LENG	10/1/2005	\$168.05	3	NO
W	25392	OSTEOPLASTY RADIUS AND ULNA SHOR	10/1/2005	\$165.98	3	NO
W	25393	OSTEOPLASTY RADIUS AND ULNA; LEN	10/1/2005	\$187.67	3	NO
W	25400	REPAIR OF NONUNION OR MALUNION R	10/1/2005	\$144.70	3	NO
W	25405	REPAIR OF NONUNION OR MALUNION,	10/1/2005	\$175.99	3	NO
W	25415	REPAIR OF NONUNION OR MALUNION R	10/1/2005	\$165.98	3	NO
W	25420	REPAIR OF NONUNION OR MALUNION,	10/1/2005	\$192.91	3	NO
W	25425	REPAIR OF DEFECT WITH AUTOGENOUS	10/1/2005	\$188.81	3	NO
W	25426	REPAIR OF DEFECT WITH AUTOGENOUS	10/1/2005	\$180.98	3	NO
W	25440	REPAIR OF NONUNION, SCAPHOID CAR	10/1/2005	\$111.17	3	NO
W	25441	ARTHROPLASTY WITH PROSTHETIC REP	10/1/2005	\$129.18	3	NO
W	25442	ARTHROPLASTY WITH PROSTHETIC REP	10/1/2005	\$110.24	3	NO
W	25443	ARTHROPLASTY WITH PROSTHETIC REP	10/1/2005	\$106.40	3	NO
W	25444	ARTHROPLASTY WITH PROSTHETIC REP	10/1/2005	\$113.40	3	NO
W	25445	ARTHROPLASTY WITH PROSTHETIC REP	10/1/2005	\$99.70	3	NO
W	25446	ATHROPLASTY WITH PROSTHETIC REPL	10/1/2005	\$160.37	3	NO
W	25447	INTERPOSITION ARTHROPLASTY INTER	10/1/2005	\$106.86	3	NO
W	25449	REVISION OF ARTHROPLASTY INCLUDI	10/1/2005	\$141.74	3	NO
W	25450	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$100.69	3	NO
W	25455	EPIPHYSEAL ARREST BY EIPHYSIODES	10/1/2005	\$110.50	3	NO
W	25490	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$128.14	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	25491	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$134.89	3	NO
W	25492	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$154.30	3	NO
W	25500	CLOSED TREATMENT OF RADIAL SHAFT	10/1/2005	\$164.78	3	NO
W	25515	OPEN TREATMENT OF RADIAL SHAFT F	10/1/2005	\$94.35	3	NO
W	25525	OPEN TREATMENT OF RADIAL SHAFT F	10/1/2005	\$125.65	3	NO
W	25526	OPEN TREATMENT OF RADIAL SHAFT F	10/1/2005	\$148.38	3	NO
W	25530	CLOSED TREATMENT OF ULNAR SHAFT	10/1/2005	\$160.11	3	NO
W	25545	OPEN TREATMENT OF ULNAR SHAFT FR	10/1/2005	\$93.63	3	NO
W	25560	CLOSED TREATMENT OF RADIAL AND U	10/1/2005	\$167.64	3	NO
W	25574	OPEN TREATMENT OF RADIAL AND ULN	10/1/2005	\$79.93	3	NO
W	25575	OPEN TREATMENT OF RADIAL AND ULN	10/1/2005	\$112.62	3	NO
W	25600	CLOSED TREATMENT OF DISTAL RADIA	10/1/2005	\$184.76	3	NO
W	25620	OPEN TREATMENT OF DISTAL RADIAL	10/1/2005	\$89.32	3	NO
W	25622	CLOSED TREATMENT OF CARPAL SCAPH	10/1/2005	\$188.66	3	NO
W	25628	OPEN TREATMENT OF CARPAL SCAPHOI	10/1/2005	\$91.34	3	NO
W	25630	CLOSED TREATMENT OF CARPAL BONE	10/1/2005	\$194.37	3	NO
W	25645	OPEN TREATMENT OF CARPAL BONE FR	10/1/2005	\$78.16	3	NO
W	25650	CLOSED TREATMENT OF ULNAR STYLOI	10/1/2005	\$202.15	3	NO
W	25670	OPEN TREATMENT OF RADIOCARPAL OR	10/1/2005	\$83.87	3	NO
W	25676	OPEN TREATMENT OF DISTAL RADIOUL	10/1/2005	\$86.47	3	NO
W	25685	OPEN TREATMENT OF TRANS-SCAPHOPE	10/1/2005	\$99.28	3	NO
W	25695	OPEN TREATMENT OF LUNATE DISLOCA	10/1/2005	\$86.88	3	NO
W	25800	ARTHRODESIS, WRIST JOINT (INCLUD	10/1/2005	\$105.77	3	NO
W	25805	ARTHRODESIS WRIST JOINT (INCLUDI	10/1/2005	\$120.88	3	NO
W	25810	ARTHRODESIS WRIST JOINT (INCLUDI	10/1/2005	\$114.65	3	NO
W	25820	INTERCARPAL FUSION WITHOUT BONE	10/1/2005	\$85.64	3	NO
W	25825	INTERCARPAL FUSION WITH AUTOGENO	10/1/2005	\$103.23	3	NO
W	25830	DISTAL RADIOULNAR JOINT ARTHRODE	10/1/2005	\$134.89	3	NO
W	25900	AMPUTATION FOREARM THROUGH RADIU	10/1/2005	\$118.54	3	NO
W	25905	AMPUTATION FOREARM THROUGH RADIU	10/1/2005	\$118.23	3	NO
W	25907	AMPUTATION FOREARM THROUGH RADIU	10/1/2005	\$107.17	3	NO
W	25909	AMPUTATION FOREARM THROUGH RADIU	10/1/2005	\$117.29	3	NO
W	25915	KRUKENBERG PROCEDURE	10/1/2005	\$201.58	3	NO
W	25920	DISARTICULATION THROUGH WRIST	10/1/2005	\$92.69	3	NO
W	25922	DISARTICULATION THROUGH WRIST; S	10/1/2005	\$80.86	3	NO
W	25924	DISARTICULATION THROUGH WRIST; R	10/1/2005	\$92.69	3	NO
W	25929	TRANSMETACARPAL AMPUTATION; SECO	10/1/2005	\$75.72	3	NO
W	25931	TRANSMETACARPAL AMPUTATION; REAM	10/1/2005	\$105.93	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	26010	DRAINAGE OF FINGER ABSCESS SIMPL	10/1/2005	\$188.66	3	NO
W	26011	DRAINAGE OF FINGER ABSCESS; COMP	10/1/2005	\$293.75	3	NO
W	26215	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$74.58	3	NO
W	26255	RADICAL RESECTION (OSTECTOMY) FO	10/1/2005	\$121.65	3	NO
W	26260	RADICAL RESECTION (OSTECTOMY) FO	10/1/2005	\$73.59	3	NO
W	26261	RADICAL RESECTION (OSTECTOMY) FO	10/1/2005	\$85.01	3	NO
W	26262	RADICAL RESECTION OSTECTOMY) FOR	10/1/2005	\$61.61	3	NO
W	26352	FLEXOR TENDON REPAIR OR ADVANCEM	10/1/2005	\$125.34	3	NO
W	26357	SECONDARY, EACH TENDON	10/1/2005	\$132.45	3	NO
W	26358	FLEXOR TENDON REPAIR OR ADVANCEM	10/1/2005	\$140.86	3	NO
W	26372	PROFUNDUS TENDON REPAIR OR ADVAN	10/1/2005	\$138.42	3	NO
W	26373	PROFUNDUS TENDON REPAIR OR ADVAN	10/1/2005	\$131.93	3	NO
W	26390	EXCISION FLEXOR TENDON, W/IMPLAN	10/1/2005	\$123.78	3	NO
W	26392	REMOVAL OF SYNTHETIC ROD AND INS	10/1/2005	\$147.81	3	NO
W	26416	REMOVAL OF SYNTHETIC ROD AND INS	10/1/2005	\$128.40	3	NO
W	26420	EXTENSOR TENDON REPAIR DORSUM OF	10/1/2005	\$111.33	3	NO
W	26426	REPAIR OF EXTENSOR TENDON, CENTR	10/1/2005	\$104.99	3	NO
W	26434	EXTENSOR TENDON REPAIR OPEN PRIM	10/1/2005	\$96.27	3	NO
W	26474	TENODESIS FOR DISTAL JOINT STABI	10/1/2005	\$90.57	3	NO
W	26476	TENDON LENGTHENING EXTENSOR SING	10/1/2005	\$87.56	3	NO
W	26479	TENDON SHORTENING, FLEXOR, HAND	10/1/2005	\$94.46	3	NO
W	26483	TENDON TRANSFER OR TRANSPLANT CA	10/1/2005	\$129.96	3	NO
W	26485	TENDON TRANSFER OR TRANSPLANT PA	10/1/2005	\$125.49	3	NO
W	26492	OPPONENS PLASTY TENDON TRANSFER	10/1/2005	\$127.73	3	NO
W	26494	OPPONENS PLASTY HYPOTHENAR MUSCL	10/1/2005	\$117.86	3	NO
W	26497	TENDON TRANSFER TO RESTORE INTRI	10/1/2005	\$127.26	3	NO
W	26498	TENDON TRANSFER TO RESTORE INTRI	10/1/2005	\$167.27	3	NO
W	26499	CORRECTION CLAW FINGER OTHER MET	10/1/2005	\$121.19	3	NO
W	26502	TENDON PULLEY RECONSTRUCTION WIT	10/1/2005	\$105.20	3	NO
W	26504	TENDON PULLEY RECONSTRUCTION; WI	10/1/2005	\$110.44	3	NO
W	26517	CAPSULODESIS FOR M-P JOINT STABI	10/1/2005	\$123.11	3	NO
W	26518	CAPSULODESIS FOR M-P JOINT STABI	10/1/2005	\$123.05	3	NO
W	26530	ARTHROPLASTY METACARPOPHALANGEAL	10/1/2005	\$71.88	3	NO
W	26531	ARTHROPLASTY METACARPOPHALANGEAL	10/1/2005	\$84.03	3	NO
W	26536	ARTHROPLASTY INTERPHALANGEAL JOI	10/1/2005	\$87.97	3	NO
W	26541	RECONSTRUCTION, COLLATERAL LIGAM	10/1/2005	\$120.77	3	NO
W	26546	REPAIR NON-UNION, METACARPAL OR	10/1/2005	\$131.67	3	NO
W	26550	POLLICIZATION OF A DIGIT	10/1/2005	\$213.93	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	26553	TOE-TO-HAND TRANSFER WITH MICROV	10/1/2005	\$369.94	3	NO
W	26554	TOE-TO-HAND TRANSFER WITH MICROV	10/1/2005	\$528.13	3	NO
W	26555	POSITIONAL CHANGE OF OTHER FINGE	10/1/2005	\$193.33	3	NO
W	26556	FREE TOE JOINT TRANSFER WITH MIC	10/1/2005	\$431.08	3	NO
W	26560	REPAIR OF SYNDACTYLY (WEB FINGER	10/1/2005	\$83.09	3	YES
W	26561	REPAIR OF SYNDACTYLY (WEB FINGER	10/1/2005	\$128.14	3	YES
W	26562	REPAIR OF SYNDACTYLY (WEB FINGER	10/1/2005	\$178.22	3	YES
W	26565	OSTEOTOMY FOR CORRECTION OF DEFO	10/1/2005	\$102.40	3	NO
W	26568	OSTEOPLASTY FOR LENGTHENING OF M	10/1/2005	\$134.89	3	NO
W	26580	REPAIR CLEFT HAND	10/1/2005	\$176.77	3	NO
W	26585	REPAIR BIFID DIGIT	4/1/2002	INVALID	N	NO
W	26587	RECONSTRUCTION OF POLYDACTYLOUS	10/1/2005	\$128.50	3	NO
W	26590	REPAIR MACRODACTYLIA, EACH DIGIT	10/1/2005	\$179.63	3	NO
W	26596	EXCISION OF CONSTRICTING RING WI	10/1/2005	\$99.34	3	NO
W	26597	RELEASE OF SCAR CONTRACTURE FLEX	4/1/2002	INVALID	N	NO
W	26600	CLOSED TREATMENT OF METACARPAL F	10/1/2005	\$152.07	3	NO
W	26665	OPEN TREATMENT OF CARPOMETACARPA	10/1/2005	\$78.27	3	NO
W	26670	CLOSED TREATMENT OF CARPOMETACAR	10/1/2005	\$215.90	3	NO
W	26676	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$67.89	3	NO
W	26685	OPEN TREATMENT OF CARPOMETACARPA	10/1/2005	\$73.59	3	NO
W	26686	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$83.35	3	NO
W	26700	CLOSED TREATMENT OF METACARPOPHA	10/1/2005	\$202.15	3	NO
W	26706	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$56.99	3	NO
W	26720	CLOSED TREATMENT OF PHALANGEAL S	10/1/2005	\$120.93	3	NO
W	26725	CLOSED TREATMENT OF PHALANGEAL S	9/10/2002	\$234.33	3	NO
W	26740	CLOSED TX OF ARTICULAR FX, INVOL	10/1/2005	\$139.09	3	NO
W	26750	CLOSED TREATMENT OF DISTAL PHALA	10/1/2005	\$113.92	3	NO
W	26770	CLOSED TREATMENT OF INTERPHALANG	10/1/2005	\$174.64	3	NO
W	26820	FUSION IN OPPOSITION THUMB WITH	10/1/2005	\$118.12	3	NO
W	26842	ARTHRODESIS CARPOMETACARPAL JOIN	10/1/2005	\$118.95	3	NO
W	26843	ARTHRODESIS, ARPOMETACARPAL JOIN	10/1/2005	\$109.51	3	NO
W	26844	ARTHRODESIS CARPOMETACARPAL JOIN	10/1/2005	\$121.45	3	NO
W	26852	ARTHRODESIS METACARPOPHALANGEAL	10/1/2005	\$117.03	3	NO
W	26862	ARTHRODESIS INTERPHALANGEAL JOIN	10/1/2005	\$107.90	3	NO
W	26863	ARTHRODESIS INTERPHALANGEAL JOIN	10/1/2005	\$34.05	3	NO
W	27000	TENTOMY ADDUCTOR SUBCUTANEOUS CL	10/1/2005	\$61.50	3	NO
W	27001	TENOTOMY, ADDUCTOR OF HIP, SUBCU	10/1/2005	\$73.91	3	NO
W	27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS	10/1/2005	\$77.38	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	27005	TENOTOMY ILIOPSOAS OPEN (SEPARAT	10/1/2005	\$99.28	3	NO
W	27006	TENOTOMY ABDUCTORS OPEN (SEPARAT	10/1/2005	\$100.27	3	NO
W	27030	ARTHROTOMY HIP FOR INFECTION WIT	10/1/2005	\$128.97	3	NO
W	27033	ARTHROTOMY, HIP, WITH EXPLORATIO	10/1/2005	\$132.76	3	NO
W	27035	HIP JOINT DENERVATION INTRAPELVI	10/1/2005	\$155.65	3	NO
W	27036	CAPSULECTOMY OR CAPSULOTOMY OF H	10/1/2005	\$130.11	3	NO
W	27048	EXCISION, TUMOR, PELVIS AND HIP	10/1/2005	\$61.97	3	NO
W	27049	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$124.82	3	NO
W	27052	ARTHROTOMY FOR BIOPSY; HIP JOINT	10/1/2005	\$68.25	3	NO
W	27054	ARTHROTOMY WITH SYNOVECTOMY, HIP	10/1/2005	\$89.94	3	NO
W	27060	EXCISION ISCHIAL BURSA	10/1/2005	\$54.91	3	NO
W	27062	EXCISION; TROCHANTERIC BURSA OR	10/1/2005	\$59.53	3	NO
W	27065	EXCISION OF BONE CYST OR BENIGN	10/1/2005	\$63.73	3	NO
W	27066	EXCISION OF BONE CYST OR BENIGN	10/1/2005	\$106.29	3	NO
W	27067	EXCISION OF BONE CYST OR BENIGN	10/1/2005	\$136.45	3	NO
W	27070	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$111.79	3	NO
W	27071	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$121.71	3	NO
W	27075	RADICAL RESECTION OF TUMOR OR IN	10/1/2005	\$309.58	3	NO
W	27076	RADICAL RESECTION FOR TUMOR OR I	10/1/2005	\$208.59	3	NO
W	27077	RADICAL RESECTION FOR TUMOR OR I	10/1/2005	\$356.40	3	NO
W	27078	RADICAL RESECTION FOR TUMOR OR I	10/1/2005	\$132.66	3	NO
W	27079	RADICAL RESECTION FOR TUMOR OR I	10/1/2005	\$130.58	3	NO
W	27080	COCCYGECTOMY PRIMARY	10/1/2005	\$62.95	3	NO
W	27086	REMOVAL OF FOREIGN BODY SUBCUTAN	10/1/2005	\$172.57	3	NO
W	27087	REMOVAL OF FOREIGN BODY; DEEP	10/1/2005	\$85.58	3	NO
W	27090	REMOVAL OF HIP PROSTHESIS (SEPAR	10/1/2005	\$113.25	3	NO
W	27091	REMOVAL OF HIP PROSTHESIS; COMPL	10/1/2005	\$206.98	3	NO
W	27096	INJECTION PROCEDURE FOR SACROILI	10/1/2005	\$151.81	3	NO
W	27097	HAMSTRING RESESSION PROXIMAL	10/1/2005	\$86.93	3	NO
W	27098	ADDUCTOR TRANSFER TO ISCHIUM	10/1/2005	\$87.14	3	NO
W	27100	TRANSFER EXTERNAL OBLIQUE MUSCLE	10/1/2005	\$111.59	3	NO
W	27105	TRANSFER PARASPINAL MUSCLE TO HI	10/1/2005	\$117.35	3	NO
W	27110	TRANSFER ILIOPSOAS; TO GREATER T	10/1/2005	\$126.79	3	NO
W	27111	TRANSFER ILLOPSOAS; TO FEMORAL N	10/1/2005	\$120.30	3	NO
W	27120	ACETABULOPLASTY; (EG,WHITMAN,COL	10/1/2005	\$170.18	3	NO
W	27122	ACETABULOPLASTY; RESECTION FEMOR	10/1/2005	\$148.23	3	NO
W	27125	PARTIAL HIP REPLACEMENT, PROSTHE	10/1/2005	\$144.23	3	NO
W	27130	ARTHROPLASTY, ACETABULAR & PROXI	10/1/2005	\$191.20	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	27132	CONVERSION OF PREVIOUS HIP SURGE	10/1/2005	\$222.60	3	NO
W	27134	REVISION OF TOTAL HIP ARTHOPLAST	10/1/2005	\$265.47	3	NO
W	27137	REVISION OF TOTAL HIP ATHROPLAST	10/1/2005	\$200.85	3	NO
W	27138	REVISION OF TOTAL HIP ATHROPLAST	10/1/2005	\$209.26	3	NO
W	27140	OSTEOTOMY AND TRANSFER OF GREATE	10/1/2005	\$122.90	3	NO
W	27146	OSTEOTOMY ILIAC ACETABULAR OR IN	10/1/2005	\$168.57	3	NO
W	27147	OSTEOTOMY ILIAC ACETABULAR OR IN	10/1/2005	\$193.79	3	NO
W	27151	OSTEOTOMY ILIAC ACETABULAR OR IN	10/1/2005	\$178.07	3	NO
W	27156	OSTEOTOMY ILIAC ACETABULAR OR IN	10/1/2005	\$232.30	3	NO
W	27158	OSTEOTOMY, PELVIS, BILATERAL (EG	10/1/2005	\$175.47	3	NO
W	27161	OSTEOTOMY FEMORAL NECK (SEPARATE	10/1/2005	\$164.26	3	NO
W	27165	OSTEOTOMY INTERTROCHANTERIC OR S	10/1/2005	\$175.73	3	NO
W	27170	BONE GRAFT, FEMORAL HEAD, NECK,	10/1/2005	\$156.27	3	NO
W	27176	TREATMENT OF SLIPPED FEMORAL EPI	10/1/2005	\$120.62	3	NO
W	27177	OPEN TREATMENT OF SLIPPED FEMORA	10/1/2005	\$148.17	3	NO
W	27178	OPEN TREATMENT OF SLIPPED FEMORA	10/1/2005	\$116.52	3	NO
W	27179	OPEN TREATMENT OF SLIPPED FEMORA	10/1/2005	\$130.68	3	NO
W	27181	OPEN TREATMENT OF SLIPPED FEMORA	10/1/2005	\$137.12	3	NO
W	27185	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$98.92	3	NO
W	27187	PROPHYLACTIC TREATMENT WITH WITH	10/1/2005	\$135.87	3	NO
W	27193	CLOSED TREATMENT OF PELVIC RING	10/1/2005	\$300.24	3	NO
W	27200	CLOSED TREATMENT OF COCCYGEAL FR	10/1/2005	\$112.10	3	NO
W	27202	OPEN TREATMENT OF COCCYGEAL FRAC	10/1/2005	\$129.49	3	NO
W	27217	OPEN TREATMENT OF ANTERIOR RING	10/1/2005	\$137.95	3	NO
W	27218	OPEN TREATMENT OF POSTERIOR RING	10/1/2005	\$181.49	3	NO
W	27220	CLOSED TREATMENT OF ACETABULUM (	10/1/2005	\$335.53	3	NO
W	27226	OPEN TREATMENT OF POSTERIOR OR A	10/1/2005	\$130.53	3	NO
W	27227	OPEN TREATMENT OF ACETABULAR FRA	10/1/2005	\$222.08	3	NO
W	27228	OPEN TREATMENT OF ACETABULAR FRA	10/1/2005	\$256.13	3	NO
W	27230	CLOSED TREATMENT OF FEMORAL FRAC	10/1/2005	\$308.81	3	NO
W	27235	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$122.85	3	NO
W	27236	OPEN TREATMENT OF FEMORAL FRACTU	10/1/2005	\$152.02	3	NO
W	27244	TREATMENT OF INTERTROCHANTERIC,	10/1/2005	\$155.39	3	NO
W	27245	OPEN TREATMENT OF INTERTROCHANTE	10/1/2005	\$194.57	3	NO
W	27246	CLOSED TREATMENT OF GREATER TROC	10/1/2005	\$258.46	3	NO
W	27248	OPEN TREATMENT OF GREATER TROCHA	10/1/2005	\$105.98	3	NO
W	27250	CLOSED TREATMENT OF HIP DISLOCAT	10/1/2005	\$315.81	3	NO
W	27253	OPEN TREATMENT OF HIP DISLOCATIO	10/1/2005	\$129.13	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	27254	OPEN TREATMENT OF HIP DISLOCATIO	10/1/2005	\$173.03	3	NO
W	27256	TREATMETN OF SPONTANEOUS HIP DIS	10/1/2005	\$209.42	3	NO
W	27258	OPEN TREATMENT OF SPONTANEOUS HI	10/1/2005	\$149.84	3	NO
W	27259	OPEN TREATMENT OF CONGENITAL HIP	10/1/2005	\$204.23	3	NO
W	27265	CLOSED TREATMENT OF POST HIP ART	10/1/2005	\$270.92	3	NO
W	27280	ARTHRODESIS SACROILIAC JOINT (IN	10/1/2005	\$134.99	3	NO
W	27282	ARTHRODESIS SYMPHYSIS PUBIS (INC	10/1/2005	\$109.87	3	NO
W	27284	ARTHRODESIS HIP JOINT (INCLUDES	10/1/2005	\$218.29	3	NO
W	27286	ARTHRODESIS HIP JOINT (INCLUDES	10/1/2005	\$219.49	3	NO
W	27290	INTERPELVIABDOMINAL AMPUTATION (	10/1/2005	\$210.87	3	NO
W	27295	DISARTICULATION OF HIP	10/1/2005	\$170.28	3	NO
W	27299	UNLISTED PROCEDURE PELVIS OR HIP	2/1/1994	\$0.01	5	NO
W	27303	INCISION DEEP WITH OPENING OF BO	10/1/2005	\$86.41	3	NO
W	27305	FASCIOTOMY ILIOTIBIAL (TENOTOMY)	10/1/2005	\$62.64	3	NO
W	27306	TENOTOMY SUBCUTANEOUS CLOSED ADD	10/1/2005	\$52.73	3	NO
W	27307	TENOTOMY SUBCUTANEOUS CLOSED ADD	10/1/2005	\$63.32	3	NO
W	27310	ARTHROTOMY KNEE FOR INFECTION WI	10/1/2005	\$95.60	3	NO
W	27315	NEURECTOMY HAMSTRING MUSCLE	10/1/2005	\$67.47	3	NO
W	27320	NEURECTOMY POPLITEAL (GASTROCNEM	10/1/2005	\$65.24	3	NO
W	27323	BIOPSY SOFT TISSUES SUPERFICIAL	10/1/2005	\$156.48	3	NO
W	27324	BIOPSY SOFT TISSUES; DEEP	10/1/2005	\$254.31	3	NO
W	27329	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$130.94	3	NO
W	27330	ARTHROTOMY, KNEE; WITH SYNOVIAL	10/1/2005	\$53.72	3	NO
W	27331	ARTHROTOMY, KNEE; W/JOINT EXPLOR	10/1/2005	\$64.30	3	NO
W	27332	ARTHROTOMY, KNEE, WITH EXCISION	10/1/2005	\$87.19	3	NO
W	27333	ARTHROTOMY KNEE FOR EXCISION OF	10/1/2005	\$78.99	3	NO
W	27334	ARTHROTOMY, KNEE, WITH SYNOVECTO	10/1/2005	\$91.29	3	NO
W	27335	ARTHROTOMY KNEE FOR SYNOVECTOMY;	10/1/2005	\$103.44	3	NO
W	27345	EXCISION OF SYNOVIAL CYST OF POP	10/1/2005	\$64.98	3	NO
W	27347	EXCISION OF LESION OF MENISCUS O	10/1/2005	\$63.11	3	NO
W	27350	PATELLECTOMY OR HEMIPATELLECTOMY	10/1/2005	\$87.19	3	NO
W	27355	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$81.59	3	NO
W	27356	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$98.19	3	NO
W	27357	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$109.66	3	NO
W	27358	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$41.88	3	NO
W	27360	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$113.04	3	NO
W	27365	RADICAL RESECTION OF TUMOR, BONE	10/1/2005	\$159.13	3	NO
W	27380	SUTURE OF INFRAPATELLAR TENDON P	10/1/2005	\$81.28	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	27381	SUTURE OF INFRAPATELLAR TENDON S	10/1/2005	\$109.87	3	NO
W	27385	SUTURE OF QUADRICEPS OR HAMSTRIN	10/1/2005	\$86.78	3	NO
W	27386	SUTURE OF QUADRICEPS OR HAMSTRIN	10/1/2005	\$113.45	3	NO
W	27390	TENOTOMY OPEN HAMSTRING KNEE TO	10/1/2005	\$58.85	3	NO
W	27391	TENOTOMY OPEN HAMSTRING KNEE TO	10/1/2005	\$77.59	3	NO
W	27392	TENOTOMY OPEN HAMSTRING KNEE TO	10/1/2005	\$95.18	3	NO
W	27393	LENGTHENING OF HAMSTRING TENDON	10/1/2005	\$68.87	3	NO
W	27394	LENGTHENING OF HAMSTRING TENDON;	10/1/2005	\$89.06	3	NO
W	27395	LENGTHENING OF HAMSTRING TENDON;	10/1/2005	\$119.63	3	NO
W	27396	TRANSPLANT HAMSTRING TENDON TO P	10/1/2005	\$83.92	3	NO
W	27397	TRANSPLANT HAMSTRING TENDON TO P	10/1/2005	\$114.75	3	NO
W	27400	TENDON MUSCLE TRANSFER HAMSTRING	10/1/2005	\$91.19	3	NO
W	27403	ARTHROTOMY WITH OPEN MENISCUS RE	10/1/2005	\$87.87	3	NO
W	27405	REPAIR PRIMARY TORN LIGAMENT AND	10/1/2005	\$91.45	3	NO
W	27407	REPAIR PRIMARY TORN LIGAMENT AND	10/1/2005	\$105.31	3	NO
W	27409	REPAIR PRIMARY TORN LIGAMENT AND	10/1/2005	\$130.01	3	NO
W	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (	10/1/2005	\$112.10	3	NO
W	27420	RECONSTRUCTION FOR RECURRENT DIS	10/1/2005	\$101.72	3	NO
W	27422	RECONSTRUCTION FOR RECURRENT DIS	10/1/2005	\$101.57	3	NO
W	27424	RECONSTRUCTION FOR RECURRENT DIS	10/1/2005	\$101.57	3	NO
W	27425	LATERAL RETINACULAR RELEASE OPEN	10/1/2005	\$60.36	3	NO
W	27427	RECONSTRUCTION (AUGMENTATION) KN	10/1/2005	\$97.21	3	NO
W	27428	RECONSTRUCTION (AUGMENTATION) KN	10/1/2005	\$143.24	3	NO
W	27429	RECONSTRUCTION (AUGMENTATION) KN	10/1/2005	\$158.71	3	NO
W	27430	QUADRICEPS PLASTY (BENNETT OR TH	10/1/2005	\$100.27	3	NO
W	27435	CAPSULOTOMY KNEE POSTERIOR CAPSU	10/1/2005	\$101.88	3	NO
W	27437	ARTHROPLASTY PATELLA WITHOUT PRO	10/1/2005	\$89.11	3	NO
W	27438	ARTHROPLASTY PATELLA; WITH PROST	10/1/2005	\$112.52	3	NO
W	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	10/1/2005	\$94.46	3	NO
W	27441	ARTHROPLASTY KNEE TIBIAL PLATEAU	10/1/2005	\$100.43	3	NO
W	27442	ARTHROPLASTY KNEE FEMORAL CONDYL	10/1/2005	\$118.59	3	NO
W	27443	ARTHROPLASTY KNEE FEMORAL CONDYL	10/1/2005	\$111.59	3	NO
W	27445	ARTHROPLASTY KNEE CONSTRAINED PR	10/1/2005	\$171.53	3	NO
W	27446	ARTHROPLASTY KNEE TOTAL CONDYLE	10/1/2005	\$154.92	3	NO
W	27447	ARTHROPLASTY, KNEE, CONDYLE & PL	10/1/2005	\$206.51	3	YES
W	27448	OSTEOTOMY FEMUR SHAFT OR SUPRACO	10/1/2005	\$111.79	3	NO
W	27450	OSTEOTOMY FEMUR SHAFT OR SUPRACO	10/1/2005	\$139.71	3	NO
W	27454	OSTEOTOMY MULTIPLE FEMORAL SHAFT	10/1/2005	\$171.69	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	27455	OSTEOTOMY PROXIMAL TIBIA INCLUDI	10/1/2005	\$129.23	3	NO
W	27457	OSTEOTOMY PROXIMAL TIBIA INCLUDI	10/1/2005	\$133.23	3	NO
W	27465	OSTEOPLASTY FEMUR SHORTENING (EX	10/1/2005	\$137.64	3	NO
W	27466	OSTEOPLASTY FEMUR; LENGTHENING	10/1/2005	\$160.27	3	NO
W	27468	OSTEOPLASTY FEMUR; COMBINED LENG	10/1/2005	\$179.37	3	NO
W	27470	REPAIR NONUNION OR MALUNION FEMU	10/1/2005	\$158.71	3	NO
W	27472	REPAIR NONUNION OR MALUNION FEMU	10/1/2005	\$173.29	3	NO
W	27475	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$89.27	3	NO
W	27477	TIBIA AND FIBULA PROXIMAL	10/1/2005	\$100.06	3	NO
W	27479	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$130.63	3	NO
W	27485	ARREST HEMIEPIPHYSEAL DISTAL FEM	10/1/2005	\$92.12	3	NO
W	27486	REVISION OF TOTAL KNEE ATHROPLAS	10/1/2005	\$187.10	3	NO
W	27487	REVISION OF TOTAL KNEE ARTHROPLA	10/1/2005	\$239.31	3	NO
W	27488	REMOVAL OF KNEE PROSTHESIS, INCL	10/1/2005	\$156.32	3	NO
W	27495	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$153.62	3	NO
W	27500	CLOSED TREATMENT OF FEMORAL SHAF	10/1/2005	\$337.09	3	NO
W	27501	CLOSED TREATMENT OF SUPRACONDYLA	10/1/2005	\$329.82	3	NO
W	27502	CLOSED TREATMENT OF FEMORAL SHAF	10/1/2005	\$529.12	3	NO
W	27506	OPEN TREATMENT OF FEMORAL SHAFT	10/1/2005	\$172.05	3	NO
W	27507	OPEN TREATMENT OF FEMORAL SHAFT	10/1/2005	\$135.82	3	NO
W	27508	CLOSED TREATMENT OF FEMORAL FRAC	10/1/2005	\$343.32	3	NO
W	27511	OPEN TREATMENT OF FEMORAL SUPRAC	10/1/2005	\$140.91	3	NO
W	27513	OPEN TREATMENT OF FEMORAL SUPRAC	10/1/2005	\$180.82	3	NO
W	27514	OPEN TREATMENT OF FEMORAL FRACTU	10/1/2005	\$174.23	3	NO
W	27516	CLOSED TREATMENT OF DISTAL FEMOR	10/1/2005	\$324.12	3	NO
W	27519	OPEN TREATMENT OF DISTAL FEMORAL	10/1/2005	\$151.13	3	NO
W	27520	CLOSED TREATMENT OF PATELLAR FRA	10/1/2005	\$203.71	3	NO
W	27524	OPEN TREATMENT OF PATELLAR FRACT	10/1/2005	\$103.44	3	NO
W	27530	CLOSED TREATMENT OF TIBIAL FRACT	10/1/2005	\$251.72	3	NO
W	27535	OPEN TREATMENT OF TIBIAL FRACTUR	10/1/2005	\$122.28	3	NO
W	27536	OPEN TREATMENT OF TIBIAL FRACTUR	10/1/2005	\$155.28	3	NO
W	27540	OPEN TREATMENT OF INTERCONDYLAR	10/1/2005	\$128.76	3	NO
W	27550	CLOSED TREATMENT OF KNEE DISLOAC	10/1/2005	\$323.86	3	NO
W	27556	OPEN TREATMENT OF KNEE DISLOCATI	10/1/2005	\$147.92	3	NO
W	27557	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$169.97	3	NO
W	27558	OPEN TREATMENT OF KNEE DISLOCATI	10/1/2005	\$175.32	3	NO
W	27560	CLOSED TREATMENT OF PATELLAR DIS	10/1/2005	\$234.85	3	NO
W	27566	OPEN TREATMENT OF PATELLAR DISLO	10/1/2005	\$122.64	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	27580	FUSION OF KNEE ANY TECHNIQUE	10/1/2005	\$194.16	3	NO
W	27590	AMPUTATION THIGH THROUGH FEMUR A	10/1/2005	\$105.88	3	NO
W	27591	AMPUTATION THIGH THROUGH FEMUR A	10/1/2005	\$120.67	3	NO
W	27592	AMPUTATION THIGH THROUGH FEMUR A	10/1/2005	\$91.40	3	NO
W	27598	DISARTICULATION AT KNEE	10/1/2005	\$99.34	3	NO
W	27599	UNLISTED PROCEDURE FEMUR OR KNEE	2/1/1994	\$0.01	5	NO
W	27600	DECOMPRESSION FASCIOTOMY, LEG; A	10/1/2005	\$57.14	3	NO
W	27601	DECOMPRESSION FASCIOTOMY, LEG: P	10/1/2005	\$58.54	3	NO
W	27602	DECOMPRESSION FASCIOTOMY, LEG; A	10/1/2005	\$70.32	3	NO
W	27606	TENOTOMY ACHILLES TENDON SUBCUTA	10/1/2005	\$42.40	3	NO
W	27612	ARTHROTOMY ANKLE POSTERIOR CAPSU	10/1/2005	\$75.41	3	NO
W	27613	BIOPSY SOFT TISSUES SUPERFICIAL	10/1/2005	\$145.58	3	NO
W	27620	ARTHROTOMY, ANKLE, W/JOINT EXPLO	10/1/2005	\$64.25	3	NO
W	27625	ARTHROTOMY, ANKLE, WITH SYNOVECT	10/1/2005	\$83.20	3	NO
W	27626	ARTHROTOMY ANKLE FOR SYNOVECTOMY	10/1/2005	\$89.74	3	NO
W	27635	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$82.00	3	NO
W	27637	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$102.61	3	NO
W	27638	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$107.07	3	NO
W	27640	PART EXCISION(CRATERIZATION,SAUC	10/1/2005	\$121.97	3	NO
W	27641	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$98.71	3	NO
W	27645	RADICAL RESECTION OF TUMOR, BONE	10/1/2005	\$148.17	3	NO
W	27646	RESECTION FOR TUMOR RADICAL; FIB	10/1/2005	\$133.28	3	NO
W	27647	RADICAL RESECTION OF TUMOR, BONE	10/1/2005	\$111.95	3	NO
W	27650	REPAIR PRIMARY OPEN OR PERCUTANE	10/1/2005	\$97.36	3	NO
W	27652	SUTURE PRIMARY RUPTURED ACHILLES	10/1/2005	\$103.90	3	NO
W	27654	REPAIR SECONDARY RUPTURED ACHILL	10/1/2005	\$97.05	3	NO
W	27656	REPAIR FASCIAL DEFECT OF LEG	10/1/2005	\$71.26	3	NO
W	27658	REPAIR OR SUTURE OF FLEXOR TENDO	10/1/2005	\$53.51	3	NO
W	27659	REPAIR OR SUTURE OF FLEXOR TENDO	10/1/2005	\$70.17	3	NO
W	27665	REPAIR OR SUTURE OF EXTENSOR TEN	10/1/2005	\$58.34	3	NO
W	27675	REPAIR FOR DISLOCATING PERONEAL	10/1/2005	\$72.71	3	NO
W	27676	REPAIR FOR DISLOCATING PERONEAL	10/1/2005	\$85.79	3	NO
W	27680	TENOLYSIS INCLUDING TIBIA FIBULA	10/1/2005	\$61.09	3	NO
W	27681	TENOLYSIS INCLUDING TIBIA FIBULA	10/1/2005	\$71.93	3	NO
W	27685	LENGTHENING OR SHORTENING OF TEN	10/1/2005	\$76.55	3	NO
W	27686	LENGTHENING OR SHORTENING OF TEN	10/1/2005	\$78.78	3	NO
W	27687	GASTROCNEMIUS RECESSON (EG STRA	10/1/2005	\$65.08	3	NO
W	27690	TRANSFER OR TRANSPLANT OF SINGLE	10/1/2005	\$84.96	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	27691	TRANSFER OR TRANSPLANT OF SINGLE	10/1/2005	\$100.37	3	NO
W	27692	TRANSFER OR TRANSPLANT OF SINGLE	10/1/2005	\$16.19	3	NO
W	27695	SUTURE PRIMARY TORN RUPTURED OR	10/1/2005	\$69.60	3	NO
W	27696	SUTURE PRIMARY TORN RUPTURED OR	10/1/2005	\$82.88	3	NO
W	27698	SUTURE SECONDARY REPAIR TORN RUP	10/1/2005	\$92.17	3	NO
W	27700	ARTHROPLASTY ANKLE	10/1/2005	\$84.44	3	NO
W	27702	ARTHROPLASTY ANKLE; WITH IMPLANT	10/1/2005	\$137.33	3	NO
W	27703	ARTHROPLASTY ANKLE SECONDARY RECO	10/1/2005	\$154.66	3	NO
W	27704	REMOVAL OF ANKLE IMPLANT	10/1/2005	\$75.05	3	NO
W	27705	OSTEOTOMY TIBIA	10/1/2005	\$105.20	3	NO
W	27707	OSTEOTOMY; FIBULA	10/1/2005	\$52.11	3	NO
W	27709	OSTEOTOMY; TIBIA AND FIBULA	10/1/2005	\$102.55	3	NO
W	27712	OSTEOTOMY; MULTIPLE WITH REALIGN	10/1/2005	\$142.31	3	NO
W	27715	OSTEOPLASTY TIBIA AND FIBULA LEN	10/1/2005	\$143.14	3	NO
W	27720	REPAIR OF NONUNION OR MALUNION T	10/1/2005	\$120.30	3	NO
W	27722	REPAIR OF NONUNION OR MALUNION T	10/1/2005	\$119.01	3	NO
W	27724	REPAIR OF NONUNION OR MALUNION T	10/1/2005	\$174.64	3	NO
W	27725	REPAIR OF NONUNION OR MALUNION T	10/1/2005	\$156.22	3	NO
W	27727	REPAIR OF CONGENITAL PSEUDARTHRO	10/1/2005	\$138.78	3	NO
W	27730	ARREST, EPIPHYSEAL (EPIPHYSIODES	10/1/2005	\$80.55	3	NO
W	27732	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$57.14	3	NO
W	27734	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$83.56	3	NO
W	27740	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$97.99	3	NO
W	27742	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$91.40	3	NO
W	27745	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$103.38	3	NO
W	27750	CLOSED TREATMENT OF TIBIAL SHAFT	10/1/2005	\$219.54	3	NO
W	27756	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$74.63	3	NO
W	27758	OPEN TREATMENT OF TIBIAL SHAFT F	10/1/2005	\$118.49	3	NO
W	27759	TREATMENT OF TIBIAL SHAFT FRACTU	10/1/2005	\$137.02	3	NO
W	27760	CLOSED TREATMENT OF MEDIAL MALLE	10/1/2005	\$211.23	3	NO
W	27766	OPEN TREATMENT OF MEDIAL MALLEOL	10/1/2005	\$88.18	3	NO
W	27780	CLOSED TREATMENT OF PROXIMAL FIB	10/1/2005	\$187.62	3	NO
W	27784	OPEN TREATMENT OF PROXIMAL FIBUL	10/1/2005	\$76.71	3	NO
W	27786	CLOSED TREATMENT OF DISTAL FIBUL	10/1/2005	\$200.59	3	NO
W	27792	OPEN TREATMENT OF DISTAL FIBULAR	10/1/2005	\$82.57	3	NO
W	27808	CLOSED TREATMENT OF BIMALLEOLAR	10/1/2005	\$209.68	3	NO
W	27814	OPEN TREATMENT OF BIMALLEOLAR AN	10/1/2005	\$109.20	3	NO
W	27816	CLOSED TREATMENT OF TRIMALLEOLAR	10/1/2005	\$199.30	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	27822	OPEN TREATMENT OF TRIMALLEOLAR A	10/1/2005	\$121.97	3	NO
W	27823	OPEN TREATMENT OF TRIMALLEOLAR A	10/1/2005	\$138.37	3	NO
W	27824	CLOSED TREATMENT OF FRACTURE OF	10/1/2005	\$191.51	3	NO
W	27826	OPEN TREATMENT OF FRACTURE OF WE	10/1/2005	\$97.62	3	NO
W	27827	OPEN TREATMENT OF FRACTURE OF WE	10/1/2005	\$151.50	3	NO
W	27828	OPEN TREATMENT OF FRACTURE OF WE	10/1/2005	\$170.75	3	NO
W	27829	OPEN TREATMENT OF DISTAL TIBIOFI	10/1/2005	\$68.51	3	NO
W	27830	CLOSED TREATMENT OF PROXIMAL TIB	10/1/2005	\$225.51	3	NO
W	27832	OPEN TREATMENT OF PROXIMAL TIBIO	10/1/2005	\$70.69	3	NO
W	27840	CLOSED TREATMENT OF ANKLE DISLOC	10/1/2005	\$227.84	3	NO
W	27846	OPEN TREATMENT OF ANKLE DISLOCAT	10/1/2005	\$100.37	3	NO
W	27848	OPEN TREATMENT OF ANKLE DISLOCAT	10/1/2005	\$118.18	3	NO
W	27870	ARTHRODESIS, ANKLE, OPEN	10/1/2005	\$138.83	3	NO
W	27871	ARTHRODESIS TIBIOFIBULAR JOINT P	10/1/2005	\$94.98	3	NO
W	27880	AMPUTATION LEG THROUGH TIBIA AND	10/1/2005	\$107.38	3	NO
W	27881	AMPUTATION LEG THROUGH TIBIA AND	10/1/2005	\$119.94	3	NO
W	27882	AMPUTATION LEG THROUGH TIBIA AND	10/1/2005	\$86.62	3	NO
W	27886	AMPUTATION LEG THROUGH TIBIA AND	10/1/2005	\$89.27	3	NO
W	27888	AMPUTATION ANKLE THROUGH MALLEOL	10/1/2005	\$96.85	3	NO
W	27889	ANKLE DISARTICULATION	10/1/2005	\$92.80	3	NO
W	28020	ARTHROTOMY WITH EXPLORATION DRAI	10/1/2005	\$60.88	3	NO
W	28035	TARSAL TUNNEL RELEASE (POSTERIOR	10/1/2005	\$60.36	3	NO
W	28050	ARTHROTOMY FOR SYNOVIAL BIOPSY I	10/1/2005	\$50.50	3	NO
W	28060	FASCIECTOMY EXCISION OF PLANTAR	10/1/2005	\$59.11	3	NO
W	28062	FASCIECTOMY EXCISION OF PLANTAR	10/1/2005	\$71.93	3	NO
W	28070	SYNOVECTOMY INTERTARSAL OR TARSO	10/1/2005	\$57.25	3	NO
W	28072	SYNOVECTOMY; METATARSOPHALANGEAL	10/1/2005	\$55.84	3	NO
W	28086	SYNOVECTOMY TENDON SHEATH FLEXOR	10/1/2005	\$70.07	3	NO
W	28100	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$74.79	3	NO
W	28102	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$76.86	3	NO
W	28103	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$62.33	3	NO
W	28104	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$58.60	3	NO
W	28106	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$65.13	3	NO
W	28107	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$66.48	3	NO
W	28110	OSTECTOMY PARTIAL EXCISION FIFTH	10/1/2005	\$50.97	3	NO
W	28111	OSTECTOMY COMPLETE EXCISION FIRS	10/1/2005	\$62.02	3	NO
W	28112	OSTECTOMY COMPLETE EXCISION; OTH	10/1/2005	\$56.57	3	NO
W	28114	OSTECTOMY, COMP EXCISION; ALL ME	10/1/2005	\$118.49	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	28118	OSTECTOMY, CALCANEUS	10/1/2005	\$67.63	3	NO
W	28119	OSTECTOMY CALCANEUS; FOR SPUR WI	10/1/2005	\$59.69	3	NO
W	28122	PART EXCISION(CRATERIZATION,SAUC	10/1/2005	\$78.32	3	NO
W	28130	TALECTOMY (ASTRAGALECTOMY)	10/1/2005	\$83.35	3	NO
W	28171	RADICAL RESECTION OF TUMOR, BONE	10/1/2005	\$84.80	3	NO
W	28190	REMOVE FOREIGN BODY SUBCUTANEOUS	10/1/2005	\$144.54	3	NO
W	28192	REMOVE FOREIGN BODY; DEEP	10/1/2005	\$277.41	3	NO
W	28200	REPAIR OR SUTURE OF TENDON FOOT	10/1/2005	\$53.41	3	NO
W	28202	REPAIR OR SUTURE OF TENDON FOOT	10/1/2005	\$77.59	3	NO
W	28208	REPAIR OR SUTURE OF TENDON FOOT	10/1/2005	\$50.60	3	NO
W	28210	REPAIR OR SUTURE OF TENDON FOOT	10/1/2005	\$69.39	3	NO
W	28238	RECONSTRUCTION, POSTERIOR TIBIAL	10/1/2005	\$83.14	3	NO
W	28250	DIVISION OF PLANTAR FASCIA AND M	10/1/2005	\$64.15	3	NO
W	28260	CAPSULOTOMY MIDFOOT MEDIAL RELEA	10/1/2005	\$79.98	3	NO
W	28262	CAPSULOTOMY,MIDFOOT;EXTEN,INCL P	10/1/2005	\$165.72	3	NO
W	28264	CAPSULOTOMY MIDTARSAL (HEYMAN TY	10/1/2005	\$101.72	3	NO
W	28285	HAMMERTOES OPERATION; ONE TOE (EG	10/1/2005	\$52.11	3	NO
W	28292	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2003	NC	9	NO
W	28294	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$88.65	3	NO
W	28296	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$96.12	3	NO
W	28297	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$100.84	3	NO
W	28298	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$84.03	3	NO
W	28299	CORRECTION, HALLUX VALGUS (BUNIO	10/1/2005	\$107.43	3	NO
W	28300	OSTEOTOMY CALCANEUS (DWYER OR CH	10/1/2005	\$93.89	3	NO
W	28302	OSTEOTOMY; TALUS	10/1/2005	\$92.59	3	NO
W	28304	OSTEOTOMY MIDTARSAL BONES OTHER	10/1/2005	\$95.29	3	NO
W	28305	OSTEOTOMY MIDTARSAL BONES OTHER	10/1/2005	\$95.86	3	NO
W	28306	OSTEOTOMY, METATARSAL, BASE/SHAF	10/1/2005	\$70.17	3	NO
W	28308	OSTEOTOMY METATARSAL BASE OR SHA	10/1/2005	\$60.83	3	NO
W	28309	OSTEOTOMY METATARSALS MULTIPLE F	10/1/2005	\$117.97	3	NO
W	28310	OSTEOTOMY FOR SHORTENING ANGULAR	10/1/2005	\$61.55	3	NO
W	28312	OSTEOTOMY FOR SHORTENING ANGULAR	10/1/2005	\$55.01	3	NO
W	28315	SESAMOIDECTOMY FIRST TOE (SEPARA	10/1/2005	\$53.82	3	NO
W	28320	REPAIR OF NONUNION OR MALUNION T	10/1/2005	\$89.79	3	NO
W	28322	REPAIR OF NONUNION OR MALUNION M	10/1/2005	\$97.36	3	NO
W	28340	RECONSTRUCTION, TOE, MACRODACTYL	10/1/2005	\$74.01	3	YES
W	28341	RECONSTRUCTION, TOE, MACRODACTYL	10/1/2005	\$85.01	3	YES
W	28344	RECONSTRUCTION, TOE(S); POLYDACT	10/1/2005	\$54.55	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	28360	RECONSTRUCTION, CLEFT FOOT	10/1/2005	\$135.36	3	NO
W	28400	CLOSED TREATMENT OF CALCANEAL FR	10/1/2005	\$158.81	3	NO
W	28415	OPEN TREATMENT OF CALCANEAL FRAC	10/1/2005	\$165.35	3	NO
W	28420	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$167.53	3	NO
W	28430	CLOSED TREATMENT OF TALUS FRACTU	10/1/2005	\$149.99	3	NO
W	28436	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$59.11	3	NO
W	28445	OPEN TREATMENT OF TALUS FRACTURE	10/1/2005	\$151.44	3	NO
W	28456	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$37.73	3	NO
W	28470	CLOSED TREATMENT OF METATARSAL F	10/1/2005	\$140.13	3	NO
W	28485	OPEN TREATMENT OF METATARSAL FRA	10/1/2005	\$62.12	3	NO
W	28490	CLOSED TREATMENT OF FRACTURE GRE	10/1/2005	\$84.08	3	NO
W	28496	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$56.78	3	NO
W	28510	CLOSED TREATMENT OF FRACTURE, PH	10/1/2005	\$71.36	3	NO
W	28540	CLOSED TREATMENT OF TARSAL BONE	10/1/2005	\$121.71	3	NO
W	28555	OPEN TREATMENT OF TARSAL BONE DI	10/1/2005	\$89.42	3	NO
W	28570	CLOSED TREATMENT OF TALOTARSAL J	10/1/2005	\$111.59	3	NO
W	28585	OPEN TREATMENT OF TALOTARSAL JOI	10/1/2005	\$85.79	3	NO
W	28600	CLOSED TREATMENT OF TARSOMETATAR	10/1/2005	\$128.97	3	NO
W	28615	OPEN TREATMENT OF TARSOMETATARSA	10/1/2005	\$88.70	3	NO
W	28630	CLOSED TREATMENT OF METATARSOPHA	10/1/2005	\$89.79	3	NO
W	28645	OPEN TREATMENT OF METATARSOPHALA	10/1/2005	\$50.55	3	NO
W	28660	CLOSED TREATMENT OF INTERPHALANG	10/1/2005	\$67.99	3	NO
W	28675	OPEN TREATMENT OF INTERPHALANGEA	10/1/2005	\$54.55	3	NO
W	28705	PANTALAR ARTHRODESIS	10/1/2005	\$177.76	3	NO
W	28715	TRIPLE ARTHRODESIS	10/1/2005	\$129.59	3	NO
W	28725	SUBTALAR ARTHRODESIS	10/1/2005	\$112.52	3	NO
W	28730	ARTHRODESIS MIDTARSAL OR TARSOME	10/1/2005	\$108.47	3	NO
W	28735	ARTHRODESIS MIDTARSAL OR TARSOME	10/1/2005	\$105.46	3	NO
W	28737	ARTHRODESIS, WITH TENDON LENGTHE	10/1/2005	\$92.85	3	NO
W	28740	ARTHRODESIS MIDTARSAL OR TARSOME	10/1/2005	\$104.27	3	NO
W	28755	ARTHRODESIS GREAT TOE; INTERPHAL	10/1/2005	\$59.58	3	NO
W	28760	ARTHRODESIS GREAT TOE INTERPHALA	10/1/2005	\$87.04	3	NO
W	28800	AMPUTATION FOOT MIDTARSAL (CHOPA	10/1/2005	\$78.58	3	NO
W	28899	UNLISTED PROCEDURE FOOT OR TOES	2/1/1994	\$0.01	5	NO
W	29049	APPLICATION, CAST; FIGURE-OF-EIG	10/1/2005	\$59.94	3	NO
W	29055	APPLICATION; SHOULDER SPICA	10/1/2005	\$130.79	3	NO
W	29058	APPLICATION; PLASTER VELPEAU	10/1/2005	\$78.63	3	NO
W	29065	APPLICATION; SHOULDER TO HAND (L	10/1/2005	\$60.72	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	29075	APPLICATION; ELBOW TO FINGER (SH	10/1/2005	\$55.79	3	NO
W	29085	APPLICATION; HAND AND LOWER FORE	10/1/2005	\$59.17	3	NO
W	29105	APPLICATION OF LONG ARM SPLINT (	10/1/2005	\$57.61	3	NO
W	29125	APPLICATION OF SHORT ARM SPLINT	10/1/2005	\$43.60	3	NO
W	29126	APPLICATION OF SHORT ARM SPLINT	10/1/2005	\$52.94	3	NO
W	29130	APPLICATION OF FINGER SPLINT STA	10/1/2005	\$26.73	3	NO
W	29131	APPLICATION OF FINGER SPLINT; DY	10/1/2005	\$34.51	3	NO
W	29200	STRAPPING THORAX	10/1/2005	\$36.59	3	NO
W	29220	STRAPPING; LOW BACK	10/1/2005	\$36.33	3	NO
W	29240	STRAPPING; SHOULDER (EG VELPEAU)	10/1/2005	\$41.78	3	NO
W	29260	STRAPPING; ELBOW OR WRIST	10/1/2005	\$34.77	3	NO
W	29280	STRAPPING; HAND OR FINGER	10/1/2005	\$34.77	3	NO
W	29305	APPLICATION OF HIP SPICA CAST; O	10/1/2005	\$147.92	3	NO
W	29325	APPLICATION OF HIP SPICA CAST; O	10/1/2005	\$161.67	3	NO
W	29345	APPLICATION OF LONG LEG CAST (TH	10/1/2005	\$87.97	3	NO
W	29355	APPLICATION OF LONG LEG CAST (TH	10/1/2005	\$90.31	3	NO
W	29358	APPLICATION OF LONG LEG CAST BRA	10/1/2005	\$96.79	3	NO
W	29365	APPLICATION OF CYLINDER CAST (TH	10/1/2005	\$78.89	3	NO
W	29405	APPLICATION OF SHORT LEG CAST (B	10/1/2005	\$57.61	3	NO
W	29425	APPLICATION OF SHORT LEG CAST (B	10/1/2005	\$62.02	3	NO
W	29435	APPLICATION OF PATELLAR TENDON B	10/1/2005	\$76.29	3	NO
W	29440	ADDING WALKER TO PREVIOUSLY APPL	10/1/2005	\$34.77	3	NO
W	29450	APPLICATION OF CLUBFOOT CAST WIT	10/1/2005	\$99.13	3	NO
W	29505	APPLICATION OF LONG LEG SPLINT (	10/1/2005	\$50.34	3	NO
W	29515	APPLICATION OF SHORT LEG SPLINT	10/1/2005	\$43.86	3	NO
W	29520	STRAPPING HIP	10/1/2005	\$36.85	3	NO
W	29530	STRAPPING; KNEE	10/1/2005	\$36.33	3	NO
W	29540	STRAPPING; ANKLE AND/OR FOOT	10/1/2005	\$25.69	3	NO
W	29550	STRAPPING; TOES	10/1/2005	\$24.65	3	NO
W	29580	STRAPPING; UNNA BOOT	10/1/2005	\$33.48	3	NO
W	29590	DENIS-BROWNE SPLINT STRAPPING	10/1/2005	\$35.29	3	NO
W	29700	REMOVAL OR BIVALVING GAUNTLET BO	10/1/2005	\$39.70	3	NO
W	29705	REMOVAL OR BIVALVING; FULL ARM O	10/1/2005	\$44.12	3	NO
W	29710	REMOVAL OR BIVALVING; SHOULDER O	10/1/2005	\$79.41	3	NO
W	29715	REMOVAL OR BIVALVING; TURNBUCKLE	10/1/2005	\$57.35	3	NO
W	29720	REPAIR OF SPICA BODY CAST OR JAC	10/1/2005	\$50.60	3	NO
W	29730	WINDOWING OF CAST	10/1/2005	\$43.60	3	NO
W	29740	WEDGING OF CAST (EXCEPT CLUBFOOT	10/1/2005	\$63.32	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	29750	WEDGING OF CLUBFOOT CAST	10/1/2005	\$65.39	3	NO
W	29804	ARTHROSCOPY, TEMPROMANDIBULAR JO	10/1/2005	\$88.90	3	NO
W	29815	ARTHROSCOPY SHOULDER DIAGNOSTIC	4/1/2002	INVALID	N	NO
W	29819	ARTHROSCOPY SHOULDER SURGICAL; W	10/1/2005	\$81.43	3	NO
W	29820	ARTHROSCOPY SHOULDER SURGICAL; S	10/1/2005	\$75.15	3	NO
W	29821	ARTHROSCOPY SHOULDER SURGICAL; S	10/1/2005	\$82.05	3	NO
W	29822	ARTHROSCOPY SHOULDER SURGICAL; D	10/1/2005	\$79.82	3	NO
W	29823	ARTHROSCOPY SHOULDER SURGICAL; D	10/1/2005	\$87.04	3	NO
W	29824	ARTHROSCOPY, SHOULDER, SURGICAL;	10/1/2005	\$89.16	3	NO
W	29825	ARTHROSCOPY SHOULDER SURGICAL WI	10/1/2005	\$81.28	3	NO
W	29826	ARTHROSCOPY, SHOULDER, SURGICAL;	10/1/2005	\$93.68	3	NO
W	29830	ARTHROSCOPY ELBOW DIAGNOSTIC WIT	10/1/2005	\$62.54	3	NO
W	29834	ARTHROSCOPY ELBOW SURGICAL; WITH	10/1/2005	\$68.30	3	NO
W	29835	ARTHROSCOPY ELBOW SURGICAL; SYNO	10/1/2005	\$69.86	3	NO
W	29836	ARTHROSCOPY ELBOW SURGICAL; SYNO	10/1/2005	\$80.65	3	NO
W	29837	ARTHROSCOPY ELBOW SURGICAL; DEBR	10/1/2005	\$73.54	3	NO
W	29847	ARTHROSCOPY, WRIST, SURGICAL; IN	10/1/2005	\$74.42	3	NO
W	29855	ARTHROSCOPICALLY AIDED TREATMENT	10/1/2005	\$109.92	3	NO
W	29874	ARTHROSCOPY KNEE SURGICAL FOR RE	10/1/2005	\$73.59	3	NO
W	29875	ARTHROSCOPY, KNEE, SURGICAL; SYN	10/1/2005	\$68.66	3	NO
W	29876	ARTHROSCOPY KNEE SURGICAL SYNOVE	10/1/2005	\$84.55	3	NO
W	29877	ARTHROSCOPY KNEE SURGICAL; DEBRI	10/1/2005	\$79.61	3	NO
W	29879	ARTHROSCOPY KNEE SURGICAL ABRASI	10/1/2005	\$85.79	3	NO
W	29880	ARTHROSCOPY, KNEE, SURGICAL; WIT	10/1/2005	\$89.84	3	NO
W	29881	ARTHROSCOPY KNEE SURGICAL WITH M	10/1/2005	\$83.25	3	NO
W	29882	ARTHROSCOPY KNEE SURGICAL; WITH	10/1/2005	\$90.10	3	NO
W	29883	ARTHROSCOPY, KNEE, SURGICAL; WIT	10/1/2005	\$114.08	3	NO
W	29884	ARTHROSCOPY KNEE SURGICAL WITH L	10/1/2005	\$79.30	3	NO
W	29885	ARTHROSCOPY, KNEE, SURG; DRILL FOR	10/1/2005	\$96.59	3	NO
W	29886	ARTHROSCOPY KNEE SURGICAL; DRILL	10/1/2005	\$81.33	3	NO
W	29887	ARTHROSCOPY KNEE SURGICAL DRILLI	10/1/2005	\$96.07	3	NO
W	29888	ARTHROSCOPICALLY AIDED INTERIOR	10/1/2005	\$137.33	3	NO
W	29889	ARTHROSCOPICALLY AIDED POSTERIOR	10/1/2005	\$161.62	3	NO
W	29894	ARTHROSCOPY, ANKLE (TIBIOTALAR &	10/1/2005	\$71.67	3	NO
W	29895	ARTHROSCOPY, ANKLE (TIBIOTALAR A	10/1/2005	\$70.32	3	NO
W	29897	ARTHROSCOPY, ANKLE (TIBIOTALAR A	10/1/2005	\$73.80	3	NO
W	29898	ARTHROSCOPY, ANKLE (TIBIOTALAR A	10/1/2005	\$81.85	3	NO
W	29909	UNLISTED PROCEDURE ARTHROSCOPY	4/1/2002	INVALID	N	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	29999	UNLISTED PROCEDURE, ARTHROSCOPY	2/14/2002	\$0.01	5	NO
W	30000	DRAINAGE ABSCESS OR HEMATOMA NAS	10/1/2005	\$145.84	3	NO
W	30020	DRAINAGE ABSCESS OR HEMATOMA NAS	10/1/2005	\$125.08	3	NO
W	30100	BIOPSY INTRANASAL	10/1/2005	\$77.33	3	NO
W	30110	EXCISION, NASAL POLYP(S), SIMPLE	10/1/2005	\$130.01	3	NO
W	30118	EXCISION INTRANASAL LESION; EXTE	10/1/2005	\$102.19	3	NO
W	30120	EXCISION OR SURGICAL PLANING OF	4/1/1982	NC	9	NO
W	30125	EXCISION DERMOID CYST NOSE; COMP	10/1/2005	\$83.66	3	NO
W	30160	RHINECTOMY; TOTAL	10/1/2005	\$107.38	3	NO
W	30410	RHINOPLASTY PRIMARY COMPLETE EXT	10/1/2005	\$169.92	3	NO
W	30430	RHINOPLASTY SECONDARY MINOR REVI	10/1/2005	\$124.46	3	NO
W	30435	RHINOPLASTY SECONDARY; INTERMEDI	10/1/2005	\$167.27	3	NO
W	30450	RHINOPLASTY SECONDARY; MAJOR REV	10/1/2005	\$220.26	3	NO
W	30465	REPAIR OF NASAL VESTIBULAR STENO	10/1/2005	\$127.88	3	NO
W	30540	REPAIR CHOANAL ATRESIA INTRANASA	10/1/2005	\$91.81	3	NO
W	30545	REPAIR CHOANAL ATRESIA; TRANSPAL	10/1/2005	\$129.44	3	NO
W	30901	CONTROL NASAL HEMORRHAGE,ANTERIO	10/1/2005	\$69.55	3	NO
W	30903	CONTROL NASAL HEMORRHAGE,ANTERIO	10/1/2005	\$113.66	3	NO
W	30930	FRACTURE NASAL INFERIOR TURBINAT	10/1/2005	\$77.85	3	NO
W	31075	SINUSOTOMY FRONTAL TRANSORBITAL	10/1/2005	\$102.14	3	NO
W	31080	SINUSOTOMY FRONTAL OBLITERATIVE	10/1/2005	\$135.36	3	NO
W	31081	SINUSOTOMY FRONTAL OBLITERATIVE	10/1/2005	\$151.39	3	NO
W	31084	SINUSOTOMY FRONTAL OBLITERATIVE	10/1/2005	\$146.57	3	NO
W	31085	SINUSOTOMY FRONTAL OBLITERATIVE	10/1/2005	\$154.77	3	NO
W	31086	SINUSOTOMY FRONTAL NONOBLITERATI	10/1/2005	\$141.22	3	NO
W	31087	SINUSOTOMY FRONTAL NONOBLITERATI	10/1/2005	\$140.65	3	NO
W	31205	ETHMOIDECTOMY; EXTRANASAL TOTAL	10/1/2005	\$118.23	3	NO
W	31225	MAXILLECTOMY WITHOUT ORBITAL EXE	10/1/2005	\$200.90	3	NO
W	31230	MAXILLECTOMY; WITH ORBITAL EXENT	10/1/2005	\$223.59	3	NO
W	31300	LARYNGOTOMY (THYROTOMY LARYNGOFI	10/1/2005	\$157.93	3	NO
W	31360	LARYNGECTOMY TOTAL WITHOUT RADIC	10/1/2005	\$182.53	3	NO
W	31365	LARYNGECTOMY; TOTAL WITH RADICAL	10/1/2005	\$241.34	3	NO
W	31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOT	10/1/2005	\$236.30	3	NO
W	31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOT	10/1/2005	\$284.26	3	NO
W	31370	PARTIAL LARYNGECTOMY (HEMILARYNG	10/1/2005	\$235.73	3	NO
W	31375	PARTIAL LARYNGECTOMY (HEMILARYNG	10/1/2005	\$218.86	3	NO
W	31380	PARTIAL LARYNGECTOMY (HEMILARYNG	10/1/2005	\$220.42	3	NO
W	31382	PARTIAL LARYNGECTOMY (HEMILARYNG	10/1/2005	\$227.37	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	31390	PHARYNGOLARYNGECTOMY WITH RADICA	10/1/2005	\$281.40	3	NO
W	31395	PHARYNOGOLARYNGECTOMY WITH RADIC	10/1/2005	\$321.05	3	NO
W	31400	ARYTENOIDECTOMY OR ARYTENOIDOPEX	10/1/2005	\$129.28	3	NO
W	31420	EPIGLOTTIDECTOMY	10/1/2005	\$106.81	3	NO
W	31500	INTUBATION ENDOTRACHEAL EMERGENC	10/1/2005	\$79.67	3	NO
W	31580	LARYNGOPLASTY FOR LARYNGEAL WEB	10/1/2005	\$152.02	3	NO
W	31584	LARYNGOPLASTY; WITH OPEN REDUCTI	10/1/2005	\$204.80	3	NO
W	31585	TREATMENT OF CLOSED LARYNGEAL FR	1/1/2006	INVALID	N	NO
W	31586	TREATMENT OF CLOSED LARYNGEAL FR	1/1/2006	INVALID	N	NO
W	31587	LARYNGOPLASTY, CRICOID SPLIT	10/1/2005	\$115.53	3	NO
W	31588	LARYNGOPLASTY, NOT OTHERWISE SPE	10/1/2005	\$144.07	3	NO
W	31590	LARYNGEAL REINNERVATION BY NEURO	10/1/2005	\$120.88	3	NO
W	31595	SECTION RECURRENT LARYNGEAL NERV	10/1/2005	\$101.57	3	NO
W	31601	TRACHEOSTOMY PLANNED (SEPARATE P	10/1/2005	\$37.58	3	NO
W	31611	CONSTRUCTION OF TRACHEOESOPHAGEA	10/1/2005	\$68.30	3	NO
W	31615	TRACHEOBRONCHOSCOPY THROUGH ESTA	10/1/2005	\$125.86	3	NO
W	31750	TRACHEOPLASTY; CERVICAL	10/1/2005	\$164.37	3	NO
W	31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL	10/1/2005	\$216.63	3	NO
W	31760	TRACHEOPLASTY; INTRATHORACIC	10/1/2005	\$185.85	3	NO
W	31766	CARINAL RECONSTRUCTION	10/1/2005	\$251.82	3	NO
W	31770	BRONCHOPLASTY GRAFT REPAIR	10/1/2005	\$184.35	3	NO
W	31775	BRONCHOPLASTY; EXCISION STENOSIS	10/1/2005	\$198.62	3	NO
W	31780	EXCISION TRACHEAL STENOSIS AND A	10/1/2005	\$157.72	3	NO
W	31781	EXCISION TRACHEAL STENOSIS AND A	10/1/2005	\$196.29	3	NO
W	31785	EXCISION TRACHEAL TUMOR OR CARCI	10/1/2005	\$150.35	3	NO
W	31786	EXCISION OF TRACHEAL TUMOR OR CA	10/1/2005	\$209.11	3	NO
W	31800	SUTURE OF TRACHEAL WOUND OR INJU	10/1/2005	\$452.57	3	NO
W	31805	SUTURE OF EXTERNAL TRACHEAL WOUN	10/1/2005	\$114.85	3	NO
W	32035	THORACOSTOMY WITH RIB RESECTION	10/1/2005	\$81.64	3	NO
W	32036	THORACOSTOMY; WITH OPEN FLAP DRA	10/1/2005	\$90.72	3	NO
W	32095	THOROACOTOMY LIMITED FOR BIOPSY	10/1/2005	\$77.23	3	NO
W	32100	THORACOTOMY MAJOR WITH EXPLORATI	10/1/2005	\$130.79	3	NO
W	32110	THORACOTOMY MAJOR WITH CONTROL O	10/1/2005	\$191.15	3	NO
W	32120	THORACOTOMY MAJOR; FOR POSTOPERA	10/1/2005	\$104.84	3	NO
W	32124	THORACOTOMY MAJOR; WITH OPEN INT	10/1/2005	\$112.93	3	NO
W	32140	THORACOTOMY MAJOR; WITH CYST(S)	10/1/2005	\$122.17	3	NO
W	32141	THORACOTOMY MAJOR; WITH EXCISION	10/1/2005	\$122.02	3	NO
W	32150	THORACOTOMY MAJOR; WITH REMOVAL	10/1/2005	\$122.95	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	32151	THORACOTOMY MAJOR; WITH REMOVAL	10/1/2005	\$125.13	3	NO
W	32160	THORACOTOMY MAJOR; WITH CARDIAC	10/1/2005	\$82.00	3	NO
W	32200	PNEUMONOSTOMY WITH OPEN DRAINAGE	10/1/2005	\$133.95	3	NO
W	32201	PNEUMONOSTOMY; WITH PERCUTANEOUS	10/1/2005	\$129.39	3	NO
W	32215	PLEURAL SCARIFICATION FOR REPEAT	10/1/2005	\$102.61	3	NO
W	32220	DECORTICATION PLUMONARY (SEPARAT	10/1/2005	\$209.26	3	NO
W	32225	DECORTICATION PULMONARY (SEPARAT	10/1/2005	\$122.28	3	NO
W	32310	PLEURECTOMY, PARIETAL (SEPARATE	10/1/2005	\$117.97	3	NO
W	32320	DECORTICATION AND PARIETAL PLEUR	10/1/2005	\$205.01	3	NO
W	32402	BIOPSY PLEURA; OPEN	10/1/2005	\$71.10	3	NO
W	32440	REMOVAL OF LUNG, TOTAL PNEUMONEC	10/1/2005	\$214.92	3	NO
W	32442	REMOVALK OF LUNG, WITH RESECTION	10/1/2005	\$232.36	3	NO
W	32445	REMOVAL OF LUNG, TOTAL PNEUMONEC	10/1/2005	\$221.77	3	NO
W	32480	REMOVAL OF LUNG, OTHER THAN TOTA	10/1/2005	\$203.19	3	NO
W	32482	REMOVAL OF LUNG, OTHER THAN TOTA	10/1/2005	\$214.87	3	NO
W	32484	REMOVAL OF LUNG, OTHER THAN TOTA	10/1/2005	\$181.55	3	NO
W	32486	REMOVAL OF LUNG, WITH CIRCUMFERE	10/1/2005	\$210.71	3	NO
W	32488	REMOVAL OF LUNG, ALL REMAINING L	10/1/2005	\$223.74	3	NO
W	32500	REMOVAL OF LUNG, OTHER THAN TOTA	10/1/2005	\$194.42	3	NO
W	32501	RESECTION AND REPAIR OF PORTION	10/1/2005	\$35.66	3	NO
W	32520	RESECTION OF LUNG WITH RESECTION	1/1/2006	INVALID	N	NO
W	32522	RESECTION OF LUNG; WITH RECONSTR	1/1/2006	INVALID	N	NO
W	32525	RESECTION OF LUNG; WITH MAJOR RE	1/1/2006	INVALID	N	NO
W	32540	EXTRAPLEURAL ENUCLEATION OF EMPY	10/1/2005	\$136.45	3	NO
W	32650	THORACOSCOPY, SURGICAL; WITH PLE	10/1/2005	\$98.56	3	NO
W	32651	THORACOSCOPY, SURGICAL; WITH PAR	10/1/2005	\$113.87	3	NO
W	32652	THORACOSCOPY, SURGICAL; WITH TOT	10/1/2005	\$162.81	3	NO
W	32653	THORACOSCOPY, SURGICAL; WITH REM	10/1/2005	\$112.16	3	NO
W	32654	THORACOSCOPY, SURGICAL; WITH CON	10/1/2005	\$111.95	3	NO
W	32655	THORACOSCOPY, SURGICAL; WITH EXC	10/1/2005	\$114.91	3	NO
W	32656	THORACOSCOPY, SURGICAL; WITH PAR	10/1/2005	\$117.55	3	NO
W	32657	THORACOSCOPY, SURGICAL; WITH WED	10/1/2005	\$120.67	3	NO
W	32658	THORACOSCOPY, SURGICAL; WITH REM	10/1/2005	\$106.81	3	NO
W	32659	THORACOSCOPY, SURGICAL; WITH CRE	10/1/2005	\$107.07	3	NO
W	32660	THORACOSCOPY, SURGICAL; WITH TOT	10/1/2005	\$150.20	3	NO
W	32661	THORACOSCOPY, SURGICAL; WITH EXC	10/1/2005	\$118.54	3	NO
W	32662	THORACOSCOPY, SURGICAL; WITH EXC	10/1/2005	\$142.21	3	NO
W	32663	THORACOSCOPY, SURGICAL; WITH LOB	10/1/2005	\$165.35	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	32664	THORACOSCOPY, SURGICAL; WITH THO	10/1/2005	\$125.29	3	NO
W	32665	THORACOSCOPY, SURGICAL; WITH ESO	10/1/2005	\$133.80	3	NO
W	32800	REPAIR LUNG HERNIA THROUGH CHEST	10/1/2005	\$119.06	3	NO
W	32810	CLOSURE OF CHEST WALL FOLLOWING	10/1/2005	\$116.36	3	NO
W	32815	OPEN CLOSURE OF MAJOR BRONCHIAL	10/1/2005	\$193.69	3	NO
W	32820	MAJOR RECONSTRUCTION CHEST WALL	10/1/2005	\$187.46	3	NO
W	32851	LUNG TRANSPLANT, SINGLE; WITHOUT	10/1/2005	\$371.50	3	YES
W	32852	LUNG TRANSPLANT, SINGLE; WITH CA	10/1/2005	\$419.66	3	YES
W	32853	LUNG TRANSPLANT, DOUBLE; WITHOUT	10/1/2005	\$448.10	3	YES
W	32854	LUNG TRANSPLANT, DOUBLE; WITH CA	10/1/2005	\$481.58	3	YES
W	32900	RESECTION OF RIBS EXTRAPLEURAL A	10/1/2005	\$171.32	3	NO
W	32905	THORACOPLASTY SCHEDE TYPE OR EXT	10/1/2005	\$175.84	3	NO
W	32906	THORACOPLASTY SCHEDE TYPE OR EXT	10/1/2005	\$221.15	3	NO
W	32940	PNEUMONOLYSIS EXTRAPERIOSTEAL IN	10/1/2005	\$164.11	3	NO
W	32999	INLISTED PROCEDURE LUNGS AND PLE	2/1/1994	\$0.01	5	NO
W	33020	PERICARDIOTOMY FOR REMOVAL OF CL	10/1/2005	\$109.56	3	NO
W	33025	CREATION OF PERICADIAL WINDOW OR	10/1/2005	\$104.53	3	NO
W	33030	PERICARDIECTOMY, SUBTOTAL OR COM	10/1/2005	\$160.53	3	NO
W	33031	PERICARDIECTOMY, SUBTOTAL OR COM	10/1/2005	\$181.08	3	NO
W	33050	EXCISION OF PERICARDIAL CYST OR	10/1/2005	\$125.91	3	NO
W	33120	EXCISION OF INTRACARDIAC TUMOR R	10/1/2005	\$205.89	3	NO
W	33130	RESECTION OF EXTERNAL CARDIAC TU	10/1/2005	\$178.22	3	NO
W	33141	TRANSMYOCARDIAL LASER REVASCULAR	10/1/2005	\$36.85	3	NO
W	33200	INSERTION OF PERMANENT PACEMAKER	10/1/2005	\$108.83	3	NO
W	33201	INSERTION OF PERMANENT PACEMAKER	10/1/2005	\$93.84	3	NO
W	33238	REMOVAL OF PERMANENT TRANSVENOUS	10/1/2005	\$131.57	3	NO
W	33243	REMOVAL OF IMPLANTABLE CARDIOVER	10/1/2005	\$187.72	3	NO
W	33245	IMPLANTATION OR REPLACEMENT OF I	10/1/2005	\$125.39	3	NO
W	33246	IMPLANT/REPLACE. OF IMPLANT. CAR	10/1/2005	\$174.12	3	NO
W	33250	OPER ABLATION OF SUPRAVENTRICULA	10/1/2005	\$186.32	3	NO
W	33251	OPER ABLATION OF SUPRAVENTRICULA	10/1/2005	\$207.55	3	NO
W	33253	OPERATIVE INCISIONS AND RECONSTR	10/1/2005	\$255.76	3	NO
W	33261	OPERATIVE ABLATION OF VENTRICULA	10/1/2005	\$207.55	3	NO
W	33300	REPAIR OF CARDIAC WOUND WITHOUT	10/1/2005	\$154.04	3	NO
W	33305	REPAIR OF CARDIAC WOUND; WITH CA	10/1/2005	\$182.12	3	NO
W	33310	CARDIOTOMY EXPLORATORY (INCLUDES	10/1/2005	\$158.92	3	NO
W	33315	CARDIOTOMY EXPLORATORY (INCLUDES	10/1/2005	\$189.18	3	NO
W	33320	SUTURE REPAIR OF AORTA OR GREAT	10/1/2005	\$140.18	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	33321	SUTURE REPAIR OF AORTA OR GREAT	10/1/2005	\$170.34	3	NO
W	33322	SUTURE REPAIR OF AORTA OR GREAT	10/1/2005	\$175.16	3	NO
W	33330	INSERTION OF GRAFT, AORTA OR GRE	10/1/2005	\$178.48	3	NO
W	33332	INSERTION OF GRAFT, AORTA OR GRE	10/1/2005	\$194.21	3	NO
W	33335	INSERTION OF GRAFT; WITH CARDIOP	10/1/2005	\$246.42	3	NO
W	33400	VALVULOPLASTY, AORTIC VALVE, OPE	10/1/2005	\$249.95	3	NO
W	33401	VALVULOPLASTY, AORTIC VALVE; OPE	10/1/2005	\$212.27	3	NO
W	33403	VALVULOPLASTY, AORTIC VALVE; USI	10/1/2005	\$221.41	3	NO
W	33404	CONSTRUCTION OF APICAL-AORTIC CO	10/1/2005	\$245.64	3	NO
W	33405	REPLACEMENT, AORTIC VALVE, WITH	10/1/2005	\$302.73	3	NO
W	33406	REPLACEMENT, AORTIC VALVE, WITH	10/1/2005	\$321.47	3	NO
W	33410	REPLACEMENT, AORTIC VALVE, W/CAR	10/1/2005	\$278.18	3	NO
W	33411	REPLACEMENT AORTIC VALVE WITH AO	10/1/2005	\$312.59	3	NO
W	33412	REPLACEMENT AORTIC VALVE WITH TR	10/1/2005	\$356.19	3	NO
W	33413	REPLACEMENT, AORTIC VALVE; BY TR	10/1/2005	\$366.93	3	NO
W	33414	REPAIR OF LEFT VENTRICULAR OUTFL	10/1/2005	\$253.69	3	NO
W	33415	RESECTION OR INCISION OF SUBVALV	10/1/2005	\$222.81	3	NO
W	33416	VENTRICULOMYOTOMY (-MYECTOMY) FO	10/1/2005	\$250.47	3	NO
W	33417	AORTOPLASTY (GUSSET) FOR SUPRAVA	10/1/2005	\$239.52	3	NO
W	33420	VALVOTOMY MITRAL VALVE; CLOSED H	10/1/2005	\$176.72	3	NO
W	33422	VALVOTOMY MITRAL VALVE; OPEN HEA	10/1/2005	\$224.78	3	NO
W	33425	VALVULOPLASTY, MITRAL VALVE, WIT	10/1/2005	\$227.94	3	NO
W	33426	VALVULOPLASTY, MITRAL VALVE, WIT	10/1/2005	\$284.67	3	NO
W	33427	VALVULOPLASTY, MITRAL VALVE, WIT	10/1/2005	\$337.97	3	NO
W	33430	REPLACEMENT, MITRAL VALVE, WITH	10/1/2005	\$288.51	3	NO
W	33460	VALVECTOMY, TRICUSPID VALVE, WIT	10/1/2005	\$198.52	3	NO
W	33463	VALVULOPLASTY, TRICUSPID VALVE;	10/1/2005	\$219.02	3	NO
W	33464	VALVULOPLASTY, TRICUSPID VALVE;	10/1/2005	\$232.36	3	NO
W	33465	REPLACEMENT, TRICUSPID VALVE, WI	10/1/2005	\$238.17	3	NO
W	33468	TRICUSPID VALVE REPOSITIONING AN	10/1/2005	\$247.82	3	NO
W	33470	VALVOTOMY, PULMONARY VALVE, CLOS	10/1/2005	\$168.68	3	NO
W	33471	VALVOTOMY, PULMONARY VALVE, CLOS	10/1/2005	\$183.31	3	NO
W	33472	VALVOTOMY, PULMONARY VALVE, OPEN	10/1/2005	\$195.14	3	NO
W	33474	VALVOTOMY PULMONARY VALVE (COMMI	10/1/2005	\$192.39	3	NO
W	33475	REPLACEMENT, PULMONARY VALVE	10/1/2005	\$275.49	3	NO
W	33476	RIGHT VENTRICULAR RESECTION FOR	10/1/2005	\$208.02	3	NO
W	33478	OUTFLOW TRACT AUGMENTATION (GUSS	10/1/2005	\$226.28	3	NO
W	33496	REPAIR OF NON-STRUCTURAL PROSTHE	10/1/2005	\$228.15	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	33500	REPAIR OF CORONARY ARTERIOVENOUS	10/1/2005	\$210.87	3	NO
W	33501	REPAIR OF CORONARY ARTERIOVENOUS	10/1/2005	\$144.65	3	NO
W	33502	REPAIR OF ANOMALOUS CORONARY ART	10/1/2005	\$181.86	3	NO
W	33503	ANOMALOUS CORONARY ARTERY; GRAFT	10/1/2005	\$173.03	3	NO
W	33504	ANOMALOUS CORONARY ARTERY; GRAFT	10/1/2005	\$206.30	3	NO
W	33505	REPAIR OF ANOMALOUS CORONARY ART	10/1/2005	\$217.31	3	NO
W	33506	REPAIR OF ANOMALOUS CORONARY ART	10/1/2005	\$283.53	3	NO
W	33510	CORONARY ARTERY BYPASS, VEIN ONL	10/1/2005	\$256.80	3	NO
W	33511	CORONARY ARTERY BYPASS, VEIN ONL	10/1/2005	\$266.71	3	NO
W	33512	CORONARY ARTERY BYPASS, VEIN ONL	10/1/2005	\$279.95	3	NO
W	33513	CORONARY ARTERY BYPASS, VEIN ONL	10/1/2005	\$282.13	3	NO
W	33514	CORONARY ARTERY BYPASS, VEIN ONL	10/1/2005	\$287.68	3	NO
W	33516	CORONARY ARTERY BYPASS, VEIN ONL	10/1/2005	\$305.02	3	NO
W	33517	CORONARY ARTERY BYPASS, USING VE	10/1/2005	\$19.62	3	NO
W	33518	CORONARY ARTERY BYPASS, USING VE	10/1/2005	\$36.95	3	NO
W	33519	CORONARY ARTERY BYPASS, USING VE	10/1/2005	\$54.29	3	NO
W	33521	CORONARY ARTERY BYPASS, USING VE	10/1/2005	\$71.67	3	NO
W	33522	CORONARY ARTERY BYPASS, USING VE	10/1/2005	\$89.01	3	NO
W	33523	CORONARY ARTERY BYPASS, USING VE	10/1/2005	\$106.50	3	NO
W	33530	REOPERATION, CORONARY ARTERY BYP	10/1/2005	\$44.69	3	NO
W	33533	CORONARY ARTERY BYPASS, USING AR	10/1/2005	\$263.39	3	NO
W	33534	CORONARY ARTERY BYPASS, USING AR	10/1/2005	\$282.28	3	NO
W	33535	CORONARY ARTERY BYPASS, USING AR	10/1/2005	\$298.53	3	NO
W	33536	CORONARY ARTERY BYPASS, USING AR	10/1/2005	\$316.59	3	NO
W	33542	MYOCARDIAL RESECTION (EG VENTRIC	10/1/2005	\$238.64	3	NO
W	33545	REPAIR OF POSTINFARCTION VENTRIC	10/1/2005	\$298.27	3	NO
W	33572	CORONARY ENDARTERECTOMY, OPEN, A	10/1/2005	\$33.89	3	NO
W	33600	CLOSURE OF ATRIOVENTRICULAR VALV	10/1/2005	\$240.61	3	NO
W	33602	CLOSURE OF SEMILUNAR VALVE (AORT	10/1/2005	\$232.10	3	NO
W	33606	ANASTOMOSIS OF PULMONARY ARTERY	10/1/2005	\$252.91	3	NO
W	33608	REPAIR OF COMPLEX CARDIAC ANOMAL	10/1/2005	\$258.62	3	NO
W	33610	REPAIR OF COMPLEX CARDIAC ANOMAL	10/1/2005	\$252.65	3	NO
W	33611	REPAIR OF DOUBLE OUTLET RIGHT VE	10/1/2005	\$272.01	3	NO
W	33612	REPAIR OF DOUBLE OUTLET RIGHT VE	10/1/2005	\$287.16	3	NO
W	33615	REPAIR OF COMPLEX CARDIAC ANOMAL	10/1/2005	\$266.51	3	NO
W	33617	REPAIR OF COMPLEX CARDIAC ANOMAL	10/1/2005	\$303.72	3	NO
W	33619	REPAIR OF SINGLE VENTRICLE WITH	10/1/2005	\$374.30	3	NO
W	33641	REPAIR ATRIAL SEPTAL DEFECT, SEC	10/1/2005	\$176.62	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	33645	DIRECT OR PATCH CLOSURE SINUS VE	10/1/2005	\$208.53	3	NO
W	33647	REPAIR OF ATRIAL SEPTAL DEFECT A	10/1/2005	\$237.08	3	NO
W	33660	REPAIR OF INCOMPLETE OR PARTIAL	10/1/2005	\$248.55	3	NO
W	33665	REPAIR OF INTERMEDIATE OR TRANSI	10/1/2005	\$240.56	3	NO
W	33670	REPAIR OF COMPLETE ATRIOVENTRICU	10/1/2005	\$273.67	3	NO
W	33681	CLOSURE OF VENTRICULAR SEPTAL DE	10/1/2005	\$257.58	3	NO
W	33684	CLOSURE VENTRICULAR SEPTAL DEFEC	10/1/2005	\$242.32	3	NO
W	33688	CLOSURE VENTRICULAR SEPTAL DEFEC	10/1/2005	\$237.34	3	NO
W	33690	BANDING OF PULMONARY ARTERY	10/1/2005	\$164.11	3	NO
W	33692	COMPLETE REPAIR TETRALOGY OF FAL	10/1/2005	\$255.19	3	NO
W	33694	COMPLETE REPAIR TETRALOGY OF FAL	10/1/2005	\$277.04	3	NO
W	33697	COMPLETE REPAIR TETRALOGY OF FAL	10/1/2005	\$284.78	3	NO
W	33702	REPAIR SINUS OF VALSALVA FISTULA	10/1/2005	\$221.61	3	NO
W	33710	REPAIR SINUS OF VALSALVA FISTULA	10/1/2005	\$249.17	3	NO
W	33720	REPAIR SINUS OF VALSALVA ANEURYS	10/1/2005	\$220.89	3	NO
W	33722	CLOSURE OF AORTICO-LEFT VENTRICU	10/1/2005	\$225.87	3	NO
W	33730	COMPLETE REPAIR OF ANOMALOUS VEN	10/1/2005	\$276.52	3	NO
W	33732	REPAIR OF COR TRIATRIATUM OR SUP	10/1/2005	\$234.28	3	NO
W	33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	10/1/2005	\$167.12	3	NO
W	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	10/1/2005	\$199.19	3	NO
W	33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	10/1/2005	\$186.17	3	NO
W	33750	SHUNT CUBCLAVIAN TO PULMONARY AR	10/1/2005	\$169.97	3	NO
W	33755	SHUNT; ASCENDING AORTA TO PULMON	10/1/2005	\$175.32	3	NO
W	33762	SHUNT; DESCENDING AORTA TO PULMO	10/1/2005	\$181.70	3	NO
W	33764	SHUNT CENTRAL WITH PROSTHETIC GR	10/1/2005	\$181.39	3	NO
W	33766	SHUNT; SUPERIOR VENA CAVA TO PUL	10/1/2005	\$197.58	3	NO
W	33767	SHUNT; SUPERIOR VENA CAVA TO PUL	10/1/2005	\$207.44	3	NO
W	33770	REPAIR OF TRANSPOSITION OF THE G	10/1/2005	\$297.34	3	NO
W	33771	REPAIR OF TRANSPOSITION OF THE G	10/1/2005	\$273.05	3	NO
W	33774	REPAIR OF TRANSPOSITION OF THE G	10/1/2005	\$261.26	3	NO
W	33775	REP OF TRANSPOSITION OF THE GREA	10/1/2005	\$270.30	3	NO
W	33776	REP OF TRANSPOSITION OF THE GREA	10/1/2005	\$284.46	3	NO
W	33777	REP OF TRANSPOSITION OF THE GREA	10/1/2005	\$282.65	3	NO
W	33778	REPAIR OF TRANSPOSITION OF THE G	10/1/2005	\$326.76	3	NO
W	33779	REP OF TRANSPOSITION OF THE GREA	10/1/2005	\$282.44	3	NO
W	33780	REP OF TRANSPOSITION OF THE GREA	10/1/2005	\$334.29	3	NO
W	33781	REP OF TRANSPOSITION OF THE GREA	10/1/2005	\$288.82	3	NO
W	33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	10/1/2005	\$318.20	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	33788	REIMPLANTATION OF AN ANOMALOUS P	10/1/2005	\$220.73	3	NO
W	33800	AORTIC SUSPENSION FOR TRACHEAL D	10/1/2005	\$138.88	3	NO
W	33802	DIVISION OF ABERRANT VESSEL (VAS	10/1/2005	\$150.98	3	NO
W	33803	DIVISION OF ABERRANT VESSEL (VAS	10/1/2005	\$168.68	3	NO
W	33813	OBLITERATION OF AORTOPULMONARY S	10/1/2005	\$179.68	3	NO
W	33814	OBLITERATION OF AORTOPULMONARY S	10/1/2005	\$218.86	3	NO
W	33820	REPAIR OF PATENT DUCTUS ARTERIOS	10/1/2005	\$140.18	3	NO
W	33822	PATENT DUCTUS ARTERIOSUS; DIVISI	10/1/2005	\$149.99	3	NO
W	33824	PATENT DUCTUS ARTERIOSUS; DIVISI	10/1/2005	\$167.79	3	NO
W	33840	EXCISION OF COARCTATION OF AORTA	10/1/2005	\$171.43	3	NO
W	33845	EXCISION OF COARCTATION OF AORTA	10/1/2005	\$190.06	3	NO
W	33851	EXCIS OF COARCTATION OF AORTA,W/	10/1/2005	\$181.96	3	NO
W	33852	REPAIR OF HYPOPLASTIC OR INTERRU	10/1/2005	\$192.86	3	NO
W	33853	REPAIR OF HYPOPLASTIC OR INTERRU	10/1/2005	\$264.22	3	NO
W	33860	ASCENDING AORTA GRAFT, W/CARDIOP	10/1/2005	\$310.98	3	NO
W	33861	ASCENDING AORTA GRAFT, WITH CARD	10/1/2005	\$341.09	3	NO
W	33863	ASCENDING AORTA GRAFT, WITH CARD	10/1/2005	\$363.77	3	NO
W	33870	TRANSVERSE ARCH GRAFT, WITH CARD	10/1/2005	\$355.98	3	NO
W	33875	DESCENDING THORACIC AORTA GRAFT	10/1/2005	\$269.00	3	NO
W	33877	REPAIR OF THORACOABDOMINAL AORTI	10/1/2005	\$335.38	3	NO
W	33910	PULMONARY ARTERY EMBOLECTOMY; WI	10/1/2005	\$205.52	3	NO
W	33915	PULMONARY ARTERY EMBOLECTOMY; WI	10/1/2005	\$167.53	3	NO
W	33916	PULMONARY ENDARTERECTOMY WITH OR	10/1/2005	\$211.60	3	NO
W	33917	REPAIR OF PULMONARY ARTERY STENO	10/1/2005	\$209.16	3	NO
W	33918	REPAIR OF PULMONARY ARESIA WITH	1/1/2006	INVALID	N	NO
W	33919	REPAIR OF PULMONARY ATRESIA WITH	1/1/2006	INVALID	N	NO
W	33920	REPAIR OF PULMONARY ATRESIA WITH	10/1/2005	\$259.86	3	NO
W	33922	TRANSECTION OF PULMONARY ARTERY	10/1/2005	\$194.31	3	NO
W	33924	LIGATION AND TAKEDOWN OF A SYSTE	10/1/2005	\$42.30	3	NO
W	33930	DONOR CARDIECTOMY-PNEUMONECTOMY	8/1/1986	NC	9	NO
W	33935	HEART LUNG TRANSPLANT WITH RECIP	10/1/2005	\$511.68	3	YES
W	33940	DONOR CARDIECTOMY (INCLUDING COL	7/17/1987	NC	9	NO
W	33945	HEART TRANSPLANT WITH OR WITHOUT	10/1/2005	\$360.76	3	YES
W	33968	REMOVAL OF INTGRA-AORTIC BALLOON	10/1/2005	\$4.88	3	NO
W	33970	INSERTION OF INTRA-AORTIC BALLOO	10/1/2005	\$51.07	3	NO
W	33973	INSERTION OF INTRA-AORTIC BALLOO	10/1/2005	\$74.11	3	NO
W	33975	INSERTION OF VENTRICULAR ASSIST	10/1/2005	\$156.95	3	NO
W	33976	INSERTION OF VENTRICULAR ASSIST	10/1/2005	\$175.01	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	33977	REMOVAL OF VENTRICULAR ASSIST DE	10/1/2005	\$171.79	3	NO
W	33978	REMOVAL OF VENTRICULAR ASSIST DE	10/1/2005	\$190.21	3	NO
W	33999	UNLISTED PROCEDURE CARDIAC SURGE	4/1/1982	\$0.01	5	NO
W	34001	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$110.91	3	NO
W	34051	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$130.53	3	NO
W	34101	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$86.78	3	NO
W	34111	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$86.62	3	NO
W	34151	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$201.53	3	NO
W	34201	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$87.40	3	NO
W	34203	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$139.35	3	NO
W	34401	THROMBECTOMY DIRECT OR WITH CATH	10/1/2005	\$200.13	3	NO
W	34421	THROMBECTOMY DIRECT OR WITH CATH	10/1/2005	\$102.81	3	NO
W	34451	THROMBECTOMY DIRECT OR WITH CATH	10/1/2005	\$218.50	3	NO
W	34471	THROMBECTOMY DIRECT OR WITH CATH	10/1/2005	\$86.15	3	NO
W	34490	AXILLARY AND SUBCLAVIAN VEIN BY	10/1/2005	\$86.15	3	NO
W	34501	VALVULOPLASTY FEMORAL VEIN	10/1/2005	\$138.37	3	NO
W	34502	RECONSTRUCTION OF VENA CAVA, ANY	10/1/2005	\$221.98	3	NO
W	34510	VENOUS VALVE TRANSPOSITION ANY V	10/1/2005	\$158.81	3	NO
W	34520	CROSS-OVER VEIN GRAFT TO VENOUS	10/1/2005	\$148.17	3	NO
W	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSI	10/1/2005	\$139.82	3	NO
W	34800	ENDOVASCULAR REPAIR OF INTRARENA	10/1/2005	\$167.01	3	NO
W	34802	ENDOVASCULAR REPAIR OF INTRARENA	10/1/2005	\$181.65	3	NO
W	34804	ENDOVASCULAR REPAIR OF INTRARENA	10/1/2005	\$181.65	3	NO
W	34808	ENDOVASCULAR PLACEMENT OF ILIAC	10/1/2005	\$31.24	3	NO
W	34812	OPEN FEMORAL ARTERY EXPOSURE FOR	10/1/2005	\$52.52	3	NO
W	34813	PLACEMENT OF FEMORAL-FEMORAL PRO	10/1/2005	\$36.33	3	NO
W	34820	OPEN ILIAC ARTERY EXPOSURE FOR D	10/1/2005	\$74.63	3	NO
W	34825	PLACEMENT OF PROXIMAL OR DISTAL	10/1/2005	\$100.58	3	NO
W	34826	PLACEMENT OF PROXIMAL OR DISTAL	10/1/2005	\$30.72	3	NO
W	34830	OPEN REPAIR OF INFRARENAL AORTIC	10/1/2005	\$263.39	3	NO
W	34831	OPEN REPAIR OF INFRARENAL AORTIC	10/1/2005	\$267.86	3	NO
W	34832	OPEN REPAIR OF INFRARENAL AORTIC	10/1/2005	\$283.37	3	NO
W	35001	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$165.51	3	NO
W	35002	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$174.70	3	NO
W	35005	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$148.85	3	NO
W	35011	DIRECT REPAIR OF ANEURYSM, FALSE	10/1/2005	\$147.55	3	NO
W	35013	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$179.99	3	NO
W	35021	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$164.99	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	35022	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$187.51	3	NO
W	35045	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$142.47	3	NO
W	35081	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$224.93	3	NO
W	35082	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$306.47	3	NO
W	35091	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$280.00	3	NO
W	35092	DIR. REPAIR OF ANEURYSM/EXCISION	10/1/2005	\$356.97	3	NO
W	35102	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$246.27	3	NO
W	35103	DIR. REPAIR OF ANEURYSM/EXCISION	10/1/2005	\$321.62	3	NO
W	35111	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$201.27	3	NO
W	35112	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$238.53	3	NO
W	35121	DIRECT REPAIR OF ANEURYSM, PSEU	10/1/2005	\$241.49	3	NO
W	35122	DIRECT REPAIR OF ANEURYSM/EXCISI	10/1/2005	\$277.35	3	NO
W	35131	DIRECT REPAIR OF ANEURYSM, PSEU	10/1/2005	\$204.49	3	NO
W	35132	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$241.85	3	NO
W	35141	DIRECT REPAIR OF ANEURYSM, PSEU	10/1/2005	\$164.52	3	NO
W	35142	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$191.56	3	NO
W	35151	DIRECT REPAIR OF ANEURYSM, PSEU	10/1/2005	\$185.65	3	NO
W	35152	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$210.20	3	NO
W	35161	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2005	INVALID	N	NO
W	35162	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2005	INVALID	N	NO
W	35180	REPAIR CONGENITAL ARTERIOVENOUS	10/1/2005	\$111.79	3	NO
W	35182	REPAIR CONGENITAL ARTERIOVENOUS	10/1/2005	\$244.24	3	NO
W	35184	REPAIR CONGENITAL ARTERIOVENOUS	10/1/2005	\$149.21	3	NO
W	35188	REPAIR ACQUIRED OR TRAUMATIC ART	10/1/2005	\$124.66	3	NO
W	35189	REPAIR ACQUIRED OR TRAUMATIC ART	10/1/2005	\$227.48	3	NO
W	35190	REPAIR ACQUIRED OR TRAUMATIC ART	10/1/2005	\$108.78	3	NO
W	35201	REPAIR BLOOD VESSEL DIRECT NECK	10/1/2005	\$136.86	3	NO
W	35206	REPAIR BLOOD VESSELS OR A-V FIST	10/1/2005	\$112.21	3	NO
W	35207	REPAIR BLOOD VESSELS OR A-V FIST	10/1/2005	\$98.19	3	NO
W	35211	REPAIR BLOOD VESSELS OR A-V FIST	10/1/2005	\$186.06	3	NO
W	35216	REPAIR BLOOD VESSELS OR A-V FIST	10/1/2005	\$157.26	3	NO
W	35221	REPAIR BLOOD VESSELS OR A-V FIST	10/1/2005	\$194.88	3	NO
W	35226	REPAIR BLOOD VESSELS OR A-V FIST	10/1/2005	\$123.99	3	NO
W	35231	REPAIR BLOOD VESSEL WITH VEIN GR	10/1/2005	\$168.73	3	NO
W	35236	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$142.00	3	NO
W	35241	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$195.51	3	NO
W	35246	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$215.49	3	NO
W	35251	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$238.69	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	35256	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$151.91	3	NO
W	35261	REPAIR BLOOD VESSEL WITH GRAFT O	10/1/2005	\$146.98	3	NO
W	35266	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$124.25	3	NO
W	35271	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$185.39	3	NO
W	35276	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$201.22	3	NO
W	35281	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$226.02	3	NO
W	35286	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$137.48	3	NO
W	35301	THOMBOENDARTERECTOMY WITH OR WIT	10/1/2005	\$154.56	3	NO
W	35311	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$218.40	3	NO
W	35321	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$132.76	3	NO
W	35331	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$213.36	3	NO
W	35341	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$205.73	3	NO
W	35351	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$186.11	3	NO
W	35355	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$151.44	3	NO
W	35361	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$227.43	3	NO
W	35363	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$243.93	3	NO
W	35371	THROMBOENDARTERECTOMY, WITH OR W	10/1/2005	\$123.16	3	NO
W	35372	THROMBOENDARTERECTOMY, WITH OR W	10/1/2005	\$148.43	3	NO
W	35381	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$133.80	3	NO
W	35390	REOPERATION, CAROTID, THROMBOEND	10/1/2005	\$24.39	3	NO
W	35450	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$77.07	3	NO
W	35452	TRANSLUMINAL ANGIOPLASTY, INTRAO	10/1/2005	\$53.98	3	NO
W	35454	TRANSLUMINAL ANGIOPLASTY, INTRAO	10/1/2005	\$47.64	3	NO
W	35456	TRANSLUMINAL ANGIOPLASTY, INTRAO	10/1/2005	\$57.66	3	NO
W	35458	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$73.59	3	NO
W	35459	TRANSLUMINAL ANGIOPLASTY, OPEN;	10/1/2005	\$67.26	3	NO
W	35460	TRANSLUMINAL ANGIOPLASTY, OPEN;	10/1/2005	\$47.33	3	NO
W	35470	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$65.86	3	NO
W	35471	TRANSLUMINAL ANGIOPLASTY, PERCUT	10/1/2005	\$76.34	3	NO
W	35472	TRANSLUMINAL ANGIOPLASTY, PERCUT	10/1/2005	\$53.15	3	NO
W	35473	TRANSLUMINAL ANGIOPLASTY, PERCUT	10/1/2005	\$46.55	3	NO
W	35474	TRANSLUMINAL ANGIOPLASTY, PERCUT	10/1/2005	\$56.21	3	NO
W	35475	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$71.05	3	NO
W	35476	TRANSLUMINAL ANGIOPLASTY, PERCUT	10/1/2005	\$45.52	3	NO
W	35500	HARVEST OF UPPER EXTREMITY VEIN,	10/1/2005	\$48.58	3	NO
W	35501	BYPASS GRAFT VEIN CAROTID	10/1/2005	\$157.41	3	NO
W	35506	BYPASS GRAFT VEIN; CAROTID-SUBCL	10/1/2005	\$165.46	3	NO
W	35507	BYPASS GRAFT VEIN; SUBCLAVIAN-CA	10/1/2005	\$165.51	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	35508	BYPASS GRAFT WITH VEIN CAROTID-V	10/1/2005	\$160.32	3	NO
W	35509	BYPASS GRAFT VEIN; CAROTID-CAROT	10/1/2005	\$152.64	3	NO
W	35511	BYPASS GRAFT VEIN; SUBCLAVIAN-SU	10/1/2005	\$172.93	3	NO
W	35515	BYPASS GRAFT WITH VEIN SUBCLAVIA	10/1/2005	\$159.02	3	NO
W	35516	BYPASS GRAFT VEIN; SUBCLAVIAN-AX	10/1/2005	\$131.93	3	NO
W	35518	BYPASS GRAFT WITH VEIN AXILLARY-	10/1/2005	\$171.74	3	NO
W	35521	BYPASS GRAFT VEIN; AXILLARY-FEMO	10/1/2005	\$181.81	3	NO
W	35526	BYPASS GRAFT VEIN; AORTOSUBCLAVI	10/1/2005	\$238.74	3	NO
W	35531	BYPASS GRAFT WITH VEIN AORTOCELI	10/1/2005	\$288.77	3	NO
W	35533	BYPASS GRAFT WITH VEIN AXILLARY-	10/1/2005	\$225.14	3	NO
W	35536	BYPASS GRAFT VEIN; SPLENORENAL	10/1/2005	\$254.52	3	NO
W	35541	BYPASS GRAFT, WITH VEIN; AORTOIL	10/1/2005	\$210.56	3	NO
W	35546	BYPASS GRAFT WITH VEIN AORTOFEMO	10/1/2005	\$207.44	3	NO
W	35548	BYPASS GRAFT VEIN; AORTOILIOFEMO	10/1/2005	\$175.94	3	NO
W	35549	BYPASS GRAFT VEIN; AORTOILIOFEMO	10/1/2005	\$191.72	3	NO
W	35551	BYPASS GRAFT VEIN; AORTOFEMORAL-	10/1/2005	\$216.22	3	NO
W	35556	BYPASS GRAFT VEIN; FEMORAL-POPLI	10/1/2005	\$179.00	3	NO
W	35558	BYPASS GRAFT VEIN; FEMORAL-FEMOR	10/1/2005	\$174.54	3	NO
W	35560	BYPASS GRAFT WITH VEIN AORTORENA	10/1/2005	\$259.08	3	NO
W	35563	BYPASS GRAFT VEIN; ILIOILAC	10/1/2005	\$197.64	3	NO
W	35565	BYPASS GRAFT VEIN; ILIOFEMORAL	10/1/2005	\$189.64	3	NO
W	35566	BYPASS GRAFT, W/VEIN;FEMORAL-ANT	10/1/2005	\$218.19	3	NO
W	35571	BYPASS GRAFT, W/VEIN; POPLITEAL-	10/1/2005	\$198.52	3	NO
W	35582	IN-SITU VEIN BYPASS; AORTOFEMORA	1/1/2005	INVALID	N	NO
W	35583	IN-SITU VEIN BYPASS; FEMORAL POP	10/1/2005	\$184.87	3	NO
W	35585	IN-SITU VEIN BYPASS; FEMORAL-ANT	10/1/2005	\$231.11	3	NO
W	35587	IN-SITU VEIN BYPASS; POPLITEAL-T	10/1/2005	\$205.63	3	NO
W	35600	HARVEST OF UPPER EXTREMITY ARTER	10/1/2005	\$188.92	3	NO
W	35601	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$148.49	3	NO
W	35606	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$148.49	3	NO
W	35612	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$133.12	3	NO
W	35616	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$134.47	3	NO
W	35621	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$163.49	3	NO
W	35623	BYPASS GRAFT, WITH OTHER THAN VE	10/1/2005	\$196.60	3	NO
W	35626	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$226.39	3	NO
W	35631	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$273.20	3	NO
W	35636	BYPASS GRAFT, WITH OTHER THAN VE	10/1/2005	\$237.75	3	NO
W	35641	BYPASS GRAFT, WITH OTHER THAN VE	10/1/2005	\$202.62	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	35642	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$149.89	3	NO
W	35645	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$146.25	3	NO
W	35646	BYPASS GRAFT, WITH OTHER THAN VE	10/1/2005	\$251.20	3	NO
W	35650	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$155.65	3	NO
W	35651	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$202.10	3	NO
W	35654	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$202.88	3	NO
W	35656	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$160.01	3	NO
W	35661	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$158.55	3	NO
W	35663	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$181.65	3	NO
W	35665	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$173.19	3	NO
W	35666	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$186.37	3	NO
W	35671	BYPASS GRAFT, WITH OTHER THAN VE	10/1/2005	\$162.86	3	NO
W	35681	BYPASS GRAFT COMPOSITE	10/1/2005	\$12.20	3	NO
W	35682	BYPASS GRAFT; AUTOGENOUS COMPOSI	10/1/2005	\$54.96	3	NO
W	35683	BYPASS GRAFT; AUTOGENOUS COMPOSI	10/1/2005	\$64.93	3	NO
W	35691	TRANSPOSITION AND/OR REIMPLANTAT	10/1/2005	\$150.61	3	NO
W	35693	TRANSPOSITION AND/OR REIMPLANTAT	10/1/2005	\$131.10	3	NO
W	35694	TRANSPOSITION AND/OR REIMPLANTAT	10/1/2005	\$157.78	3	NO
W	35695	TRANSPOSITION AND/OR REIMPLANTAT	10/1/2005	\$157.72	3	NO
W	35700	REOPERATION, FEMORAL-POPLITEAL O	10/1/2005	\$23.51	3	NO
W	35701	EXPLORATION (NOT FOLL BY SURG RE	10/1/2005	\$76.55	3	NO
W	35721	EXPLORATION; FEMORAL ARTERY	10/1/2005	\$65.50	3	NO
W	35741	EXPLORATION; POPLITEAL ARTERY	10/1/2005	\$71.31	3	NO
W	35761	EXPLORATION; OTHER VESSELS	10/1/2005	\$52.47	3	NO
W	35800	EXPLORATION FOR POSTOPERATIVE HE	10/1/2005	\$65.45	3	NO
W	35820	EXPLORATION FOR POSTOPERATIVE HE	10/1/2005	\$113.76	3	NO
W	35840	EXPLORATION FOR POSTOPERATIVE HE	10/1/2005	\$84.86	3	NO
W	35860	EXPLORATION FOR POSTOPERATIVE HE	10/1/2005	\$53.66	3	NO
W	35870	REPAIR OF GRAFT-ENTERIC FISTULA	10/1/2005	\$180.72	3	NO
W	35875	THROMBECTOMY OF ARTERIAL OR VENO	10/1/2005	\$86.52	3	NO
W	35876	THROMBECTOMY OF ARTERIAL OR VENO	10/1/2005	\$139.30	3	NO
W	35879	REVISION, LOWER EXTREMITY ARTGER	10/1/2005	\$134.58	3	NO
W	35881	REVISION, LOWER EXTREMITY ARTERI	10/1/2005	\$151.34	3	NO
W	35901	EXCISION OF INFECTED GRAFT; NECK	10/1/2005	\$75.88	3	NO
W	35903	EXCISION OF INFECTED GRAFT; EXTR	10/1/2005	\$87.30	3	NO
W	35905	EXCISION OF INFECTED GRAFT; THOR	10/1/2005	\$253.01	3	NO
W	35907	EXCISION OF INFECTED GRAFT; ABDO	10/1/2005	\$280.00	3	NO
W	36400	VENIPUNCTURE, UNDER AGE 3 YEARS;	10/1/2005	\$17.91	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	36405	VENIPUNCTURE UNDER AGE 3 YEARS;	10/1/2005	\$15.57	3	NO
W	36406	VENIPUNCTURE UNDER AGE 3 YEARS O	10/1/2005	\$12.20	3	NO
W	36410	VENIPUNCTURE CHILD OVER AGE 3 OR	10/1/2005	\$12.46	3	NO
W	36415	COLLECTION OF VENOUS BLOOD BY VE	2/13/2003	\$3.00	3	NO
W	36416	COLLECTION OF CAPILLARY BLOOD SP	1/1/2003	\$3.00	3	NO
W	36420	VENIPUNCTURE CUTDOWN UNDER AGE 1	10/1/2005	\$36.85	3	NO
W	36425	VENIPUNCTURE CUTDOWN; AGE 1 OR O	10/1/2005	\$26.99	3	NO
W	36430	TRANSFUSION, BLOOD OR BLOOD COMP	10/1/2005	\$27.77	3	NO
W	36440	PUSH TRANSFUSION BLOOD 2 YEARS O	10/1/2005	\$36.85	3	NO
W	36455	EXCHANGE TRANSFUSION BLOOD; OTHE	10/1/2005	\$18.68	3	NO
W	36460	TRANSFUSION INTRAUTERINE FETAL	10/1/2005	\$49.88	3	NO
W	36468	SINGLE OR MULTIPLE INJECTIONS OF	3/1/1987	NC	9	NO
W	36469	SINGLE OR MULTIPLE INJECTIONS OF	3/1/1987	NC	9	NO
W	36470	INJECTION OF SCLEROSING SOLUTION	2/1/1993	NC	9	NO
W	36471	INJECTION OF SCLEROSING SOLUTION	2/1/1993	NC	9	NO
W	36490	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
W	36491	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
W	36520	THERAPEUTIC APHERESIS (PLASMA AN	7/1/2003	INVALID	N	NO
W	36521	THERAPEUTIC APHERESIS; W/EXTRACO	7/1/2003	INVALID	N	NO
W	36530	INSERTION OF IMPLANTABLE INTRAVE	4/1/2004	INVALID	N	NO
W	36531	REVISION OF IMPLANTABLE INTRAVEN	4/1/2004	INVALID	N	NO
W	36532	REMOVAL OF IMPLANTABLE INTRAVENO	4/1/2004	INVALID	N	NO
W	36533	INSERTION OF IMPLANTABLE VENOUS	4/1/2004	INVALID	N	NO
W	36534	REVISION OF IMPLANTABLE VENOUS A	4/1/2004	INVALID	N	NO
W	36535	REMOVAL OF IMPLANTABLE VENOUS AC	4/1/2004	INVALID	N	NO
W	36600	ARTERIAL PUNCTURE WITHDRAWL OF B	10/1/2005	\$21.54	3	NO
W	36819	ARTERIOVENOUS ANASTOMOSIS, OPEN;	10/1/2005	\$115.58	3	NO
W	36821	ARTERIOVENOUS ANASTOMOSIS, DIREC	10/1/2005	\$76.71	3	NO
W	36825	CREATION OF ARTERIOVENOUS FISTUL	10/1/2005	\$84.13	3	NO
W	36830	CREATION OF ARTERIOVENOUS FISTUL	10/1/2005	\$97.83	3	NO
W	36831	THROMBECTOMY, OPEN, ARTERIOVENOU	10/1/2005	\$67.52	3	NO
W	36832	REVISION, OPEN, ARTERIOVENOUS FI	10/1/2005	\$86.31	3	NO
W	36833	REVISION, ARTERIOVENOUS FISTULA;	10/1/2005	\$97.42	3	NO
W	36834	PLASTIC REPAIR OF ARTERIOVENOUS	10/1/2005	\$83.40	3	NO
W	37145	VENOUS ANASTOMOSIS; RENOPORTAL	10/1/2005	\$200.59	3	NO
W	37160	VENOUS ANASTOMOSIS; CAVAL-MESENT	10/1/2005	\$174.38	3	NO
W	37180	VENOUS ANASTOMOSIS; SPLENORENAL,	10/1/2005	\$198.10	3	NO
W	37181	ANASTOMOSIS SPLENORENAL DISTAL (	10/1/2005	\$212.84	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	37600	LIGATION EXTERNAL CAROTID ARTERY	10/1/2005	\$100.01	3	NO
W	37605	LIGATION; INTERNAL OR COMMON CAR	10/1/2005	\$113.82	3	NO
W	37606	LIGATION INTERNAL OR COMMON CARO	10/1/2005	\$62.59	3	NO
W	37615	LIGATION MAJOR ARTERY (EG POST-T	10/1/2005	\$54.65	3	NO
W	37616	LIGATION MAJOR ARTERY (EG POST-T	10/1/2005	\$139.30	3	NO
W	37617	LIGATION MAJOR ARTERY (EG POST-T	10/1/2005	\$177.13	3	NO
W	37618	LIGATION MAJOR ARTERY (EG POST-T	10/1/2005	\$47.23	3	NO
W	37660	LIGATION OF COMMON ILIAC VEIN	10/1/2005	\$168.57	3	NO
W	37720	LIGATION AND DIVISION AND COMPLE	1/1/2006	INVALID	N	NO
W	37730	LIGATION AND DIVISION AND COMPLE	1/1/2006	INVALID	N	NO
W	37735	LIGATION & DIV & COMP STRIP OF L	10/1/2005	\$90.77	3	NO
W	37760	LIGATION OF PERFORATOR VEINS, SU	10/1/2005	\$89.16	3	NO
W	37785	LIGATION, DIVISION, AND/OR EXCIS	10/1/2005	\$49.46	3	NO
W	37788	PENILE REVASULARIZATION, ARTERY,	3/1/1992	NC	9	NO
W	38100	SPLENECTOMY (SEPARATE PROCEDURE)	10/1/2005	\$116.93	3	NO
W	38101	SPLENECTOMY (SEPARATE PROCEDURE)	10/1/2005	\$123.37	3	NO
W	38102	SPLENECTOMY; TOTAL, EN BLOC FOR	10/1/2005	\$36.59	3	NO
W	38115	REPAIR OF RUPTURED SPLEEN (SPLEN	10/1/2005	\$126.84	3	NO
W	38300	DRAINAGE OF LYMPH NODE ABSCESS O	10/1/2005	\$169.45	3	NO
W	38308	LYMPHANGIOTOMY OR OTHER OPERATIO	10/1/2005	\$57.25	3	NO
W	38380	SUTURE AND/OR LIGATION OF THORAC	10/1/2005	\$72.30	3	NO
W	38381	SUTURE AND/OR LIGATION OF THORAC	10/1/2005	\$111.95	3	NO
W	38382	SUTURE AND/OR LIGATION OF THORAC	10/1/2005	\$89.16	3	NO
W	38530	BIOPSY OR EXCISION OF LYMPH NODE	10/1/2005	\$69.86	3	NO
W	38542	DISSECTION DEEP JUGULAR NODE(S)	10/1/2005	\$57.09	3	NO
W	38550	EXCISION OF CYSTIC HYGROMA, AXIL	10/1/2005	\$60.67	3	NO
W	38555	EXCISION OF CYSTIC HYGROMA, AXIL	10/1/2005	\$126.79	3	NO
W	38562	LIMITED LYMPHADENECTOMY FOR STAG	10/1/2005	\$90.57	3	NO
W	38564	LIMITED LYMPHADENECTOMY FOR STAG	10/1/2005	\$90.15	3	NO
W	38570	LAPAROSCOPY, SURGICAL; W/RETROPE	10/1/2005	\$74.42	3	NO
W	38571	LAPAROSCOPY, SURGICAL; WITH BILA	10/1/2005	\$111.38	3	NO
W	38572	LAPAROSCOPY, SURGICAL; W/BILATER	10/1/2005	\$132.50	3	NO
W	38700	SUPRAHYOID LYMPHADENECTOMY	10/1/2005	\$78.99	3	NO
W	38720	CERVICAL LYMPHADENECTOMY (COMPLE	10/1/2005	\$125.55	3	NO
W	38724	CERVICAL LYMPHADENECTOMY (MODIFI	10/1/2005	\$133.18	3	NO
W	38740	AXILLARY LYMPHADENECTOMY SUPERFI	10/1/2005	\$84.39	3	NO
W	38745	AXILLARY LYMPHADENECTOMY; COMPLE	10/1/2005	\$108.26	3	NO
W	38746	THORACIC LYMPHADENECTOMY, REGION	10/1/2005	\$37.32	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	38747	ABDOMINAL LYMPHADENECTOMY, REGIO	10/1/2005	\$37.26	3	NO
W	38760	INGUINOFEMORAL LYMPHADENECTOMY,	10/1/2005	\$107.59	3	NO
W	38765	INGUINOFEMORAL LYMPHADENECTOMY,S	10/1/2005	\$161.98	3	NO
W	38770	PELVIC LYMPHADENECTOMY, INCLUDIN	10/1/2005	\$105.67	3	NO
W	38780	RETROPERTTONEAL TRANSABDOMINAL L	10/1/2005	\$138.26	3	NO
W	38999	UNLISTED PROCEDURE HEMIC OR LYMP	2/1/1989	\$0.01	5	NO
W	39000	MEDIASTINOTOMY WITH EXPLORATION,	10/1/2005	\$60.15	3	NO
W	39010	MEDIASTINOTOMY WITH EXPLORATION,	10/1/2005	\$108.89	3	NO
W	39200	EXCISION OF MEDIASTINAL CYST	10/1/2005	\$119.58	3	NO
W	39220	EXCISION OF MEDIASTINAL TUMOR	10/1/2005	\$151.18	3	NO
W	39499	UNLISTED PROCEDURE MEDIASTINUM	2/1/1994	\$0.01	5	NO
W	39501	REPAIR, LACERATION OF DIAPHRAGM,	10/1/2005	\$110.81	3	NO
W	39502	REPAIR PARAESOPHAGEAL HIATUS HER	10/1/2005	\$132.81	3	NO
W	39503	REPAIR, NEONATAL DIAPHRAGMATIC H	10/1/2005	\$721.93	3	NO
W	39520	REPAIR DIAPHRAMATIC HERNIA (ESOP	10/1/2005	\$136.60	3	NO
W	39530	REPAIR DIAPHRAGMATIC HERNIA (ESO	10/1/2005	\$127.67	3	NO
W	39531	REPAIR DIAPHRAGMATIC HERNIA (ESO	10/1/2005	\$134.78	3	NO
W	39540	REPAIR DIAPHRAGMATIC HERNIA (OTH	10/1/2005	\$110.39	3	NO
W	39541	REPAIR DIAPHRAGMATIC HERNIA (OTH	10/1/2005	\$118.70	3	NO
W	39545	IMBRICATION OF DIAPHRAGM FOR EVE	10/1/2005	\$117.81	3	NO
W	39560	RESECTION, DIAPHRAGM; WITH SIMPL	10/1/2005	\$102.81	3	NO
W	39561	RESECTION, DIAPHRAGM; WITH COMPL	10/1/2005	\$151.34	3	NO
W	39599	UNLISTED PROCEDURE DIAPHRAGM	2/1/1994	\$0.01	5	NO
W	40490	BIOPSY LIP	10/1/2005	\$75.51	3	NO
W	40701	PLASTIC REPAIR OF CLEFT LIP; PRI	10/1/2005	\$149.47	3	NO
W	40702	PLASTIC REPAIR OF CLEFT LIP; PRI	10/1/2005	\$116.83	3	NO
W	40761	PLASTIC REPAIR OF CLEFT LIP WITH	10/1/2005	\$139.51	3	NO
W	40799	UNLISTED PROCEDURE LIPS	4/1/1982	\$0.01	5	NO
W	40800	DRAINAGE OF ABSCESS CYST HEMATOM	10/1/2005	\$110.29	3	NO
W	40801	DRAINAGE OF ABSCESS CYST HEMATOM	10/1/2005	\$178.02	3	NO
W	40804	REMOVAL OF EMBEDDED FOREIGN BODY	10/1/2005	\$123.00	3	NO
W	40805	REMOVAL OF EMBEDDED FOREIGN BODY	10/1/2005	\$194.11	3	NO
W	40806	INCISION OF LABIAL FRENUM (FRENO	10/1/2005	\$56.57	3	NO
W	40808	BIOPSY VESTIBULE OF MOUTH	10/1/2005	\$96.27	3	NO
W	40810	EXCISION OF LESION OF MUCOSA AND	10/1/2005	\$112.10	3	NO
W	40830	CLOSURE OF LACERATION 2.5 CM OR	10/1/2005	\$147.14	3	NO
W	40831	CLOSURE OF LACERATION, VESTIBULE	10/1/2005	\$192.29	3	NO
W	40840	VESTIBULOPLASTY ANTERIOR	10/1/2005	\$101.46	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	40843	VESTIBULOPLASTY; POSTERIOR BILAT	10/1/2005	\$131.88	3	NO
W	40844	VESTIBULOPLASTY; ENTIRE ARCH	10/1/2005	\$175.01	3	NO
W	41000	INTRAORAL INCISION AND DRAINAGE	10/1/2005	\$96.79	3	NO
W	41005	INCISION AND DRAINAGE OF INTRAOR	10/1/2005	\$122.22	3	NO
W	41006	INCISION AND DRAINAGE OF INTRAOR	10/1/2005	\$217.46	3	NO
W	41007	INCISION AND DRAINAGE OF INTRAOR	10/1/2005	\$221.87	3	NO
W	41008	INCISION AND DRAINAGE OF INTRAOR	10/1/2005	\$219.54	3	NO
W	41009	INCISION AND DRAINAGE OF INTRAOR	10/1/2005	\$233.81	3	NO
W	41010	INCISION OF LINGUAL FRENUM (FREN	10/1/2005	\$118.33	3	NO
W	41015	EXTRAORAL INCISION AND DRAINAGE	10/1/2005	\$254.57	3	NO
W	41016	INCISION AND DRAINAGE OF EXTRAOR	10/1/2005	\$264.43	3	NO
W	41017	INCISION AND DRAINAGE OF EXTRAOR	10/1/2005	\$265.21	3	NO
W	41018	MASTICATOR SPACE	10/1/2005	\$308.29	3	NO
W	41120	GLOSSECTOMY LESS THAN ONE-HALF T	10/1/2005	\$134.42	3	NO
W	41130	GLOSSECTOMY; HEMIGLOSSECTOMY	10/1/2005	\$146.83	3	NO
W	41135	GLOSSECTOMY; PARTIAL WITH UNILAT	10/1/2005	\$250.42	3	NO
W	41140	GLOSSECTOMY COMPLETE OR TOTAL WI	10/1/2005	\$282.18	3	NO
W	41145	GLOSSECTOMY COMPLETE OR TOTAL WI	10/1/2005	\$327.64	3	NO
W	41150	GLOSSECTOMY COMPOSITE PROCEDURE	10/1/2005	\$258.10	3	NO
W	41153	GLOSSECTOMY COMPOSITE PROCEDURE	10/1/2005	\$263.76	3	NO
W	41155	GLOSSECTOMY COMPOSITE PROCEDURE	10/1/2005	\$295.31	3	NO
W	41250	REPAIR LACERATION 2.5 CM OR LESS	10/1/2005	\$125.60	3	NO
W	41251	REPAIR LACERATION UP TO 2 CM; PO	10/1/2005	\$149.47	3	NO
W	41800	DRAINAGE ABSCESS CYST HEMATOMA	10/1/2005	\$100.69	3	NO
W	41805	REMOVAL EMBEDDED FOREIGN BODY FR	10/1/2005	\$104.84	3	NO
W	41870	PERIODONTAL MUCOSAL GRAFTING	6/8/1994	NC	9	NO
W	41872	GINGIVOPLASTY, EACH QUADRANT (SP	6/8/1994	NC	9	NO
W	41874	ALVEOLOPLASTY, EACH QUADRANT (SP	2/1/1993	NC	9	NO
W	42000	DRAINAGE OF ABSCESS OF PALATE UV	10/1/2005	\$101.46	3	NO
W	42120	RESECTION PALATE OR EXTENSIVE RE	10/1/2005	\$95.86	3	NO
W	42180	REPARIR LACERATION OF PALATE UP	10/1/2005	\$149.99	3	NO
W	42200	PALATOPLASTY FOR CLEFT PALATE SO	10/1/2005	\$121.76	3	NO
W	42205	PALATOPLASTY FOR CLEFT PALATE WI	10/1/2005	\$129.23	3	NO
W	42210	PALATOPLASTY FOR CLEFT PALATE WI	10/1/2005	\$145.74	3	NO
W	42215	PALATOPLASTY FOR CLEFT PALATE MA	10/1/2005	\$99.54	3	NO
W	42220	PALATOPLASTY FOR CLEFT PALATE; S	10/1/2005	\$75.31	3	NO
W	42225	PALATOPLASTY FOR CLEFT PALATE; A	10/1/2005	\$142.62	3	NO
W	42226	LENGTHENING OF PALATE, AND PHARY	10/1/2005	\$133.38	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	42227	LENGTHENING OF PALATE, WITH ISLA	10/1/2005	\$135.10	3	NO
W	42235	REPAIR ANTERIOR PALATE INCLUDING	10/1/2005	\$106.08	3	NO
W	42260	REPAIR NASOLABIAL FISTULA	10/1/2005	\$110.18	3	NO
W	42299	UNLISTED PROCEDURE PALATE UVULA	4/1/1982	\$0.01	5	NO
W	42325	FISTULIZATION SUBLINGUAL SALIVAR	1/1/2006	INVALID	N	NO
W	42326	FISTULIZATION SUBLINGUAL SALIVAR	1/1/2006	INVALID	N	NO
W	42409	MARSUPIALIZATION SUBLINGUAL SALI	10/1/2005	\$39.44	3	NO
W	42410	EXCISION PAROTID TUMOR OR PAROTI	10/1/2005	\$85.43	3	NO
W	42415	EXCISION PAROTID TUMOR OR PAROTI	10/1/2005	\$151.44	3	NO
W	42420	EXCISION PAROTID TUMOR OR PAROTI	10/1/2005	\$174.38	3	NO
W	42425	EXCISION PAROTID TUMOR OR PAROTI	10/1/2005	\$118.02	3	NO
W	42426	EXCISION PAROTID TUMOR OR PAROTI	10/1/2005	\$187.31	3	NO
W	42440	EXCISION SUBMANDIBULAR (SUBMAXIL	10/1/2005	\$64.10	3	NO
W	42507	PAROTID DUCT DIVERSION BILATERAL	10/1/2005	\$68.09	3	NO
W	42508	PAROTID DUCT DIVERSION BILATERAL	10/1/2005	\$95.86	3	NO
W	42510	PAROTID DUCT DIVERSION BILATERAL	10/1/2005	\$86.10	3	NO
W	42699	UNLISTED PROCEDURE SALIVARY GLAN	4/1/1982	\$0.01	5	NO
W	42725	INCISION AND DRAINAGE ABSCESS RE	10/1/2005	\$103.18	3	NO
W	42810	EXCISION BRANCHIAL CLEFT CYST OR	10/1/2005	\$48.06	3	NO
W	42815	EXCISION BRANCHIAL CLEFT CYST, V	10/1/2005	\$73.13	3	NO
W	42844	RADICAL RESECTION OF TONSIL TONS	10/1/2005	\$164.57	3	NO
W	42845	RADICAL RESECTION OF TONSIL TONS	10/1/2005	\$256.85	3	NO
W	42890	LIMITED PHARYNGECTOMY WITHOUT RA	10/1/2005	\$146.15	3	NO
W	42892	RESECTION OF LATERAL PHARYNGEAL	10/1/2005	\$178.17	3	NO
W	42894	RESECTION OF PHARYNGEAL WALL REQ	10/1/2005	\$242.79	3	NO
W	42950	PHARYNGOPLASTY (PLASTIC OR RECON	10/1/2005	\$107.33	3	NO
W	42953	PHARYNGOESOPHAGEAL REPAIR	10/1/2005	\$141.06	3	NO
W	42955	PHARYNGOSTOMY (FISTULIZATION OF	10/1/2005	\$97.83	3	NO
W	42960	CONTROL OROPHARYNGEAL HEMORRHAGE	10/1/2005	\$116.52	3	NO
W	42961	CONTROL OROPHARYNGEAL HEMORRHAGE	10/1/2005	\$57.09	3	NO
W	42962	CONTROL OROPHARYNGEAL HEMORRHAGE	10/1/2005	\$70.74	3	NO
W	42971	CONTROL OF NASOPHARYNGEAL HEMORR	10/1/2005	\$61.40	3	NO
W	42972	CONTROL OF NASOPHARYNGEAL HEMORR	10/1/2005	\$70.12	3	NO
W	43020	ESOPHAGOTOMY CERVICAL APPROACH;	10/1/2005	\$74.58	3	NO
W	43030	CRICOPHARYNGEAL MYOTOMY	10/1/2005	\$71.99	3	NO
W	43045	ESOPHAGOTOMY, THORACIC APPROACH,	10/1/2005	\$173.09	3	NO
W	43100	EXCISION OF LESION, ESOPHAGUS, W	10/1/2005	\$84.70	3	NO
W	43101	EXCISION OF LESION, ESOPHAGUS, W	10/1/2005	\$136.65	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	43107	TOTAL OR NEAR TOTAL ESOPHAGECTOM	10/1/2005	\$328.11	3	NO
W	43108	TOTAL OR NEAR TOTAL ESOPHAGECTOM	10/1/2005	\$271.39	3	NO
W	43112	TOTAL OR NEAR TOTAL ESOPHAGECTOM	10/1/2005	\$355.26	3	NO
W	43113	TOTAL OR NEAR TOTAL ESOPHAGECTOM	10/1/2005	\$283.94	3	NO
W	43116	PARTIAL ESOPHAGECTOMY, CERVICAL,	10/1/2005	\$264.07	3	NO
W	43117	PARTIAL ESOPHAGECTOMY, DISTAL TW	10/1/2005	\$323.23	3	NO
W	43118	PARTIAL ESOPHAGECTOMY, DISTAL TW	10/1/2005	\$264.69	3	NO
W	43121	PARTIAL ESOPHAGECTOMY, DISTAL TW	10/1/2005	\$242.27	3	NO
W	43122	PARTIAL ESOPHAGECTOMY, THORACOAB	10/1/2005	\$324.79	3	NO
W	43123	PARTIAL ESOPHAGECTOMY, THORACOAB	10/1/2005	\$266.82	3	NO
W	43124	TOTAL OR PARTIAL ESOPHAGECTOMY,	10/1/2005	\$228.52	3	NO
W	43130	DIVERTICULECTOMY HYPOPHARYNX OR	10/1/2005	\$106.24	3	NO
W	43135	DIVERTICULECTOMY HYPOPHARYNX OR	10/1/2005	\$137.22	3	NO
W	43280	LAPAROSCOPY, SURGICAL, ESOPHAGOG	10/1/2005	\$138.78	3	NO
W	43289	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
W	43300	ESOPHAGOPLASTY (PLASTIC REPAIR O	10/1/2005	\$86.00	3	NO
W	43305	ESOPHAGOPLASTY (PLASTIC REPAIR O	10/1/2005	\$153.78	3	NO
W	43310	ESOPHAGOPLASTY (PLASTIC REPAIR O	10/1/2005	\$206.56	3	NO
W	43312	ESOPHAGOPLASTY (PLASTIC REPAIR O	10/1/2005	\$229.55	3	NO
W	43320	ESOPHAGOGASTROSTOMY (CARDIOPLAST	10/1/2005	\$164.16	3	NO
W	43324	ESOPHAGOGASTRIC FUNDOPLASTY (EG	10/1/2005	\$166.18	3	NO
W	43325	ESOPHAGOGASTRIC FUNDOPLASTY WITH	10/1/2005	\$162.97	3	NO
W	43326	ESOPHAGOGASTRIC FUNDOPLASTY; WIT	10/1/2005	\$164.94	3	NO
W	43330	ESOPHAGOMYOTOMY (HELLER TYPE); A	10/1/2005	\$160.11	3	NO
W	43331	ESOPHAGOMYOTOMY ((HELLER TYPE) W	10/1/2005	\$169.76	3	NO
W	43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOT	10/1/2005	\$160.84	3	NO
W	43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOT	10/1/2005	\$174.95	3	NO
W	43350	ESOPHAGOSTOMY FISTULIZATION OF E	10/1/2005	\$132.92	3	NO
W	43351	ESOPHAGOSTOMY FISTULIZATION OF E	10/1/2005	\$158.55	3	NO
W	43352	ESOPHAGOSTOMY FISTULIZATION OF E	10/1/2005	\$132.81	3	NO
W	43360	GASTROINTESTINAL RECONSTRUCTION	10/1/2005	\$288.30	3	NO
W	43361	GASTROINTESTINAL RECONSTRUCTION	10/1/2005	\$320.48	3	NO
W	43400	LIGATION DIRECT ESOPHAGEAL VARIC	10/1/2005	\$168.73	3	NO
W	43401	TRANSECTION OF ESOPHAGUS WITH RE	10/1/2005	\$179.31	3	NO
W	43405	LIGATION OR STAPLING AT GASTROES	10/1/2005	\$167.74	3	NO
W	43410	SUTURE ESOPHAGEAL WOUND OR INJUR	10/1/2005	\$118.49	3	NO
W	43415	SUTURE OF ESOPHAGEAL WOUND OR IN	10/1/2005	\$208.07	3	NO
W	43425	CLOSURE OF ESOPHAGOSTOMY OR FIST	10/1/2005	\$175.89	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	43499	UNLISTED PROCEDURE ESOPHAGUS	4/1/1982	\$0.01	5	NO
W	43500	GASTROTOMY WITH EXPLORATION OR F	10/1/2005	\$90.36	3	NO
W	43501	GASTROTOMY; WITH SUTURE REPAIR O	10/1/2005	\$160.53	3	NO
W	43502	GASTROTOMY; WITH SUTURE REPAIR O	10/1/2005	\$184.82	3	NO
W	43510	GASTROTOMY; WITH ESOPHAGEAL DILA	10/1/2005	\$109.51	3	NO
W	43520	PYLOROMYOTOMY CUTTING OF PYLORIC	10/1/2005	\$85.89	3	NO
W	43605	BIOPSY OF STOMACH; BY LAPAROTOMY	10/1/2005	\$97.62	3	NO
W	43610	EXCISION, LOCAL; ULCER OR BENIGN	10/1/2005	\$117.40	3	NO
W	43611	EXCISION, LOCAL; MALIGNANT TUMOR	10/1/2005	\$143.71	3	NO
W	43620	GASTRECTOMY, TOTAL; WITH ESOPHAG	10/1/2005	\$237.13	3	NO
W	43621	GASTRECTOMY, TOTAL; WITH ROUX-EN	10/1/2005	\$242.11	3	NO
W	43622	GASTRECTOMY, TOTAL; WITH FORMATI	10/1/2005	\$255.92	3	NO
W	43631	GASTRECTOMY, PARTIAL, DISTAL; WI	10/1/2005	\$179.83	3	YES
W	43632	GASTRECTOMY, PARTIAL, DISTAL; WI	10/1/2005	\$179.83	3	YES
W	43633	GASTRECTOMY, PARTIAL, DISTAL; WI	10/1/2005	\$183.78	3	YES
W	43634	GASTRECTOMY, PARTIAL, DISTAL; WI	10/1/2005	\$199.61	3	YES
W	43635	VAGOTOMY W/PARTIAL DISTAL GASTRE	10/1/2005	\$15.73	3	NO
W	43638	GASTRECTOMY, PARTIAL, PROXIMAL,	1/1/2006	INVALID	N	NO
W	43639	GASTRECTOMY, PARTIAL, PROXIMAL;	1/1/2006	INVALID	N	NO
W	43640	VAGOTOMY INCLUDING PYLOROPLASTY	10/1/2005	\$137.33	3	NO
W	43641	VAGOTOMY INCLUDING PYLOROPLASTY	10/1/2005	\$138.99	3	NO
W	43651	LAPAROSCOPY, SURGICAL; TRANSECTI	10/1/2005	\$84.18	3	NO
W	43652	LAPAROSCOPY, SURGICAL; TRANSECTI	10/1/2005	\$100.79	3	NO
W	43653	LAPAROSCOPY, SURGICAL; GASTROSTO	10/1/2005	\$66.95	3	NO
W	43659	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
W	43800	PYLOROPLASTY	10/1/2005	\$110.75	3	NO
W	43810	GASTRODUODENOSTOMY	10/1/2005	\$117.86	3	NO
W	43820	GASTROJEJUNOSTOMY; WITHOUT VAGOT	10/1/2005	\$123.26	3	NO
W	43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY	10/1/2005	\$154.25	3	NO
W	43830	GASTROSTOMY TEMPORARY (TUBE RUBB	10/1/2005	\$80.76	3	NO
W	43831	GASTROSTOMY TEMPORARY (TUBE RUBB	10/1/2005	\$69.18	3	NO
W	43832	GASTROSTOMY PERMANENT WITH CONST	10/1/2005	\$126.38	3	NO
W	43840	GASTRORRHAPHY SUTURE OF PERFORAT	10/1/2005	\$126.22	3	NO
W	43842	GASTRIC RESTRICTIVE PROCEDURE, W	10/1/2005	\$148.69	3	NO
W	43843	GASTRIC RESTRICTIVE PROC, W/OUT	10/1/2005	\$149.52	3	NO
W	43846	GASTRIC RESTRICTIVE PROC, W/GAST	10/1/2005	\$192.86	3	NO
W	43850	REVISION OF GASTRODUODENAL ANAST	10/1/2005	\$195.51	3	NO
W	43855	REVISION OF GASTRODUODENAL ANAST	10/1/2005	\$206.93	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	43860	REVISION OF GASTROJEJUNAL ANASTO	10/1/2005	\$198.10	3	NO
W	43865	REVISION OF GASTROJEJUNAL ANASTO	10/1/2005	\$209.78	3	NO
W	43870	CLOSURE OF GASTROSTOMY SURGICAL	10/1/2005	\$80.03	3	NO
W	43880	CLOSURE OF GASTROCOLIC FISTULA	10/1/2005	\$195.56	3	NO
W	44005	ENTEROLYSIS (FREEING OF INTESTIN	10/1/2005	\$129.75	3	NO
W	44010	DUODENOTOMY, FOR EXPLORATION, BI	10/1/2005	\$101.41	3	NO
W	44015	TUBE OR NEEDLE CATHETER JEJUNOST	10/1/2005	\$19.93	3	NO
W	44020	ENTEROTOMY, SMALL INTESTINE, OTH	10/1/2005	\$112.57	3	NO
W	44021	ENTEROTOMY SMALL BOWELL OTHER TH	10/1/2005	\$113.19	3	NO
W	44025	COLOTOMY, FOR EXPLORATION, BIOPS	10/1/2005	\$114.54	3	NO
W	44050	REDUCTION OF VOLVULUS INTUSSUSCE	10/1/2005	\$112.99	3	NO
W	44055	CORRECTION OF MALROTATION BY LYS	10/1/2005	\$173.87	3	NO
W	44110	EXCISION OF ONE OR MORE LESIONS	10/1/2005	\$96.12	3	NO
W	44111	EXCISION OF ONE OR MORE LESIONS	10/1/2005	\$115.22	3	NO
W	44120	ENTERECTOMY, RESECTION OF SMALL	10/1/2005	\$136.13	3	NO
W	44121	ENTERECTOMY, RESECTION OF SMALL	10/1/2005	\$33.89	3	NO
W	44125	ENTERECTOMY, RESECTION OF SMALL	10/1/2005	\$140.08	3	NO
W	44130	ENTEROENTEROSTOMY, ANASTOMOSIS O	10/1/2005	\$116.88	3	NO
W	44139	MOBILIZATION (TAKE-DOWN) OF SPLE	10/1/2005	\$16.97	3	NO
W	44140	COLECTOMY PARTIAL WITH ANASTOMOS	10/1/2005	\$167.53	3	NO
W	44141	COLECTOMY PARTIAL; WITH SKIN LE	10/1/2005	\$166.13	3	NO
W	44143	COLECTOMY PARTIAL; WITH END COLO	10/1/2005	\$189.90	3	NO
W	44144	COLECTOMY PARTIAL; WITH RESECTIO	10/1/2005	\$175.84	3	NO
W	44145	COLECTOMY PARTIAL; WITH COLOPROC	10/1/2005	\$209.78	3	NO
W	44146	COLECTOMY PARTIAL; WITH COLOPROC	10/1/2005	\$226.91	3	NO
W	44147	COLECTOMY PARTIAL ABDOMINAL AND	10/1/2005	\$165.41	3	NO
W	44150	COLECTOMY TOTAL ABDOMINAL WITHOU	10/1/2005	\$202.05	3	NO
W	44151	COLECTOMY TOTAL ABDOMINAL WITHOU	10/1/2005	\$226.65	3	NO
W	44152	COLECTOMY, TOTAL, ABDOMINAL, W/O PR	10/1/2005	\$222.39	3	NO
W	44153	COLECTOMY, TOTAL, ABDOM, W/O PROCTE	10/1/2005	\$251.35	3	NO
W	44155	COLECTOMY TOTAL ABDOMINAL WITH P	10/1/2005	\$230.23	3	NO
W	44156	COLECTOMY TOTAL ABDOMINAL WITH P	10/1/2005	\$257.99	3	NO
W	44160	COLECTOMY, PARTIAL, WITH REMOVAL	10/1/2005	\$148.75	3	NO
W	44200	LAPAROSCOPY, SURGICAL; ENTEROLYS	1/1/2006	INVALID	N	NO
W	44201	LAPAROSCOPY, SURGICAL; JEJUNOSTO	1/1/2006	INVALID	N	NO
W	44202	LAPAROSCOPY, SURGICAL; ENTERECTO	10/1/2005	\$175.11	3	NO
W	44209	UNLISTED LAPAROSCOPY PROCEDURE,	7/1/2003	INVALID	N	NO
W	44300	ENTEROSTOMY OR CECOSTOMY, TUBE (	10/1/2005	\$99.28	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TU	10/1/2005	\$127.52	3	NO
W	44312	REVISION OF ILEOSTOMY;SIMPLE (RE	10/1/2005	\$67.11	3	NO
W	44314	REVISION OF ILEOSTOMY;COMPLICATE	10/1/2005	\$120.98	3	NO
W	44316	CONTINENT ILEOSTOMY (KOCK PROCED	10/1/2005	\$165.87	3	NO
W	44320	COLOSTOMY OR SKIN LEVEL CECOSTOM	10/1/2005	\$142.67	3	NO
W	44322	COLOSTOMY OR SKIN LEVEL CECOSTOM	10/1/2005	\$114.49	3	NO
W	44340	REVISION OF COLOSTOMY;SIMPLE (RE	10/1/2005	\$67.21	3	NO
W	44345	REVISION OF COLOSTOMY;COMPLICATE	10/1/2005	\$125.75	3	NO
W	44346	REVISION OF COLOSTOMY;W/REPAIR O	10/1/2005	\$137.17	3	NO
W	44500	INTRODUCTION OF LONG GASTROINTES	10/1/2005	\$17.65	3	NO
W	44602	SUTURE OF SMALL INTESTINE FOR PE	10/1/2005	\$126.90	3	NO
W	44603	SUTURE OF SMALL INTESTINE FOR PE	10/1/2005	\$146.77	3	NO
W	44604	SUTURE OF LARGE INTESTINE FOR PE	10/1/2005	\$127.16	3	NO
W	44605	SUTURE OF INTESTINE (ENTERORRHAP	10/1/2005	\$157.62	3	NO
W	44615	INTESTINAL STRICTUROPLASTY WITH	10/1/2005	\$127.62	3	NO
W	44620	CLOSURE OF ENTEROSTOMY LARGE OR	10/1/2005	\$98.66	3	NO
W	44625	CLOSURE OF ENTEROSTOMY LARGE OR	10/1/2005	\$120.20	3	NO
W	44626	CLOSURE OF ENTEROSTOMY, LARGE OR	10/1/2005	\$199.04	3	NO
W	44640	CLOSURE OF INTESTINAL CUTANEOUS	10/1/2005	\$170.80	3	NO
W	44650	CLOSURE OF ENTEROENTERIC OR ENTE	10/1/2005	\$177.81	3	NO
W	44660	CLOSURE OF ENTEROVESICAL FISTULA	10/1/2005	\$164.99	3	NO
W	44661	CLOSURE OF ENTEROVESICAL FISTULA	10/1/2005	\$192.60	3	NO
W	44680	INTESTINAL PLICATION (SEPARATE P	10/1/2005	\$123.05	3	NO
W	44700	EXCLUSION OF SMALL INTESTINE FRO	10/1/2005	\$127.41	3	NO
W	44799	UNLISTED PROCEDURE INTESTINE	4/1/1982	\$0.01	5	NO
W	44800	EXCISION OF MECKELS DIVERTICULUM	10/1/2005	\$93.47	3	NO
W	44820	EXCISION OF LESION OF MESENTERY	10/1/2005	\$99.03	3	NO
W	44850	SUTURE OF MESENTERY (SEPARATE PR	10/1/2005	\$88.70	3	NO
W	44899	UNLISTED PROCEDURE MECKELS DIVER	2/1/1989	\$0.01	5	NO
W	44900	INCISION AND DRAINAGE OF APPENDI	10/1/2005	\$83.56	3	NO
W	44901	INCISION AND DRAINAGE OF APPENDI	10/1/2005	\$24.44	3	NO
W	44950	APPENDECTOMY	10/1/2005	\$80.96	3	NO
W	44955	APPENDECTOMY WHEN DONE FOR INDIC	10/1/2005	\$11.73	3	NO
W	44960	APPENDECTOMY FOR RUPTURED APPEND	10/1/2005	\$99.96	3	NO
W	44970	LAPAROSCOPY, SURGICAL; APPENDECT	10/1/2005	\$72.14	3	NO
W	44979	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
W	45000	TRANSRECTAL DRAINAGE OF PELVIC A	10/1/2005	\$41.42	3	NO
W	45108	ANORECTAL MYOMECTOMY	10/1/2005	\$42.04	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	45110	PROCTECTOMY; COMPLETE, COMBINED	10/1/2005	\$226.65	3	NO
W	45111	PROCTECTOMY; PARTIAL RESECTION O	10/1/2005	\$133.18	3	NO
W	45112	PROCTECTOMY, COMBINED ABDOMINOPE	10/1/2005	\$236.82	3	NO
W	45113	PROCTECTOMY, PARTIAL, WITH RECTA	10/1/2005	\$241.28	3	NO
W	45114	PROCTECTOMY, PARTIAL, WITH ANAST	10/1/2005	\$215.18	3	NO
W	45116	PROCTECTOMY PARTIAL WITH ANASTOM	10/1/2005	\$194.47	3	NO
W	45119	PROCTECTOMY, COMBINED ABDOMINOPE	10/1/2005	\$241.59	3	NO
W	45120	PROCTECTOMY, COMPLETE, ABDOMINAL	10/1/2005	\$194.83	3	NO
W	45121	PROCTECTOMY, COMPLETE, ABDOMINAL	10/1/2005	\$214.40	3	NO
W	45123	PROCTECTOMY, PARTIAL, WITHOUT AN	10/1/2005	\$131.62	3	NO
W	45126	PELVIC EXENTERATION FOR COLORECT	10/1/2005	\$355.83	3	NO
W	45130	EXCISION OF RECTAL PROCIDENTIA W	10/1/2005	\$129.44	3	NO
W	45135	EXCISION OF RECTAL PROCIDENTIA W	10/1/2005	\$155.70	3	NO
W	45160	EXCISION OF RECTAL TUMOR BY PROC	10/1/2005	\$122.48	3	NO
W	45170	EXCISION OF RECTAL TUMOR, TRANSA	10/1/2005	\$93.63	3	NO
W	45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAG	10/1/2005	\$50.60	3	NO
W	45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH	10/1/2005	\$497.46	3	NO
W	45520	PERIRECTAL INJECTION OF SCLEROSI	10/1/2005	\$58.13	3	NO
W	45540	PROCTOPEXY (EG, FOR PROLAPSE); A	10/1/2005	\$129.02	3	NO
W	45541	PROCTOPEXY FOR PROLAPSE; PERINEA	10/1/2005	\$108.32	3	NO
W	45550	PROCTOPEXY (EG, FOR PROLAPSE); W	10/1/2005	\$180.40	3	NO
W	45560	REPAIR OF RECTOCELE (SEPARATE PR	10/1/2005	\$86.88	3	NO
W	45562	EXPLORATION, REPAIR, AND PRESACR	10/1/2005	\$125.34	3	NO
W	45563	EXPLORATION, REPAIR, AND PRESACR	10/1/2005	\$191.93	3	NO
W	45800	CLOSURE OF RECTOVESICAL FISTULA	10/1/2005	\$140.08	3	NO
W	45805	CLOSURE OF RECTOVESICAL FISTULA;	10/1/2005	\$167.69	3	NO
W	45820	CLOSURE OF RECTOURETHRAL FISTULA	10/1/2005	\$143.56	3	NO
W	45825	CLOSURE OF RECTOURETHRAL FISTULA	10/1/2005	\$172.93	3	NO
W	45900	REDUCTION OF PROCIDENTIA SEPARAT	10/1/2005	\$114.44	3	NO
W	46285	FISTULECTOMY; SECOND STAGE	10/1/2005	\$42.92	3	NO
W	46600	ANOSCOPY; DIAGNOSTIC, W/WO COLLE	10/1/2005	\$54.75	3	NO
W	46705	ANOPLASTY PLASTIC OPERATION FOR	10/1/2005	\$59.53	3	NO
W	46715	REPAIR OF LOW IMPERFORATE ANUS;	10/1/2005	\$60.62	3	NO
W	46716	REPAIR OF LOW IMPERFORATE ANUS;	10/1/2005	\$127.62	3	NO
W	46730	REPAIR OF HIGH IMPERFORATE ANUS	10/1/2005	\$213.72	3	NO
W	46735	REPAIR OF HIGH IMPERFORATE ANUS	10/1/2005	\$253.48	3	NO
W	46740	CONSTRUCTION OF ANUS FOR CONGENI	10/1/2005	\$236.56	3	NO
W	46742	REPAIR OF HIGH IMPERFORATE ANUS	10/1/2005	\$292.20	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	46744	REPAIR OF CLOACAL ANOMALY BY ANO	10/1/2005	\$415.15	3	NO
W	46746	REPAIR OF CLOACAL ANOMALY BY ANO	10/1/2005	\$471.72	3	NO
W	46748	REPAIR OF CLOACAL ANOMALY WITH V	10/1/2005	\$472.71	3	NO
W	46750	SPHINCTEROPLASTY ANAL FOR INCONT	10/1/2005	\$84.96	3	NO
W	46751	SPHINCTEROPLASTY ANAL FOR INCONT	10/1/2005	\$78.42	3	NO
W	46760	SPHINCTEROPLASTY ANAL FOR INCONT	10/1/2005	\$119.63	3	NO
W	46761	SPHINCTEROPLASTY, ANAL, FOR INCO	10/1/2005	\$110.18	3	NO
W	46762	SPHINCTEROPLASTY, ANAL, FOR INCO	10/1/2005	\$100.84	3	NO
W	46900	DESTRUCTION OF LESION(S) ANUS (E	10/1/2005	\$120.93	3	NO
W	46910	DESTRUCTION OF LESION(S) ANUS SI	10/1/2005	\$128.19	3	NO
W	47000	BIOPSY OF LIVER, NEEDLE; PERCUTA	10/1/2005	\$132.09	3	NO
W	47001	BIOPSY OF LIVER, NEEDLE; WHEN DO	10/1/2005	\$14.48	3	NO
W	47010	HEPATOTOMY FOR DRAINAGE OF ABSCE	10/1/2005	\$135.72	3	NO
W	47011	HEPATOTOMY; FOR PERCUTANEOUS DRA	10/1/2005	\$26.57	3	NO
W	47015	LAPAROTOMY, WITH ASPIRATION AND/	10/1/2005	\$126.43	3	NO
W	47120	HEPATECTOMY RESECTION OF LIVER P	10/1/2005	\$286.12	3	NO
W	47122	HEPATECTOMY, RESECTION OF LIVER;	10/1/2005	\$433.83	3	NO
W	47125	HEPATECTOMY RESECTION OF LIVER;	10/1/2005	\$388.16	3	NO
W	47130	HEPATECTOMY RESECTION OF LIVER;	10/1/2005	\$420.34	3	NO
W	47133	DONOR HEPATECTOMY (INCLUDING COL	7/17/1987	NC	9	NO
W	47135	LIVER ALLOTRANSPLANTATION; ORTHO	10/1/2005	\$636.03	3	YES
W	47136	LIVER ALLOTRANSPLANTATION; METER	10/1/2005	\$539.09	3	NO
W	47300	MARSUPIALIZATION OF CYST OR ABSC	10/1/2005	\$125.60	3	NO
W	47350	MANAGEMENT OF LIVER HEMORRHAGE;	10/1/2005	\$160.37	3	NO
W	47360	MANAGEMENT OF LIVER HEMORRHAGE;	10/1/2005	\$216.73	3	NO
W	47361	MANAGEMENT OF LIVER HEMORRHAGE;	10/1/2005	\$370.31	3	NO
W	47362	MANAGEMENT OF LIVER HEMORRHAGE;	10/1/2005	\$153.52	3	NO
W	47399	UNLISTED PROCEDURE LIVER	2/1/1994	\$0.01	5	NO
W	47400	HEPATICOTOMY OR HEPATICOSTOMY WI	10/1/2005	\$254.21	3	NO
W	47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOM	10/1/2005	\$161.88	3	NO
W	47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOM	10/1/2005	\$161.77	3	NO
W	47460	TRANSDUODENAL SPHINCTEROTOMY OR	10/1/2005	\$147.76	3	NO
W	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOM	10/1/2005	\$93.89	3	NO
W	47550	BILIARY ENDOSCOPY, INTRAOPERATIV	10/1/2005	\$22.99	3	NO
W	47560	LAPAROSCOPY, SURGICAL; WITH GUID	10/1/2005	\$37.32	3	NO
W	47561	LAPAROSCOPY, SURGICAL; WITH GUID	10/1/2005	\$40.07	3	NO
W	47562	LAPAROSCOPY, SURGICAL; CHOLECYST	10/1/2005	\$90.77	3	NO
W	47563	LAPAROSCOPY, SURGICAL; CHOLECYST	10/1/2005	\$97.42	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	47564	LAPAROSCOPY, SURGICAL; CHOLECYST	10/1/2005	\$114.23	3	NO
W	47570	LAPAROSCOPY, SURGICAL; CHOLECYST	10/1/2005	\$101.46	3	NO
W	47579	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
W	47600	CHOLECYSTECTOMY	10/1/2005	\$111.33	3	NO
W	47605	CHOLECYSTECTOMY; WITH CHOLANGIOG	10/1/2005	\$119.79	3	NO
W	47610	CHOLECYSTECTOMY WITH EXPLORATION	10/1/2005	\$151.34	3	NO
W	47612	CHOLECYSTECTOMY WITH EXPLORATION	10/1/2005	\$150.93	3	NO
W	47620	CHOLECYSTECTOMY WITH EXPLORATION	10/1/2005	\$165.15	3	NO
W	47630	BILIARY DUCT STONE EXTRACTION PE	10/1/2005	\$75.93	3	NO
W	47700	EXPLORATION FOR CONGENITAL ATRES	10/1/2005	\$129.85	3	NO
W	47701	PORTOENTEROSTOMY (EG, KASAI PROC	10/1/2005	\$222.55	3	NO
W	47711	EXCISION OF BILE DUCT TUMOR, WIT	10/1/2005	\$186.42	3	NO
W	47712	EXCISION OF BILE DUCT TUMOR, WIT	10/1/2005	\$241.13	3	NO
W	47715	EXCISION OF CHOLEDOCHAL CYST	10/1/2005	\$153.83	3	NO
W	47716	ANASTOMOSIS, CHOLEDOCHAL CYST, W	10/1/2005	\$136.76	3	NO
W	47720	CHOLECYSTOENTEROSTOMY DIRECT	10/1/2005	\$131.98	3	NO
W	47721	CHOLECYSTOENTEROSTOMY; WITH GAST	10/1/2005	\$156.32	3	NO
W	47740	CHOLECYSTOENTEOSTOMY; ROUX-EN-Y	10/1/2005	\$151.34	3	NO
W	47741	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	10/1/2005	\$173.29	3	NO
W	47760	ANASTOMOSIS, OF EXTRAHEPTIC BILI	10/1/2005	\$207.65	3	NO
W	47765	ANASTOMOSIS, OF INTRAHEPATIC DUC	10/1/2005	\$201.68	3	NO
W	47780	ANASTOMOSIS ROUX-EN-Y OF EXTRAHE	10/1/2005	\$213.21	3	NO
W	47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRA	10/1/2005	\$249.17	3	NO
W	47800	RECONSTRUCTION PLASTIC OF EXTRAH	10/1/2005	\$188.35	3	NO
W	47801	PLACEMENT OF CHOLEDOCHAL STENT	10/1/2005	\$126.90	3	NO
W	47802	U-TUBE HEPATICOENTEROSTOMY	10/1/2005	\$176.41	3	NO
W	47900	SUTURE OF EXTRAHEPATIC BILIARY D	10/1/2005	\$162.71	3	NO
W	47999	UNLISTED PROCEDURE BILIARY TRACT	4/1/1982	\$0.01	5	NO
W	48000	PLACEMENT OF DRAINS, PERIPANCREA	10/1/2005	\$222.60	3	NO
W	48001	PLACEMENT OF DRAINS, PERIPANCREA	10/1/2005	\$279.53	3	NO
W	48005	RESECTION OR DEBRIDEMENT OF PANC	10/1/2005	\$332.68	3	NO
W	48020	REMOVAL OF PANCREATIC CALCULUS	10/1/2005	\$130.11	3	NO
W	48100	BIOPSY OF PANCREAS, OPEN (EG, FI	10/1/2005	\$100.43	3	NO
W	48120	EXCISION OF LESION OF PANCREAS (	10/1/2005	\$128.35	3	NO
W	48140	PANCREATECTOMY, DISTAL SUBTOTAL,	10/1/2005	\$183.73	3	NO
W	48145	PANCREATECTOMY DISTAL SUBTOTAL W	10/1/2005	\$191.72	3	NO
W	48146	PANCREATECTOMY, DISTAL, NEAR-TOT	10/1/2005	\$216.84	3	NO
W	48148	EXCISION OF AMPULLA OF VATER	10/1/2005	\$140.75	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	48150	PANCREATECTOMY PROXIMAL SUBTOTAL	10/1/2005	\$382.19	3	NO
W	48152	PANCREATECTOMY, PROXIMAL SUBTOTA	10/1/2005	\$351.00	3	NO
W	48153	PANCREATECTOMY, PROXIMAL SUBTOTA	10/1/2005	\$381.98	3	NO
W	48154	PANCREATECTOMY, PROX SUBTOTAL WI	10/1/2005	\$352.97	3	NO
W	48155	PANCREATECTOMY TOTAL	10/1/2005	\$204.75	3	NO
W	48160	PANCREATECTOMY, TOTAL OR SUBTOTA	4/1/1990	\$0.01	5	YES
W	48180	PANCREATICOJEJUNOSTOMY SIDE-TO-S	10/1/2005	\$197.43	3	NO
W	48500	MARSUPIALIZATION OF PANCREATIC C	10/1/2005	\$127.57	3	NO
W	48510	EXTERNAL DRAINAGE, PSEUDOCYST OF	10/1/2005	\$121.97	3	NO
W	48511	EXTERNAL DRAINAGE, PSEUDOCYST OF	10/1/2005	\$28.75	3	NO
W	48520	INTERNAL ANASTOMOSIS OF PANCREAT	10/1/2005	\$126.01	3	NO
W	48540	INTERNAL ANASTOMOSIS OF PANCREAT	10/1/2005	\$157.36	3	NO
W	48545	PANCREATORRHAPHY FOR INJURY	10/1/2005	\$147.60	3	NO
W	48547	DUODENAL EXCLUSION WITH GASTROJE	10/1/2005	\$205.47	3	NO
W	48554	TRANSPLANTATION OF PANCREATIC AL	10/1/2005	\$293.24	3	YES
W	48556	REMOVAL OF TRANSPLANTED PANCREAT	10/1/2005	\$133.64	3	YES
W	48999	UNLISTED PROCEDURE PANCREAS	4/1/1982	\$0.01	5	NO
W	49000	EXPLORATORY LAPAROTOMY, EXPLORAT	10/1/2005	\$96.07	3	NO
W	49002	REOPENING OF RECENT LAPAROTOMY	10/1/2005	\$87.30	3	NO
W	49010	EXPLORATION, RETROPERITONEAL ARE	10/1/2005	\$102.04	3	NO
W	49020	DRAINAGE OF PERITONEAL ABSCESS O	10/1/2005	\$185.49	3	NO
W	49021	DRAINAGE OF PERITONEAL ABSCESS O	10/1/2005	\$24.29	3	NO
W	49040	DRAINAGE OF SUBDIAPHRAGMATIC OR	10/1/2005	\$111.90	3	NO
W	49041	DRAINAGE OF SUBDIAPHRAGMATIC OR	10/1/2005	\$28.75	3	NO
W	49060	DRAINAGE OF RETROPERITONEAL ABSC	10/1/2005	\$129.80	3	NO
W	49061	DRAINAGE OF RETROPERITONEAL ABSC	10/1/2005	\$26.57	3	NO
W	49062	DRAINAGE OF EXTRAPERITONEAL LYMP	10/1/2005	\$94.25	3	NO
W	49085	REMOVAL OF PERITONEAL FOREIGN B	10/1/2005	\$99.44	3	NO
W	49200	EXCISION OR DESTRUCTION, OPEN, I	10/1/2005	\$85.38	3	NO
W	49201	EXCISION OR DESTRUCTION BY ANY M	10/1/2005	\$122.54	3	NO
W	49215	EXCISION OF PRESACRAL OR SACROCO	10/1/2005	\$268.48	3	NO
W	49220	STAGING LAPAROTOMY FOR HODGKINS	10/1/2005	\$121.24	3	NO
W	49250	UMBILECTOMY OMPHALECTOMY EXCISIO	10/1/2005	\$70.95	3	NO
W	49255	OMENTECTOMY EPIPLOECTOMY RESECTI	10/1/2005	\$94.04	3	NO
W	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM	10/1/2005	\$43.34	3	YES
W	49321	LAPAROSCOPY, SURGICAL; WITH BIOP	10/1/2005	\$45.26	3	NO
W	49322	LAPAROSCOPY, SURGICAL, ABDOMEN,	10/1/2005	\$48.73	3	NO
W	49323	LAPAROSCOPY, SURGICAL, ABDOMEN,	10/1/2005	\$78.58	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	49329	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	YES
W	49425	INSERTION OF PERITONEAL-VENOUS S	10/1/2005	\$95.70	3	NO
W	49426	REVISION OF PERITONEAL-VENOUS SH	10/1/2005	\$81.12	3	NO
W	49495	REPAIR, INITIAL INGUINAL HERNIA,	10/1/2005	\$49.62	3	NO
W	49496	REPAIR INITIAL ING. HERNIA, UNDE	10/1/2005	\$73.28	3	NO
W	49500	REPAIR INITIAL INGUINAL HERNIA,	10/1/2005	\$48.22	3	NO
W	49501	REPAIR INITIAL ING. HERNIA, AGE	10/1/2005	\$73.44	3	NO
W	49505	REPAIR INITIAL INGUINAL HERNIA,	10/1/2005	\$64.04	3	NO
W	49507	REPAIR INITIAL INGUINAL HERNIA,	10/1/2005	\$79.20	3	NO
W	49520	REPAIR RECURRENT INGUINAL HERNIA	10/1/2005	\$79.51	3	NO
W	49521	REPAIR RECURRENT INGUINAL HERNIA	10/1/2005	\$97.26	3	NO
W	49525	REPAIR INGUINAL HERNIA, SLIDING,	10/1/2005	\$71.31	3	NO
W	49540	REPAIR LUMBAR HERNIA	10/1/2005	\$85.48	3	NO
W	49550	REPAIR INITIAL FEMORAL HERNIA, A	10/1/2005	\$71.99	3	NO
W	49553	REPAIR INITIAL FEMORAL HERNIA, A	10/1/2005	\$78.21	3	NO
W	49555	REPAIR RECURRENT FEMORAL HERNIA;	10/1/2005	\$75.05	3	NO
W	49557	REPAIR RECURRENT FEMORAL HERNIA;	10/1/2005	\$91.19	3	NO
W	49560	REPAIR INITIAL INCISIONAL HERNIA	10/1/2005	\$94.41	3	NO
W	49561	REPAIR INITIAL INCISIONAL HERNIA	10/1/2005	\$114.85	3	NO
W	49565	REPAIR RECURRENT INCISIONAL HERN	10/1/2005	\$94.82	3	NO
W	49566	REPAIR RECURRENT INCISIONAL HERN	10/1/2005	\$116.10	3	NO
W	49568	IMPLANTATION OF MESH OR OTHER PR	10/1/2005	\$37.32	3	NO
W	49570	REPAIR EPIGASTRIC HERNIA (EG, PR	10/1/2005	\$49.72	3	NO
W	49572	REPAIR EPIGASTRIC HERNIA; INCARC	10/1/2005	\$57.40	3	NO
W	49580	REPAIR UMBILICAL HERNIA, UNDER A	10/1/2005	\$37.32	3	NO
W	49582	REPAIR UMBILICAL HERNIA, UNDER A	10/1/2005	\$56.99	3	NO
W	49585	REPAIR UMBILICAL HERNIA, AGE 5 Y	10/1/2005	\$53.56	3	NO
W	49587	REPAIR UMBILICAL HERNIA, AGE 5 Y	10/1/2005	\$63.63	3	NO
W	49590	REPAIR SPIGELIAN HERNIA	10/1/2005	\$71.21	3	NO
W	49600	REPAIR OF SMALL OMPHALOCELE, WIT	10/1/2005	\$91.24	3	NO
W	49605	REPAIR OF LARGE OMPHALOCELE OR G	10/1/2005	\$590.00	3	NO
W	49606	REPAIR OF OMPHALOCELE WITH STAGE	10/1/2005	\$148.80	3	NO
W	49610	REPAIR OF OMPHALOCELE (GROSS TYP	10/1/2005	\$86.88	3	NO
W	49611	REPAIR OF OMPHALOCELE (GROSS TYP	10/1/2005	\$86.47	3	NO
W	49650	LAPAROSCOPY, SURGICAL; REPAIR IN	10/1/2005	\$53.82	3	NO
W	49651	LAPAROSCOPY, SURGICAL; REPAIR RE	10/1/2005	\$69.55	3	NO
W	49659	UNLISTED LAPAROSCOPY PROCEDURE,	10/1/2004	\$0.01	5	NO
W	49900	SUTURE SECONDARY OF ABDOMINAL WA	10/1/2005	\$103.96	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	49905	OMENTAL FLAP, INTRA-ABDOMINAL (L	10/1/2005	\$49.82	3	NO
W	49906	FREE OMENTAL FLAP WITH MICROVASC	1/1/1997	\$0.01	5	NO
W	49999	UNLISTED PROCEDURE ABDOMEN PERIT	4/1/1982	\$0.01	5	NO
W	50010	RENAL EXPLORATION, NOT NECESSITA	10/1/2005	\$88.80	3	NO
W	50020	DRAINAGE OF PERIRENAL OR RENAL A	10/1/2005	\$122.80	3	NO
W	50021	DRAINAGE OF PERIRENAL OR RENAL A	10/1/2005	\$24.24	3	NO
W	50040	NEPHROSTOMY NEPHROTOMY WITH DRAI	10/1/2005	\$118.28	3	NO
W	50045	NEPHROTOMY WITH EXPLORATION	10/1/2005	\$120.88	3	NO
W	50060	NEPHROLITHOTOMY REMOVAL OF CALCU	10/1/2005	\$147.66	3	NO
W	50065	NEPHROLITHOTOMY; SECONDARY SURGI	10/1/2005	\$147.45	3	NO
W	50070	NEPHROLITHOTOMY; COMPLICATED BY	10/1/2005	\$155.34	3	NO
W	50075	HEPHROLITHOTOMY REMOVAL OF LARGE	10/1/2005	\$191.98	3	NO
W	50100	TRANSECTION OR REPOSITIONING OF	10/1/2005	\$134.27	3	NO
W	50120	PYELOTOMY WITH EXPLORATION	10/1/2005	\$123.89	3	NO
W	50125	PYELOTOMY; WITH DRAINAGE PYELOST	10/1/2005	\$129.18	3	NO
W	50130	PYELOTOMY WITH REMOVAL OF CALCUL	10/1/2005	\$133.07	3	NO
W	50135	PYELOTOMY COMPLICATED (EG SECOND	10/1/2005	\$146.83	3	NO
W	50205	RENAL BIOPSY PERCUTANEOUS; BY SU	10/1/2005	\$91.34	3	NO
W	50220	NEPHRECTOMY, INCLUDING PARTIAL U	10/1/2005	\$133.54	3	NO
W	50225	NEPHRECTOMY COMPLICATED BECAUSE	10/1/2005	\$154.87	3	NO
W	50230	NEPHRECTOMY, INCLUDING PARTIAL UR	10/1/2005	\$167.12	3	NO
W	50234	NEPHRECTOMY WITH TOTAL URETERECT	10/1/2005	\$170.23	3	NO
W	50236	NEPHRECTOMY WITH TOTAL URETERECT	10/1/2005	\$191.04	3	NO
W	50240	NEPHRECTOMY PARTIAL	10/1/2005	\$168.99	3	NO
W	50280	EXCISION OR UNROOFING OF CYSTS O	10/1/2005	\$122.07	3	NO
W	50290	EXCISION OF PERINEPHRIC CYST	10/1/2005	\$117.03	3	NO
W	50320	DONOR NEPHRECTOMY (INCLUDING COL	10/1/2005	\$182.64	3	NO
W	50340	RECIPIENT NEPHRECTOMY (SEPARATE	10/1/2005	\$105.15	3	NO
W	50360	RENAL ALLOTRANSPLANTATION, IMPLA	10/1/2005	\$263.29	3	NO
W	50365	RENAL HOMOTRANSPLANTATION, IMPLA	10/1/2005	\$307.92	3	NO
W	50370	REMOVAL OF TRANSPLANTED RENAL AL	10/1/2005	\$116.72	3	NO
W	50380	RENAL AUTOTRANSPLANTATION REIMPL	10/1/2005	\$182.48	3	NO
W	50398	CHANGE OF NEPHROSTOMY OR PYELOST	10/1/2005	\$53.72	3	NO
W	50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY	10/1/2005	\$149.16	3	NO
W	50405	PYELOPLASTY COMPLICATED (CONGENI	10/1/2005	\$179.94	3	NO
W	50500	NEPHRORRHAPHY SUTURE OF KIDNEY W	10/1/2005	\$155.28	3	NO
W	50520	CLOSURE OF NEPHROCUTANEOUS OR PY	10/1/2005	\$135.51	3	NO
W	50525	CLOSURE OF NEPHROVISCERAL FISTUL	10/1/2005	\$171.53	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	50526	CLOSURE OF NEPHROVISCERAL FISTUL	10/1/2005	\$185.70	3	NO
W	50540	SYMPHYSIOTOMY FOR HORSESHOE KIDN	10/1/2005	\$153.47	3	NO
W	50541	LAPAROSCOPY, SURGICAL; ABLATION	10/1/2005	\$122.54	3	NO
W	50544	LAPAROSCOPY, SURGICAL; PYELOPLAS	10/1/2005	\$168.47	3	NO
W	50545	LAPAROSCOPY, SURGICAL; RADICAL N	10/1/2005	\$181.03	3	NO
W	50546	LAPAROSCOPY, SURGICAL; NEPHRECTO	10/1/2005	\$157.62	3	NO
W	50547	LAPAROSCOPY, SURGICAL; DONOR NEP	10/1/2005	\$203.97	3	NO
W	50548	LAPAROSCOPY, SURGICAL; NEPHRECTO	10/1/2005	\$183.05	3	NO
W	50549	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
W	50559	RENAL ENDOSCOPY THROUGH ESTABLIS	1/1/2005	INVALID	N	NO
W	50578	RENAL ENDOSCOPY THROUGH NEPHROTO	1/1/2005	INVALID	N	NO
W	50600	URETEROTOMY WITH EXPLORATION OR	10/1/2005	\$122.95	3	NO
W	50605	URETEROTOMY FOR INSERTION OF IND	10/1/2005	\$122.64	3	NO
W	50610	URETEROLITHOTOMY UPPER ONE/THIRD	10/1/2005	\$125.81	3	NO
W	50620	URETEROLITHOTOMY; MIDDLE ONE-THI	10/1/2005	\$117.09	3	NO
W	50630	URETEROLITHOTOMY; LOWER ONE-THIR	10/1/2005	\$115.74	3	NO
W	50650	URETERECTOMY WITH BLADDER CUFF (	10/1/2005	\$134.21	3	NO
W	50660	URETERECTOMY TOTAL ECTOPIC URETE	10/1/2005	\$149.99	3	NO
W	50700	URETEROPLASTY PLASTIC OPERATION	10/1/2005	\$122.38	3	NO
W	50715	URETEROLYSIS, WITH OR WITHOUT RE	10/1/2005	\$154.19	3	NO
W	50722	URETEROLYSIS FOR OVARIAN VEIN SY	10/1/2005	\$134.99	3	NO
W	50725	URETEROLYSIS FOR RETROCAVAL URET	10/1/2005	\$145.37	3	NO
W	50727	REVISION OF URINARY-CUTANEOUS AN	10/1/2005	\$67.78	3	NO
W	50728	REVISION OF URINARY-CUTANEOUS AN	10/1/2005	\$96.33	3	NO
W	50740	URETEROPYELOSTOMY ANASTOMOSIS OF	10/1/2005	\$145.74	3	NO
W	50750	URETEROCALYCOSTOMY ANASTOMOSIS O	10/1/2005	\$149.68	3	NO
W	50760	URETEROURETEROSTOMY	10/1/2005	\$143.45	3	NO
W	50770	TRANSURETEROURETEROSTOMY ANASTOM	10/1/2005	\$150.15	3	NO
W	50780	URETERONEOCYSTOSTOMY; ANASTOMOSI	10/1/2005	\$142.41	3	NO
W	50782	URETERONEOCYSTOSTOMY; ANASTOMOSI	10/1/2005	\$154.92	3	NO
W	50783	URETERONEOCYSTOSTOMY; WITH EXTEN	10/1/2005	\$159.33	3	NO
W	50785	URETERONEOCYSTOSTOMY; WITH VESIC	10/1/2005	\$157.46	3	NO
W	50800	URETEROENTEROSTOMY, DIRECT ANAST	10/1/2005	\$115.01	3	NO
W	50810	URETEROSIGMOIDOSTOMY, W/CREATION	10/1/2005	\$162.97	3	NO
W	50815	URETEROCOLON CONDUIT, INCLUDING	10/1/2005	\$155.39	3	NO
W	50820	URETEROILEAL CONDUIT (ILEAL BLAD	10/1/2005	\$168.00	3	NO
W	50825	CONTINENT DIVERSION, INC INTESTI	10/1/2005	\$214.55	3	NO
W	50830	URINARY UNDIVERSION (EG TAKING D	10/1/2005	\$237.34	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	50840	REPLACEMENT OF ALL OR PART OF UR	10/1/2005	\$155.18	3	NO
W	50845	CUTANEOUS APPENDICO-VESICOSTOMY	10/1/2005	\$162.34	3	NO
W	50860	URETEROSTOMY, TRANSPLANTATION OF	10/1/2005	\$120.67	3	NO
W	50900	URETERORRHAPHY SUTURE OF URETER	10/1/2005	\$108.47	3	NO
W	50920	CLOSURE OF URETEROCUTANEOUS FIST	10/1/2005	\$113.56	3	NO
W	50930	CLOSURE OF URETEROVISERAL FISTU	10/1/2005	\$144.96	3	NO
W	50940	DELIGATION OF URETER	10/1/2005	\$114.91	3	NO
W	50945	LAPAROSCOPY, SURGICAL, URETEROLI	10/1/2005	\$131.62	3	NO
W	50959	URETERAL ENDOSCOPY THROUGH ESTAB	1/1/2005	INVALID	N	NO
W	50978	URETERAL ENDOSCOPY THROUGH URETE	1/1/2005	INVALID	N	NO
W	51020	CYSTOTOMY OR CYSTOSTOMY WITH FUL	10/1/2005	\$57.30	3	NO
W	51030	CYSTOTOMY OR CYSTOSTOMY; WITH CR	10/1/2005	\$58.70	3	NO
W	51040	CYSTOSTOMY CYSTOTOMY WITH DRAINA	10/1/2005	\$38.77	3	NO
W	51045	CYSTOTOMY, WITH INSERTION OF URE	10/1/2005	\$58.28	3	NO
W	51050	CYSTOLITHOTOMY CYSTOTOMY WITH RE	10/1/2005	\$57.30	3	NO
W	51060	TRANSVESICAL URETEROLITHOTOMY	10/1/2005	\$72.40	3	NO
W	51080	DRAINAGE OF PERIVESICAL OR PREVE	10/1/2005	\$51.54	3	NO
W	51500	EXCISION OF URACHAL CYST OR SINU	10/1/2005	\$83.82	3	NO
W	51520	CYSTOTOMY FOR SIMPLE EXCISION OF	10/1/2005	\$75.98	3	NO
W	51525	CYSTOTOMY; FOR EXCISION OF BLADD	10/1/2005	\$109.41	3	NO
W	51530	CYSTOTOMY; FOR EXCISION OF BLADD	10/1/2005	\$99.44	3	NO
W	51535	CYSTOTOMY FOR EXCISION, INCISION	10/1/2005	\$103.07	3	NO
W	51550	CYSTECTOMY PARTIAL SIMPLE	10/1/2005	\$123.00	3	NO
W	51555	CYSTECTOMY PARTIAL COMPLICATED (	10/1/2005	\$163.85	3	NO
W	51565	CYSTECTOMY PARTIAL WITH REIMPLAN	10/1/2005	\$167.12	3	NO
W	51570	CYSTECTOMY COMPLETE (SEPARATE PR	10/1/2005	\$185.65	3	NO
W	51575	CYSTECTOMY COMPLETE WITH BILATER	10/1/2005	\$231.37	3	NO
W	51580	CYSTECTOMY COMPLETE WITH URETERO	10/1/2005	\$237.34	3	NO
W	51585	CYSTECTOMY COMPLETE WITH URETERO	10/1/2005	\$266.51	3	NO
W	51590	CYSTECTOMY, COMPLETE, W/URETEROI	10/1/2005	\$246.68	3	NO
W	51595	CYSTECTOMY COMPLETE WITH URETERO	10/1/2005	\$279.33	3	NO
W	51596	CYSTECTOMY, COMPLETE, W/CONTINEN	10/1/2005	\$298.22	3	NO
W	51597	PELVIC EXENTERATION COMPLETE FOR	10/1/2005	\$290.33	3	NO
W	51702	INSERTION OF TEMPORARY INDWELLIN	10/1/2005	\$67.99	3	NO
W	51800	CYSTOPLASTY OR CYSTOURETHROPLAST	10/1/2005	\$136.50	3	NO
W	51820	CYSTOURETHROPLASTY WITH UNILATER	10/1/2005	\$144.65	3	NO
W	51840	ANTERIOR VESICURETHROPEXY, OR U	10/1/2005	\$89.89	3	YES
W	51841	ANTERIOR VESICURETHROPEXY OR UR	10/1/2005	\$107.12	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	51845	ABDOMINO-VAGINAL VESICAL NECK SU	10/1/2005	\$79.20	3	YES
W	51860	CYSTORRHAPHY SUTURE OF BLADDER W	10/1/2005	\$98.14	3	NO
W	51865	CYSTORRHAPHY SUTURE OF BLADDER W	10/1/2005	\$119.11	3	NO
W	51880	CLOSURE OF CYSTOSTOMY (SEPARATE	10/1/2005	\$63.94	3	NO
W	51900	CLOSURE OF VESICOVAGINAL FISTULA	10/1/2005	\$104.94	3	NO
W	51920	CLOSURE OF VESICOUTERINE FISTULA;	10/1/2005	\$96.53	3	NO
W	51925	CLOSURE OF VESICOUTERINE FISTULA;	10/1/2005	\$135.93	3	NO
W	51940	CLOSURE, EXSTROPHY OF BLADDER	10/1/2005	\$220.99	3	NO
W	51960	ENTEROCYSTOPLASTY, INCLUDING INT	10/1/2005	\$177.81	3	NO
W	51980	CUTANEOUS VESICOSTOMY	10/1/2005	\$91.19	3	NO
W	51990	LAPAROSCOPY, SURGICAL; URETHRAL	10/1/2005	\$103.90	3	NO
W	51992	LAPAROSCOPY, SURGICAL; SLING OPE	10/1/2005	\$112.05	3	NO
W	53060	DRAINAGE OF SKENES GLAND ABSCESS	10/1/2005	\$25.85	3	NO
W	53080	DRAINAGE OF PERINEAL URINARY EXT	10/1/2005	\$66.17	3	NO
W	53085	DRAINAGE OF PERINEAL URINARY EXT	10/1/2005	\$96.33	3	NO
W	53210	URETHRECTOMY TOTAL INCLUDING CYS	10/1/2005	\$100.22	3	NO
W	53215	URETHRECTOMY TOTAL INCLUDING CYS	10/1/2005	\$120.88	3	NO
W	53230	EXCISION OF URETHRAL DIVERTICULU	10/1/2005	\$77.90	3	NO
W	53235	EXCISION OF URETHRAL DIVERTICULU	10/1/2005	\$81.74	3	NO
W	53240	MARSUPIALIZATION OF URETHRAL DIV	10/1/2005	\$54.44	3	NO
W	53250	EXCISION OF BULBOURETHRAL GLAND	10/1/2005	\$50.14	3	NO
W	53400	URETHROPLASTY FIRST STAGE FOR FI	10/1/2005	\$102.61	3	NO
W	53405	URETHROPLASTY; SECOND STAGE (FOR	10/1/2005	\$113.45	3	NO
W	53410	URETHROPLASTY ONE-STAGE RECONSTR	10/1/2005	\$127.99	3	NO
W	53415	URETHROPLASTY, TRANSPUBIC OR PER	10/1/2005	\$145.79	3	NO
W	53420	URETHROPLASTY TWO-STAGE RECONSTR	10/1/2005	\$110.81	3	NO
W	53425	URETHROPLASTY TWO-STAGE RECONSTR	10/1/2005	\$124.40	3	NO
W	53430	URETHROPLASTY RECONSTRUCTION OF	10/1/2005	\$127.21	3	NO
W	53440	SLING OPERATION FOR CORRECTION O	10/1/2005	\$106.60	3	NO
W	53442	REMOVAL OR REVISION OF SLING FOR	10/1/2005	\$92.43	3	NO
W	53443	URETHROPLASTY WITH TUBULARIZATIO	4/1/2002	INVALID	N	NO
W	53445	INSERTION OF INFLATABLE URETHRAL	10/1/2005	\$114.80	3	NO
W	53447	REMOVAL AND REPLACEMENT OF INFLA	10/1/2005	\$108.16	3	NO
W	53449	REPAIR OF INFLATABLE URETHRAL/BL	10/1/2005	\$78.37	3	NO
W	53502	URETHRORRHAPHY SUTURE OF URETHRA	10/1/2005	\$63.47	3	NO
W	53505	URETHRORRHAPHY SUTURE OF URETHRA	10/1/2005	\$62.38	3	NO
W	53510	URETHRORRHAPHY SUTURE OF URETHRA	10/1/2005	\$83.14	3	NO
W	53515	URETHRORRHAPHY SUTURE OF URETHRA	10/1/2005	\$105.15	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	53520	CLOSURE OF URETHROSTOMY OR URETH	10/1/2005	\$71.47	3	NO
W	53670	CATHETERIZATION, URETHRA; SIMPLE	7/1/2003	INVALID	N	NO
W	53675	CATHETERIZATION; COMPLICATED (MA	7/1/2003	INVALID	N	NO
W	53850	TRANSURETHRAL DESTRUCTION OF PRO	11/1/1998	NC	9	NO
W	53852	TRANSURETHRAL DESTRUCTION OF PRO	10/1/2005	\$515.57	3	NO
W	53899	UNLISTED PROCEDURE URINARY SYSTE	2/1/1994	\$0.01	5	NO
W	54050	DESTRUCTION OF LESION(S) PENIS (	10/1/2005	\$77.33	3	NO
W	54100	BIOPSY OF PENIS CUTANEOUS (SEPAR	10/1/2005	\$124.82	3	NO
W	54110	EXCISION OF PENILE PLAQUE (PEYRO	10/1/2005	\$80.96	3	NO
W	54111	EXCISION OF PENILE PLAQUE (PEYRO	10/1/2005	\$105.25	3	NO
W	54112	EXCISION OF PENILE PLAQUE (PEYRO	10/1/2005	\$123.26	3	NO
W	54115	REMOVAL FOREIGN BODY FROM DEEP P	10/1/2005	\$56.88	3	NO
W	54120	AMPUTATION OF PENIS PARTIAL	10/1/2005	\$79.46	3	NO
W	54125	AMPUTATION OF PENIS; COMPLETE	10/1/2005	\$105.41	3	NO
W	54130	AMPUTATION OF PENIS RADICAL WITH	10/1/2005	\$154.61	3	NO
W	54135	AMPUTATION OF PENIS RADICAL IN C	10/1/2005	\$198.98	3	NO
W	54160	CIRCUMCISION, SURGICAL EXCISION	10/1/2005	\$35.34	3	NO
W	54205	INJECTION PROCEDURE FOR PEYRONIE	10/1/2005	\$68.30	3	NO
W	54300	PLASTIC OPERATION OF PENIS FOR S	10/1/2005	\$86.72	3	NO
W	54304	PLASTIC OPERATION ON PENIS FOR C	10/1/2005	\$102.04	3	NO
W	54308	URETHROPLASTY FOR SECOND STAGE H	10/1/2005	\$96.53	3	NO
W	54312	URETHROPLASTY FOR SECOND STAGE H	10/1/2005	\$112.93	3	NO
W	54316	URETHROPLASTY FOR SECOND STAGE H	10/1/2005	\$134.63	3	NO
W	54318	URETHROPLASTY FOR THIRD STAGE HY	10/1/2005	\$95.50	3	NO
W	54322	ONE STAGE DISTAL HYPOSPADIAS REP	10/1/2005	\$105.67	3	NO
W	54324	ONE STAGE DISTAL HYPOSPADIAS REP	10/1/2005	\$131.67	3	NO
W	54326	ONE STAGE DISTAL HYPOSPADIAS REP	10/1/2005	\$127.57	3	NO
W	54328	ONE STAGE DISTAL HYPOSPADIAS REP	10/1/2005	\$123.73	3	NO
W	54332	ONE STAGE PROXIMAL PENILE OR PEN	10/1/2005	\$134.78	3	NO
W	54336	ONE STAGE PERINEAL HYPOSPADIAS R	10/1/2005	\$168.57	3	NO
W	54340	REPAIR OF HYPOSPADIAS COMPLICATI	10/1/2005	\$75.57	3	NO
W	54344	REPAIR OF HYPOSPADIAS COMPLICATI	10/1/2005	\$130.74	3	NO
W	54348	REPAIR OF HYPOSPADIAS COMPLICATI	10/1/2005	\$138.52	3	NO
W	54352	REPAIR OF HYPOSPADIAS CRIPPLE RE	10/1/2005	\$197.69	3	NO
W	54360	PLASTIC OPERATION ON PENIS TO CO	10/1/2005	\$97.47	3	YES
W	54380	PLASTIC OPERATION ON PENIS FOR E	10/1/2005	\$107.38	3	NO
W	54385	PLASTIC OPERATION ON PENIS FOR E	10/1/2005	\$127.05	3	NO
W	54390	PLASTIC OPERATION ON PENIS FOR E	10/1/2005	\$168.78	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	54400	INSERTION OF PENILE PROSTHESIS;	10/1/2005	\$72.45	3	YES
W	54401	INSERTION OF PENILE PROSTHESIS;	10/1/2005	\$86.72	3	YES
W	54402	REMOVAL OR REPLACEMENT OF NON-IN	4/1/2002	INVALID	N	NO
W	54405	INSERTION OF MULTI-COMPONENT, IN	10/1/2005	\$105.20	3	YES
W	54407	REMOVAL, REPAIR, OR REPLACEMENT	4/1/2002	INVALID	N	NO
W	54409	SURGICAL CORRECTION OF HYDRAULIC	4/1/2002	INVALID	N	NO
W	54420	CORPORA CAVERNOSA-SAPHENOUS VEIN	10/1/2005	\$92.17	3	NO
W	54430	CORPORA CAVERNOSA-CORPUS SPONGIO	10/1/2005	\$82.78	3	NO
W	54435	CORPORA CAVERNOSA-GLANS PENIS FI	10/1/2005	\$52.73	3	NO
W	54440	PLASTIC OPERATION OF PENIS FOR I	10/1/2000	\$104.69	3	NO
W	54510	EXCISION OF LOCAL LESION OF TEST	4/1/2002	INVALID	N	NO
W	54530	ORCHIECTOMY RADICAL FOR TUMOR IN	10/1/2005	\$69.86	3	NO
W	54535	ORCHIECTOMY RADICAL FOR TUMOR; W	10/1/2005	\$96.79	3	NO
W	54550	EXPLORATION FOR UNDESCENDED TEST	10/1/2005	\$63.11	3	NO
W	54560	EXPLORATION FOR UNDESCENDED TEST	10/1/2005	\$89.06	3	NO
W	54600	REDUCTION OF TORSION OF TESTIS S	10/1/2005	\$57.40	3	NO
W	54620	FIXATION OF CONTRALATERAL TESTIS	10/1/2005	\$39.91	3	NO
W	54640	ORCHIOPEXY, INGUINAL APPROACH, W	10/1/2005	\$58.39	3	NO
W	54650	ORCHIOPEXY, ABDOMINAL APPROACH,	10/1/2005	\$93.26	3	NO
W	54660	INSERTION OF TESTICULAR PROSTHES	4/1/1982	NC	9	NO
W	54680	TRANSPLANTATION OF TESTIS(ES) TO	10/1/2005	\$103.44	3	NO
W	54690	LAPAROSCOPY, SURGICAL; ORCHIECTO	10/1/2005	\$87.61	3	NO
W	54692	LAPAROSCOPY, SURGICAL; ORCHIOPEX	10/1/2005	\$101.62	3	NO
W	54900	EPIDIDYMOVASOSTOMY ANASTOMOSIS O	7/1/1982	NC	9	NO
W	54901	EPIDIDYMOVASOSTOMY ANASTOMOSIS O	7/1/1982	NC	9	NO
W	55120	REMOVAL OF FOREIGN BODY IN SCROT	10/1/2005	\$218.24	3	NO
W	55150	RESECTION OF SCROTUM	10/1/2005	\$60.26	3	NO
W	55300	VASOTOMY FOR VASOGRAMS SEMINAL V	7/1/1982	NC	9	NO
W	55400	VASOVASOSTOMY, VASOVASORRHAPHY	7/1/1982	NC	9	NO
W	55520	EXCISION OF LESION OF SPERMATIC	10/1/2005	\$51.90	3	NO
W	55530	EXCISION OF VARICOCELE OR LIGATI	10/1/2005	\$47.23	3	NO
W	55535	EXCISION OF VARICOCELE OR LIGATI	10/1/2005	\$54.13	3	NO
W	55540	EXCISION OF VARICOCELE OR LIGATI	10/1/2005	\$64.30	3	NO
W	55550	LAPAROSCOPY, SURGICAL, WITH LIGA	10/1/2005	\$54.08	3	NO
W	55650	VESICULECTOMY, ANY APPROACH	10/1/2005	\$93.42	3	NO
W	55720	PROSTATOTOMY EXTERNAL DRAINAGE O	10/1/2005	\$64.25	3	NO
W	55725	PROSTATOTOMY EXTERNAL DRAINAGE O	10/1/2005	\$71.88	3	NO
W	55801	PROSTATECTOMY, PERINEAL, SUBTOTA	10/1/2005	\$138.62	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	55810	PROSTATECTOMY, PERINEAL RADICAL;	10/1/2005	\$171.58	3	NO
W	55812	PROSTATECTOMY PERINEAL RADICAL;	10/1/2005	\$209.99	3	NO
W	55815	PROSTATECTOMY PERINEAL RADICAL W	10/1/2005	\$230.64	3	NO
W	55821	PROSTATECTOMY (INCLUDING CONTROL	10/1/2005	\$111.22	3	NO
W	55831	PROSTATECTOMY RETROPUBIC SUBTOTA	10/1/2005	\$121.19	3	NO
W	55840	PROSTATECTOMY, RETROPUBIC RADICA	10/1/2005	\$174.02	3	NO
W	55842	PROSTATECTOMY RETROPUBIC RADICAL	10/1/2005	\$186.11	3	NO
W	55845	PROSTATECTOMY RETROPUBIC RADICAL	10/1/2005	\$215.07	3	NO
W	55859	TRANSPERINEAL PLACEMENT OF NEEDL	10/1/2005	\$99.65	3	NO
W	55862	EXPOSURE OF PROSTATE ANY APPROAC	10/1/2005	\$143.61	3	NO
W	55865	EXPOSURE OF PROSTATE ANY APPROAC	10/1/2005	\$174.85	3	NO
W	55870	ELECTROEJACULATION	3/1/1992	NC	9	NO
W	55899	UNLISTED PROCEDURE MALE GENITAL	4/1/1982	\$0.01	5	NO
W	55970	INTERSEX SURGERY MALE TO FEMALE	4/1/1982	NC	9	NO
W	55980	INTERSEX SURGERY; FEMALE TO MALE	4/1/1982	NC	9	NO
W	56501	DESTRUCTION OF LESION(S), VULVA;	10/1/2005	\$90.31	3	NO
W	56620	VULVECTOMY SIMPLE; PARTIAL	10/1/2005	\$68.20	3	NO
W	56625	VULVECTOMY SIMPLE; COMPLETE	10/1/2005	\$76.29	3	NO
W	56630	VULVECTOMY RADICAL WITHOUT SKIN	10/1/2005	\$107.12	3	NO
W	56631	VULVECTOMY, RADICAL, PARTIAL; WI	10/1/2005	\$139.61	3	NO
W	56632	VULVECTOMY,RADICAL,PARTIAL;WITH	10/1/2005	\$166.60	3	NO
W	56633	VULVECTOMY, RADICAL, COMPLETE	10/1/2005	\$139.97	3	NO
W	56634	VULVECTOMY, RADICAL, COMPLETE; W	10/1/2005	\$152.64	3	NO
W	56637	VULVECTOMY, RADICAL, COMPLETE; W	10/1/2005	\$184.45	3	NO
W	56640	VULVECTOMY, RADICAL, COMPLETE, W	10/1/2005	\$184.50	3	NO
W	56700	PARTIAL HYMENECTOMY OR REVISION	10/1/2005	\$24.13	3	NO
W	56800	PLASTIC REPAIR OF INTROITUS	10/1/2005	\$33.79	3	NO
W	56805	CLITOROPLASTY FOR INTERSEX STATE	10/1/2005	\$157.62	3	YES
W	57106	VAGINECTOMY, PARTIAL REMOVAL OF	10/1/2005	\$58.44	3	NO
W	57107	VAGINECTOMY, PARTIAL REMOVAL OF	10/1/2005	\$187.26	3	NO
W	57109	VAGINECTOMY, APRTIAL REMOVAL OF	10/1/2005	\$214.55	3	NO
W	57110	COLPECTOMY OBLITERATION OF VAGIN	10/1/2005	\$120.56	3	NO
W	57111	VAGINECTOMY, COMPLETE REMOVAL OF	10/1/2005	\$221.77	3	NO
W	57112	VAGINECTOMY, COMPLETE REMOVAL OF	10/1/2005	\$228.83	3	NO
W	57120	COLPOCLEISIS (LE FORT TYPE)	10/1/2005	\$66.80	3	NO
W	57130	EXCISION OF VAGINAL SEPTUM	10/1/2005	\$25.28	3	NO
W	57150	IRRIGATION AND/OR APPLICATION OF	10/1/2005	\$44.37	3	NO
W	57160	FITTING AND INSERTION OF PESSARY	10/1/2005	\$51.90	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	57170	DIAPHRAGM OR CERVICAL CAP FITTIN	10/1/2005	\$64.88	3	NO
W	57180	INTRODUCTION OF ANY HEMOSTATIC A	10/1/2005	\$101.72	3	NO
W	57200	COLPORRHAPHY SUTURE OF INJURY OF	10/1/2005	\$37.73	3	NO
W	57210	COLPOPERINEORRHAPHY SUTURE OF IN	10/1/2005	\$47.75	3	NO
W	57220	PLASTIC OPERATION ON URETHRAL SP	10/1/2005	\$41.00	3	NO
W	57230	PLASTIC REPAIR OF URETHROCELE	10/1/2005	\$49.72	3	NO
W	57240	ANTERIOR COLPORRHAPHY, REPAIR OF	10/1/2005	\$54.44	3	NO
W	57250	POSTERIOR COLPORRHAPHY, REPAIR O	10/1/2005	\$50.55	3	NO
W	57260	COMBINED ANTEROPOSTERIOR COLPORR	10/1/2005	\$72.97	3	NO
W	57265	COMBINED ANTEROPOSTERIOR COLPORR	10/1/2005	\$96.90	3	NO
W	57268	REPAIR OF ENTEROCELE VAGINAL APP	10/1/2005	\$60.83	3	NO
W	57270	REPAIR OF ENTEROCELE ABDOMINAL A	10/1/2005	\$102.45	3	NO
W	57280	COLPOPEXY ABDOMINAL APPROACH	10/1/2005	\$124.77	3	NO
W	57282	COLPOPEXY, VAGINAL; EXTRA-PERITO	10/1/2005	\$64.25	3	NO
W	57284	PARAVAGINAL DEFECT REPAIR (INCL	10/1/2005	\$110.18	3	NO
W	57287	REMOVAL OR REVISION OF SLING FOR	10/1/2005	\$88.59	3	NO
W	57288	SLING OPERATION FOR STRESS INCON	10/1/2005	\$103.90	3	YES
W	57289	PEREYRA PROCEDURE INCLUDING ANTE	10/1/2005	\$97.57	3	NO
W	57291	CONSTRUCTION OF ARTIFICIAL VAGIN	10/1/2005	\$71.57	3	YES
W	57292	CONSTRUCTION OF ARTIFICIAL VAGIN	10/1/2005	\$111.90	3	YES
W	57300	CLOSURE OF RECTOVAGINAL FISTULA;	10/1/2005	\$66.12	3	NO
W	57305	CLOSURE OF RECTOVAGINAL FISTULA;	10/1/2005	\$112.62	3	NO
W	57307	CLOSURE OF RECTOVAGINAL FISTULA;	10/1/2005	\$128.82	3	NO
W	57308	CLOSURE OF RECTOVAGINAL FISTULA;	10/1/2005	\$83.82	3	NO
W	57310	CLOSURE OF URETHROVAGINAL FISTUL	10/1/2005	\$57.82	3	NO
W	57311	CLOSURE OF URETHROVAGINAL FISTUL	10/1/2005	\$66.07	3	NO
W	57320	CLOSURE OF VESICOVAGINAL FISTULA	10/1/2005	\$67.68	3	NO
W	57330	CLOSURE OF VESICOVAGINAL FISTULA	10/1/2005	\$99.08	3	NO
W	57335	VAGINOPLASTY FOR INTERSEX STATE	10/1/2005	\$153.68	3	YES
W	57452	COLPOSCOPY OF THE CERVIX INCLUDI	10/1/2005	\$76.55	3	NO
W	57454	COLPOSCOPY OF THE CERVIX INCLUDI	10/1/2005	\$110.29	3	NO
W	57530	TRACHELECTOMY (CERVICECTOMY) AMP	10/1/2005	\$45.36	3	NO
W	57531	RADICAL TRACHELECTOMY, WITH BILA	10/1/2005	\$230.59	3	NO
W	57540	EXCISION OF CERVICAL STUMP ABDOM	10/1/2005	\$103.33	3	NO
W	57545	EXCISION OF CERVICAL STUMP ABDOM	10/1/2005	\$109.98	3	NO
W	57550	EXCISION OF CERIVCAL STUMP VAGIN	10/1/2005	\$51.90	3	NO
W	57555	EXCISION OF CERVICAL STUMP VAGIN	10/1/2005	\$78.32	3	NO
W	57556	EXCISION OF CERVICAL STUMP VAGIN	10/1/2005	\$73.39	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	57720	TRACHELORRHAPHY PLASTIC REPAIR O	10/1/2005	\$39.96	3	NO
W	58140	MYOMECTOMY, EXCISION OF FIBROID	10/1/2005	\$121.76	3	NO
W	58145	MYOMECTOMY EXCISION OF FIBROID T	10/1/2005	\$71.52	3	NO
W	58150	TOTAL ABDOMINAL HYSTERECTOMY(COR	10/1/2005	\$127.21	3	YES
W	58152	TOT HYSTERECTOMY (CORPUS & CERVI	10/1/2005	\$170.39	3	YES
W	58180	SUPRACERVICAL ABDOMINAL HYSTEREC	10/1/2005	\$126.43	3	YES
W	58200	TOTAL ABDOMINAL HYSTERECTOMY, IN	10/1/2005	\$176.67	3	NO
W	58210	RADICAL ABDOMINAL HYSTERECTOMY,	10/1/2005	\$235.11	3	NO
W	58240	PELVIC EXENTERATION FOR GYNECOLO	10/1/2005	\$311.87	3	NO
W	58260	VAGINAL HYSTERECTOMY, FOR UTERUS	10/1/2005	\$110.03	3	YES
W	58262	VAGINAL HYSTERECTOMY; WITH REMOV	10/1/2005	\$124.04	3	NO
W	58263	VAGINAL HYSTERECTOMY; WITH REMOV	10/1/2005	\$134.11	3	NO
W	58267	VAGINAL HYSTERECTOMY; WITH COLPO	10/1/2005	\$142.31	3	YES
W	58270	VAGINAL HYSTERECTOMY; WITH REPAI	10/1/2005	\$119.37	3	YES
W	58275	VAGINAL HYSTERECTOMY, WITH TOTAL	10/1/2005	\$131.67	3	YES
W	58280	VAGINAL HYSTERECTOMY WITH TOTAL	10/1/2005	\$141.27	3	YES
W	58285	VAGINAL HYSTERCTOMY RADICAL (SCH	10/1/2005	\$180.87	3	YES
W	58300	INSERTION OF INTRAUTERINE DEVICE	10/1/2005	\$66.17	3	NO
W	58301	REMOVAL OF INTRAUTERINE DEVICE (	10/1/2005	\$71.10	3	NO
W	58350	CHROMOTUBATION OF OVIDUCT, INCLU	4/1/1982	NC	9	NO
W	58400	UTERINE SUSPENSION WITH OR WITHO	10/1/2005	\$57.19	3	YES
W	58410	UTERINE SUSPENSION WITH/OUT SHOR	10/1/2005	\$106.86	3	YES
W	58520	HYSTERORRHAPHY REPAIR OF RUPTURE	10/1/2005	\$100.69	3	NO
W	58540	HYSTEROPLASTY REPAIR OF UTERINE	10/1/2005	\$121.08	3	NO
W	58550	LAPAROSCOPY, SURGICAL, WITH VAGI	10/1/2005	\$120.20	3	YES
W	58551	LAPAROSCOPY, SURGICAL; WITH REMO	7/1/2003	INVALID	N	NO
W	58578	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
W	58579	UNLISTED HYSTEROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
W	58600	LIGATION OR TRANSECTION OF FALLO	10/1/2005	\$49.67	3	NO
W	58605	LIGATION OR TRANSECTION OF FALLO	10/1/2005	\$45.10	3	NO
W	58611	LIGATION OR TRANSECTION OF FALLO	10/1/2005	\$11.37	3	NO
W	58615	OCCLUSION OF FALLOPIAN TUBES BY	10/1/2005	\$36.64	3	NO
W	58660	LAPAROSCOPY, SURGICAL; WITH LYSI	10/1/2005	\$92.90	3	YES
W	58661	LAPAROSCOPY, SURGICAL; WITH REMO	10/1/2005	\$90.72	3	YES
W	58662	LAPAROSCOPY, SURGICAL; WITH FULG	10/1/2005	\$98.45	3	NO
W	58670	LAPAROSCOPY, SURGICAL; WITH FULG	10/1/2005	\$49.46	3	NO
W	58671	LAPAROSCOPY, SURGICAL; WITH OCCL	10/1/2005	\$49.46	3	NO
W	58672	LAPAROSCOPY, SURGICAL; WITH FIMB	10/1/2005	\$107.02	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	58673	LAPAROSCOPY, SURGICAL; WITH SALP	10/1/2005	\$113.92	3	YES
W	58700	SALPINGECTOMY COMPLETE OR PARTIA	10/1/2005	\$101.26	3	NO
W	58720	SALPINGO-OOPHORECTOMY COMPLETE O	10/1/2005	\$95.91	3	YES
W	58740	LYSIS OF ADHESIONS (SALPINGOLYSI	4/1/1982	NC	9	NO
W	58750	TUBOTUBAL ANASTOMOSIS	4/1/1982	NC	9	NO
W	58752	TUBOUTERINE IMPLANTATION	10/1/1984	NC	9	NO
W	58760	FIMBRIOPLASTY	4/1/1982	NC	9	NO
W	58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	10/1/1984	NC	9	NO
W	58800	DRAINAGE OF OVARIAN CYSTS UNILAT	10/1/2005	\$42.51	3	NO
W	58805	DRAINAGE OF OVARIAN CYST(S) UNIL	10/1/2005	\$52.06	3	NO
W	58820	DRAINAGE OF OVARIAN ABSCESS VAGI	10/1/2005	\$41.62	3	NO
W	58822	DRAINAGE OF OVARIAN ABSCESS; ABD	10/1/2005	\$85.48	3	NO
W	58823	DRAINAGE OF PELVIC ABSCESS, TRAN	10/1/2005	\$24.60	3	NO
W	58825	TRANSPOSITION, OVARY(S)	10/1/2005	\$93.78	3	NO
W	58900	BIOPSY OF OVARY UNILATERAL OR BI	10/1/2005	\$53.09	3	NO
W	58920	WEDGE RESECTION OR BISECTION OF	10/1/2005	\$95.08	3	NO
W	58925	OVARIAN CYSTECTOMY UNILATERAL OR	10/1/2005	\$95.55	3	NO
W	58940	OOPHORECTOMY PARTIAL OR TOTAL UN	10/1/2005	\$63.68	3	YES
W	58943	OOPHORECTOMY, PARTIAL OR TOTAL,	10/1/2005	\$151.76	3	NO
W	58950	RESECTION OF OVARIAN, TUBAL OR P	10/1/2005	\$141.74	3	NO
W	58951	RESECTION OF OVARIAN MALIGNANCY	10/1/2005	\$183.62	3	NO
W	58952	RESECTION OF OVARIAN, TUBAL OR P	10/1/2005	\$205.94	3	NO
W	58960	LAPAROTOMY, FOR STAGING OR RESTA	10/1/2005	\$123.21	3	NO
W	58999	UNLISTED PROCEDURE FEMALE GENITA	2/1/1994	\$0.01	5	NO
W	59020	FETAL CONTRACTION STRESS TEST	10/1/2005	\$44.12	3	NO
W	59025	FETAL NON-STRESS TEST	10/1/2005	\$28.80	3	NO
W	59100	HYSTEROTOMY, ABDOMINAL (EG, FOR	10/1/2005	\$112.57	3	NO
W	59120	SURG TREAT OF ECTOPIC PREG;TUB O	10/1/2005	\$105.72	3	NO
W	59121	SURGICAL TREATMENT OF ECTOPIC PR	10/1/2005	\$107.54	3	NO
W	59130	SURGICAL TREATMENT OF ECTOPIC PR	10/1/2005	\$115.94	3	NO
W	59135	SURGICAL TREATMENT OF ECTOPIC PR	10/1/2005	\$126.38	3	NO
W	59136	SURGICAL TREATMENT OF ECTOPIC PR	10/1/2005	\$118.70	3	NO
W	59140	SURGICAL TREATMENT OF ECTOPIC PR	10/1/2005	\$46.45	3	NO
W	59150	LAPAROSCOPIC TREATMENT OF ECTOPI	10/1/2005	\$105.82	3	NO
W	59151	LAPAROSCOPIC TREATMENT OF ECTOPI	10/1/2005	\$104.99	3	NO
W	59350	HYSTERORRHAPHY OF RUPTURED UTERU	10/1/2005	\$41.42	3	NO
W	59400	ROUTINE OBSTETRIC CARE INCLUDING	10/1/2005	\$1,698.66	3	NO
W	59409	VAGINAL DELIVERY ONLY WITH OR WI	10/1/2005	\$852.05	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	59410	VAGINAL DELIVERY ONLY (W/WO EPIS	10/1/2005	\$952.15	3	NO
W	59425	ANTEPARTUM CARE ONLY; 4-6 VISTS	10/1/2005	\$393.04	3	NO
W	59426	ANTEPARTUM CARE ONLY; 7 OR MORE	10/1/2005	\$689.09	3	NO
W	59430	POSTPARTUM CARE ONLY (SEPARATE P	10/1/2005	\$149.77	3	NO
W	59514	CEASAREAN DELIVERY ONLY	10/1/2005	\$201.14	3	NO
W	59525	SUBTOTAL OR TOTAL HYSTERECTOMY A	10/1/2005	\$106.78	3	NO
W	59620	CESAREAN DELIVERY ONLY, FOLLOWIN	10/1/2005	\$220.31	3	NO
W	59870	UTERINE EVACUATION AND CURETTAGE	10/1/2005	\$61.76	3	NO
W	59898	UNLISTED LAPAROSCOPY PROCEDURE,	10/1/2001	\$0.01	5	NO
W	59899	UNLISTED PROCEDURE MATERNITY CAR	1/1/1999	\$0.01	5	NO
W	60200	EXCISION OF CYST OR ADENOMA OF T	10/1/2005	\$85.79	3	NO
W	60210	PARTIAL THYROID LOBECTOMY, UNILA	10/1/2005	\$91.97	3	NO
W	60212	PARTIAL THYROID LOBECTOMY, UNILA	10/1/2005	\$132.86	3	NO
W	60220	TOTAL THYROID LOBECTOMY, UNILATE	10/1/2005	\$100.43	3	NO
W	60225	TOTAL THYROID LOBECTOMY, UNILATE	10/1/2005	\$120.41	3	NO
W	60240	THROIDECTOMY TOTAL OR COMPLETE	10/1/2005	\$132.19	3	NO
W	60252	THYROIDECTOMY TOTAL OR SUBTOTAL	10/1/2005	\$170.96	3	NO
W	60254	THYROIDECTOMY TOTAL OR SUBTOTAL	10/1/2005	\$226.91	3	NO
W	60260	THYROIDECTOMY, REMOVAL OF ALL RE	10/1/2005	\$145.42	3	NO
W	60270	THYROIDECTOMY, INCL SUBSTERNAL T	10/1/2005	\$171.11	3	NO
W	60271	THYROIDECTOMY, INCLUDING SUBSTER	10/1/2005	\$141.01	3	NO
W	60280	EXCISION OF THYROGLOSSAL DUCT CY	10/1/2005	\$57.40	3	NO
W	60281	EXCISION OF THYROGLOSSAL DUCT CY	10/1/2005	\$78.27	3	NO
W	60500	PARATHYROIDECTOMY OR EXPLORATION	10/1/2005	\$132.92	3	NO
W	60502	PARATHYROIDECTOMY OR EXPLORATION	10/1/2005	\$167.01	3	NO
W	60505	PARATHYROIDECTOMY OR EXPLORATION	10/1/2005	\$181.65	3	NO
W	60512	PARATHYROID AUTOTRANSPLANTATION	10/1/2005	\$34.25	3	NO
W	60520	THYMECTOMY, PARTIAL OR TOTAL; TR	10/1/2005	\$141.27	3	NO
W	60521	THYMECTOMY, PARTIAL OR TOAL; STE	10/1/2005	\$161.56	3	NO
W	60522	THYMECTOMY, PARTIAL OR TOTAL; ST	10/1/2005	\$194.83	3	NO
W	60540	ADRENALECTOMY, PART OR COMP, OR	10/1/2005	\$136.70	3	NO
W	60545	ADRENALECTOMY PARTIAL OR COMPLET	10/1/2005	\$158.14	3	NO
W	60600	EXCISION OF CAROTID BODY TUMOR W	10/1/2005	\$161.15	3	NO
W	60605	EXCISION OF CAROTID BODY TUMOR W	10/1/2005	\$181.23	3	NO
W	60650	LAPAROSCOPY, SURGICAL, WITH ADRE	10/1/2005	\$156.84	3	NO
W	60659	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
W	60699	UNLISTED PROCEDURE ENDOCRINE SYS	4/1/1982	\$0.01	5	NO
W	61001	SUBDURAL TAP THROUGH FONTANELLE	10/1/2005	\$14.06	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	61140	BURR HOLES OR TREPHINE WITH BIOP	10/1/2005	\$154.61	3	NO
W	61150	BURR HOLE(S) OR TREPHINE WITH DR	10/1/2005	\$167.07	3	NO
W	61151	BURR HOLE(S) OR TREPHINE WITH SU	10/1/2005	\$120.30	3	NO
W	61154	BURR HOLE(S) WITH EVACUATION AND	10/1/2005	\$148.02	3	NO
W	61156	BURR HOLE(S) WITH ASPIRATION OF	10/1/2005	\$156.63	3	NO
W	61210	BURR HOLE(S); FOR IMPLANTING VEN	10/1/2005	\$52.89	3	NO
W	61215	INSERTION OF SUBCUTANEOUS RESERV	10/1/2005	\$52.32	3	NO
W	61250	BURR HOLE(S) OR TREPHINE, SUPRAT	10/1/2005	\$103.70	3	NO
W	61253	BURR HOLES OR TREPHINE INFRATENT	10/1/2005	\$117.55	3	NO
W	61304	CRANIECTOMY OR CRANIOTOMY EXPLOR	10/1/2005	\$207.34	3	NO
W	61305	CRANIECTOMY OR CRANIOTOMY EXPLOR	10/1/2005	\$247.36	3	NO
W	61312	CRANIECTOMY OR CRANIOTOMY FOR EV	10/1/2005	\$237.23	3	NO
W	61313	CRANIECTOMY OR CRANIOTOMY FOR EV	10/1/2005	\$238.48	3	NO
W	61314	CRANIECTOMY OR CRANIOTOMY FOR EV	10/1/2005	\$224.93	3	NO
W	61315	CRANIECTOMY OR CRANIOTOMY FOR EV	10/1/2005	\$262.41	3	NO
W	61320	CRANIECTOMY OR CRANIOTOMY DRAINA	10/1/2005	\$241.70	3	NO
W	61321	CRANIECTOMY OR CRANIOTOMY DRAINA	10/1/2005	\$267.29	3	NO
W	61330	DECOMPRESSION OF ORBIT ONLY, TRA	10/1/2005	\$204.23	3	NO
W	61332	EXPLORATION OF ORBIT (TRANSCRANI	10/1/2005	\$246.21	3	NO
W	61333	EXPLORATION OF ORBIT (TRANSCRANI	10/1/2005	\$245.44	3	NO
W	61334	EXPLORATION OF ORBIT (TRANSCRANI	10/1/2005	\$158.81	3	NO
W	61340	SUBTEMPORAL CRANIAL DECOMPRESSIO	10/1/2005	\$178.22	3	NO
W	61343	CRANIECTOMY, SUBOCCIPITAL W/CERV	10/1/2005	\$279.90	3	NO
W	61345	OTHER CRANIAL DECOMPRESSION POST	10/1/2005	\$255.50	3	NO
W	61440	CRANIOTOMY FOR SECTION OF TENTOR	10/1/2005	\$247.15	3	NO
W	61450	CRANIECTOMY, SUBTEMPORAL, FOR SE	10/1/2005	\$238.32	3	NO
W	61458	CRANIECTOMY SUBOCCIPITAL FOR EXP	10/1/2005	\$256.80	3	NO
W	61460	CRANIECTOMY SUBOCCIPITAL FOR SEC	10/1/2005	\$262.82	3	NO
W	61470	CRANIECTOMY SUBOCCIPITAL; FOR ME	10/1/2005	\$237.18	3	NO
W	61480	CRANIECTOMY SUBOCCIPITAL FOR MES	10/1/2005	\$251.20	3	NO
W	61490	CRANIOTOMY FOR LOBOTOMY, INCLUDI	10/1/2005	\$242.84	3	NO
W	61500	CRANIECTOMY; WITH EXCISION OF TU	10/1/2005	\$169.30	3	NO
W	61501	CRANIECTOMY; FOR OSTEOMYELITIS	10/1/2005	\$140.29	3	NO
W	61510	CRANIECTOMY, TREPHINATION, BONE	10/1/2005	\$270.87	3	NO
W	61512	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$329.41	3	NO
W	61514	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$238.27	3	NO
W	61516	CRANIECTOY TREPHINATION BONE FLA	10/1/2005	\$233.65	3	NO
W	61518	CRANIECTOMY FOR EXCISION OF BRAI	10/1/2005	\$351.10	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	61519	CRANIECTOMY FOR EXCISION OF BRAI	10/1/2005	\$384.42	3	NO
W	61520	CRANIECTOMY FOR EXCISION OF BRAI	10/1/2005	\$497.20	3	NO
W	61521	CRANIECTOMY FOR EXCISION OF BRAI	10/1/2005	\$410.74	3	NO
W	61522	CRANIECTOMY INFRATENTORIAL OR PO	10/1/2005	\$276.37	3	NO
W	61524	CRANIECTOMY INFRATENTORIAL OR PO	10/1/2005	\$260.23	3	NO
W	61526	CRANIECTOMY BONE FLAP CRANIOTOMY	10/1/2005	\$458.74	3	NO
W	61530	CRANIECTOMY BONE FLAP CRANIOTOMY	10/1/2005	\$388.42	3	NO
W	61533	CRANIOTOMY WITH ELEVATION OF BON	10/1/2005	\$187.51	3	NO
W	61534	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$199.04	3	NO
W	61535	CRANIECTOMY, TREPHINATION, BONE FL	10/1/2005	\$113.92	3	NO
W	61536	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$331.80	3	NO
W	61538	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$253.43	3	NO
W	61539	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$301.07	3	NO
W	61541	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$267.49	3	NO
W	61542	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$294.48	3	NO
W	61543	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$275.33	3	NO
W	61544	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$234.59	3	NO
W	61545	CRANIECTOMY, TREPHINATION, BONE	10/1/2005	\$404.09	3	NO
W	61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR	10/1/2005	\$291.73	3	NO
W	61548	HYPOPHYSECTOMY OR EXCISION OF PI	10/1/2005	\$195.25	3	NO
W	61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS	10/1/2005	\$116.98	3	NO
W	61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS	10/1/2005	\$154.14	3	NO
W	61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS;	10/1/2005	\$198.21	3	NO
W	61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS;	10/1/2005	\$216.47	3	NO
W	61558	EXTENSIVE CRANIECTOMY FOR MULTIP	10/1/2005	\$213.21	3	NO
W	61559	EXTENSIVE CRANIECTOMY FOR MULTIP	10/1/2005	\$313.74	3	NO
W	61563	EXCISION, INTRA AND EXTRACRANIAL	10/1/2005	\$244.66	3	NO
W	61564	EXCISION, INTRA AND EXTRACRANIAL	10/1/2005	\$315.19	3	NO
W	61570	CRANIECTOMY OR CRANIOTOMY;W/EXCI	10/1/2005	\$227.27	3	NO
W	61571	CRANIECTOMY OR CRANIOTOMY WITH T	10/1/2005	\$250.21	3	NO
W	61575	TRANSORAL APPROACH TO SKULL BASE	10/1/2005	\$306.42	3	NO
W	61576	TRANSORAL APP TO SKULL BASE, DECO	10/1/2005	\$480.54	3	NO
W	61580	CRANIOFACIAL APPROACH TO ANTERIO	10/1/2005	\$307.30	3	NO
W	61581	CRANIOFACIAL APPROACH TO ANTERIO	10/1/2005	\$321.05	3	NO
W	61582	CRANIOFACIAL APPROACH TO ANTERIO	10/1/2005	\$341.61	3	NO
W	61583	CRANIOFACIAL APPROACH TO ANTERIO	10/1/2005	\$361.17	3	NO
W	61584	ORBITOCRANIAL APPROACH TO ANTERI	10/1/2005	\$346.74	3	NO
W	61585	ORBITOCRANIAL APPROACH TO ANTERI	10/1/2005	\$373.68	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	61590	INFRA TEMPORAL PRE-AURICULAR APPR	10/1/2005	\$391.95	3	NO
W	61591	INFRA TEMPORAL POST_AURICULAR APP	10/1/2005	\$407.99	3	NO
W	61592	ORBITOCRANIAL ZYGOMATIC APPROACH	10/1/2005	\$391.27	3	NO
W	61595	TRANSTEMPORAL APPROACH TO POSTER	10/1/2005	\$289.29	3	NO
W	61596	TRANSCOCHLEAR APPROACH TO POSTER	10/1/2005	\$328.94	3	NO
W	61597	TRANSCONDYLAR APPROACH TO POST C	10/1/2005	\$359.15	3	NO
W	61598	TRANSPETROSAL APPROACH TO POST C	10/1/2005	\$322.40	3	NO
W	61600	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$255.35	3	NO
W	61601	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$283.79	3	NO
W	61605	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$280.57	3	NO
W	61606	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$376.22	3	NO
W	61607	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$346.12	3	NO
W	61608	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$407.67	3	NO
W	61609	TRANSECTION OR LIGATION,CAROTID	10/1/2005	\$89.58	3	NO
W	61610	TRANSECTION OR LIGATION, CAROTID	10/1/2005	\$261.42	3	NO
W	61611	TRANSECTION OR LIGATION, CAROTID	10/1/2005	\$67.99	3	NO
W	61612	TRANSECTION OR LIGATION,CAROTID	10/1/2005	\$235.78	3	NO
W	61613	OBLITERATION OF CAROTID ANEURYSM	10/1/2005	\$391.33	3	NO
W	61615	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$308.23	3	NO
W	61616	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$414.21	3	NO
W	61618	SECONDARY REPAIR OF DURA FOR CER	10/1/2005	\$160.99	3	NO
W	61619	2ND REPAIR OF DURA FOR CSF LEAK,	10/1/2005	\$191.04	3	NO
W	61680	SURGERY OF INTRACRANIAL ARTERIOV	10/1/2005	\$289.03	3	NO
W	61682	SURGERY OF INTRACRANIAL ARTERIOV	10/1/2005	\$566.70	3	NO
W	61684	SURGERY OF INTRACRANIAL ARTERIOV	10/1/2005	\$373.42	3	NO
W	61686	SURGERY OF INTRACRANIAL ARTERIOV	10/1/2005	\$598.20	3	NO
W	61690	SURGERY OF INTRACRANIAL ARTERIOV	10/1/2005	\$274.34	3	NO
W	61692	SURGERY OF INTRACRANIAL ARTERIOV	10/1/2005	\$480.33	3	NO
W	61700	SURGERY OF SIMPLE INTRACRANIAL A	10/1/2005	\$471.41	3	NO
W	61702	SURGERY OF INTRACRANIAL ANEURYSM	10/1/2005	\$439.54	3	NO
W	61703	SURGERY OF INTRACRANIAL ANEURYSM	10/1/2005	\$165.25	3	NO
W	61705	SURGERY OF ANEURYSM VASCULAR MAL	10/1/2005	\$332.99	3	NO
W	61708	SURGERY OF ANEURYSM VASCULAR MAL	10/1/2005	\$274.50	3	NO
W	61710	SURGERY OF ANEURYSM VASCULAR MAL	10/1/2005	\$1,238.85	3	NO
W	61711	ANASTOMOSIS ARTERIAL EXTRACRANIA	10/1/2005	\$338.60	3	NO
W	61850	TWIST DRILL OR BURR HOLE(S) FOR	10/1/2005	\$120.51	3	NO
W	61860	CRANIECTOMY OR CRANIOTOMY FOR IM	10/1/2005	\$196.18	3	NO
W	61862	TWIST DRILL, BURR HOLE, CRANIOTO	4/1/2004	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	61870	CRANIECTOMY FOR IMPLANTATION OF	10/1/2005	\$147.66	3	NO
W	61875	CRANIECTOMY FOR IMPLANTATION OF	10/1/2005	\$137.69	3	NO
W	61880	REVISION OR REMOVAL OF INTRACRAN	10/1/2005	\$64.51	3	NO
W	61886	INSERTION OR REPLACE OF CRANIAL	10/1/2005	\$421.95	3	NO
W	62005	ELEVATION OF DEPRESSED SKULL FRA	10/1/2005	\$148.85	3	NO
W	62010	ELEVATION OF DEPRESSED SKULL FRA	10/1/2005	\$188.35	3	NO
W	62100	CRANIOTOMY FOR REPAIR OF DURAL/C	10/1/2005	\$204.95	3	NO
W	62115	REDUCTION OF CRANIOMEGALIC SKULL	10/1/2005	\$201.01	3	NO
W	62116	REDUCTION OF CRANIOMEGALIC SKULL	10/1/2005	\$222.96	3	NO
W	62117	REDUCTION OF CRANIOMEGALIC SKULL	10/1/2005	\$240.87	3	NO
W	62120	REPAIR OF ENCEPHALOCELE,SKULL VA	10/1/2005	\$232.25	3	NO
W	62121	CRANIOTOMY WITH REPAIR OF ENCEPH	10/1/2005	\$213.21	3	NO
W	62140	CRANIOPLASTY FOR SKULL DEFECT UP	10/1/2005	\$129.91	3	NO
W	62141	CRANIOPLASTY FOR SKULL DEFECT; L	10/1/2005	\$142.31	3	NO
W	62142	REMOVAL OF BONE FLAP OR PROSTHET	10/1/2005	\$105.41	3	NO
W	62143	REPLACEMENT OF BONE FLAP OR PROS	10/1/2005	\$125.86	3	NO
W	62145	CRANIOPLASTY FOR SKULL DEFECT WI	10/1/2005	\$176.36	3	NO
W	62146	CRANIOPLASTY WITH AUTOGRAFT (INC	10/1/2005	\$151.81	3	NO
W	62147	CRANIOPLASTY WITH AUTOGRAFT (INC	10/1/2005	\$180.66	3	NO
W	62180	VENTRICULOCISTERNOSTOMY (TORKILD	10/1/2005	\$197.64	3	NO
W	62192	CREATION OF SHUNT; SUBARACHNOID/	10/1/2005	\$118.23	3	NO
W	62200	VENTRICULOCISTERNOSTOMY THIRD VE	10/1/2005	\$174.49	3	NO
W	62220	CREATION OF SHUNT VENTRICULO-ATR	10/1/2005	\$124.66	3	NO
W	62223	CREATION OF SHUNT; VENTRICULO-PE	10/1/2005	\$125.13	3	NO
W	62230	REPLACEMENT OR REVISION OF CEREB	10/1/2005	\$101.41	3	NO
W	62256	REMOVAL OF COMPLETE CEREBROSPINA	10/1/2005	\$67.11	3	NO
W	62258	REMOVAL OF COMPLETE SHUNT SYSTEM	10/1/2005	\$139.04	3	NO
W	62351	IMPLANTATION, REVISION OR REPOSI	10/1/2005	\$100.06	3	YES
W	63001	LAMINECTOMY W/EXPL AND/OR DECOMP	10/1/2005	\$150.30	3	YES
W	63003	LAMINECTOMY FOR DECOMPRESSION OF	10/1/2005	\$152.69	3	YES
W	63005	LAMINECTOMY FOR DECOMPRESSION OF	10/1/2005	\$146.05	3	YES
W	63011	LAMINECTOMY FOR DECOMPRESSION OF	10/1/2005	\$135.36	3	YES
W	63012	LAMINECTOMY WITH REMOVAL OF ABNO	10/1/2005	\$150.04	3	NO
W	63015	LAMINECTOMY W/EXPL AND/OR DECOMP	10/1/2005	\$185.96	3	YES
W	63016	LAMINECTOMY FOR DECOMPRESSION OF	10/1/2005	\$183.73	3	YES
W	63017	LAMINECTOMY FOR DECOMPRESSION OF	10/1/2005	\$155.03	3	YES
W	63020	LAMINOTOMY(HEMILAMINECTOMY),W/DE	10/1/2005	\$145.63	3	YES
W	63030	LAMINOTOMY,FOR DECOMPRESSION OF	10/1/2005	\$120.98	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	63035	LAMINOTOMY(HEMILAMINECTOMY),W/DE	10/1/2005	\$28.60	3	YES
W	63040	LAMINOTOMY(HEMILAMINECTOMY),W/DE	10/1/2005	\$180.46	3	YES
W	63042	LAMINOTOMY, WITH DECOMPRESSION O	10/1/2005	\$170.54	3	YES
W	63043	LAMINOTOMY, WITH DECOMPRESSION O	4/1/2004	\$27.77	3	YES
W	63044	LAMINOTOMY, WITH DECOMPRESSION O	4/1/2004	\$27.77	3	YES
W	63045	LAMINECTOMY,FACETECTOMY & FORAMI	10/1/2005	\$159.44	3	YES
W	63046	LAMINECTOMY, INC UNI/BI COMP FAC	10/1/2005	\$152.74	3	YES
W	63047	LAMINECTOMY, INC UNI OR BI COMP	10/1/2005	\$143.40	3	YES
W	63048	LAMINECTOMY,INC UNI/BI COMP FACE	10/1/2005	\$29.22	3	YES
W	63055	TRANSPEDICULAR APPROACH W/DECOMP	10/1/2005	\$208.74	3	YES
W	63056	TRANSPEDICULAR APPROACH FOR DECO	10/1/2005	\$194.42	3	YES
W	63057	TRANSPEDICULAR APPR FOR DECOMP O	10/1/2005	\$47.02	3	YES
W	63064	COSTOVERTEBRAL APPROACH W/DECOMP	10/1/2005	\$230.64	3	YES
W	63066	COSTOVERTEBRAL APPROACH FOR DECO	10/1/2005	\$29.01	3	YES
W	63075	DISKECTOMY,ANTERIOR,W/DECOMPRESS	10/1/2005	\$186.58	3	YES
W	63076	DISKECTOMY ANTERIOR FOR DECOMPRE	10/1/2005	\$36.43	3	YES
W	63077	DISKECTOMY, ANTR, FOR DECOMP OF	10/1/2005	\$508.10	3	YES
W	63078	DISKECTOMY,ANT,FOR DECOMP OF SPI	10/1/2005	\$28.80	3	YES
W	63081	VERTEBRAL CORPECTOMY(VERTEBRAL B	10/1/2005	\$225.09	3	YES
W	63082	VERTEBRAL CORPECTOMY,PART/COMP,A	10/1/2005	\$39.34	3	YES
W	63085	VERTEBRAL CORPECTOMY(VERTEBRAL B	10/1/2005	\$241.49	3	YES
W	63086	VERTEBRAL CORPECTOMY,PART/COMP,T	10/1/2005	\$27.66	3	YES
W	63087	VERTEBRAL CORPECTOMY(VERTEBRAL B	10/1/2005	\$314.62	3	YES
W	63088	VERTEBRAL CORPECTOMY,PART/COMP,C	10/1/2005	\$37.73	3	YES
W	63090	VERTEBRAL CORPECTOMY(VERTEBRAL B	10/1/2005	\$250.21	3	YES
W	63091	VERTEBRAL CORPECTOMY,PART/COMP,T	10/1/2005	\$25.74	3	YES
W	63170	LAMINECTOMY W/MYELOTOMY(EG,BISCH	10/1/2005	\$189.28	3	YES
W	63172	LAMINECTOMY W/DRAINAGE OF INTRAM	10/1/2005	\$169.40	3	YES
W	63173	LAMINECTOMY FOR DRAINAGE OF INTR	10/1/2005	\$209.68	3	YES
W	63180	LAMINECTOMY AND SECTION OF DENTA	10/1/2005	\$172.00	3	YES
W	63182	LAMINECTOMY AND SECTION OF DENTA	10/1/2005	\$190.32	3	YES
W	63185	LAMINECTOMY W/RHIZOTOMY; ONE OR	10/1/2005	\$133.75	3	YES
W	63190	LAMINECTOMY FOR RHIZOTOMY; MORE	10/1/2005	\$159.64	3	YES
W	63191	LAMINECTOMY W/SECTION OF SPINAL	10/1/2005	\$177.86	3	YES
W	63194	LAMINECTOMY W/CORDOTOMY, W/SECTI	10/1/2005	\$176.98	3	YES
W	63195	LAMINECTOMY FOR CORDOTOMY, WITH	10/1/2005	\$179.99	3	YES
W	63196	LAMINECTOMY W/CORDOTOMY,W/SECTIO	10/1/2005	\$214.71	3	YES
W	63197	LAMINECTOMY FOR CORDOTOMY, WITH	10/1/2005	\$200.39	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	63198	LAMINECTOMY W/CORDOTOMY W/SECTIO	10/1/2005	\$208.48	3	YES
W	63199	LAMINECTOMY FOR CORDOTOMY WITH S	10/1/2005	\$224.62	3	YES
W	63200	LAMINECTOMY, W/RELEASE OF TETHER	10/1/2005	\$182.53	3	YES
W	63250	LAMINECTOMY FOR EXCISION OF OCCL	10/1/2005	\$360.96	3	YES
W	63251	LAMINECTOMY FOR EXCISION OR OCCL	10/1/2005	\$382.19	3	YES
W	63252	LAMINECTOMY FOR EXCISION OF OCCL	10/1/2005	\$381.10	3	YES
W	63265	LAMINECTOMY FOR EXCISION OR EVAC	10/1/2005	\$205.37	3	YES
W	63266	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$211.80	3	YES
W	63267	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$172.57	3	YES
W	63268	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$168.47	3	YES
W	63270	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$253.17	3	YES
W	63271	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$253.84	3	YES
W	63272	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$238.74	3	YES
W	63273	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$229.76	3	YES
W	63275	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$223.22	3	YES
W	63276	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$221.51	3	YES
W	63277	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$198.10	3	YES
W	63278	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$193.64	3	YES
W	63280	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$267.91	3	YES
W	63281	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$265.05	3	YES
W	63282	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$249.48	3	YES
W	63283	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$237.86	3	YES
W	63285	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$336.62	3	YES
W	63286	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$333.92	3	YES
W	63287	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$341.81	3	YES
W	63290	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$345.86	3	YES
W	63300	VERTEBRAL CORPECTOMY, PART/COMP,	10/1/2005	\$229.61	3	YES
W	63301	VERT CORPECT, PART/COMP, FOR EXC	10/1/2005	\$249.17	3	YES
W	63302	VERT CORP, PART/COMP, FOR EXCIS	10/1/2005	\$253.43	3	YES
W	63303	VERT CORP,PART/COMP,FOR EXCIS OF	10/1/2005	\$269.05	3	YES
W	63304	VERTEBRAL CORPECTOMY, PART/COMP,	10/1/2005	\$279.74	3	YES
W	63305	VERT CORPECT, PART/COMP, FOR EXC	10/1/2005	\$288.98	3	YES
W	63306	VERT CORP, PART/COMP, FOR EXCISI	10/1/2005	\$302.16	3	YES
W	63307	VERT CORP,PART/COMP,FOR EXCIS OF	10/1/2005	\$274.08	3	YES
W	63308	VERTEBRAL CORPECTOMY, PART/COMP,	10/1/2005	\$47.23	3	YES
W	63655	LAMINECTOMY FOR IMPLANTATION OF	10/1/2005	\$101.15	3	NO
W	63685	INSERTION OR REPLACE OF SPINAL N	10/1/2005	\$63.27	3	NO
W	63700	REPAIR OF MENINGOCELE LESS THAN	10/1/2005	\$156.89	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	63702	REPAIR OF MENINGOCELE; LARGER TH	10/1/2005	\$174.23	3	NO
W	63704	REPAIR OF MYELOMENINGOCELE LESS	10/1/2005	\$200.33	3	NO
W	63706	REPAIR OF MYELOMENINGOCELE; LARG	10/1/2005	\$227.43	3	NO
W	63707	REPAIR OF DURAL/CEREBROSPINAL FL	10/1/2005	\$110.81	3	NO
W	63709	REPAIR OF DURAL/CEREBROSPINAL FL	10/1/2005	\$138.62	3	NO
W	63710	DURAL GRAFT SPINAL	10/1/2005	\$137.12	3	NO
W	63740	CREATION OF SHUNT,LUMBAR,SUBARAC	10/1/2005	\$110.86	3	NO
W	63741	CREATION OF SHUNT, LUMBAR, SUBAR	10/1/2005	\$75.67	3	NO
W	63744	REPLACEMENT IRRIGATION OR REVISI	10/1/2005	\$78.37	3	NO
W	64400	INJECTION ANESTHETIC AGENT TRIGE	10/1/2005	\$80.19	3	NO
W	64402	INJECTION ANESTHETIC AGENT; FACI	10/1/2005	\$76.55	3	NO
W	64405	INJECTION ANESTHETIC AGENT; GREA	10/1/2005	\$74.22	3	NO
W	64408	INJECTION ANESTHETIC AGENT VAGUS	10/1/2005	\$80.19	3	NO
W	64410	INJECTION ANESTHETIC AGENT; PHRE	10/1/2005	\$104.58	3	NO
W	64412	INJECTION ANESTHETIC AGENT; SPIN	10/1/2005	\$101.46	3	NO
W	64413	INJECTION ANESTHETIC AGENT; CERV	10/1/2005	\$86.41	3	NO
W	64415	INJECTION, ANESTHETIC AGENT; BRA	10/1/2005	\$113.66	3	NO
W	64417	INJECTION ANESTHETIC AGENT; AXIL	10/1/2005	\$118.85	3	NO
W	64418	INJECTION ANESTHETIC AGENT; SUPR	10/1/2005	\$104.32	3	NO
W	64420	INJECTION ANESTHETIC AGENT; INTE	10/1/2005	\$133.64	3	NO
W	64421	INJECTION ANESTHETIC AGENT; INTE	10/1/2005	\$204.49	3	NO
W	64425	INJECTION ANESTHETIC AGENT; ILIO	10/1/2005	\$91.86	3	NO
W	64430	INJECTION ANESTHETIC AGENT; PUDE	10/1/2005	\$105.88	3	NO
W	64435	INJECTION ANESTHETIC AGENT; PARA	10/1/2005	\$106.91	3	NO
W	64445	INJECTION, ANESTHETIC AGENT; SCI	10/1/2005	\$110.29	3	NO
W	64450	INJECTION ANESTHETIC AGENT; OTHE	10/1/2005	\$68.51	3	NO
W	64505	INJECTION ANESTHETIC AGENT SPHEN	10/1/2005	\$70.07	3	NO
W	64508	INJECTION ANESTHETIC AGENT; CARO	10/1/2005	\$117.03	3	NO
W	64510	INJECTION ANESTHETIC AGENT; STEL	10/1/2005	\$123.00	3	NO
W	64520	INJECTION ANESTHETIC AGENT; LUMB	10/1/2005	\$170.49	3	NO
W	64580	INCISION FOR IMPLANTATION OF NEU	10/1/2005	\$41.62	3	NO
W	64585	REVISION OR REMOVAL OF PERIPHERA	10/1/2005	\$70.27	3	NO
W	64590	INCISION & SUBCUTANEOUS PLACE OF	10/1/2005	\$50.60	3	NO
W	64704	NEUROLYSIS; NERVE OF HAND OR FOO	10/1/2005	\$44.01	3	NO
W	64708	NEUROPLASTY, MAJOR PERIPHERAL NE	10/1/2005	\$61.81	3	NO
W	64712	NEUROLYSIS MAJOR PERIPHERAL NERV	10/1/2005	\$71.05	3	NO
W	64713	NEUROLYSIS MAJOR PERIPHERAL NERV	10/1/2005	\$96.48	3	NO
W	64714	NEUROLYSIS MAJOR PERIPHERAL NERV	10/1/2005	\$81.48	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	64716	NEUROPLASTY AND/OR TRANSPOSITION	10/1/2005	\$67.05	3	NO
W	64722	DECOMPRESSION UNSPECIFIED NERVES	10/1/2005	\$42.82	3	NO
W	64732	TRANSECTION OR AVULSION OF SUPRA	10/1/2005	\$45.88	3	NO
W	64736	TRANSECTION OR AVULSION OF; MENT	10/1/2005	\$47.38	3	NO
W	64738	TRANSECTION OR AVULSION OF; INFE	10/1/2005	\$59.17	3	NO
W	64740	TRANSECTION OR AVULSION OF; LING	10/1/2005	\$59.11	3	NO
W	64742	TRANSECTION OR AVULSION OF; FACI	10/1/2005	\$60.41	3	NO
W	64746	TRANSECTION OR AVULSION OF; PHRE	10/1/2005	\$58.34	3	NO
W	64752	TRANSECTION OR AVULSION OF; VAGU	10/1/2005	\$63.58	3	NO
W	64755	TRANSECTION OR AVULSION OF; VAGU	10/1/2005	\$108.68	3	NO
W	64760	TRANSECTION OR AVULSION OF; VAGU	10/1/2005	\$58.02	3	NO
W	64761	TRANSECTION OR AVULSION OF; PUDE	10/1/2005	\$54.24	3	NO
W	64763	TRANSECTION OR AVULSION OF OBTUR	10/1/2005	\$67.73	3	NO
W	64766	TRANSECTION OR AVULSION OF OBTUR	10/1/2005	\$77.64	3	NO
W	64771	TRANSECTION OR AVULSION OF OTHER	10/1/2005	\$73.23	3	NO
W	64772	TRANSECTION OR AVULSION OF OTHER	10/1/2005	\$69.60	3	NO
W	64774	EXCISION OF NEUROMA CUTANEOUS NE	10/1/2005	\$252.75	3	NO
W	64778	EXCISION OF NEUROMA; DIGITAL NER	10/1/2005	\$131.31	3	NO
W	64784	EXCISION OF NEUROMA; MAJOR PERIP	10/1/2005	\$462.43	3	NO
W	64786	EXCISION OF NEUROMA; SCIATIC NER	10/1/2005	\$144.28	3	NO
W	64792	EXCISION OF NEUROFIBROMA OR NEUR	10/1/2005	\$135.36	3	NO
W	64802	SYMPATHECTOMY, CERVICAL	10/1/2005	\$80.70	3	NO
W	64804	SYMPATHECTOMY, CERVICOTHORACIC	10/1/2005	\$123.89	3	NO
W	64809	SYMPATHECTOMY, THORACOLUMBAR	10/1/2005	\$108.52	3	NO
W	64818	SYMPATHECTOMY, LUMBAR	10/1/2005	\$87.61	3	NO
W	64835	SUTURE OF ONE NERVE HAND OR FOOT	10/1/2005	\$105.25	3	NO
W	64836	SUTURE OF ONE NERVE HAND OR FOOT	10/1/2005	\$105.05	3	NO
W	64837	SUTURE OF EACH ADDITIONAL NERVE	10/1/2005	\$54.18	3	NO
W	64840	SUTURE OF POSTERIOR TIBIAL NERVE	10/1/2005	\$117.35	3	NO
W	64857	SUTURE OF MAJOR PERIPHERAL NERVE	10/1/2005	\$136.60	3	NO
W	64858	SUTURE OF SCIATIC NERVE	10/1/2005	\$158.50	3	NO
W	64859	SUTURE OF EACH ADDITIONAL MAJOR	10/1/2005	\$36.90	3	NO
W	64861	SUTURE OF BRACHIAL PLEXUS	10/1/2005	\$181.81	3	NO
W	64862	SUTURE OF; LUMBAR PLEXUS	10/1/2005	\$184.87	3	NO
W	64864	SUTURE OF FACIAL NERVE EXTRACRAN	10/1/2005	\$117.24	3	NO
W	64865	SUTURE OF FACIAL NERVE; INTRATEM	10/1/2005	\$157.21	3	NO
W	64866	ANASTOMOSIS FACIAL-SPINAL ACCESS	10/1/2005	\$160.42	3	NO
W	64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	10/1/2005	\$139.51	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	64870	ANASTOMOSIS; FACIAL-PHRENIC	10/1/2005	\$134.89	3	NO
W	64872	SUTURE OF NERVE REQUIRING SECOND	10/1/2005	\$17.44	3	NO
W	64874	SUTURE OF NERVE; REQUIRING EXTEN	10/1/2005	\$25.59	3	NO
W	64876	SUTURE OF NERVE REQUIRING SHORTE	10/1/2005	\$28.96	3	NO
W	64885	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$159.70	3	NO
W	64886	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$188.71	3	NO
W	64890	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$142.21	3	NO
W	64891	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$131.41	3	NO
W	64892	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$134.63	3	NO
W	64893	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$145.53	3	NO
W	64895	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$163.07	3	NO
W	64896	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$179.42	3	NO
W	64897	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$163.07	3	NO
W	64898	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$176.46	3	NO
W	64901	NERVE GRAFT EACH ADDITIONAL NERV	10/1/2005	\$87.35	3	NO
W	64902	NERVE GRAFT EACH ADDITIONAL NERV	10/1/2005	\$100.22	3	NO
W	64905	NERVE PEDICLE TRANSFER FIRST STA	10/1/2005	\$127.00	3	NO
W	64907	NERVE PEDICLE TRANSFER; SECOND S	10/1/2005	\$178.80	3	NO
W	65105	ENUCLEATION OF EYE; WITH IMPLANT	10/1/2005	\$100.53	3	NO
W	65110	EXENTERATION OF ORBIT (DOES NOT	10/1/2005	\$147.60	3	NO
W	65112	EXENTERATION OF ORBIT (DOES NOT	10/1/2005	\$175.79	3	NO
W	65114	EXENTERATION OF ORBIT, REMOVAL O	10/1/2005	\$180.92	3	NO
W	65130	INSERTION OF OCULAR IMPLANT SECO	10/1/2005	\$86.41	3	NO
W	65135	INSERTION OF OCULAR IMPLANT SECO	10/1/2005	\$88.28	3	NO
W	65140	INSERTION OF OCULAR IMPLANT SECO	10/1/2005	\$95.03	3	NO
W	65155	REINSERTION OF OCULAR IMPLANT WI	10/1/2005	\$101.88	3	NO
W	65175	REMOVAL OF OCULAR IMPLANT (FOR O	10/1/2005	\$78.32	3	NO
W	65260	REMOVAL OF FOREIGN BODY INTRAOCU	10/1/2005	\$109.82	3	NO
W	65265	REMOVAL OF FOREIGN BODY INTRAOCU	10/1/2005	\$123.63	3	NO
W	65272	REPAIR OF LACERATION; CONJUNCTIV	10/1/2005	\$60.83	3	NO
W	65273	REPAIR OF LACERATION; CONJUNCTIV	10/1/2005	\$42.30	3	NO
W	65285	REPAIR OF LACERATION; CORNEA AND	10/1/2005	\$117.97	3	NO
W	65290	REPAIR OF WOUND, EXTRAOCULAR MUS	10/1/2005	\$54.29	3	NO
W	65710	KERATOPLASTY (CORNEAL TRANSPLANT	10/1/2005	\$125.23	3	NO
W	65730	KERATOPLASTY (CORNEAL TRANSPLANT	10/1/2005	\$139.87	3	NO
W	65750	KERATOPLASTY (CORNEAL TRANSPLANT	10/1/2005	\$143.71	3	NO
W	65755	KERATOPLASTY (CORNEAL TRANSPLANT	10/1/2005	\$142.67	3	NO
W	65770	KERATOPROSTHESIS	10/1/2005	\$163.95	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	65865	SEVERING ADHESIONS OF ANTERIOR S	10/1/2005	\$59.63	3	NO
W	65870	SEVERING ADHESIONS OF ANTERIOR S	10/1/2005	\$67.37	3	NO
W	65875	SEVERING ADHESIONS OF ANTERIOR S	10/1/2005	\$70.79	3	NO
W	65880	SEVERING ADHESIONS OF ANTERIOR S	10/1/2005	\$75.05	3	NO
W	65900	REMOVAL OF EPITHELIAL DOWNGROWTH	10/1/2005	\$112.78	3	NO
W	65920	REMOVAL OF IMPLANTED MATERIAL, A	10/1/2005	\$88.07	3	NO
W	66150	FISTULIZATION OF SCLERA FOR GLAU	10/1/2005	\$94.20	3	NO
W	66160	FISTULIZATION OF SCLERA FOR GLAU	10/1/2005	\$108.16	3	NO
W	66165	FISTULIZATION OF SCLERA FOR GLAU	10/1/2005	\$91.55	3	NO
W	66170	FISTULIZATION OF SCLERA FOR GLAU	10/1/2005	\$129.49	3	NO
W	66172	FISTULIZATION OF SCLERA FOR GLAU	10/1/2005	\$160.68	3	NO
W	66180	AQUEOUS SHUNT TO EXTRAOCULAR RES	10/1/2005	\$134.94	3	NO
W	66185	REVISION OF AQUEOUS SHUNT TO EXT	10/1/2005	\$82.57	3	NO
W	66220	REPAIR OF SCLERAL STAPHYLOMA; WI	10/1/2005	\$79.30	3	NO
W	66225	FEPAIR OF SCLERAL STAPHYLOMA; WI	10/1/2005	\$105.36	3	NO
W	66250	REVISION OR REPAIR OF OPERATIVE	10/1/2005	\$93.21	3	NO
W	66500	IRIDOTOMY BY STAB INCISION (SEPA	10/1/2005	\$44.22	3	NO
W	66505	IRIDOTOMY BY STAB INCISION (SEPA	10/1/2005	\$48.06	3	NO
W	66600	IRIDECTOMY WITH CORNEOSCLERAL OR	10/1/2005	\$449.71	3	NO
W	66605	IRIDECTOMY WITH CORNEOSCLERAL OR	10/1/2005	\$122.28	3	NO
W	66680	REPAIR OF IRIS CILIARY BODY (AS	10/1/2005	\$56.93	3	NO
W	66682	SUTURE OF IRIS CILIARY BODY (SEP	10/1/2005	\$68.09	3	NO
W	66986	EXCHANGE OF INTRAOCULAR LENS	10/1/2005	\$114.28	3	NO
W	67005	REMOVAL OF VITREOUS ANTERIOR APP	10/1/2005	\$56.21	3	NO
W	67010	REMOVAL OF VITREOUS, ANTERIOR AP	10/1/2005	\$65.45	3	NO
W	67015	ASPIRATION OR RELEASE OF VITREOU	10/1/2005	\$71.10	3	NO
W	67025	INJECTION OF VITREOUS SUBSTITUTE	10/1/2005	\$85.06	3	NO
W	67030	DISCISSION OF VITREOUS STRANDS (	10/1/2005	\$56.67	3	NO
W	67036	VITRECTOMY, MECHANICAL, PARS PLA	10/1/2005	\$111.95	3	NO
W	67038	VITRECTOMY, MECHANICAL, PARS PLA	10/1/2005	\$195.87	3	NO
W	67039	VITRECTOMY, MECHANICAL, PARS PLA	10/1/2005	\$142.15	3	NO
W	67040	VITRECTOMY, MECHANICAL, PARS PLA	10/1/2005	\$164.68	3	NO
W	67107	REPAIR OF RETINAL DETACHMENT; SC	10/1/2005	\$139.35	3	NO
W	67108	REPAIR OF RETINAL DETACHMENT; W/	10/1/2005	\$188.03	3	NO
W	67112	REPAIR OF RETINAL DETACHMENT; BY	10/1/2005	\$152.95	3	NO
W	67115	RELEASE OF ENCIRCLING MATERIAL (	10/1/2005	\$53.51	3	NO
W	67120	REMOVAL OF IMPLANTED MATERIAL, P	10/1/2005	\$77.07	3	NO
W	67121	REMOVAL OF IMPLANTED MATERIAL PO	10/1/2005	\$102.29	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	67218	DESTRUCTION OF LOCALIZED LESION	10/1/2005	\$163.85	3	NO
W	67250	SCLERAL REINFORCEMENT (SEPARATE	10/1/2005	\$94.93	3	NO
W	67255	SCLERAL REINFORCEMENT (SEPARATE	10/1/2005	\$99.75	3	NO
W	67314	STRABISMUS SURGERY, RECESSIO	10/1/2005	\$75.00	3	YES
W	67316	STRABISMUS SURGERY, RECESSIO	10/1/2005	\$91.55	3	YES
W	67318	STRABISMUS SURGERY, ANY METHOD (	10/1/2005	\$78.78	3	YES
W	67320	TRANSPOSITION PROC(EG,FOR PARETI	10/1/2005	\$33.74	3	NO
W	67331	STRABISMUS SURG ON PATIENT W/PRE	10/1/2005	\$31.61	3	NO
W	67332	STRABISMUS SURG ON PATIENT W/SCA	10/1/2005	\$34.98	3	NO
W	67334	STRABISMUS SURGERY BY POSTERIOR	10/1/2005	\$30.93	3	YES
W	67340	STRABISMUS SURGERY INVOLVING EXP	10/1/2005	\$38.25	3	YES
W	67343	RELEASE OF EXTENSIVE SCAR TISSUE	10/1/2004	\$78.06	3	NO
W	67399	UNLISTED PROCEDURE OCULAR MUSCLE	2/1/1994	\$0.01	5	NO
W	67400	ORBITOTOMY W/OUT BONE FLAP (FRON	10/1/2005	\$112.00	3	NO
W	67405	ORBITOTOMY WITHOUT BONE FLAP (FR	10/1/2005	\$94.20	3	NO
W	67412	ORBITOTOMY WITHOUT BONE FLAP (FR	10/1/2005	\$108.73	3	NO
W	67413	ORBITOTOMY WITHOUT BONE FLAP (FR	10/1/2005	\$110.55	3	NO
W	67414	ORBITOTOMY W/OUT BONE FLAP; W/RE	10/1/2005	\$123.57	3	NO
W	67420	ORBITOTOMY WITH BONE FLAP OR WIN	10/1/2005	\$200.54	3	NO
W	67430	ORBITOTOMY WITH BONE FLAP LATERA	10/1/2005	\$151.39	3	NO
W	67440	ORBITOTOMY WITH BONE FLAP OR WIN	10/1/2005	\$145.84	3	NO
W	67445	ORBITOTOMY W/BONE FLAP OR WINDOW	10/1/2005	\$151.76	3	NO
W	67450	ORBITOTOMY WITH BONE FLAP LATERA	10/1/2005	\$150.04	3	NO
W	67550	ORBITAL IMPLANT (IMPLANT OUTSIDE	10/1/2005	\$115.22	3	NO
W	67560	ORBITAL IMPLANT (IMPLANT OUTSIDE	10/1/2005	\$116.98	3	NO
W	67570	OPTIC NERVE DECOMPRESSION (EG, I	10/1/2005	\$144.96	3	NO
W	67599	UNLISTED PROCEDURE ORBIT	4/1/1982	\$0.01	5	NO
W	67901	REPAIR OF BLEPHAROPTOSIS; FRONTA	10/1/2005	\$66.80	3	YES
W	67902	REPAIR OF BLEPHAROPTOSIS; FRONTA	10/1/2005	\$67.11	3	YES
W	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO	10/1/2005	\$85.06	3	YES
W	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO	10/1/2005	\$84.55	3	YES
W	67906	REPAIR OF BLEPHAROPTOSIS; SUPERI	10/1/2005	\$65.45	3	YES
W	67908	REPAIR OF BLEPHAROPTOSIS; CONJUN	10/1/2005	\$62.49	3	YES
W	67950	CANTHOPLASTY (RECONSTRUCTION OF	10/1/2005	\$76.81	3	NO
W	67961	EXCISION & REP OF EYELID INVOLVI	10/1/2005	\$76.24	3	NO
W	67966	EXCISION AND REPAIR OF EYELID IN	10/1/2005	\$83.35	3	NO
W	67971	RECONSTRUCTION OF EYELID, FULL T	10/1/2005	\$91.29	3	NO
W	67973	RECONSTRUCTION OF EYELID FULL TH	10/1/2005	\$118.90	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	67974	RECONSTRUCTION OF EYELID FULL TH	10/1/2005	\$118.33	3	NO
W	68320	CONJUNCTIVOPLASTY WITH CONJUNCTI	10/1/2005	\$87.81	3	NO
W	68325	CONJUNCTIVOPLASTY; WITH BUCCAL M	10/1/2005	\$74.37	3	NO
W	68326	CONJUNCTIVOPLASTY RECONSTRUCTION	10/1/2005	\$72.30	3	NO
W	68335	REPAIR OF SYMBLEPHARON; WITH FRE	10/1/2005	\$72.24	3	NO
W	68362	CONJUNCTIVAL FLAP; TOTAL (SUCH A	10/1/2005	\$73.13	3	NO
W	68500	EXCISION OF LACRIMAL GLAND (DACR	10/1/2005	\$110.44	3	NO
W	68505	EXCISION OF LACRIMAL GLAND (DACR	10/1/2005	\$114.91	3	NO
W	68540	EXCISION OF LACRIMAL GLAND TUMOR	10/1/2005	\$106.81	3	NO
W	68550	EXCISION OF LACRIMAL GLAND TUMOR	10/1/2005	\$131.72	3	NO
W	68720	DACRYOCYSTORHINOSTOMY (FISTULIZA	10/1/2005	\$89.79	3	NO
W	68745	CONJUNCTIVORHINOSTOMY (FISTULIZA	10/1/2005	\$88.18	3	NO
W	68750	CONJUNCTIVORHINOSTOMY (FISTULIZA	10/1/2005	\$90.25	3	NO
W	69090	EAR PIERCING	4/1/1982	NC	9	NO
W	69150	RADICAL EXCISION EXTERNAL AUDITO	10/1/2005	\$145.63	3	NO
W	69155	RADICAL EXCISION EXTERNAL AUDITO	10/1/2005	\$219.49	3	NO
W	69210	REMOVAL IMPACTED CERUMEN (SEPARA	10/1/2005	\$33.48	3	NO
W	69320	RECONSTRUCTION EXTERNAL AUDITORY	10/1/2005	\$208.48	3	NO
W	69410	FOCAL APPLICATION OF PHASE CONTR	1/1/2006	INVALID	N	NO
W	69501	TRANSMASTOID ANTROTOMY (SIMPLE M	10/1/2005	\$97.73	3	NO
W	69530	PETROUS APICECTOMY INCLUDING RAD	10/1/2005	\$219.59	3	NO
W	69535	RESECTION TEMPORAL BONE EXTERNAL	10/1/2005	\$368.02	3	NO
W	69550	EXCISION AURAL GLOMUS TUMOR TRAN	10/1/2005	\$138.73	3	NO
W	69552	EXCISION AURAL GLOMUS TUMOR; TRA	10/1/2005	\$216.27	3	NO
W	69554	EXCISION AURAL GLOMUS TUMOR; EXT	10/1/2005	\$448.05	3	NO
W	69604	REVISION MASTOIDECTOMY; RESULTIN	10/1/2005	\$149.52	3	NO
W	69605	REVISION MASTOIDECTOMY; WITH API	10/1/2005	\$212.27	3	NO
W	69650	STAPES MOBILIZATION	10/1/2005	\$105.56	3	NO
W	69670	MASTOID OBLITERATION (SEPARATE P	10/1/2005	\$125.18	3	NO
W	69676	TYMPANIC NEURECTOMY	10/1/2005	\$109.30	3	NO
W	69700	CLOSURE POSTAURICULAR FISTULA MA	10/1/2005	\$94.09	3	NO
W	69711	REMOVAL OR REPAIR OF ELECTROMAGN	10/1/2005	\$114.39	3	NO
W	69720	DECOMPRESSION FACIAL NERVE INTRA	10/1/2005	\$156.01	3	NO
W	69725	DECOMPRESSION FACIAL NERVE INTRA	10/1/2005	\$248.55	3	NO
W	69740	SUTURE FACIAL NERVE INTRATEMPORA	10/1/2005	\$158.92	3	NO
W	69745	SUTURE FACIAL NERVE INTRATEMPORA	10/1/2005	\$170.08	3	NO
W	69802	LABYRINTHOTOMY WITH OR WITHOUT C	10/1/2005	\$137.33	3	NO
W	69805	ENDOLYMPHATIC SAC OPERATION WITH	10/1/2005	\$139.09	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	69820	FENESTRATION SEMICIRCULAR CANAL	10/1/2005	\$116.46	3	NO
W	69840	REVISION FENESTRATION OPERATION	10/1/2005	\$125.60	3	NO
W	69905	LABYRINTHECTOMY TRANSCANAL	10/1/2005	\$121.71	3	NO
W	69915	VESTIBULAR NERVE SECTION TRANSLA	10/1/2005	\$204.12	3	NO
W	69950	VESTIBULAR NERVE SECTION TRANSCR	10/1/2005	\$242.68	3	NO
W	69955	TOTAL FACIAL NERVE DECOMPRESSION	10/1/2005	\$263.86	3	NO
W	69960	DECOMPRESSION INTERNAL AUDITORY	10/1/2005	\$255.35	3	NO
W	69970	REMOVAL OF TUMOR	10/1/2005	\$289.86	3	NO
W	69990	MICROSURGICAL TECHNIQUES, REQUIR	10/1/2005	\$31.56	3	NO
W	90385	RHO(D) IMMUNE GLOBULIN (RHIG), H	12/1/2004	\$53.90	3	NO
W	90465	IMMUNIZATION ADMINISTRATION UNDE	10/1/2005	\$12.72	3	NO
W	90466	IMMUNIZATION ADMINISTRATION UNDE	10/1/2005	\$7.53	3	NO
W	90471	IMMUNIZATION ADMIN; ONE VACCINE	10/1/2005	\$12.72	3	NO
W	90472	IMMUNIZATION ADMIN; EACH ADDITIO	10/1/2005	\$7.53	3	NO
W	90656	INFLUENZA VIRUS VACCINE, SPLIT V	10/1/2005	\$14.50	3	NO
W	90658	INFLUENZA VIRUS VACCINE, SPLIT V	10/1/2005	\$13.19	3	NO
W	90659	INFLUENZA VIRUS VACCINE, WHOLE V	4/1/2004	INVALID	N	NO
W	90703	IMMUNIZATION ACTIVE; TETANUS TOX	4/1/2005	\$22.00	3	NO
W	90704	IMMUNIZATION ACTIVE; MUMPS VIRUS	2/20/2006	\$23.87	3	NO
W	90705	IMMUNIZATION ACTIVE; MEASLES VIR	2/20/2006	\$20.56	3	NO
W	90706	IMMUNIZATION ACTIVE; RUBELLA VIR	2/20/2006	\$20.55	3	NO
W	90707	IMMUNIZATION ACTIVE; MEASLES MUM	2/20/2006	\$58.51	3	NO
W	90708	IMMUNIZATION ACTIVE; MEASLES AND	7/1/1990	\$23.90	3	NO
W	90709	IMMUNIZATION ACTIVE; RUBELLA AND	7/1/2003	INVALID	N	NO
W	90710	IMMUNIZATION, ACTIVE; MEASLES, M	8/1/2005	NC	9	NO
W	90712	IMMUNIZATION ACTIVE; POLIOVIRUS	5/1/2000	NC	9	NO
W	90713	POLIOVIRUS VACCINE, INACTIVATED,	2/20/2006	\$27.06	3	NO
W	90715	TETANUS, DIPHTHERIA TOXOIDS AND	6/1/2005	\$43.50	3	NO
W	90716	IMMUNIZATION, ACTIVE; VARICELLA	2/20/2006	\$95.77	3	NO
W	90717	IMMUNIZATION ACTIVE; YELLOW FEVE	#####	NC	9	NO
W	90718	TETANUS AND DIPHTHERIA TOXOIDS (	2/27/2006	\$22.50	3	NO
W	90719	IMMUNIZATION ACTIVE; DIPHTHERIA	7/1/1990	\$8.32	3	NO
W	90720	IMMUNIZATION, ACTIVE; DIPHTHERIA	2/20/2006	\$35.42	3	NO
W	90725	IMMUNIZATION ACTIVE; CHOLERA VAC	#####	NC	9	NO
W	90727	IMMUNIZATION ACTIVE; PLAGUE VACC	5/9/2005	NC	9	NO
W	90732	PNEUMOCOCCAL POLYSACCHARIDE VACC	2/21/2005	\$30.24	3	NO
W	90733	IMMUNIZATION ACTIVE; MENINGOCOCC	8/1/2005	\$107.63	3	NO
W	90735	IMMUNIZATION, ACTIVE; ENCEPHALIT	2/1/2001	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	90740	HEPATITIS B VACCINE, DIALYSIS OR	5/9/2005	\$207.36	3	NO
W	90743	HEPATITIS B VACCINE, ADOLESCENT	5/9/2005	\$74.44	3	NO
W	90746	HEPATITIS B VACCINE, ADULT DOSAG	5/9/2005	\$72.76	3	NO
W	90747	HEPATITIS B VACCINE, DIALYSIS OR	5/9/2005	\$145.52	3	NO
W	90749	UNLISTED IMMUNIZATION PROCEDURE	2/1/2001	\$60.00	3	NO
W	90780	IV INFUSION FOR THERAPY/DIAGNOSI	1/1/2006	INVALID	N	NO
W	90781	IV INFUSION THERAPY, ADMINISTERE	1/1/2006	INVALID	N	NO
W	90782	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
W	90783	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
W	90784	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
W	90788	INTRAMUSCULAR INJECTION OF ANTIB	1/1/2006	INVALID	N	NO
W	90799	UNLISTED THERAPEUTIC OR DIAGNOST	1/1/2006	INVALID	N	NO
W	90862	PHARMACOLOGIC MGMNT, INCL PRESCR	10/1/2005	\$35.55	3	NO
W	90870	ELECTROCONVULSIVE THERAPY (INCLU	10/1/2005	\$100.17	3	NO
W	90871	ELECTROCONVULSIVE THERAPY (INCLU	1/1/2006	INVALID	N	NO
W	90999	UNLISTED DIALYSIS PROCEDURE IN H	4/1/1982	\$0.01	5	NO
W	91000	ESOPHAGEAL INTUBATION AND COLLEC	10/1/2005	\$28.55	3	NO
W	91010	ESOPHAGEAL MOTILITY STUDY	10/1/2005	\$149.99	3	NO
W	91011	ESOPHAGEAL MOTILITY STUDY; WITH	10/1/2005	\$178.02	3	NO
W	91012	ESOPHAGEAL MOTILITY STUDY; WITH	10/1/2005	\$190.73	3	NO
W	91020	ESOPHAGOGASTRIC MANOMETRIC STUDI	10/1/2005	\$158.04	3	NO
W	91030	ESOPHAGUS ACID PERFUSION (BERNST	10/1/2005	\$88.23	3	NO
W	91032	ESOPHAGUS ACID REFLUX TEST WITH	1/1/2005	INVALID	N	NO
W	91033	ESOPHAGUS ACID REFLUX TEST PROLO	1/1/2005	INVALID	N	NO
W	91052	GASTRIC ANALYSIS TEST WITH INJEC	10/1/2005	\$85.64	3	NO
W	91055	GASTRIC INTUBATION WASHINGS AND	10/1/2005	\$102.50	3	NO
W	91060	GASTRIC SALINE LOAD TEST	10/1/2005	\$63.84	3	NO
W	91065	BREATH HYDROGEN TEST (EG, FOR DE	10/1/2005	\$43.86	3	NO
W	91100	INTESTINAL BLEEDING TUBE PASSAGE	10/1/2005	\$102.24	3	NO
W	91105	GASTRIC INTUBATION, AND ASPIRATI	10/1/2005	\$64.88	3	NO
W	91122	ANORECTAL MANOMETRY	10/1/2005	\$183.47	3	NO
W	91299	UNLISTED DIAGNOSTIC GASTROENTERO	4/1/1982	\$0.01	5	NO
W	92330	PRESCRIPTION FITTING AND SUPPLY	1/1/2006	INVALID	N	NO
W	92335	PRESCRIPTION OF OCULAR PROSTHESI	1/1/2006	INVALID	N	NO
W	92354	FITTING OF SPECTACLE MOUNTED LOW	3/14/1989	NC	9	NO
W	92355	FITTING OF SPECTACLE MOUNTED LOW	3/14/1989	NC	9	NO
W	92390	SUPPLY OF SPECTACLES EXCEPT PROS	1/1/2006	INVALID	N	NO
W	92391	SUPPLY OF CONTACT LENSES EXCEPT	1/1/2006	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	92392	SUPPLY OF LOW VISION AIDS (A LOW	1/1/2006	INVALID	N	NO
W	92393	SUPPLY OF OCULAR PROSTHESIS (ART	1/1/2006	INVALID	N	NO
W	92395	SUPPLY OF PERMANENT PROSTHESIS F	1/1/2006	INVALID	N	NO
W	92396	CONTACT LENSES	1/1/2006	INVALID	N	NO
W	92502	OTOLARYNGOLOGIC EXAMINATION UNDE	10/1/2005	\$69.29	3	NO
W	92504	BINOCULAR MICROSCOPY (SEPARATE D	10/1/2005	\$17.91	3	NO
W	92506	EVALUATION OF SPEECH, LANGUAGE,	10/1/2005	\$90.31	3	NO
W	92507	TREATMENT OF SPEECH, LANGUAGE, V	10/1/2005	\$42.82	3	YES
W	92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE	10/1/2005	\$108.47	3	NO
W	92512	NASAL FUNCTION STUDIES EG RHINOM	10/1/2005	\$44.37	3	NO
W	92516	FACIAL NERVE FUNCTION STUDIES (E	10/1/2005	\$42.56	3	NO
W	92520	LARYNGEAL FUNCTION STUDIES	10/1/2005	\$33.74	3	NO
W	92531	SPONTANEOUS NYSTAGMUS INCLUDING	10/1/2000	\$22.68	3	NO
W	92532	POSITIONAL NYSTAGMUS TEST	10/1/2000	\$34.96	3	NO
W	92533	CALORIC VESTIBULAR TEST EACH IRR	10/1/2000	\$8.78	3	NO
W	92534	OPTOKINETIC NYSTAGMUS TEST	10/1/2000	\$16.85	3	NO
W	92541	SPONTANEOUS NYSTAGMUS TEST INCLU	10/1/2005	\$38.15	3	NO
W	92542	POSITIONAL NYSTAGMUS TEST MINIMU	10/1/2005	\$38.93	3	NO
W	92543	CALORIC VESTIBULAR TEST EACH IRR	10/1/2005	\$17.91	3	NO
W	92544	OPTOKINETIC NYSTAGMUS TEST BIDIR	10/1/2005	\$30.88	3	NO
W	92545	OSCILLATING TRACKING TEST WITH R	10/1/2005	\$27.51	3	NO
W	92546	SINUSOIDAL VERTICAL AXIS ROTATIO	10/1/2005	\$59.69	3	NO
W	92547	USE OF VERTICAL ELECTRODES IN AN	10/1/2005	\$3.63	3	NO
W	92551	SCREENING TEST PURE TONE AIR ONL	10/1/2000	\$11.71	3	NO
W	92552	PURE TONE AUDIOMETRY (THRESHOLD)	10/1/2005	\$12.46	3	NO
W	92553	PURE TONE AUDIOMETRY (THRESHOLD)	10/1/2005	\$18.68	3	NO
W	92555	SPEECH AUDIOMETRY THRESHOLD;	10/1/2005	\$10.90	3	NO
W	92556	SPEECH AUDIOMETRY THRESHOLD; WIT	10/1/2005	\$16.35	3	NO
W	92557	COMPREHENSIVE AUDIOMETRY THRESHO	10/1/2005	\$33.99	3	NO
W	92559	AUDIOMETRIC TESTING OF GROUPS	10/1/2005	NC	9	NO
W	92561	BEKESY AUDIOMETRY; DIAGNOSTIC	10/1/2005	\$20.24	3	NO
W	92562	LOUDNESS BALANCE TEST ALTERNATE	10/1/2005	\$11.68	3	NO
W	92563	TONE DECAY TEST	10/1/2005	\$10.90	3	NO
W	92564	SHORT INCREMENT SENSITIVITY INDE	10/1/2005	\$13.49	3	NO
W	92565	STENGER TEST PURE TONE	10/1/2005	\$11.42	3	NO
W	92567	TYMPANOMETRY (IMPEDANCE TESTING)	10/1/2005	\$15.05	3	NO
W	92568	ACOUSTIC REFLEX TESTING; THRESHO	10/1/2005	\$10.90	3	NO
W	92569	ACOUSTIC REFLEX TESTING; DECAY	10/1/2005	\$11.68	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	92571	FILTERED SPEECH TEST	10/1/2005	\$11.16	3	NO
W	92572	STAGGERED SPONDAIC WORD TEST	10/1/2005	\$2.60	3	NO
W	92576	SYNTHETIC SENTENCE IDENTIFICATIO	10/1/2005	\$12.72	3	NO
W	92577	STENGER TEST SPEECH	10/1/2005	\$20.50	3	NO
W	92582	CONDITIONING PLAY AUDIOMETRY	10/1/2005	\$20.50	3	NO
W	92583	SELECT PICTURE AUDIOMETRY	10/1/2005	\$25.17	3	NO
W	92584	ELECTROCOCHLEOGRAPHY	10/1/2005	\$69.55	3	NO
W	92585	AUDITORY EVOKED POTENTIALS FOR E	10/1/2005	\$70.84	3	NO
W	92586	AUDITORY EVOKED POTENTIALS FOR E	10/1/2005	\$51.64	3	NO
W	92587	EVOKED OTOACOUSTIC EMISSIONS; LI	10/1/2005	\$42.04	3	NO
W	92588	EVOKED OTOACOUSTIC EMISSIONS; CO	10/1/2005	\$55.27	3	NO
W	92589	CENTRAL AUDITORY FUNCTION TESTS	1/1/2005	INVALID	N	NO
W	92590	HEARING AID EXAMINATION AND SELE	10/1/2000	\$80.16	3	NO
W	92592	HEARING AID CHECK MONAURAL	1/14/2003	NC	9	NO
W	92593	HEARING AID CHECK; BINAURAL	1/14/2003	NC	9	NO
W	92599	UNLISTED OTORHINOLARYNGOLOGICAL	7/1/2003	INVALID	N	NO
W	92950	CARDIOPULMONARY RESUSCITATION (E	10/1/2005	\$214.09	3	NO
W	92960	CARDIOVERSION ELECTIVE ELECTRICA	10/1/2005	\$224.21	3	NO
W	92970	CARDIOASSIST-METHOD OF CIRCULATO	10/1/2005	\$123.52	3	NO
W	92971	CARDIOASSIST-METHOD OF CIRCULATO	10/1/2005	\$69.55	3	NO
W	92987	PERCUTANEOUS BALLOON VALVULOPLAS	10/1/2005	\$923.82	3	NO
W	93000	ELECTROCARDIOGRAM, ROUTINE ECG W	10/1/2005	\$18.42	3	NO
W	93005	ELECTROCARDIOGRAM WITH INTERPRET	10/1/2005	\$12.20	3	NO
W	93010	ELECTROCARDIOGRAM WITH INTERPRET	10/1/2005	\$6.23	3	NO
W	93040	RHYTHM ECG, ONE TO THREE LEADS;	10/1/2005	\$9.86	3	NO
W	93041	RHYTHM ECG ONE TO THREE LEADS; T	10/1/2005	\$4.15	3	NO
W	93042	RHYTHM ECG ONE TO THREE LEADS; I	10/1/2005	\$5.71	3	NO
W	93731	ELECTRONIC ANALYSIS OF DUAL-CHAM	10/1/2005	\$30.36	3	NO
W	93732	ELECTRONIC ANALYSIS OF DUAL-CHAM	10/1/2005	\$48.01	3	NO
W	93734	ELECTRONIC ANALYSIS OF SINGLE-CH	10/1/2005	\$23.61	3	NO
W	93735	ELECTRONIC ANALYSIS OF SINGLE-CH	10/1/2005	\$39.70	3	NO
W	93737	ELECTRONIC ANALYSIS OF CARDIOVER	4/1/2002	INVALID	N	NO
W	93738	ELECTRONIC ANALYSIS OF CARDIOVER	4/1/2002	INVALID	N	NO
W	93741	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$48.01	3	NO
W	93742	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$52.16	3	NO
W	93743	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$58.13	3	NO
W	93744	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$62.02	3	NO
W	93799	UNLISTED CARDIOVASCULAR SERVICE	4/1/1982	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	94010	SPIROMETRY INCLUDING GRAPHIC REC	10/1/2005	\$22.58	3	NO
W	94060	BRONCHODILATION RESPONSIVE, SPIR	10/1/2005	\$37.63	3	NO
W	94070	BRONCHOSPASM PROVOCATION EVAL, M	10/1/2005	\$40.22	3	NO
W	94150	VITAL CAPACITY TOTAL (SEPARATE P	10/1/2005	\$14.53	3	NO
W	94200	MAXIMUM BREATHING CAPACITY MAXIM	10/1/2005	\$15.05	3	NO
W	94240	FUNCTIONAL RESIDUAL CAPACITY OR	10/1/2005	\$25.43	3	NO
W	94250	EXPIRED GAS COLLECTION QUANTITAT	10/1/2005	\$19.98	3	NO
W	94260	THORACIC GAS VOLUME	10/1/2005	\$19.72	3	NO
W	94350	DETERMINATION OF MALDISTRIBUTION	10/1/2005	\$27.77	3	NO
W	94360	DETERMINATION OF RESISTANCE TO A	10/1/2005	\$26.73	3	NO
W	94370	DETERMINATION OF AIRWAY CLOSING	10/1/2005	\$26.21	3	NO
W	94375	RESPIRATORY FLOW VOLUME LOOP	10/1/2005	\$24.39	3	NO
W	94400	BREATHING RESPONSE TO CO2 (CO2 R	10/1/2005	\$34.51	3	NO
W	94450	BREATHING RESPONSE TO HYPOXIA (H	10/1/2005	\$33.48	3	NO
W	94620	PULMONARY STRESS TESTING SIMPLE	10/1/2005	\$84.60	3	NO
W	94640	NONPRESSURIZED INHALATION TREATM	10/1/2005	\$8.30	3	NO
W	94650	INTERMITTENT POSITIVE PRESSURE B	7/1/2003	INVALID	N	NO
W	94651	INTERMITTENT POSITIVE PRESSURE B	7/1/2003	INVALID	N	NO
W	94652	INTERMITTENT POSITIVE PRESSURE B	7/1/2003	INVALID	N	NO
W	94660	CONTINUOUS POSTITIVE AIRWAY PRES	10/1/2005	\$37.63	3	NO
W	94662	CONTINUOUS NEGATIVE PRESSURE VEN	10/1/2005	\$26.47	3	NO
W	94665	AEROSOL OR VAPOR INHALATIONS FOR	7/1/2003	INVALID	N	NO
W	94667	MANIPULATION CHEST WALL SUCH AS	10/1/2005	\$14.79	3	NO
W	94668	MANIPULATION CHEST WALL SUCH AS	10/1/2005	\$12.20	3	NO
W	94680	OXYGEN UPTAKE EXPIRED GAS ANALYS	10/1/2005	\$56.83	3	NO
W	94681	OXYGEN UPTAKE EXPIRED GAS ANALYS	10/1/2005	\$73.96	3	NO
W	94690	OXYGEN UPTAKE EXPIRED GAS ANALYS	10/1/2005	\$54.75	3	NO
W	94720	CARBON MONOXIDE DIFFUSING CAPACI	10/1/2005	\$34.51	3	NO
W	94725	MEMBRANE DIFFUSION CAPACITY	10/1/2005	\$85.64	3	NO
W	94750	PULMONARY COMPLIANCE STUDY (EG,	10/1/2005	\$42.04	3	NO
W	94760	NONINVASIVE EAR/PULSE OXIMETRY F	10/1/2005	\$1.56	3	NO
W	94761	NONINVASIVE EAR/PULSE OXIMETRY F	10/1/2005	\$3.37	3	NO
W	94770	CARBON DIOXIDE EXPIRED GAS DETER	10/1/2005	\$25.43	3	NO
W	94799	UNLISTED PULMONARY SERVICE OR PR	4/1/1982	\$0.01	5	NO
W	95027	SKIN END POINT TITRATION	10/1/2005	\$4.15	3	NO
W	95056	PHOTO TESTS	10/1/2005	\$4.67	3	NO
W	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	10/1/2005	\$9.60	3	NO
W	95065	DIRECT NASAL MUCOUS MEMBRANE TES	10/1/2005	\$5.45	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	95070	INHALATION BRONCHIAL CHALLENGE T	10/1/2005	\$59.69	3	NO
W	95071	INHALATION BRONCHIAL CHALLENGE T	10/1/2005	\$76.29	3	NO
W	95078	PROVOCATIVE TESTING (EG RINKEL T	4/1/1990	NC	9	NO
W	95115	PROF SVCS FOR ALLERGEN IMMUNOTHE	10/1/2005	\$10.64	3	NO
W	95117	PROFESSIONAL SERVICES FOR ALLERG	10/1/2005	\$13.49	3	NO
W	95199	UNLISTED ALLERGY/CLINICAL IMMUNO	4/1/1982	\$0.01	5	NO
W	95819	ELECTROENCEPHALOGRAM (EEG); INCL	10/1/2005	\$109.51	3	NO
W	95822	ELECTROENCEPHALOGRAM (EEG); RECO	10/1/2005	\$152.33	3	NO
W	95829	ELECTROCORTICOGRAM AT SURGERY (S	10/1/2005	\$978.32	3	NO
W	95831	MUSCLE TESTING MANUAL (SEPARATE	10/1/2005	\$19.46	3	NO
W	95832	MUSCLE TESTING MANUAL (SEPARATE	10/1/2005	\$16.61	3	NO
W	95833	MUSCLE TESTING MANUAL (SEPARATE	10/1/2005	\$27.77	3	NO
W	95834	MUSCLE TESTING MANUAL (SEPARATE	10/1/2005	\$32.70	3	NO
W	95851	RANGE OF MOTION MEASUREMENTS AND	10/1/2005	\$13.75	3	NO
W	95852	RANGE OF MOTION MEASUREMENTS AND	10/1/2005	\$9.86	3	NO
W	95857	TENSILON TEST FOR MYASTHENIA GRA	10/1/2005	\$29.84	3	NO
W	95858	TENSILON TEST FOR MYASTHENIA GRA	1/1/2006	INVALID	N	NO
W	95860	NEEDLE ELECTROMYOGRAPHY, ONE EXT	10/1/2005	\$63.58	3	NO
W	95861	NEEDLE ELECTROMYOGRAPHY, TWO EXT	10/1/2005	\$80.19	3	NO
W	95863	NEEDLE ELECTROMYOGRAPHY, THREE E	10/1/2005	\$97.57	3	NO
W	95864	NEEDLE ELECTROMYOGRAPHY, FOR EXT	10/1/2005	\$126.12	3	NO
W	95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL	10/1/2005	\$46.45	3	NO
W	95868	NEEDLE ELECTROMYOGRAPHY, CRANIAL	10/1/2005	\$64.88	3	NO
W	95869	NEEDLE ELECTROMYOGRAPHY; THORACI	10/1/2005	\$20.24	3	NO
W	95872	NEEDLE ELECTROMYOGRAPHY USING SI	10/1/2005	\$74.22	3	NO
W	95875	ISCHEMIC LIMB EXERCISE TEST WITH	10/1/2005	\$69.03	3	NO
W	95900	NERVE CONDUCTION, AMPLITUDE AND	10/1/2005	\$44.63	3	NO
W	95904	NERVE CONDUCTION, AMPLITUDE AND	10/1/2005	\$38.15	3	NO
W	95921	TESTING OF AUTONOMIC NERVOUS SYS	10/1/2005	\$43.34	3	NO
W	95922	TESTING OF AUTONOMIC NERVOUS SYS	10/1/2005	\$46.97	3	NO
W	95923	TESTING OF AUTONOMIC NERVOUS SYS	10/1/2005	\$75.51	3	NO
W	95925	SHORT-LATENCY SOMATOSENSORY EVOK	10/1/2005	\$45.93	3	NO
W	95933	ORBICULARIS OCULI (BLINK) REFLEX	10/1/2005	\$44.37	3	NO
W	95937	NEUROMUSCULAR JUNCTION TESTING (	10/1/2005	\$35.03	3	NO
W	95950	MONITORING FOR IDENTIFICATION AN	10/1/2005	\$154.40	3	NO
W	95999	UNLISTED NEUROLOGICAL OR NEUROMU	4/1/1982	\$0.01	5	NO
W	96520	PORTABLE PUMP REFILLING AND MAIN	1/1/2006	INVALID	N	NO
W	96530	REFILLING AND MAINTENANCE OF IMP	1/1/2006	INVALID	N	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	96545	PROVISION OF CHEMOTHERAPY AGENT	1/1/2006	INVALID	N	NO
W	96549	UNLISTED CHEMOTHERAPY PROCEDURE	9/1/1985	\$0.01	5	NO
W	96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT	10/1/2005	\$11.94	3	NO
W	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRA	10/1/2005	\$26.73	3	NO
W	96912	PHOTOCHEMOTHERAPY; PSORALENS AND	10/1/2005	\$33.99	3	NO
W	96999	UNLISTED SPECIAL DERMATOLOGICAL	4/1/1982	\$0.01	5	NO
W	97010	APPLICATION HOT OR COLD PACKS	10/1/2004	NC	9	NO
W	97012	PHYSICAL MEDICINE TREATMENT TO O	10/1/2005	\$10.12	3	NO
W	97014	PHYSICAL MEDICINE TREATMENT TO O	10/1/2005	\$9.86	3	NO
W	97016	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
W	97018	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
W	97020	PHYSICAL MEDICINE TREATMENT TO O	1/1/2006	INVALID	N	NO
W	97022	PHYSICAL MEDICINE TREATMENT TO O	10/1/2005	\$10.12	3	NO
W	97024	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
W	97026	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
W	97028	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
W	97032	APPLICATION OF A MODALITY TO ONE	10/1/2005	\$10.90	3	NO
W	97033	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
W	97034	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
W	97035	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
W	97036	APPLICATION OF A MODALITY TO ONE	10/1/2005	\$15.83	3	NO
W	97039	UNLISTED MODALITY (SPECIFY TYPE	4/1/2005	NC	9	NO
W	97110	THERAPEUTIC PROC, ONE OR MORE AR	10/1/2005	\$19.20	3	NO
W	97112	THERAPEUTIC PROC, ONE OR MORE AR	10/1/2005	\$20.24	3	NO
W	97116	THERAPEUTIC PROCEDURE, ONE OR MO	10/1/2005	\$16.87	3	NO
W	97124	THERAPEUTIC PROC, ONE OR MORE AR	10/1/2005	\$15.31	3	NO
W	97139	THERAPEUTIC PROC, ONE OR MORE AR	4/1/2005	NC	9	NO
W	97520	PROSTHETIC TRAINING, UPPER AND/O	1/1/2006	INVALID	N	NO
W	97545	WORK HARDENING/CONDITIONING; INIT	1/1/1993	NC	9	NO
W	97546	WORK HARDENING/CONDITIONING; EAC	1/1/1993	NC	9	NO
W	97601	REMOVAL OF DEVITALIZED TISSUE FR	1/1/2005	INVALID	N	NO
W	97602	REMOVAL OF DEVITALIZED TISSUE FR	5/1/2003	\$23.36	3	NO
W	97750	PHYSICAL PERFORMANCE TEST OR MEA	10/1/2005	\$20.50	3	NO
W	97799	UNLISTED PHYSICAL MEDICINE/REHAB	4/1/1982	\$0.01	5	NO
W	99000	HANDLING AND/OR CONVEYANCE OF SP	5/1/1991	NC	9	NO
W	99001	HANDLING AND/OR CONVEYANCE OF SP	5/1/1991	NC	9	NO
W	99002	HANDLING, CONVEYANCE, AND/OR ANY	3/27/1989	NC	9	NO
W	99024	POSTOPERATIVE FOLLOWUP CARE	4/1/1988	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	99025	INITIAL (NEW PATIENT) VISIT WHEN	4/1/2004	INVALID	N	NO
W	99050	SERVICES PROVIDED IN THE OFFICE	10/1/2000	\$11.71	3	NO
W	99052	SERVICES REQUESTED BETWEEN 10:00	1/1/2006	INVALID	N	NO
W	99054	SERVICES REQUESTED ON SUNDAYS AN	1/1/2006	INVALID	N	NO
W	99056	SVCS TYPICALLY PROVIDED IN THE O	4/1/1982	NC	9	NO
W	99058	SVCS PROVIDED ON AN EMERGENCY BA	10/1/2000	\$4.71	3	NO
W	99070	SUPP & MAT (EX SPECTACLES) PROVI	10/1/2002	NC	9	NO
W	99071	EDUCATIONAL SUPPLIES SUCH AS BOO	10/1/2004	NC	9	NO
W	99075	MEDICAL TESTIMONY	10/1/2004	NC	9	NO
W	99078	PHYSICIAN EDUCATIONAL SERVICES R	10/1/2005	NC	9	NO
W	99082	UNUSUAL TRAVEL (EG, TRANSPORTATI	4/1/1982	NC	9	NO
W	99090	ANALYSIS OF CLINICAL DATA STORED	8/1/1989	NC	9	NO
W	99175	IPECAC OR SIMILAR ADMINISTRATION	10/1/2005	\$38.67	3	NO
W	99185	HYPOTHERMIA; TOTAL BODY	10/1/2005	\$17.65	3	NO
W	99186	TOTAL BODY	10/1/2005	\$57.87	3	NO
W	99190	ASSEMBLY AND OPERATION OF PUMP W	10/1/2000	\$84.26	3	NO
W	99191	ASSEMBLY AND OPERATION OF PUMP W	10/1/2000	\$51.12	3	NO
W	99192	ASSEMBLY AND OPERATION OF PUMP W	10/1/2000	\$38.02	3	NO
W	99195	PHLEBOTOMY THERAPEUTIC (SEPARATE	10/1/2005	\$11.94	3	NO
W	99199	UNLISTED SPECIAL SERVICE OR REPO	4/1/1982	\$0.01	5	NO
W	99201	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$25.17	3	NO
W	99202	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$44.63	3	NO
W	99203	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$66.43	3	NO
W	99204	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$93.94	3	NO
W	99205	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$118.85	3	NO
W	99211	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$14.79	3	NO
W	99212	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$26.47	3	NO
W	99213	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$36.07	3	NO
W	99214	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$56.57	3	NO
W	99215	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$82.26	3	NO
W	99221	INITIAL HOSPITAL CARE, PER DAY,	10/1/2005	\$46.71	3	NO
W	99222	INITIAL HOSP CARE, PER DAY, FOR	10/1/2005	\$77.33	3	NO
W	99223	INITIAL HOSP CARE, PER DAY, FOR	10/1/2005	\$107.69	3	NO
W	99231	SUBSEQUENT HOSP CARE, PER DAY, F	10/1/2005	\$23.36	3	NO
W	99232	SUBSEQUENT HOSP CARE, PER DAY, F	10/1/2005	\$38.15	3	NO
W	99233	SUBSEQUENT HOSP CARE, PER DAY, F	10/1/2005	\$54.24	3	NO
W	99238	HOSPITAL DISCHARGE DAY MANAGEMEN	10/1/2005	\$48.53	3	NO
W	99241	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$34.51	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	99242	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$63.06	3	NO
W	99243	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$84.08	3	NO
W	99244	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$118.33	3	NO
W	99245	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$153.11	3	NO
W	99271	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
W	99272	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
W	99273	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
W	99274	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
W	99275	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
W	99281	EMERG DEPT VISIT FOR E/M OF PT,	10/1/2005	\$11.42	3	NO
W	99282	EMERG DEPT VISIT FOR E/M OF PT,	10/1/2005	\$18.94	3	NO
W	99283	EMERGENCY DEPT VISIT FOR THE E/M	10/1/2005	\$42.56	3	NO
W	99284	EMERG DEPT VISIT FOR E/M OF PT,	10/1/2005	\$66.43	3	NO
W	99285	EMER DEPT VISIT FOR E/M OF PT, W	10/1/2005	\$104.06	3	NO
W	99311	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
W	99312	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
W	99313	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
W	99321	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
W	99322	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
W	99323	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
W	99331	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
W	99332	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
W	99333	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
W	99341	HOME VISIT FOR E/M OF NEW PT, WH	10/1/2005	\$39.96	3	NO
W	99342	HOME VISIT FOR E/M OF NEW PT, WH	10/1/2005	\$58.91	3	NO
W	99343	HOME VISIT FOR E/M OF NEW PT, WH	10/1/2005	\$85.89	3	NO
W	99371	TELEPHONE CALL BY PHYS TO PT OR	4/1/2001	\$10.82	3	NO
W	99381	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$71.10	3	NO
W	99382	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$76.55	3	NO
W	99383	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$75.00	3	NO
W	99384	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$81.48	3	NO
W	99385	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$81.48	3	NO
W	99386	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$95.76	3	NO
W	99387	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$103.80	3	NO
W	99391	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$53.98	3	NO
W	99392	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$60.46	3	NO
W	99393	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$59.69	3	NO
W	99394	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$65.91	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	99395	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$66.69	3	NO
W	99396	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$73.70	3	NO
W	99397	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$81.22	3	NO
W	99401	PREVENTIVE MEDICINE COUNSELING A	10/1/2005	\$28.80	3	NO
W	99402	COUNSELING AND/OR RISK FACTOR RE	10/1/2005	\$48.53	3	NO
W	99403	COUNSELING AND/OR RISK FACTOR RE	10/1/2005	\$67.21	3	NO
W	99404	COUNSELING AND/OR RISK FACTOR RE	10/1/2005	\$86.15	3	NO
W	99429	UNLISTED PREVENTIVE MEDICINE SER	2/1/1994	\$0.01	5	NO
W	99431	HISTORY AND EXAM OF NORMAL NEWBO	10/1/2005	\$41.52	3	NO
W	99432	NORMAL NEWBORN CARE IN OTHER THA	10/1/2005	\$58.65	3	NO
W	99433	SUBSEQUENT HOSP CARE, FOR THE E/	10/1/2005	\$21.80	3	NO
W	99499	UNLISTED EVALUATION AND MANAGEME	1/1/1992	\$0.01	5	NO
1	A4212	NON-CORING NEEDLE OR STYLET WITH	2/1/1994	NC	9	NO
1	A4214	STERILE SALINE OR WATER, 30 CC V	4/1/2004	INVALID	N	NO
1	A4220	REFILL KIT FOR IMPLANTABLE INFUS	10/1/2000	\$162.24	3	NO
1	A4222	INFUSION SUPPLIES FOR EXTERNAL D	1/1/2006	NC	9	NO
1	A4230	INFUSION SET FOR EXTERNAL INSULI	1/1/1996	NC	9	NO
1	A4231	INFUSION SET FO REXTERNAL INSULI	1/1/1996	NC	9	NO
1	A4232	SYRINGE WITH NEEDLE FOR EXTERNAL	7/1/2006	NC	9	NO
1	A4254	REPLACEMENT BATTERY, ANY TYPE, F	1/1/2006	INVALID	N	NO
1	A4260	LEVONORGESTREL (CONTRACEPTIVE) I	1/1/2006	INVALID	N	NO
1	A4261	CERVICAL CAP FOR CONTRACEPTIVE U	8/1/2003	\$86.25	3	NO
1	A4262	TEMPORARY, ABSORBABLE LACRIMAL D	10/1/2000	\$1.08	3	NO
1	A4263	PERMANENT, LONG-TERM, NONDISSOLV	10/1/2000	\$46.51	3	NO
1	A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	8/1/2003	\$21.28	3	NO
1	A4267	CONTRACEPTIVE SUPPLY, CONDOM, MA	8/1/2003	\$0.11	3	NO
1	A4268	CONTRACEPTIVE SUPPLY, CONDOM, FE	8/1/2003	\$1.15	3	NO
1	A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE	8/1/2003	\$7.36	3	NO
1	A4270	DISPOSABLE ENDOSCOPE SHEATH, EAC	10/1/2001	NC	9	NO
1	A4290	SACRAL NERVE STIMULATION TEST LE	1/1/2001	NC	9	NO
1	A4300	IMPLANTABLE ACCESS CATHETER, (EG	10/1/2000	\$54.08	3	NO
1	A4301	IMPLANTABLE ACCESS TOTAL CATHETE	1/1/1996	NC	9	NO
1	A4305	DISPOSABLE DRUG DELIVERY SYSTEM,	10/1/2000	\$21.63	3	NO
1	A4306	DISPOSABLE DRUG DELIVERY SYSTEM,	10/1/2000	\$21.63	3	NO
1	A4310	INSERTION TRAY WITHOUT DRAINAGE	10/1/2005	\$6.33	3	NO
1	A4311	INSERTION TRAY WITHOUT DRAINAGE	10/1/2005	\$12.18	3	NO
1	A4312	INSERTION TRAY WITHOUT DRAINAGE	10/1/2005	\$14.79	3	NO
1	A4313	INSERTION TRAY WITHOUT DRAINAGE	10/1/2005	\$15.19	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	A4314	INSERTION TRAY W/DRAINAGE BAG W/	10/1/2005	\$20.73	3	NO
1	A4315	INSERTION TRAY WITH DRAINAGE BAG	10/1/2005	\$21.63	3	NO
1	A4316	INSERTION TRAY W/DRAINAGE BAG W/	10/1/2005	\$23.29	3	NO
1	A4319	STERILE WATER IRRIGATION SOLUTIO	4/1/2004	INVALID	N	NO
1	A4320	IRRIGATION TRAY WITH BULB OR PIS	10/1/2005	\$5.14	3	NO
1	A4321	THERAPEUTIC AGENT FOR URINARY CA	3/1/1997	NC	9	NO
1	A4322	IRRIGATION SYRINGE, BULB OR PIST	10/1/2005	\$2.64	3	NO
1	A4323	STERILE SALINE IRRIGATION SOLUTI	4/1/2004	INVALID	N	NO
1	A4324	MALE EXTERNAL CATHETER, WITH ADH	1/1/2005	INVALID	N	NO
1	A4325	MALE EXTERNAL CATHETER, WITH ADH	1/1/2005	INVALID	N	NO
1	A4326	MALE EXTERNAL CATHETER SPECIALTY	10/1/2005	\$10.00	3	NO
1	A4327	FEMALE EXTERNAL URINARY COLLECTI	10/1/2005	\$43.04	3	NO
1	A4328	FEMALE EXTERNAL URINARY COLLECTI	10/1/2005	\$9.53	3	NO
1	A4329	EXTERNAL CATH START SET,MALE/FEM	4/1/2002	INVALID	N	NO
1	A4330	PERIANAL FECAL COLLECTION POUCH	10/1/2005	\$6.82	3	NO
1	A4331	EXTENSION DRAINAGE TUBINE, ANY T	10/1/2005	\$3.08	3	NO
1	A4333	URINARY CATHETER ANCHORING DEVIC	10/1/2005	\$2.13	3	NO
1	A4334	URINARY CATHETER ANCHORING DEVIC	10/1/2005	\$4.77	3	NO
1	A4335	INCONTINENCE SUPPLY; MISCELLANEO	10/1/2001	\$12.00	3	NO
1	A4338	INDWELLING CATHETER; FOLEY TYPE;	10/1/2005	\$11.84	3	NO
1	A4340	INDWELLING CATHETER; SPECIALTY T	10/1/2005	\$30.62	3	NO
1	A4344	INDWELLING CATHETER, FOLEY TYPE,	10/1/2005	\$15.45	3	NO
1	A4346	INDWELLING CATHETER; FOLEY TYPE,	10/1/2005	\$18.91	3	NO
1	A4347	MALE EXTERNAL CATHETER WITH OR W	1/1/2005	INVALID	N	NO
1	A4348	MALE EXTERNAL CATHETER WITH INTE	10/1/2005	\$26.85	3	NO
1	A4351	INTERMITTENT URINARY CATHETER; S	10/1/2005	\$1.75	3	NO
1	A4352	INTERMITTENT URINARY CATHETER; C	10/1/2005	\$6.19	3	NO
1	A4353	INTERMITTENT URINARY CATHETER, W	10/1/2005	\$6.75	3	NO
1	A4354	INSERTION TRAY WITH DRAINAGE BAG	10/1/2005	\$9.67	3	NO
1	A4355	IRRIGATION TUBING SET FOR CONTIN	10/1/2005	\$8.60	3	NO
1	A4356	EXTERNAL URETHRAL CLAMP OR COMPR	10/1/2005	\$40.92	3	NO
1	A4357	BEDSIDE DRAINAGE BAG, DAY OR NIG	10/1/2005	\$9.35	3	NO
1	A4358	URINARY DRAINAGE BAG, LEG OR ABD	10/1/2005	\$5.65	3	NO
1	A4359	URINARY SUSPENSORY WITHOUT LEG B	10/1/2005	\$25.12	3	NO
1	A4361	OSTOMY FACEPLATE, EACH	10/1/2005	\$18.08	3	NO
1	A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQ	10/1/2005	\$2.94	3	NO
1	A4367	OSTOMY BELT, EACH	10/1/2005	\$7.23	3	NO
1	A4368	OSTOMY FILTER, ANY TYPE, EACH	7/1/2002	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	A4369	OSTOMY SKIN BARRIER, LIQUID (SPR	10/1/2005	\$2.02	3	NO
1	A4370	OSTOMY SKIN BARRIER, PASTE, PER	7/1/2003	INVALID	N	NO
1	A4371	OSTOMY SKIN BARRIER, POWDER, PER	10/1/2005	\$3.54	3	NO
1	A4372	OSTOMY SKIN BARRIER, SOLID 4X4 O	10/1/2005	\$4.11	3	NO
1	A4373	OSTOMY SKIN BARRIER, W/FLANGE (S	10/1/2005	\$6.18	3	NO
1	A4374	OSTOMY SKIN BARRIER, W/FLANGE (S	7/1/2003	INVALID	N	NO
1	A4375	OSTOMY POUCH, DRAINABLE, WITH FA	10/1/2005	\$16.90	3	NO
1	A4376	OSTOMY POUCH, DRAINABLE, WITH FA	10/1/2005	\$46.83	3	NO
1	A4377	OSTOMY POUCH, DRAINABLE, FOR USE	10/1/2005	\$4.22	3	NO
1	A4378	POUCH, DRAINABLE, FOR USE ON FAC	10/1/2005	\$30.33	3	NO
1	A4379	POUCH, URINARY, WITH FACEPLATE A	10/1/2005	\$14.79	3	NO
1	A4380	POUCH, URINARY, WITH FACEPLATE,	10/1/2005	\$36.74	3	NO
1	A4381	OSTOMY POUCH, URINARY, FOR USE O	10/1/2005	\$4.54	3	NO
1	A4382	OSTOMY POUCH, URINARY, FOR USE O	10/1/2005	\$24.23	3	NO
1	A4383	OSTOMY POUCH, URINARY, FOR USE O	10/1/2005	\$27.75	3	NO
1	A4384	OSTOMY FACEPLATE EQUIVALENT, SIL	10/1/2005	\$9.47	3	NO
1	A4385	OSTOMY SKIN BARRIER, SOLID 4X4 O	10/1/2005	\$5.02	3	NO
1	A4386	SKIN BARRIER, WITH FLANGE (SOLID	7/1/2003	INVALID	N	NO
1	A4387	OSTOMY POUCH, CLOSED, WITH BARRI	10/1/2005	\$3.95	3	NO
1	A4388	OSTOMY POUCH, DRAINABLE, WITH EX	10/1/2005	\$4.29	3	NO
1	A4389	OSTOMY POUCH, DRAINABLE, WITH BA	10/1/2005	\$6.12	3	NO
1	A4390	OSTOMY POUCH, DRAINABLE, W/EXTEN	10/1/2005	\$9.46	3	NO
1	A4391	OSTOMY POUCH, URINARY, WITH EXTE	10/1/2005	\$6.96	3	NO
1	A4392	OSTOMY POUCH, URINARY, W/STANDAR	10/1/2005	\$6.54	3	NO
1	A4393	OSTOMY POUCH, URINARY, W/EXTENDE	10/1/2005	\$9.03	3	NO
1	A4394	OSTOMY DEODORANT FOR USE IN OSTO	10/1/2005	\$2.54	3	NO
1	A4395	OSTOMY DEODORANT FOR USE IN OSTO	10/1/2005	\$0.05	3	NO
1	A4396	OSTOMY BELT WITH PERISTOMAL HERN	10/1/2005	\$39.85	3	NO
1	A4397	IRRIGATION SUPPLY; SLEEVE, EACH	10/1/2005	\$4.00	3	NO
1	A4398	OSTOMY IRRIGATION SUPPLY; BAG, E	10/1/2005	\$13.59	3	NO
1	A4399	OSTOMY IRRIGATION SUPPLY; CONE/C	10/1/2005	\$12.07	3	NO
1	A4400	OSTOMY IRRIGATION SET	9/1/1996	NC	9	NO
1	A4402	LUBRICANT, PER OUNCE	10/1/2005	\$1.57	3	NO
1	A4404	OSTOMY RING, EACH	10/1/2005	\$1.41	3	NO
1	A4421	OSTOMY SUPPLY; MISCELLANEOUS	1/1/1994	\$100.00	3	NO
1	A4454	TAPE, ALL TYPES, ALL SIZES	7/1/2003	INVALID	N	NO
1	A4460	ELASTIC BANDAGE, PER ROLL (EG; C	7/1/2003	INVALID	N	NO
1	A4465	NONELASTIC BINDER FOR EXTREMITY	10/1/2000	\$21.63	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	A4470	GRAVLEE JET WASHER	10/1/2001	NC	9	NO
1	A4480	VABRA ASPIRATOR	10/1/2001	NC	9	NO
1	A4490	SURGICAL STOCKING ABOVE KNEE LEN	4/1/2003	NC	9	NO
1	A4495	SURGICAL STOCKING THIGH LENGTH,	4/1/2003	NC	9	NO
1	A4500	SURGICAL STOCKING BELOW KNEE LEN	1/1/2003	NC	9	NO
1	A4510	SURGICAL STOCKING FULL-LENGTH, E	1/1/2003	NC	9	NO
1	A4550	SURGICAL TRAYS	10/1/2000	\$27.04	3	NO
1	A4561	PESSARY, RUBBER, ANY TYPE	10/1/2005	\$18.35	3	NO
1	A4562	PESSARY, NON RUBBER, ANY TYPE	10/1/2005	\$20.64	3	NO
1	A4565	SLINGS	10/1/2000	\$10.82	3	NO
1	A4570	SPLINT	7/1/2002	NC	9	NO
1	A4572	RIB BELT	7/1/2003	INVALID	N	NO
1	A4575	TOPICAL HYPERBARIC OXYGEN CHAMBE	1/1/1996	NC	9	NO
1	A4580	CAST SUPPLIES (E.G.,PLASTER)	7/1/2002	NC	9	NO
1	A4590	SPECIAL CASTING MATERIAL (E.G.,F	7/1/2002	NC	9	NO
1	A4621	TRACHEOTOMY MASK OR COLLAR	4/1/2004	INVALID	N	NO
1	A4622	TRACHEOSTOMY OR LARYNGECTOMY TUB	4/1/2004	INVALID	N	NO
1	A4630	REPLACEMENT BATTERIES, MEDICALLY	2/1/1994	NC	9	NO
1	A4641	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2001	NC	9	NO
1	A4642	SUPPLY OF SATUMOMAB PENDETIDE, R	1/1/1995	NC	9	NO
1	A4643	SUPPLY OF ADDITIONAL HIGH DOSE C	1/1/2006	INVALID	N	NO
1	A4644	SUPPY OF LOW OSMOLAR CONTRAST MA	1/1/2006	INVALID	N	NO
1	A4645	SUPPY OF LOW OSMOLAR CONTRAST MA	1/1/2006	INVALID	N	NO
1	A4646	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
1	A4647	SUPPLY OF PARAMAGNETIC CONTRAST	1/1/2006	INVALID	N	NO
1	A4649	SURGICAL SUPPLY; MISCELLANEOUS	#####	\$0.01	5	NO
1	A4712	WATER, STERILE, FOR INJECTION, P	4/1/2004	INVALID	N	NO
1	A4750	BLOOD TUBING, ARTERIAL OR VENOUS	1/1/2001	NC	9	NO
1	A4772	BLOOD GLUCOSE TEST STRIPS, FOR D	1/1/2006	NC	9	NO
1	A5051	OSTOMY POUCH, CLOSED; WITH BARRI	10/1/2005	\$2.06	3	NO
1	A5052	OSTOMY POUCH, CLOSED; WITHOUT BA	10/1/2005	\$1.49	3	NO
1	A5053	OSTOMY POUCH, CLOSED; FOR USE ON	10/1/2005	\$1.71	3	NO
1	A5054	OSTOMY POUCH, CLOSED; FOR USE ON	10/1/2005	\$1.66	3	NO
1	A5055	STOMA CAP	10/1/2005	\$1.41	3	NO
1	A5062	OSTOMY POUCH, DRAINABLE; WITHOUT	10/1/2005	\$2.06	3	NO
1	A5063	OSTOMY POUCH, DRAINABLE; FOR USE	10/1/2005	\$2.14	3	NO
1	A5064	POUCH, DRAINABLE; WITH FACEPLATE	4/1/2002	INVALID	N	NO
1	A5071	OSTOMY POUCH, URINARY; WITH BARR	10/1/2005	\$3.64	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	A5072	OSTOMY POUCH, URINARY; WITHOUT B	10/1/2005	\$3.45	3	NO
1	A5073	OSTOMY POUCH, URINARY; FOR USE O	10/1/2005	\$3.14	3	NO
1	A5074	POUCH, URINARY; WITH FACEPLATE A	4/1/2002	INVALID	N	NO
1	A5075	POUCH, URINARY; FOR USE ON FACEP	4/1/2002	INVALID	N	NO
1	A5081	CONTINENT DEVICE; PLUG FOR CONTI	10/1/2005	\$2.76	3	NO
1	A5082	CONTINENT DEVICE; CATHETER FOR C	10/1/2005	\$9.99	3	NO
1	A5093	OSTOMY ACCESSORY; CONVEX INSERT	10/1/2005	\$1.63	3	NO
1	A5102	BEDSIDE DRAINAGE BOTTLE, WITH OR	10/1/2005	\$21.78	3	NO
1	A5105	URINARY SUSPENSORY; WITH LEG BAG	10/1/2005	\$33.43	3	NO
1	A5112	URINARY LEG BAG; LATEX	10/1/2005	\$33.40	3	NO
1	A5119	SKIN BARRIER; WIPES OR SWABS, PE	1/1/2006	INVALID	N	NO
1	A5123	SKIN BARRIER; WITH FLANGE (SOLID	7/1/2003	INVALID	N	NO
1	A5500	FOR DIABETICS ONLY, FITTING (INC	10/1/2005	\$57.87	3	NO
1	A5501	FOR DIABETICS ONLY, FITTING (INC	10/1/2005	\$166.04	3	NO
1	A5502	FOR DIABETICS ONLY, MULTIPLE DEN	4/1/2002	INVALID	N	NO
1	A5503	FOR DIABETICS ONLY, MODIFICIATIO	10/1/2005	\$26.40	3	NO
1	A5504	FOR DIABETICS ONLY, MODIFICATION	10/1/2005	\$26.40	3	NO
1	A5505	FOR DIABETICS ONLY, MODIFICATION	10/1/2005	\$26.40	3	NO
1	A5506	FOR DIABETICS ONLY, MODIFICATION	10/1/2005	\$26.40	3	NO
1	A5507	FOR DIABETICS ONLY, NOT OTHERWIS	10/1/2005	\$26.40	3	NO
1	A5509	FOR DIABETICS ONLY, DIRECT FORME	1/1/2006	INVALID	N	NO
1	A5510	FOR DIABETICS ONLY, DIRECT FORME	2/15/2003	\$33.00	3	NO
1	A5511	FOR DIABETICS ONLY, CUSTOM-MOLDE	1/1/2006	INVALID	N	NO
1	A5512	FOR DIABETICS ONLY, MULT DENSITY	1/1/2006	\$24.22	3	NO
1	A5513	FOR DIABETICS ONLY, MULT DENSITY	1/1/2006	\$36.14	3	NO
1	A6010	COLLAGEN BASED WOUND FILLER, DRY	10/1/2005	\$30.96	3	NO
1	A6011	COLLAGEN BASED WOUND FILLER, GEL	10/1/2005	\$2.28	3	NO
1	A6021	COLLAGEN DRESSING, PAD SIZE 16 S	10/1/2005	\$21.02	3	NO
1	A6022	COLLAGEN DRESSING, PAD SIZE MORE	10/1/2005	\$20.69	3	NO
1	A6023	COLLAGEN DRESSING, PAD SIZE MORE	10/1/2005	\$187.32	3	NO
1	A6024	COLLAGEN DRESSING WOUND FILLER,	10/1/2005	\$6.09	3	NO
1	A6025	GEL SHEET FOR DERMAL OR EPIDERMA	1/1/2001	\$3.19	3	NO
1	A6154	WOUND POUCH, EACH	10/1/2005	\$14.13	3	NO
1	A6196	ALGINATE DRESSING, WOUND COVER,	10/1/2005	\$7.23	3	NO
1	A6197	ALGINATE OR OTHER FIBER GELLING	10/1/2005	\$16.18	3	NO
1	A6198	ALGINATE OR OTHER FIBER GELLING	1/1/2001	\$115.61	3	NO
1	A6199	ALGIANTE OR OTHER FIBER GELLING	10/1/2005	\$5.20	3	NO
1	A6200	COMPOSITE DRESSING, PAD SIZE 16	10/1/2005	\$9.35	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	A6201	COMPOSITE DRESSING PAD SIZE MORE	10/1/2005	\$20.47	3	NO
1	A6202	COMPOSITE DRESSING, PAD SIZE MOR	10/1/2005	\$34.33	3	NO
1	A6203	COMPOSITE DRESSING, PAD SIZE 16	10/1/2005	\$3.29	3	NO
1	A6204	COMPOSITE DRESSING, PAD SIZE MOR	10/1/2005	\$6.13	3	NO
1	A6205	COMPOSITE DRESSING, PAD SIZE MOR	1/1/2001	\$4.69	3	NO
1	A6206	CONTACT LAYER, 16 SQ IN OR LESS,	1/1/2001	\$1.05	3	NO
1	A6207	CONTACT LAYER, MORE THAN 16 BUT	10/1/2005	\$7.22	3	NO
1	A6208	CONTACT LAYER, MORE THAN 48 SQ I	1/1/2001	\$3.52	3	NO
1	A6209	FOAM DRESSING, WOUND COVER, PAD	10/1/2005	\$7.37	3	NO
1	A6210	FOAM DRESSING, WOUND COVER, PAD	10/1/2005	\$19.61	3	NO
1	A6211	FOAM DRESSING, WOUND COVER, PAD	10/1/2005	\$28.91	3	NO
1	A6212	FOAM DRESSING, WOUND COVER, PAD	10/1/2005	\$9.55	3	NO
1	A6213	FOAM DRESSING, WOUND COVER, PAD	1/1/2001	\$15.41	3	NO
1	A6214	FOAM DRESSING, WOUND COVER, PAD	10/1/2005	\$10.13	3	NO
1	A6215	FOAM DRESSING, WOUND FILLER, PER	1/1/2001	\$2.39	3	NO
1	A6216	GAUZE, NON-IMPREGNATED, NON-STER	10/1/2005	\$0.05	3	NO
1	A6217	GAUZE, NON-IMPREGNATED, NON-STER	10/1/2005	\$0.38	3	NO
1	A6218	GAUZE, NON-IMPREGNATED, NON-STER	1/1/2001	\$0.62	3	NO
1	A6219	GAUZE, NON-IMPREGNATED, PAD SIZE	10/1/2005	\$0.94	3	NO
1	A6220	GAUZE, NON-IMPREGNATED, PAD SIZE	10/1/2005	\$2.54	3	NO
1	A6221	GAUZE, NON-IMPREGNATED, PAD SIZE	1/1/2001	\$6.17	3	NO
1	A6222	GAUZE, IMPREGNATED W/OTHER THAN	10/1/2005	\$2.09	3	NO
1	A6223	GAUZE, IMPREGNATED W/OTHER THAN	10/1/2005	\$2.37	3	NO
1	A6224	GAUZE, IMPREGNATED W/OTHER THAN	10/1/2005	\$3.55	3	NO
1	A6231	GAUZE, IMPREGNATED, HYDROGEL, FO	10/1/2005	\$4.60	3	NO
1	A6232	GAUZE, IMPREGNATED, HYDROGEL, FO	10/1/2005	\$6.78	3	NO
1	A6233	GAUZE, IMPREGNATED, HYDROGEL FOR	10/1/2005	\$18.89	3	NO
1	A6234	HYDROCOLLOID DRESSING, WOUND COV	10/1/2005	\$6.44	3	NO
1	A6235	HYDROCOLLOID DRESSING, WOUND COV	10/1/2005	\$16.56	3	NO
1	A6236	HYDROCOLLOID DRESSING, WOUND COV	10/1/2005	\$26.82	3	NO
1	A6237	HYDROCOLLOID DRESSING, WOUND COV	10/1/2005	\$7.78	3	NO
1	A6238	HYDROCOLLOID DRESSING, WOUND COV	10/1/2005	\$22.44	3	NO
1	A6239	HYDROCOLLOID DRESSING, WOUND COV	1/1/2001	\$18.74	3	NO
1	A6240	HYDROCOLLOID DRESSING, WOUND FIL	10/1/2005	\$12.05	3	NO
1	A6241	HYDROCOLLOID DRESSINGK WOUND FIL	10/1/2005	\$2.53	3	NO
1	A6242	HYDROGEL DRESSING, WOUND COVER,	10/1/2005	\$5.98	3	NO
1	A6243	HYDROGEL DRESSING, WOUND COVER,	10/1/2005	\$12.13	3	NO
1	A6244	HYDROGEL DRESSING, WOUND COVER,	10/1/2005	\$38.66	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	A6245	HYDROGEL DRESSING, WOUND COVER,	10/1/2005	\$7.15	3	NO
1	A6246	HYDROGEL DRESSING, WOUND COVER,	10/1/2005	\$9.76	3	NO
1	A6247	HYDROGEL DRESSING, WOUND COVER,	10/1/2005	\$23.41	3	NO
1	A6248	HYDROGEL DRESSING, WOUND FILLER,	10/1/2005	\$15.99	3	NO
1	A6251	SPECIALTY ABSORPTIVE DRESSING, W	10/1/2005	\$1.96	3	NO
1	A6252	SPECIALTY ABSORPTIVE DRESSING, W	10/1/2005	\$3.20	3	NO
1	A6253	SPECIALTY ABSORPTIVE DRESSING, W	10/1/2005	\$6.24	3	NO
1	A6254	SPECIALTY ABSORPTIVE DRESSING, W	10/1/2005	\$1.20	3	NO
1	A6255	SPECIALTY ABSORPTIVE DRESSING, W	10/1/2005	\$2.98	3	NO
1	A6256	SPECIALTY ABSORPTIVE DRESSING, W	1/1/2001	\$8.22	3	NO
1	A6257	TRANSPARENT FILM, 16 SQ IN OR LE	10/1/2005	\$1.51	3	NO
1	A6258	TRANSPARENT FILM, MORE THAN 16 B	10/1/2005	\$4.23	3	NO
1	A6259	TRANSPARENT FILM, MORE THAN 48 S	10/1/2005	\$10.76	3	NO
1	A6261	WOUND FILLER, GEL/PASTE, PER FLU	1/1/2001	\$30.28	3	NO
1	A6262	WOUND FILLER, DRY FORM, PER GRAM	1/1/2001	\$1.08	3	NO
1	A6263	GAUZE, ELASTIC, NON-STERILE, ALL	7/1/2003	INVALID	N	NO
1	A6264	GAUZE, NON-ELASTIC, NON-STERILE,	7/1/2003	INVALID	N	NO
1	A6265	TAPE, ALL TYPES, PER 18 SQ INCHE	7/1/2003	INVALID	N	NO
1	A6266	GAUZE, IMPREGNATED, OTHER THAN W	10/1/2005	\$1.89	3	NO
1	A6402	GAUZE, NON-IMPREGNATED, STERILE,	10/1/2005	\$0.12	3	NO
1	A6403	GAUZE, NON-IMPREGNATED, STERILE,	10/1/2005	\$0.42	3	NO
1	A6404	GAUZE, NON-IMPREGNATED, STERILE,	1/1/2001	\$0.64	3	NO
1	A6405	GAUZE, ELASTIC, STERILE, ALL TYP	7/1/2003	INVALID	N	NO
1	A6406	GAUZE, NON-ELASTIC, STERILE, ALL	7/1/2003	INVALID	N	NO
1	A7523	TRACHEOSTOMY SHOWER PROTECTOR, E	1/1/2004	NC	9	NO
1	A9152	SINGLE VITAMIN/MINERAL/TRACE ELE	1/1/2005	NC	9	NO
1	A9153	MULTIPLE VITAMINS, WITH OR WITHO	1/1/2005	NC	9	NO
1	A9180	PEDICULOSIS (LICE INFESTATION) T	1/1/2005	NC	9	NO
1	A9270	NONCOVERED ITEM OR SERVICE	2/1/1995	NC	9	NO
1	A9281	REACHING/GRABBING DEVICE, ANY TY	1/1/2006	NC	9	NO
1	A9282	WIG, ANY TYPE, EACH	1/1/2006	NC	9	NO
1	A9300	EXERCISE EQUIPMENT	3/1/1987	NC	9	NO
1	A9500	SUPPLY OF RADIOPHARMACEUTICAL DI	4/1/2002	\$200.00	3	NO
1	A9502	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2005	\$132.31	3	NO
1	A9503	SUPPLY OF RADIOPHARMACEUTICAL DI	4/1/2002	\$200.00	3	NO
1	A9504	SUPPLY OF RADIOPHARMACEUTICAL DI	4/1/2002	\$200.00	3	NO
1	A9505	SUPPLY OF RADIOPHARMACEUTICAL DI	4/1/2002	\$200.00	3	NO
1	A9507	SUPPLY OF RADIOPHARMACEUTICAL DI	4/1/2002	\$200.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	A9508	SUPPLY OF RADIOPHARMACEUTICAL DI	4/1/2002	\$200.00	3	NO
1	A9510	SUPPLY OF RADIOPHARMACEUTICAL DI	4/1/2002	\$200.00	3	NO
1	A9511	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
1	A9512	TECHNETIUM TC-99M PERTECHNETATE,	1/1/2003	\$200.00	3	NO
1	A9513	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
1	A9514	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
1	A9515	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
1	A9516	IODINE I-123 SODIUM IODIDE CAPSU	1/1/2003	\$200.00	3	NO
1	A9517	IODINE I-131 SODIUM IODIDE CAPSU	1/1/2003	\$200.00	3	NO
1	A9518	SUPPLY OF RADIOPHARMACEUTICAL TH	4/1/2004	INVALID	N	NO
1	A9519	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
1	A9520	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
1	A9521	TECHNETIUM TC-99M EXAMETAZIME, D	1/1/2003	\$200.00	3	NO
1	A9522	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
1	A9523	SUPPLY OF RADIOPHARMACEUTICAL TH	1/1/2006	INVALID	N	NO
1	A9524	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2003	\$200.00	3	NO
1	A9525	SUPPLY OF LOW OR ISO-OSMOLAR CON	1/1/2006	INVALID	N	NO
1	A9526	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2004	NC	9	NO
1	A9528	IODINE I-131 SODIUM IODIDE CAPSU	1/1/2004	NC	9	NO
1	A9529	IODINE I-131 SODIUM IODIDE SOLUT	1/1/2004	NC	9	NO
1	A9530	IODINE I-131 SODIUM IODIDE SOLUT	1/1/2004	NC	9	NO
1	A9531	IODINE I-131 SODIUM IODIDE, DIAG	1/1/2004	NC	9	NO
1	A9532	IODINE I-125 SERUM ALBUMIN, DIAG	1/1/2004	NC	9	NO
1	A9533	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
1	A9534	SUPPLY OF RADIOPHARMACEUTICAL TH	1/1/2006	INVALID	N	NO
1	A9535	INJECTION, METHYLENE BLUE, 1 ML	1/1/2006	\$0.01	5	NO
1	A9536	TECHNETIUM TC-99M DEPREOTIDE, DI	1/1/2006	\$0.01	5	NO
1	A9537	TECHNETIUM TC-99M MEBROFENIN, DI	1/1/2006	\$0.01	5	NO
1	A9538	TECHNETIUM TC-99M PYROPHOSPHATE,	1/1/2006	\$0.01	5	NO
1	A9539	TECHNETIUM TC-99M PENTETATE, DI	1/1/2006	\$0.01	5	NO
1	A9540	TECHNETIUM TC-99M MACROAGGREGATE	1/1/2006	\$0.01	5	NO
1	A9541	TECHNETIUM TC-99M SULFUR COLLOID	1/1/2006	\$0.01	5	NO
1	A9542	INDIUM IN-111 IBRITUMOMAB TIUXET	1/1/2006	\$0.01	5	NO
1	A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETA	1/1/2006	\$0.01	5	NO
1	A9544	IODINE I-131 TOSITUMOMAB, DIAGNO	1/1/2006	\$0.01	5	NO
1	A9545	IODINE I-131 TOSITUMOMAB, THERAP	1/1/2006	\$0.01	5	NO
1	A9546	COBALT CO-57/58, CYANOCOBALAMIN,	1/1/2006	\$0.01	5	NO
1	A9547	INDIUM IN-111 OXYQUINOLINE, DIAG	1/1/2006	\$0.01	5	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	A9548	INDIUM IN-111 PENTETATE, DIAGNOS	1/1/2006	\$0.01	5	NO
1	A9549	TECHNETIUM TC-99M ARCITUMOMAB, D	1/1/2006	\$0.01	5	NO
1	A9550	TECHNETIUM TC-99M SODIUM GLUCEPT	1/1/2006	\$0.01	5	NO
1	A9551	TECHNETIUM TC-99M SUCCIMER, DIAG	1/1/2006	\$0.01	5	NO
1	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIA	1/1/2006	\$0.01	5	NO
1	A9553	CHROMIUM CR-51 SODIUMCHROMATE, D	1/1/2006	\$0.01	5	NO
1	A9554	IODINE I-125 SODIUM IOTHALAMATE,	1/1/2006	\$0.01	5	NO
1	A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER	1/1/2006	\$0.01	5	NO
1	A9556	GALLIUM GA-67 CITRATE, DIAGNOSTI	1/1/2006	\$0.01	5	NO
1	A9557	TECHNETIUM TC-99M BICISATE, DIAG	1/1/2006	\$0.01	5	NO
1	A9558	XENON XE-133 GAS, DIAGNOSTIC, PE	1/1/2006	\$0.01	5	NO
1	A9559	COBALT CO-57 CYANOCOBALAMIN, ORA	1/1/2006	\$0.01	5	NO
1	A9560	TECHNETIUM TC-99M LABELED RED BL	1/1/2006	\$0.01	5	NO
1	A9561	TECHNETIUM TC-99M OXIDRONATE, DI	1/1/2006	\$0.01	5	NO
1	A9562	TECHNETIUM TC-99M MERTIATIDE, DI	1/1/2006	\$0.01	5	NO
1	A9563	SODIUM PHOSPHATE P-32, THERAPEUT	1/1/2006	\$0.01	5	NO
1	A9564	CHROMIC PHOSPHATE P-32 SUSPENSIO	1/1/2006	\$0.01	5	NO
1	A9565	INDIUM IN-111 PENTETREOTIDE, DIA	1/1/2006	\$0.01	5	NO
1	A9566	TECHNETIUM TC-99M FANOLESOMAB, D	1/1/2006	\$0.01	5	NO
1	A9567	TECHNETIUM TC-99M PENTETATE, DIA	1/1/2006	\$0.01	5	NO
1	A9600	STRONTIUM SR-89 CHLORIDE, THERAP	4/1/2002	\$200.00	3	NO
1	A9605	SAMARIUM SM-153 LEXIDRONAMM, THE	4/1/2002	\$200.00	3	NO
1	A9698	NONRADIOACTIVE CONTRAST IMAGING	1/1/2006	\$0.01	5	NO
1	A9700	SUPPLY OF INJECTABLE CONTRAST MA	1/1/2001	NC	9	NO
1	B4081	NASOGASTRIC TUBING WITH STYLET	10/1/2000	\$19.85	3	NO
1	B4082	NASOGASTRIC TUBING WITHOUT STYLE	10/1/2000	\$15.03	3	NO
1	B4083	STOMACH TUBE - LEVINE TYPE	10/1/2000	\$2.23	3	NO
1	B4084	GASTROSTOMY/JEJUNOSTOMY TUBING	4/1/2002	INVALID	N	NO
1	B4151	ENTERAL FORMULAE; CATEGORY I; NA	1/1/2005	INVALID	N	NO
1	B4156	ENTERAL FORMULAE; CATEGORY VI; S	1/1/2005	NC	9	NO
1	B4184	PARENTERAL NUTRITION SOLUTION; L	1/1/2006	INVALID	N	NO
1	B4186	PARENTERAL NUTRITION SOLUTION; L	1/1/2006	INVALID	N	NO
1	D0120	PERIODIC ORAL EVALUATION	4/1/2001	\$0.01	1	NO
1	D0140	LIMITED ORAL EVALUATION - PROBLE	4/1/2001	\$0.01	1	NO
1	D0150	COMPREHENSIVE ORAL EVALUATION	4/1/2001	\$0.01	1	NO
1	D0160	DETAILED AND EXTENSIVE ORAL EVAL	4/1/2001	\$0.01	1	NO
1	D0170	RE-EVALUATION-LIMITED, PROBLEM F	4/1/2001	\$0.01	1	NO
1	D0180	COMPREHENSIVE PERIODONTAL EVALUA	10/1/2003	\$0.01	1	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	D1110	PROPHYLAXIS - ADULT	1/1/2002	\$0.01	1	NO
1	D1120	PROPHYLAXIS - CHILD	1/1/2002	\$0.01	1	NO
1	D1201	TOPICAL APPLICATION OF FLUORIDE	1/1/2002	\$0.01	1	NO
1	D1203	TOPICAL APPLICATION OF FLUORIDE	1/1/2002	\$12.73	1	NO
1	D1204	TOPICAL APPLICATION OF FLUORIDE	10/1/2004	\$12.73	1	NO
1	E0100	CANE, INCLUDES CANES OF ALL MATE	10/1/2005	\$20.39	3	NO
1	E0105	CANE, QUAD OR THREE-PRONG, INCLU	10/1/2005	\$48.35	3	NO
1	E0110	CRUTCHES, FOREARM, INC CRUTCHES	10/1/2005	\$76.38	3	NO
1	E0111	CRUTCH, FOREARM, INC CRUTCHES OF	10/1/2005	\$52.43	3	NO
1	E0112	CRUTCHES, UNDERARM, WOOD, ADJUST	10/1/2005	\$36.42	3	NO
1	E0113	CRUTCH, UNDERARM, WOOD, ADJUSTAB	10/1/2005	\$20.79	3	NO
1	E0114	CRUTCHES, UNDERARM, OTHER THAN W	10/1/2005	\$46.45	3	NO
1	E0116	CRUTCH, UNDERARM, OTHER THAN WOO	10/1/2005	\$27.31	3	NO
1	E0142	RIGID WALKER, WHEELED, WITH SEAT	4/1/2004	INVALID	N	NO
1	E0145	WALKER, WHEELED, WITH SEAT AND C	4/1/2004	INVALID	N	NO
1	E0146	FOLDING WALKER, WHEELED, WITH SE	4/1/2004	INVALID	N	NO
1	E0175	FOOT REST, FOR USE WITH COMMODE	3/1/1995	NC	9	NO
1	E0176	AIR PRESSURE PAD OR CUSHION, NON	1/1/2005	INVALID	N	NO
1	E0177	WATER PRESSURE PAD OR CUSHION, N	1/1/2005	INVALID	N	NO
1	E0178	GEL PRESSURE PAD OR CUSHION, NON	1/1/2005	INVALID	N	NO
1	E0179	DRY PRESSURE PAD OR CUSHION, NON	1/1/2005	INVALID	N	NO
1	E0191	HEEL OR ELBOW PROTECTOR, EACH	10/1/2005	\$8.36	3	NO
1	E0192	LOW PRESSURE AND POSITIONING EQU	1/1/2005	INVALID	N	NO
1	E0194	AIR FLUIDIZED BED	2/1/1994	NC	9	NO
1	E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT W	2/1/1994	NC	9	NO
1	E0225	HYDROCOLLATOR UNIT, INCLUDES PAD	2/1/1994	NC	9	NO
1	E0239	HYDROCOLLATOR UNIT, PORTABLE	2/1/1994	NC	9	NO
1	E0265	HOSPITAL BED, TOTAL ELECTRIC, WI	2/1/1994	NC	9	NO
1	E0266	HOSPITAL BED, TOTAL ELECTRIC, WI	2/1/1994	NC	9	NO
1	E0270	HOSPITAL BED, INSTITUTIONAL TYPE	2/1/1994	NC	9	NO
1	E0273	BED BOARD	2/1/1994	NC	9	NO
1	E0274	OVER-BED TABLE	2/1/1994	NC	9	NO
1	E0280	BED CRADLE, ANY TYPE	2/1/1994	NC	9	NO
1	E0296	HOSPITAL BED, TOTAL ELECTRIC, WI	2/1/1994	NC	9	NO
1	E0297	HOSPITAL BED, TOTAL ELECTRIC, WI	2/1/1994	NC	9	NO
1	E0315	BED ACCESSORY: BOARD, TABLE, OR	2/1/1994	NC	9	NO
1	E0462	ROCKING BED, WITH OR WITHOUT SID	2/1/1994	NC	9	NO
1	E0575	NEBULIZER, ULTRASONIC, LARGE VOL	6/1/1997	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	E0602	BREAST PUMP, MANUAL, ANY TYPE	10/1/2005	\$15.48	3	NO
1	E0608	APNEA MONITOR	7/1/2003	INVALID	N	NO
1	E0609	BLOOD GLUCOSE MONITOR WITH SPECI	4/1/2002	INVALID	N	NO
1	E0616	IMPLANTABLE CARDIAC EVENT RECORD	11/1/2001	NC	9	NO
1	E0617	EXTERNAL DEFIBRILLATOR WITH INTE	1/1/2001	NC	9	NO
1	E0625	PATIENT LIFT, BATHROOM OR TOILET	2/1/1994	NC	9	NO
1	E0627	SEAT LIFT MECHANISM INCORPORATED	2/1/1994	NC	9	NO
1	E0628	SEPARATE SEAT LIFT MECHANISM FOR	2/1/1994	NC	9	NO
1	E0629	SEPARATE SEAT LIFT MECHANISM FOR	2/1/1994	NC	9	NO
1	E0635	PATIENT LIFT, ELECTRIC, WITH SEA	5/1/2005	NC	9	NO
1	E0690	ULTRAVIOLET CABINET, APPROPRIATE	7/1/2003	INVALID	N	NO
1	E0700	SAFETY EQUIPMENT (EG, BELT, HARN	2/1/1994	NC	9	NO
1	E0710	RESTRAINT, ANY TYPE (BODY, CHEST	2/1/1994	NC	9	NO
1	E0731	FORM FITTING CONDUCTIVE GARMENT	2/1/1994	NC	9	NO
1	E0744	NEUROMUSCULAR STIMULATOR FOR SCO	2/1/1994	NC	9	NO
1	E0746	ELECTROMYOGRAPHY (EMG), BIOFEEDB	2/1/1994	NC	9	NO
1	E0749	OSTEOGENESIS STIMULATOR, ELECTRI	2/1/1994	NC	9	NO
1	E0753	IMPLANTABLE NEUROSTIMULATOR ELEC	4/1/2002	INVALID	N	NO
1	E0755	ELECTRONIC SALIVARY REFLEX STIMU	2/1/1994	NC	9	NO
1	E0756	IMPLANTABLE NEUROSTIMULATOR PULS	1/1/2006	INVALID	N	NO
1	E0757	IMPLANTABLE NEUROSTIMULATOR RADI	1/1/2006	INVALID	N	NO
1	E0758	RADIOFREQUENCY TRANSMITTER (EXTE	1/1/2006	INVALID	N	NO
1	E0765	FDA APPROVED NERVE STIMULATOR, W	1/1/2001	NC	9	NO
1	E0781	AMBULATORY INFUSIN PUMP, SINGLE	2/1/1994	NC	9	NO
1	E0782	INFUSION PUMP, IMPLANTABLE, NON-	2/1/1994	NC	9	NO
1	E0783	INFUSION PUMP, IMPLATABLE, PROGR	4/1/2001	NC	9	NO
1	E0785	IMPLANTABLE INTRASPINAL CATHETER	4/1/2001	NC	9	NO
1	E0786	IMPLANTABLE PROGRAMMABLE INFUSIO	1/1/2001	NC	9	NO
1	E0791	PARENTERAL INFUSION PUMP, STATIO	2/1/1994	NC	9	NO
1	E0830	AMBULATORY TRACTION DEVICE, ALL	1/1/2001	NC	9	NO
1	E0935	CONTINUOUS PASSIVE MOTION EXERCI	2/1/1994	NC	9	NO
1	E0943	CERVICAL PILLOW	4/1/2004	INVALID	N	NO
1	E0953	PNEUMATIC TIRE, EACH	1/1/2006	INVALID	N	NO
1	E0954	SEMI-PNEUMATIC CASTER, EACH	1/1/2006	INVALID	N	NO
1	E0962	ONE-INCH CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
1	E0963	TWO-INCH CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
1	E0964	THREE-INCH CUSHION, FOR WHEELCHA	1/1/2005	INVALID	N	NO
1	E0965	FOUR-INCH CUSHION, FOR WHEELCHAI	1/1/2005	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	E0968	COMMODE SEAT, WHEELCHAIR	2/1/1994	NC	9	NO
1	E0969	NARROWING DEVICE, WHEELCHAIR	2/1/1994	NC	9	NO
1	E0970	NO. 2 FOOTPLATES, EXCEPT FOR ELE	2/1/1994	NC	9	NO
1	E0972	WHEELCHAIR ACCESSORY, TRANSFER B	1/1/2006	INVALID	N	NO
1	E0975	REINFORCED SEAT UPHOLSTERY, WHEE	4/1/2004	INVALID	N	NO
1	E0976	REINFORCED BACK, WHEELCHAIR, UPH	4/1/2004	INVALID	N	NO
1	E0977	WEDGE CUSHION, WHEELCHAIR	2/1/1994	NC	9	NO
1	E0979	BELT, SAFETY WITH VELCRO CLOSURE	4/1/2004	INVALID	N	NO
1	E0980	SAFETY VEST, WHEELCHAIR	2/1/1994	NC	9	NO
1	E0991	UPHOLSTERY SEAT	4/1/2004	INVALID	N	NO
1	E0993	BACK, UPHOLSTERY	4/1/2004	INVALID	N	NO
1	E0994	ARMREST, EACH	2/1/1994	NC	9	NO
1	E0996	TIRE, SOLID, EACH	1/1/2006	INVALID	N	NO
1	E0997	CASTER WITH FORK	2/1/1994	NC	9	NO
1	E0998	CASTER WITHOUT FORK	2/1/1994	NC	9	NO
1	E0999	PNEUMATIC TIRE WITH WHEEL	2/1/1994	NC	9	NO
1	E1000	TIRE, PNEUMATIC CASTER	1/1/2006	INVALID	N	NO
1	E1001	WHEEL, SINGLE	1/1/2006	INVALID	N	NO
1	E1031	ROLLABOUT CHAIR, ANY AND ALL TYP	2/1/1994	NC	9	NO
1	E1065	POWER ATTACHMENT (TO CONVERT ANY	1/1/2004	INVALID	N	NO
1	E1066	BATTERY CHARGER	4/1/2004	INVALID	N	NO
1	E1069	DEEP CYCLE BATTERY	4/1/2004	INVALID	N	NO
1	E1089	HIGH-STRENGTH LIGHTWEIGHT WHEELC	8/1/2004	NC	9	NO
1	E1090	HIGH-STRENGTH LIGHTWEIGHT WHEELC	8/1/2004	NC	9	NO
1	E1210	MOTORIZED WHEELCHAIR; FIXED FULL	1/1/2006	INVALID	N	NO
1	E1211	MOTORIZED WHEELCHAIR; DETACHABLE	1/1/2006	INVALID	N	NO
1	E1212	MOTORIZED WHEELCHAIR; FIXED FULL	1/1/2006	INVALID	N	NO
1	E1213	MOTORIZED WHEELCHAIR; DETACHABLE	1/1/2006	INVALID	N	NO
1	E1220	WHEELCHAIR; SPECIALLY SIZED OR C	2/1/1994	NC	9	NO
1	E1225	WHEELCHAIR ACCESSORY, MANUAL SEM	2/1/1994	NC	9	NO
1	E1227	SPECIAL HEIGHT ARMS FOR WHEELCHA	2/1/1994	NC	9	NO
1	E1296	SPECIAL WHEELCHAIR SEAT HEIGHT F	2/1/1994	NC	9	NO
1	E1297	SPECIAL WHEELCHAIR SEAT DEPTH, B	2/1/1994	NC	9	NO
1	E1298	SPECIAL WHEELCHAIR SEAT DEPTH AN	2/1/1994	NC	9	NO
1	E1300	WHIRLPOOL, PORTABLE (OVERTUB TYP	10/1/2000	NC	9	NO
1	E1310	WHIRLPOOL, NONPORTABLE (BUILT-IN	2/1/1994	NC	9	NO
1	E1399	DURABLE MEDICAL EQUIPMENT, MISCEL	11/1/2001	\$0.01	5	NO
1	E1510	KIDNEY, DIALYSATE DELIVERY SYSTE	2/1/1994	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	E1520	HEPARIN INFUSION PUMP FOR DIALYS	2/1/1994	NC	9	NO
1	E1530	AIR BUBBLE DETECTOR FOR HEMODIAL	2/1/1994	NC	9	NO
1	E1540	PRESSURE ALARM FOR HEMODIALYSIS,	2/1/1994	NC	9	NO
1	E1550	BATH CONDUCTIVITY METER FOR HEMO	2/1/1994	NC	9	NO
1	E1560	BLOOD LEAK DETECTOR FOR HEMODIAL	2/1/1994	NC	9	NO
1	E1570	ADJUSTABLE CHAIR, FOR ESRD PATIE	2/1/1994	NC	9	NO
1	E1575	TRANSDUCER PROTECTORS/FLUID BARR	2/1/1994	NC	9	NO
1	E1580	UNIPUNCTURE CONTROL SYSTEM FOR H	2/1/1994	NC	9	NO
1	E1590	HEMODIALYSIS MACHINE	2/1/1994	NC	9	NO
1	E1592	AUTOMATIC INTERMITTENT PERITONEA	2/1/1994	NC	9	NO
1	E1594	CYCLER DIALYSIS MACHINE FOR PERI	2/1/1994	NC	9	NO
1	E1600	DELIVERY AND/OR INSTALLATION CHA	2/1/1994	NC	9	NO
1	E1610	REVERSE OSMOSIS WATER PURIFICATI	2/1/1994	NC	9	NO
1	E1615	DEIONIZER WATER PURIFICATION SYS	2/1/1994	NC	9	NO
1	E1620	BLOOD PUMP FOR HEMODIALYSIS, REP	2/1/1994	NC	9	NO
1	E1625	WATER SOFTENING SYSTEM, FOR HEMO	2/1/1994	NC	9	NO
1	E1630	RECIPROCATING PERITONEAL DIALYSI	2/1/1994	NC	9	NO
1	E1632	WEARABLE ARTIFICIAL KIDNEY, EACH	2/1/1994	NC	9	NO
1	E1635	COMPACT (PORTABLE) TRAVEL HEMODI	2/1/1994	NC	9	NO
1	E1636	SORBENT CARTRIDGES, FOR HEMODIAL	2/1/1994	NC	9	NO
1	E1640	REPLACEMENT COMPONENTS FOR HEMOD	4/1/2002	INVALID	N	NO
1	E1699	DIALYSIS EQUIPMENT, NOT OTHERWIS	2/1/1994	NC	9	NO
1	E1700	JAW MOTION REHABILITATION SYSTEM	2/1/1994	NC	9	NO
1	E1701	REPLACEMENT CUSHIONS FOR JAW MOT	2/1/1994	NC	9	NO
1	E1702	REPLACEMENT MEASURING SCALES FOR	2/1/1994	NC	9	NO
1	E1900	SYNTHESIZED SPEECH AUGMENTATIVE	4/1/2002	INVALID	N	NO
1	G0001	ROUTINE VENIPUNCTURE FOR COLLECT	1/1/2005	INVALID	N	NO
1	G0004	PATIENT DEMAND SINGLE OR MULTIPL	7/1/2003	INVALID	N	NO
1	G0005	PATIENT DEMAND SINGLE OR MULTIPL	7/1/2003	INVALID	N	NO
1	G0006	PATIENT DEMAND SINGLE OR MULTIPL	7/1/2003	INVALID	N	NO
1	G0007	PATIENT DEMAND SINGLE OR MULTIPL	7/1/2003	INVALID	N	NO
1	G0008	ADMINISTRATION OF INFLUENZA VIRU	2/15/2000	NC	9	NO
1	G0009	ADMINISTRATION OF PNEUMOCOCCAL V	2/15/2000	NC	9	NO
1	G0010	ADMINISTRATION OF HEPATITIS B VA	2/15/2000	NC	9	NO
1	G0015	POST-SYMPTOM TELEPHONIC TRANSMIS	7/1/2003	INVALID	N	NO
1	G0016	POST-SYMPTOM TELEPHONIC TRANSMIS	4/1/2002	INVALID	N	NO
1	G0025	COLLAGEN SKIN TEST KIT	4/1/2004	INVALID	N	NO
1	G0050	MEASUREMENT OF POST-VOIDING RESI	7/1/2003	INVALID	N	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G0101	CERVICAL OR VAGINAL CANCER SCREE	10/1/2005	\$25.69	3	NO
1	G0102	PROSTATE CANCER SCREENING; DIGIT	10/1/2005	\$14.79	3	NO
1	G0104	COLORECTAL CANCER SCREENING; FLE	10/1/2005	\$85.89	3	NO
1	G0105	COLORECTAL CANCER SCREENING; COL	10/1/2005	\$262.87	3	NO
1	G0106	COLORECTAL CANCER SCREENING; ALT	10/1/2005	\$96.27	3	NO
1	G0107	COLORECTAL CANCER SCREENING; FEC	4/1/2004	\$3.36	3	NO
1	G0108	DIABETES OUTPATIENT SELF-MANAGEM	10/1/2005	\$21.80	3	NO
1	G0109	DIABETES OUPATIENT SELF-MANAGEME	#####	NC	9	NO
1	G0110	NETT PULMONARY REHABILITATION; E	4/1/2004	INVALID	N	NO
1	G0111	NETT PULMONARY REHABILITATION; E	4/1/2004	INVALID	N	NO
1	G0112	NETT PULMONARY REHABILITATION; N	4/1/2004	INVALID	N	NO
1	G0113	NETT PULMONARY REHABILITATION; N	4/1/2004	INVALID	N	NO
1	G0114	NETT PULMONARY REHABILITATION; P	4/1/2004	INVALID	N	NO
1	G0115	NETT PULMONARY REHABILITATION; P	4/1/2004	INVALID	N	NO
1	G0116	NETT PULMONARY REHABILITATION; P	4/1/2004	INVALID	N	NO
1	G0117	GLAUCOMA SCREENING FOR HIGH RISK	10/1/2005	\$30.62	3	NO
1	G0118	GLAUCOMA SCREENING FOR HIGH RISK	1/1/2002	NC	9	NO
1	G0120	COLORECTAL CANCER SCREENING; ALT	10/1/2005	\$96.27	3	NO
1	G0121	COLORECTAL CANCER SCREENING; COL	10/1/2005	\$262.87	3	NO
1	G0122	COLORECTAL CANCER SCREENING; BAR	10/1/2005	\$97.05	3	NO
1	G0123	SCREENING CYTOPATHOLOGY, CERVICA	11/1/2003	\$20.95	3	NO
1	G0124	SCREENING CYTOPATHOLOGY, CERVICA	10/1/2005	\$15.31	3	NO
1	G0127	TRIMMING OF DYSTROPHIC NAILS, AN	1/1/1999	NC	9	NO
1	G0128	DIRECT (FACE TO FACE W/PT) SKILL	1/1/2003	NC	9	NO
1	G0129	OT REQUIRING THE SKILLS OF A QUA	1/1/2000	NC	9	NO
1	G0163	POSITRON EMISSION TOMOGRAPHY (PE	4/1/2002	INVALID	N	NO
1	G0164	POSITRON EMISSION TOMOGRAPHY (PE	4/1/2002	INVALID	N	NO
1	G0165	POSITRON EMISSION TOMOGRAPHY (PE	4/1/2002	INVALID	N	NO
1	G0166	EXTERNAL COUNTERPULSATION, PER T	1/1/2000	NC	9	NO
1	G0167	HYPERBARIC OXYGEN TREATMENT NOT	4/1/2004	INVALID	N	NO
1	G0168	WOUND CLOSURE UTILIZING TISSUE A	1/1/2004	NC	9	NO
1	G0173	LINEAR ACCELERATOR BASED STEREOT	1/1/2004	NC	9	NO
1	G0175	SCHEDULED INTERDISCIPLINARY TEAM	1/1/2001	NC	9	NO
1	G0178	INTENSITY MODULATED RADIATION TH	4/1/2002	INVALID	N	NO
1	G0179	PHYSICIAN RECERTIFICATION SERVIC	1/1/2001	NC	9	NO
1	G0180	PHYSICIAN CERTIFICATION SERVICES	1/1/2001	NC	9	NO
1	G0181	PHYSICIAN SUPERVISION OF A PATIE	1/1/2001	NC	9	NO
1	G0182	PHYSICIAN SUPERVISION OF A PATIE	1/1/2001	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G0186	DESTRUCTION OF LOCALIZED LESION	1/1/2004	NC	9	NO
1	G0190	IMMUNIZATION ADMINISTRATION (INC	4/1/2002	INVALID	N	NO
1	G0191	IMMUNIZATION ADMINISTRATION (INC	4/1/2002	INVALID	N	NO
1	G0192	INTRANASAL OR ORAL ADMINISTRATIO	7/1/2003	INVALID	N	NO
1	G0193	ENDOSCOPIC STUDY OF SWALLOWING F	7/1/2003	INVALID	N	NO
1	G0194	SENSORY TESTING DURING ENDOSCOPI	7/1/2003	INVALID	N	NO
1	G0195	CLINICAL EVALUATION OF SWALLOWIN	7/1/2003	INVALID	N	NO
1	G0196	EVALUATION OF SWALLOWING INVOLVI	7/1/2003	INVALID	N	NO
1	G0197	EVALUATION OF PATIENT FOR PRESCR	7/1/2003	INVALID	N	NO
1	G0198	PATIENT ADAPTATION AND TRAINING	7/1/2003	INVALID	N	NO
1	G0199	RE-EVALUATION OF PATIENT USING S	7/1/2003	INVALID	N	NO
1	G0200	EVALUATION OF PATIENT FOR PRESCR	7/1/2003	INVALID	N	NO
1	G0201	MODIFICATION OR TRAINING IN USE	7/1/2003	INVALID	N	NO
1	G0202	SCREENING MAMMOGRAPHY, PRODUCING	1/1/2004	NC	9	NO
1	G0204	DIAGNOSTIC MAMMOGRAPHY, PRODUCIN	1/1/2004	NC	9	NO
1	G0206	DIAGNOSTIC MAMMOGRAPHY, PRODUCIN	1/1/2004	NC	9	NO
1	G0237	THERAPEUTIC PROCEDURES TO INCREA	1/1/2002	NC	9	NO
1	G0238	THERAPEUTIC PROCEDURES TO IMPROV	1/1/2002	NC	9	NO
1	G0239	THERAPEUTIC PROCEDURES TO IMPROV	1/1/2002	NC	9	NO
1	G0244	OBSERVATION CARE PROVIDED BY A F	1/1/2006	INVALID	N	NO
1	G0245	INITIAL PHYSICIAN EVALUATION AND	1/1/2003	NC	9	NO
1	G0246	FOLLOW-UP PHYSICIAN E&M OF A DIA	1/1/2003	NC	9	NO
1	G0247	ROUTINE FOOT CARE BY A PHYSICIAN	1/1/2003	NC	9	NO
1	G0248	DEMONSTRATION, AT INITIAL USE, O	1/1/2003	NC	9	NO
1	G0249	PROVISION OF TEST MATERIALS AND	1/1/2003	NC	9	NO
1	G0250	PHYSICIAN REVIEW, INTERPRETATION	1/1/2003	NC	9	NO
1	G0251	LINEAR ACCELERATOR BASED STEREOT	1/1/2003	NC	9	NO
1	G0255	CURRENT PERCEPTION THRESHOLD/SEN	1/1/2003	NC	9	NO
1	G0256	PROSTATE BRACHYTHERAPY USING PER	1/1/2004	INVALID	N	NO
1	G0257	UNSCHEDULED OR EMERGENCY DIALYSI	1/1/2003	NC	9	NO
1	G0258	INTRAVENOUS INFUSION DURING SEPA	1/1/2006	INVALID	N	NO
1	G0259	INJECTION PROCEDURE FOR SACROILI	1/1/2003	NC	9	NO
1	G0260	INJECTION PROCEDURE FOR SACROILI	1/1/2003	NC	9	NO
1	G0261	PROSTATE BRACHYTHERAPY USING PER	1/1/2004	INVALID	N	NO
1	G0263	DIRECT ADMISSION OF PATIENT WITH	1/1/2006	INVALID	N	NO
1	G0264	INITIAL NURSING ASSESSMENT OF PT	1/1/2006	INVALID	N	NO
1	G0265	CRYOPRESERVATION, FREEZING AND S	1/1/2003	NC	9	NO
1	G0266	THAWING AND EXPANSION OF FROZEN	1/1/2003	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G0267	BONE MARROW OR PERIPHERAL STEM C	1/1/2003	NC	9	NO
1	G0268	REMOVAL OF IMPACTED CERUMEN BY P	1/1/2003	NC	9	NO
1	G0269	PLACEMENT OF OCCLUSIVE DEVICE IN	1/1/2003	NC	9	NO
1	G0270	MEDICAL NUTRITION THERAPY; REASS	1/1/2003	NC	9	NO
1	G0271	MEDICAL NUTRITION THERAPY, REASS	1/1/2003	NC	9	NO
1	G0272	NASO/ORO GASTRIC TUBE PLACEMENT,	4/1/2004	INVALID	N	NO
1	G0273	RADIOPHARMACEUTICAL BIODISTRIBUT	4/1/2004	INVALID	N	NO
1	G0274	RADIOPHARMACEUTICAL THERAPY, NON	4/1/2004	INVALID	N	NO
1	G0275	RENAL ARTERY ANGIOGRAPHY PERFORM	1/1/2003	NC	9	NO
1	G0278	ILIAC ARTERY ANGIOGRAPHY PERFORM	1/1/2003	NC	9	NO
1	G0279	EXTRACORPOREAL SHOCK WAVE THERAP	1/1/2006	INVALID	N	NO
1	G0280	EXTRACORPOREAL SHOCK WAVE THERAP	1/1/2006	INVALID	N	NO
1	G0281	ELECTRICAL STIMULATION, TO ONE O	1/1/2003	NC	9	NO
1	G0282	ELECTRICAL STIMULATION, TO ONE O	1/1/2003	NC	9	NO
1	G0283	ELECTRICAL STIMULATION, TO ONE O	1/1/2003	NC	9	NO
1	G0288	RECONSTRUCTION, COMPUTED TOMOGRA	1/1/2003	NC	9	NO
1	G0290	TRANSCATHETER PLACEMENT OF A DRU	1/1/2003	NC	9	NO
1	G0291	TRANSCATHETER PLACEMENT OF A DRU	1/1/2003	NC	9	NO
1	G0292	ADMINISTRATION OF EXPERIMENTAL D	1/1/2005	INVALID	N	NO
1	G0293	NONCOVERED SURGICAL PROCEDURE US	1/1/2003	NC	9	NO
1	G0294	NONCOVERED PROCEDURE USING EITHE	1/1/2003	NC	9	NO
1	G0295	ELECTROMAGNETIC THERAPY, TO ONE	1/1/2003	NC	9	NO
1	G0296	PET IMAGING, FULL AND PARTIAL RI	4/1/2005	INVALID	N	NO
1	G0297	INSERTION OF SINGLE CHAMBER PACI	1/1/2004	NC	9	NO
1	G0298	INSERTION OF DUAL CHAMBER PACING	1/1/2004	NC	9	NO
1	G0299	INSERTION OF REPOSITIONING OF EL	1/1/2004	NC	9	NO
1	G0300	INSERTION OF REPOSITIONING OF EL	1/1/2004	NC	9	NO
1	G0302	PRE-OPERATIVE PULMONARY SURGERY	1/1/2004	NC	9	NO
1	G0303	PRE-OPERATIVE PULMONARY SURGERY	1/1/2004	NC	9	NO
1	G0304	PRE-OPERATIVE PULMONARY SURGERY	1/1/2004	NC	9	NO
1	G0305	POST-DISCHARGE PULMONARY SURGERY	1/1/2004	NC	9	NO
1	G0306	COMPLETE CBC, AUTOMATED (HGB, HC	1/1/2004	\$8.04	3	NO
1	G0307	COMPLETE (CBC), AUTOMATED (HGB,	1/1/2004	\$6.69	3	NO
1	G0308	ESRD SVC DURING COURSE OF TX, <2	1/1/2005	\$563.12	3	NO
1	G0309	ESRD SVC DURING COURSE OF TX, <2	1/1/2005	\$468.92	3	NO
1	G0310	ESRD SVC DURING COURSE OF TX, <2	1/1/2005	\$374.98	3	NO
1	G0311	ESRD SVC DURING COURSE OF TX, PT	1/1/2005	\$383.80	3	NO
1	G0312	ESRD SVC DURING COURSE OF TX, 2-	1/1/2005	\$319.70	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G0313	ESRD SVC DURING COURSE OF TX, 2-	1/1/2005	\$255.61	3	NO
1	G0314	ESRD SVC DURING COURSE OF TX, 12	1/1/2005	\$336.57	3	NO
1	G0315	ESRD SVC DURING COURSE OF TX, 12	1/1/2005	\$280.26	3	NO
1	G0316	ESRD SVC DURING COURSE OF TX, 12	1/1/2005	\$223.95	3	NO
1	G0317	ESRD SVC DURING COURSE OF TX, >=	1/1/2005	\$210.71	3	NO
1	G0318	ESRD SVC DURING COURSE OF TX, >=	1/1/2005	\$175.42	3	NO
1	G0319	ESRD SVC DURING COURSE OF TX, >=	1/1/2005	\$140.13	3	NO
1	G0320	ESRD SVC FOR HOME DIALYSIS PATIE	1/1/2005	\$468.92	3	NO
1	G0321	ESRD SVC FOR HOME DIALYSIS PER F	1/1/2005	\$319.70	3	NO
1	G0322	ESRD SVC FOR HOME DIALYSIS PER F	1/1/2005	\$280.26	3	NO
1	G0323	ESRD SVC FOR HOME DIALYSIS PER F	1/1/2005	\$175.42	3	NO
1	G0324	END STAGE RENAL DISEASE (ESRD) R	1/1/2005	\$15.57	3	NO
1	G0325	END STAGE RENAL DISEASE (ESRD) R	1/1/2005	\$9.34	3	NO
1	G0326	ESRD SVC LESS THAN FULL MONTH, P	1/1/2005	\$10.64	3	NO
1	G0327	ESRD RELATED SERVICES < FULL MON	1/1/2005	\$5.97	3	NO
1	G0328	COLORECTALCANCER SCREENING; FECA	1/1/2004	\$13.39	3	NO
1	G0329	ELECTROMAGNETIC THERAPY, TO ONE	1/1/2005	NC	9	NO
1	G0330	PET IMAGING INITIAL DIAGNOSIS CE	7/1/2005	INVALID	N	NO
1	G0331	PET IMAGING RESTAGING OVARIAN	7/1/2005	INVALID	N	NO
1	G0332	PREADMINISTRATION-RELATED SERVIC	1/1/2006	NC	9	NO
1	G0333	PHARMACY DISPENSING FEE FOR INHA	1/1/2006	NC	9	NO
1	G0336	PET IMAGING, BRAIN IMAGING FOR T	4/1/2005	INVALID	N	NO
1	G0337	HOSPICE EVALUATION AND COUNSELIN	1/1/2005	NC	9	NO
1	G0338	LINEAR ACCELERATOR BASED STEREOT	1/1/2006	INVALID	N	NO
1	G0339	IMAGE GUIDED ROBOTIC LINEAR ACCE	1/1/2004	NC	9	NO
1	G0340	IMAGE GUIDED ROBOTIC LINEAR ACCE	1/1/2004	NC	9	NO
1	G0341	PERCUTANEOUS ISLET CELL TRANSPLA	1/1/2005	NC	9	NO
1	G0344	INITIAL PREVENTIVE PHYSICAL EXAM	10/1/2005	\$66.69	3	NO
1	G0345	INTRAVENOUS INFUSION, HYDRATION;	1/1/2006	INVALID	N	NO
1	G0346	EACH ADDITIONAL HOUR, UP TO EIGH	1/1/2006	INVALID	N	NO
1	G0347	INTRAVENOUS INFUSION, FOR THERAP	1/1/2006	INVALID	N	NO
1	G0348	EACH ADDITIONAL HOUR, UP TO EIGH	1/1/2006	INVALID	N	NO
1	G0349	ADDITIONAL SEQUENTIAL INFUSION,	1/1/2006	INVALID	N	NO
1	G0350	CONCURRENT INFUSION REPORT ONLY	1/1/2006	INVALID	N	NO
1	G0351	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
1	G0353	INTRAVENOUS PUSH, SINGLE OR INIT	1/1/2006	INVALID	N	NO
1	G0354	EACH ADDITIONAL SEQUENTIAL INTRA	1/1/2006	INVALID	N	NO
1	G0355	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2006	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G0356	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2006	INVALID	N	NO
1	G0357	INTRAVENOUS, PUSH TECHNIQUE, SIN	1/1/2006	INVALID	N	NO
1	G0358	INTRAVENOUS, PUSH TECHNIQUE, EAC	1/1/2006	INVALID	N	NO
1	G0359	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
1	G0360	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
1	G0361	INITIATION OF PROLONGED CHEMOTHE	1/1/2006	INVALID	N	NO
1	G0362	EACH ADDITIONAL SEQUENTIAL INFUS	1/1/2006	INVALID	N	NO
1	G0363	IRRIGATION OF IMPLANTED VENOUS A	1/1/2006	INVALID	N	NO
1	G0364	BONE MARROW ASPIRATION PERFORMED	10/1/2005	\$8.82	3	NO
1	G0365	VESSEL MAPPING OF VESSELS FOR HE	10/1/2005	\$116.52	3	NO
1	G0366	ELECTROCARDIOGRAM, ROUTINE ECG W	10/1/2005	\$18.42	3	NO
1	G0367	TRACING ONLY, W/OUT INTERPRETATI	10/1/2005	\$12.20	3	NO
1	G0368	INTERPRETATION AND REPORT ONLY,	10/1/2005	\$6.23	3	NO
1	G0369	PHARMACY SUPPLY FEE FOR INITIAL	1/1/2006	INVALID	N	NO
1	G0370	PHARMACY SUPPLY FEE FOR ORAL ANT	1/1/2006	INVALID	N	NO
1	G0371	PHARMACY DISPENSING FEE FOR INHA	1/1/2006	INVALID	N	NO
1	G0372	PHYSICIAN SERVICE REQUIRED TO ES	1/1/2006	NC	9	NO
1	G0374	PHARMACY DISPENSING FEE FOR INHA	1/1/2006	INVALID	N	NO
1	G0375	SMOKING AND TOBACCO USE CESSATIO	1/1/2006	\$10.00	3	NO
1	G0376	SMOKING AND TOBACCO USE CESSATIO	1/1/2006	\$0.01	5	NO
1	G3001	ADMINISTRATION AND SUPPLY OF TOS	3/15/2004	\$2,449.60	3	NO
1	G8006	ACUTE MYOCARDIAL INFARCTION: PAT	1/1/2006	\$0.01	T	NO
1	G8007	ACUTE MYOCARDIAL INFARCTION: PAT	1/1/2006	\$0.01	T	NO
1	G8008	CLINICIAN DOCUMENTED ACUTE MYOCA	1/1/2006	\$0.01	T	NO
1	G8009	ACUTE MYOCARDIAL INFARCTION: PT	1/1/2006	\$0.01	T	NO
1	G8010	ACUTE MYOCARDIAL INFARCTION: PT	1/1/2006	\$0.01	T	NO
1	G8011	CLINICIAN DOCUMENT THAT ACUTE MY	1/1/2006	\$0.01	T	NO
1	G8012	PNEUMONIA: PT DOCUMENT TO HAVE R	1/1/2006	\$0.01	T	NO
1	G8013	PNEUMONIA: PT NOT DOCUMENTED TO	1/1/2006	\$0.01	T	NO
1	G8014	CLINICIAN DOCUMENT THAT PNEUMONI	1/1/2006	\$0.01	T	NO
1	G8015	DIABETIC PATIENT WITH MOST RECEN	1/1/2006	\$0.01	T	NO
1	G8016	DIABETIC PT WITHMOST RECENT HEMO	1/1/2006	\$0.01	T	NO
1	G8017	CLINICIAN DOCUMENTED THAT DIABET	1/1/2006	\$0.01	T	NO
1	G8018	CLINICIAN HAS NOT PROVIDED CARE	1/1/2006	\$0.01	T	NO
1	G8019	DIABETIC PT W/MOST RECENT LOW-DE	1/1/2006	\$0.01	T	NO
1	G8020	DIABETIC PT W/MOST RECENT LOW-DE	1/1/2006	\$0.01	T	NO
1	G8021	CLINICIAN DOCUMENT THAT DIABETIC	1/1/2006	\$0.01	T	NO
1	G8022	CLINICIAN HAS NOT PROVIDED CARE	1/1/2006	\$0.01	T	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G8023	DIABETIC PT W/MOST RECENT BLOOD	1/1/2006	\$0.01	T	NO
1	G8024	DIABETIC PT W/MOST RECENT BLOOD	1/1/2006	\$0.01	T	NO
1	G8025	CLINICIAN DOCUMENT THAT DIABETIC	1/1/2006	\$0.01	T	NO
1	G8026	CLINICIAN HAS NOT PROVIDED CARE	1/1/2006	\$0.01	T	NO
1	G8027	HEART FAILURE PT W/LEFT VENTRICU	1/1/2006	\$0.01	T	NO
1	G8028	HEART FAILURE PT W/LEFT VENTRICU	1/1/2006	\$0.01	T	NO
1	G8029	CLINICIAN DOCUMENT THAT HEART FA	1/1/2006	\$0.01	T	NO
1	G8030	HEART FAILURE PT WITH LEFT VENTR	1/1/2006	\$0.01	T	NO
1	G8031	HEART FAILURE PT W/LEFT VENTRICU	1/1/2006	\$0.01	T	NO
1	G8032	CLINICIAN DOCUMENT THAT HEART FA	1/1/2006	\$0.01	T	NO
1	G8033	PRIOR MYOCARDIAL INFARCTION - CO	1/1/2006	\$0.01	T	NO
1	G8034	PRIOR MYOCARDIAL INFARCTION - CO	1/1/2006	\$0.01	T	NO
1	G8035	CLINICIAN DOCUMEN THAT PRIOR MYO	1/1/2006	\$0.01	T	NO
1	G8036	CORONARY ARTERY DISEASE PATIENT	1/1/2006	\$0.01	T	NO
1	G8037	CORONARY ARTERY DISEASE PATIENT	1/1/2006	\$0.01	T	NO
1	G8038	CLINICIAN DOCUMENTED THAT CORONA	1/1/2006	\$0.01	T	NO
1	G8039	CORONARY ARTERY DISEASE-PT W/LOW	1/1/2006	\$0.01	T	NO
1	G8040	CORONARY ARTERY DISEASE-PT W/LOW	1/1/2006	\$0.01	T	NO
1	G8041	CLINICIAN DOCUMENT THAT CORONARY	1/1/2006	\$0.01	T	NO
1	G8051	PATIENT (FEMALE) DOCUMENTED TO H	1/1/2006	\$0.01	T	NO
1	G8052	PATIENT (FEMALE) NOT DOCUMENTED	1/1/2006	\$0.01	T	NO
1	G8053	CLINICIAN DOCUMENTED THAT (FEMAL	1/1/2006	\$0.01	T	NO
1	G8054	PT NOT DOCUMENTED FOR THE ASSESS	1/1/2006	\$0.01	T	NO
1	G8055	PT DOCUMENTED FOR THE ASSESSMENT	1/1/2006	\$0.01	T	NO
1	G8056	CLINICIAN DOCUMENTED THAT PT WAS	1/1/2006	\$0.01	T	NO
1	G8057	PATIENT DOCUMENTED TO HAVE RECEI	1/1/2006	\$0.01	T	NO
1	G8058	PATIENT NOT DOCUMENTED TO HAVE R	1/1/2006	\$0.01	T	NO
1	G8059	CLINICIAN DOCUMENTED THAT PT WAS	1/1/2006	\$0.01	T	NO
1	G8060	PATIENT DOCUMENTED FOR THE ASSES	1/1/2006	\$0.01	T	NO
1	G8061	PATIENT NOT DOCUMENTED FOR THE A	1/1/2006	\$0.01	T	NO
1	G8062	CLINICIAN DOCUMENTED THAT PT WAS	1/1/2006	\$0.01	T	NO
1	G8075	END-STAGE RENAL DISEASE PT W/DOC	1/1/2006	\$0.01	T	NO
1	G8076	END-STAGE RENAL DISEASE PT W/DOC	1/1/2006	\$0.01	T	NO
1	G8077	CLINICIAN DOCUMENT THAT END-STAG	1/1/2006	\$0.01	T	NO
1	G8078	END-STAGE RENAL DISEASE PT W/DOC	1/1/2006	\$0.01	T	NO
1	G8079	END-STAGE RENAL DISEASE PT W/DOC	1/1/2006	\$0.01	T	NO
1	G8080	CLINICIAN DOCUMENTED THAT END-ST	1/1/2006	\$0.01	T	NO
1	G8081	END-STAGE RENAL DISEASE PT REQUI	1/1/2006	\$0.01	T	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G8082	END-STAGE RENAL DISEASE PT REQ H	1/1/2006	\$0.01	T	NO
1	G8093	NEWLY DIAGNOSED CHRONIC OBSTRUCT	1/1/2006	\$0.01	T	NO
1	G8094	NEWLY DIAG CHRONIC OBSTRUCTIVE P	1/1/2006	\$0.01	T	NO
1	G8099	OSTEOPOROSIS PT DOCUMENTED TO HA	1/1/2006	\$0.01	T	NO
1	G8100	CLINICIAN DOCUMENTED THAT OSTEOP	1/1/2006	\$0.01	T	NO
1	G8103	NEWLY DIAG OSTEOPOROSIS PT DOCUM	1/1/2006	\$0.01	T	NO
1	G8104	CLINICIAN DOCUMENT THAT NEWLY DI	1/1/2006	\$0.01	T	NO
1	G8106	W/IN 6 MONTHS OF SUFFERING A NON	1/1/2006	\$0.01	T	NO
1	G8107	CLINICIAN DOCUMENT THAT FEMALE P	1/1/2006	\$0.01	T	NO
1	G8108	PT DOCUMENTED TO HAVE RECEIVED I	1/1/2006	\$0.01	T	NO
1	G8109	PATIENT NOT DOCUMENTED TO HAVE R	1/1/2006	\$0.01	T	NO
1	G8110	CLINICIAN DOCUMENTED THAT PATIEN	1/1/2006	\$0.01	T	NO
1	G8111	PT (FEMALE) DOCUMENT TO HAVE REC	1/1/2006	\$0.01	T	NO
1	G8112	PT (FEMALE) NOT DOCUMENT TO HAVE	1/1/2006	\$0.01	T	NO
1	G8113	CLINICIAN DOCUMENTED THAT FEMALE	1/1/2006	\$0.01	T	NO
1	G8114	CLINICIAN DID NOT PROVIDE CARE T	1/1/2006	\$0.01	T	NO
1	G8115	PATIENT DOCUMENTED TO HAVE RECEI	1/1/2006	\$0.01	T	NO
1	G8116	PATIENT NOT DOCUMENTED TO HAVE R	1/1/2006	\$0.01	T	NO
1	G8117	CLINICIAN DOCUMENTED THAT PT WAS	1/1/2006	\$0.01	T	NO
1	G8126	PATIENT DOCUMENTED AS BEING TREA	1/1/2006	\$0.01	T	NO
1	G8127	PT NOT DOCUMENTED AS BEING TREAT	1/1/2006	\$0.01	T	NO
1	G8128	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2006	\$0.01	T	NO
1	G8129	PT DOCUMENT AS BEING TREATED W/A	1/1/2006	\$0.01	T	NO
1	G8130	PT NOT DOCUMENTED AS BEING TREAT	1/1/2006	\$0.01	T	NO
1	G8131	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2006	\$0.01	T	NO
1	G8135	PT NOT DOCUMENT TO HAVE RECEIVED	1/1/2006	\$0.01	T	NO
1	G8152	PT DOCUMENTED TO HAVE RECEIVED A	1/1/2006	\$0.01	T	NO
1	G8153	PT NOT DOCUMENTED TO HAVE RECEIV	1/1/2006	\$0.01	T	NO
1	G8154	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2006	\$0.01	T	NO
1	G8155	PATIENT WITH DOCUMENTED RECEIPT	1/1/2006	\$0.01	T	NO
1	G8156	PATIENT W/OUT DOCUMENTED RECEIPT	1/1/2006	\$0.01	T	NO
1	G8157	CLINICIAN DOCUMENT PT WAS NOT AN	1/1/2006	\$0.01	T	NO
1	G8158	PT DOCUMENT TO HAVE RECEIVED COR	1/1/2006	\$0.01	T	NO
1	G8159	PT DOCUMENT TO HAVE RECEIVED COR	1/1/2006	\$0.01	T	NO
1	G8160	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2006	\$0.01	T	NO
1	G8161	PT W/ISOLATED CORONARY ARTERY BY	1/1/2006	\$0.01	T	NO
1	G8162	PT W/ISOLATED CORONARY ARTERY BY	1/1/2006	\$0.01	T	NO
1	G8163	CLINICIAN DOCUMENT THAT PT W/ISO	1/1/2006	\$0.01	T	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G8164	PATIENT W/ISOLATED CORONARY ARTE	1/1/2006	\$0.01	T	NO
1	G8165	PATIENT W/ISOLATED CORONARY ARTE	1/1/2006	\$0.01	T	NO
1	G8166	PATIENT W/ISOLATED CORONARY ARTE	1/1/2006	\$0.01	T	NO
1	G8167	PATIENT W/ISOLATED CORONARY ARTE	1/1/2006	\$0.01	T	NO
1	G8170	PT W/ISOLATED CORONARY ARTERY BY	1/1/2006	\$0.01	T	NO
1	G8171	PT W/ISOLATED CORONARY ARTERY BY	1/1/2006	\$0.01	T	NO
1	G8172	CLINICIAN DOCUMENT THAT PT W/ISO	1/1/2006	\$0.01	T	NO
1	G8182	CLINICIAN HAS NOT PROVIDED CARE	1/1/2006	\$0.01	T	NO
1	G8183	PT WITH HEART FAILURE AND ATRIAL	1/1/2006	\$0.01	T	NO
1	G8184	CLINICIAN DOCUMENT THAT PT W/HEA	1/1/2006	\$0.01	T	NO
1	G8185	PT DIAG W/SYMPTOMATIC OSTEOARTH	1/1/2006	\$0.01	T	NO
1	G8186	CLINICIAN DOCUMENT THAT SYMPTOMA	1/1/2006	\$0.01	T	NO
1	G9001	COORDINATED CARE FEE, INITIAL RA	10/1/2003	\$22.93	3	NO
1	G9002	COORDINATED CARE FEE (MCM FULL C	10/1/2003	\$70.00	3	NO
1	G9003	COORDINATED CARE FEE, RISK ADJUS	1/1/2003	\$0.01	P	NO
1	G9004	COORDINATED CARE FEE, RISK ADJUS	1/1/2003	\$0.01	P	NO
1	G9005	COORDINATED CARE FEE, (MCM FULL-	4/1/2003	\$120.00	3	NO
1	G9006	COORDINATED CARE FEE (MCM-HOME/E	4/1/2003	\$40.00	3	NO
1	G9008	COORDINATED CARE FEE, PHYSICIAN	1/1/2001	NC	9	NO
1	G9009	COORDINATED CARE FEE (MCM-PARTIA	4/1/2003	\$35.00	3	NO
1	G9010	COORDINATED CARE FEE (MCM-PARTIA	4/1/2003	\$60.00	3	NO
1	G9011	COORDINATED CARE FEE (MCM-TELEPH	4/1/2003	\$10.00	3	NO
1	G9012	COORDINATED CARE FEE (MCM-CASE M	4/1/2003	\$40.00	1	NO
1	G9013	ESRD DEMO BASIC BUNDLE LEVEL I	1/1/2005	NC	9	NO
1	G9014	ESRD DEMO EXPANDED BUNDLE INC VE	1/1/2005	NC	9	NO
1	G9016	SMOKING CESSATION COUNSELING, IN	4/1/2001	\$10.00	1	NO
1	G9017	AMANTADINE HYDROCHLORIDE, ORAL,	1/1/2005	NC	9	NO
1	G9018	ZANAMIVIR, INHALATION POWDER ADM	1/1/2005	NC	9	NO
1	G9019	OSELTAMIVIR PHOSPHATE, ORAL, PER	1/1/2005	NC	9	NO
1	G9020	RIMANTADINE HYDROCHLORIDE, ORAL,	1/1/2005	NC	9	NO
1	G9021	CHEMOTHERAPY ASSESSMENT FOR NAUS	1/1/2006	INVALID	N	NO
1	G9022	CHEMOTHERAPY ASSESSMENT FOR NAUS	1/1/2006	INVALID	N	NO
1	G9023	CHEMOTHERAPY ASSESSMENT FOR NAUS	1/1/2006	INVALID	N	NO
1	G9024	CHEMOTHERAPY ASSESSMENT FOR NAUS	1/1/2006	INVALID	N	NO
1	G9025	CHEMOTHERAPY ASSESSMENT FO RPAIN	1/1/2006	INVALID	N	NO
1	G9026	CHEMOTHERAPY ASSESSMENT FO RPAIN	1/1/2006	INVALID	N	NO
1	G9027	CHEMOTHERAPY ASSESSMENT FO RPAIN	1/1/2006	INVALID	N	NO
1	G9028	CHEMOTHERAPY ASSESSMENT FO RPAIN	1/1/2006	INVALID	N	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G9029	CHEMOTHERAPY ASSESS FOR LACK OF	1/1/2006	INVALID	N	NO
1	G9030	CHEMOTHERAPY ASSESS FOR LACK OF	1/1/2006	INVALID	N	NO
1	G9031	CHEMOTHERAPY ASSESS FOR LACK OF	1/1/2006	INVALID	N	NO
1	G9032	CHEMOTHERAPY ASSESS FOR LACK OF	1/1/2006	INVALID	N	NO
1	G9033	AMANTADINE HYDROCHLORIDE, ORAL,	1/1/2005	NC	9	NO
1	G9034	ZANAMIVIR, INHALATION POWDER, AD	1/1/2005	NC	9	NO
1	G9035	OSELTAMIVIR PHOSPHATE, ORAL, BRA	1/1/2005	NC	9	NO
1	G9036	RIMANTADINE HYDROCHLORIDE, ORAL,	1/1/2005	NC	9	NO
1	G9041	SENSORY INTEGRATIVE TECH TO ENHA	1/1/2006	NC	9	NO
1	G9042	SENSORY INTEGRATIVE TECH TO ENHA	1/1/2006	NC	9	NO
1	G9043	SENSORY INTEGRATIVE TECH TO ENHA	1/1/2006	NC	9	NO
1	G9044	SENSORY INTEGRATIVE TECH TO ENHA	1/1/2006	NC	9	NO
1	G9050	ONCOLOGY; PRIMARY FOCUS OF VISIT	1/1/2006	\$0.01	T	NO
1	G9051	ONCOLOGY; PRIMARY FOCUS OF VISIT	1/1/2006	\$0.01	T	NO
1	G9052	ONCOLOGY; PRIMARY FOCUS OF VISIT	1/1/2006	\$0.01	T	NO
1	G9053	ONCOLOGY; EXPECTANT MANAGEMENT O	1/1/2006	\$0.01	T	NO
1	G9054	ONCOLOGY; SUPERVISING, COORDINAT	1/1/2006	\$0.01	T	NO
1	G9055	ONCOLOGY; OTHER, UNSPECIFIED SER	1/1/2006	\$0.01	T	NO
1	G9056	ONCOLOGY; PRACTICE GUIDELINES; M	1/1/2006	\$0.01	T	NO
1	G9057	ONCOLOGY; MANAGEMENT DIFFERS FRO	1/1/2006	\$0.01	T	NO
1	G9058	ONCOLOGY; MANAGEMENT DIFFERS FRO	1/1/2006	\$0.01	T	NO
1	G9059	ONCOLOGY; MANAGEMENT DIFFERS FRO	1/1/2006	\$0.01	T	NO
1	G9060	ONCOLOGY; MANAGEMENT DIFFERS FRO	1/1/2006	\$0.01	T	NO
1	G9061	ONCOLOGY; PT'S CONDITION NOT ADD	1/1/2006	\$0.01	T	NO
1	G9062	ONCOLOGY; MANAGEMENT DIFFERS FRO	1/1/2006	\$0.01	T	NO
1	G9063	ONCOLOGY; LIMITED TO NON-SMALL C	1/1/2006	\$0.01	T	NO
1	G9064	ONCOLOGY; LIMITED TONON-SMALL CE	1/1/2006	\$0.01	T	NO
1	G9065	ONCOLOGY; LIMITED TONON-SMALL CE	1/1/2006	\$0.01	T	NO
1	G9066	ONCOLOGY; LIMIT TO NON-SMALL CEL	1/1/2006	\$0.01	T	NO
1	G9067	ONCOLOGY; LIMIT TO NON-SMALL CEL	1/1/2006	\$0.01	T	NO
1	G9068	ONCOLOGY; LIMIT TO SMALL CELL AN	1/1/2006	\$0.01	T	NO
1	G9069	ONCOLOGY; SMALL CELL LUNG CANCER	1/1/2006	\$0.01	T	NO
1	G9070	ONCOLOGY; SMALL CELL LUNG CANCER	1/1/2006	\$0.01	T	NO
1	G9071	ONCOLOGY; INVASIVE FEMALE BREAST	1/1/2006	\$0.01	T	NO
1	G9072	ONCOLOGY; INVASIVE FEMALE BREAST	1/1/2006	\$0.01	T	NO
1	G9073	ONCOLOGY; INVASIVE FEMALE BREAST	1/1/2006	\$0.01	T	NO
1	G9074	ONCOLOGY; INVASIVE FEMALE BREAST	1/1/2006	\$0.01	T	NO
1	G9075	ONCOLOGY; INVASIVE FEMALE BREAST	1/1/2006	\$0.01	T	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G9076	ONCOLOGY; INVASIVE FEMALE BREAST	1/1/2006	\$0.01	T	NO
1	G9077	ONCOLOGY; LIMIT TO ADENOCARCINOM	1/1/2006	\$0.01	T	NO
1	G9078	ONCOLOGY; PROSTATE CANCER, T2 OR	1/1/2006	\$0.01	T	NO
1	G9079	ONCOLOGY; PROSTATE CANCER, T3B-T	1/1/2006	\$0.01	T	NO
1	G9080	ONCOLOGY; PROSTATE CANCER, AFTER	1/1/2006	\$0.01	T	NO
1	G9081	ONCOLOGY; PROSTATE CANCER, INCOM	1/1/2006	\$0.01	T	NO
1	G9082	ONCOLOGY; PROSTATE CANCER, CASTR	1/1/2006	\$0.01	T	NO
1	G9083	ONCOLOGY; PROSTATE CANCER, EXTEN	1/1/2006	\$0.01	T	NO
1	G9084	ONCOLOGY; COLON CANCER, LIMIT TO	1/1/2006	\$0.01	T	NO
1	G9085	ONCOLOGY; COLON CANCER, EXTENT O	1/1/2006	\$0.01	T	NO
1	G9086	ONCOLOGY; COLON CANCER, EXTENT O	1/1/2006	\$0.01	T	NO
1	G9087	ONCOLOGY; COLON CANCER, M1 AT DX	1/1/2006	\$0.01	T	NO
1	G9088	ONCOLOGY; COLON CANCER; M1 AT DX	1/1/2006	\$0.01	T	NO
1	G9089	ONCOLOGY; COLON CANCER; EXTENT O	1/1/2006	\$0.01	T	NO
1	G9090	ONCOLOGY; RECTAL CANCER; EXTENT	1/1/2006	\$0.01	T	NO
1	G9091	ONCOLOGY; RECTAL CANCER; EXTENT	1/1/2006	\$0.01	T	NO
1	G9092	ONCOLOGY; RECTAL CANCER; EXTENT	1/1/2006	\$0.01	T	NO
1	G9093	ONCOLOGY; RECTAL CANCER, LIMIT T	1/1/2006	\$0.01	T	NO
1	G9094	ONCOLOGY; RECTAL CANCER, LIMIT T	1/1/2006	\$0.01	T	NO
1	G9095	ONCOLOGY; RECTAL CANCER, LIMIT T	1/1/2006	\$0.01	T	NO
1	G9096	ONCOLOGY; ESOPHAGEAL CANCER, EXT	1/1/2006	\$0.01	T	NO
1	G9097	ONCOLOGY; ESOPHAGEAL CANCER, EXT	1/1/2006	\$0.01	T	NO
1	G9098	ONCOLOGY; ESOPHAGEAL CANCER; M1	1/1/2006	\$0.01	T	NO
1	G9099	ONCOLOGY; ESOPHAGEAL CANCER; EXT	1/1/2006	\$0.01	T	NO
1	G9100	ONCOLOGY; GASTRIC CANCER; POST R	1/1/2006	\$0.01	T	NO
1	G9101	ONCOLOGY; GASTRIC CANCER; POST R	1/1/2006	\$0.01	T	NO
1	G9102	ONCOLOGY; GASTRIC CANCER; CLINIC	1/1/2006	\$0.01	T	NO
1	G9103	ONCOLOGY; GASTRIC CANCER; CLINIC	1/1/2006	\$0.01	T	NO
1	G9104	ONCOLOGY; GASTRIC CANCER; EXTENT	1/1/2006	\$0.01	T	NO
1	G9105	ONCOLOGY; PANCREATIC CANCER; POS	1/1/2006	\$0.01	T	NO
1	G9106	ONCOLOGY; PANCREATIC CANCER; POS	1/1/2006	\$0.01	T	NO
1	G9107	ONCOLOGY; PANCREATIC CANCER; UNR	1/1/2006	\$0.01	T	NO
1	G9108	ONCOLOGY; PANCREATIC CANCER; EXT	1/1/2006	\$0.01	T	NO
1	G9109	ONCOLOGY; HEAD AND NECK CANCER;	1/1/2006	\$0.01	T	NO
1	G9110	ONCOLOGY; HEAD AND NECK CANCER;	1/1/2006	\$0.01	T	NO
1	G9111	ONCOLOGY; HEAD AND NECK CANCER;	1/1/2006	\$0.01	T	NO
1	G9112	ONCOLOGY; HEAD AND NECK CANCER;	1/1/2006	\$0.01	T	NO
1	G9113	ONCOLOGY; OVARIAN CANCER; PATHOL	1/1/2006	\$0.01	T	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G9114	ONCOLOGY; OVARIAN CANCER; PATHOL	1/1/2006	\$0.01	T	NO
1	G9115	ONCOLOGY; OVARIAN CANCER; PATHOL	1/1/2006	\$0.01	T	NO
1	G9116	ONCOLOGY; OVARIAN CANCER; EVIDEN	1/1/2006	\$0.01	T	NO
1	G9117	ONCOLOGY; OVARIAN CANCER; EXTENT	1/1/2006	\$0.01	T	NO
1	G9118	ONCOLOGY; NON-HODGKINS LYMPHONA;	1/1/2006	\$0.01	T	NO
1	G9119	ONCOLOGY; NON-HODGKINS LYMPHOMA;	1/1/2006	\$0.01	T	NO
1	G9120	ONCOLOGY; NON-HODGKINS LYMPHOMA;	1/1/2006	\$0.01	T	NO
1	G9121	ONCOLOGY; NON-HODGKINS LYMPHOMA;	1/1/2006	\$0.01	T	NO
1	G9122	ONCOLOGY; NON-HODGKINS LYMPHOMA;	1/1/2006	\$0.01	T	NO
1	G9123	ONCOLOGY; NON-HODGKINS LYMPHOMA;	1/1/2006	\$0.01	T	NO
1	G9124	ONCOLOGY; NON-HODGKINS LYMPHOMA;	1/1/2006	\$0.01	T	NO
1	G9125	ONCOLOGY; NON-HODGKINS LYMPHOMA,	1/1/2006	\$0.01	T	NO
1	G9126	ONCOLOGY; OVARIAN CANCER, LIMIT	1/1/2006	\$0.01	T	NO
1	G9127	ONCOLOGY; LIMITED TO MULTIPLE MY	1/1/2006	\$0.01	T	NO
1	G9128	ONCOLOGY; LIMITED TO MULTIPLE MY	1/1/2006	\$0.01	T	NO
1	G9129	ONCOLOGY; CHRONIC MYELOGENOUS LE	1/1/2006	\$0.01	T	NO
1	G9130	ONCOLOGY; LIMITED TO MULTIPLE MY	1/1/2006	\$0.01	T	NO
1	H0001	ALCOHOL AND/OR DRUG ASSESSMENT	1/1/2001	\$0.01	1	NO
1	H0002	BEHAVIORAL HEALTH SCREENING TO D	1/1/2001	\$0.01	1	NO
1	H0004	BEHAVIORAL HEALTH COUNSELING AND	1/1/2001	\$0.01	1	NO
1	H0005	ALCOHOL AND/OR DRUG SERVICES; GR	1/1/2001	\$0.01	1	NO
1	H0006	ALCOHOL AND/OR DRUG SERVICES; CA	10/1/2004	NC	9	NO
1	H0022	ALCOHOL AND/OR DRUG INTERVENTION	10/1/2003	NC	9	NO
1	H0023	BEHAVIORAL HEALTH OUTREACH SERVI	10/1/2003	NC	9	NO
1	H1000	PRENATAL CARE, AT-RISK ASSESSMEN	1/1/2002	NC	9	NO
1	H1001	PRENATAL CARE, AT-RISK ENHANCED	1/1/2002	NC	9	NO
1	H1002	PRENATAL CARE, AT-RISK ENHANCED	1/1/2002	NC	9	NO
1	H1003	PRENATAL CARE, AT-RISK ENHANCED	1/1/2002	NC	9	NO
1	H1004	PRENATAL CARE, AT-RISK ENHANCED	1/1/2002	NC	9	NO
1	H1005	PRENATAL CARE, AT-RISK ENHANCED	1/1/2002	NC	9	NO
1	H1010	NON-MEDICAL FAMILY PLANNING EDUC	1/1/2003	NC	9	NO
1	H2000	COMPREHENSIVE MULTIDISCIPLINARY	1/1/2003	NC	9	NO
1	H2001	REHABILITATION PROGRAM, PER 1/2	1/1/2003	NC	9	NO
1	J0120	INJECTION, TETRACYCLINE, UP TO 2	2/13/2006	\$0.01	5	NO
1	J0128	INJECTION, ABARELIX, 10 MG (PLEN	1/1/2005	\$80.92	3	NO
1	J0130	INJECTION ABCIXIMAB, 10 MG (REOP	1/23/2006	\$658.05	3	NO
1	J0132	INJECTION, ACETYLCYSTEINE, 100 M	1/1/2006	\$0.01	5	NO
1	J0133	INJECTION, ACYCLOVIR, 5 MG (ZOVI	1/1/2006	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J0135	INJECTION, ADALIMUMAB, 20 MG (HU	#####	\$374.93	3	NO
1	J0150	INJECTION, ADENOSINE FOR THERAPE	10/1/2002	\$40.94	3	NO
1	J0151	INJECTION, ADENOSINE, 90 MG (NOT	4/1/2004	INVALID	N	NO
1	J0152	INJECTION, ADENOSINE FOR DIAGNOS	1/1/2005	\$87.42	3	NO
1	J0170	INJECTION, ADRENALIN, EPINEPHRIN	1/23/2006	\$2.88	3	NO
1	J0180	INJECTION, AGALSIDASE BETA, 1 MG	#####	\$150.00	3	NO
1	J0190	INJECTION, BIPERIDEN LACTATE, PE	3/7/2005	\$1.38	3	NO
1	J0200	INJECTION, ALATROFLOXACIN MESYLA	2/13/2006	\$0.01	5	NO
1	J0205	INJECTION, ALGLUCERASE, PER 10 U	5/24/2001	\$39.50	3	NO
1	J0207	INJECTION, AMIFOSTINE, 500 MG (E	1/23/2006	\$558.03	3	NO
1	J0210	INJECTION, METHYLDOPATE HCL, UP	11/1/2003	\$12.50	3	NO
1	J0215	INJECTION, ALEFACEPT, 0.5 MG (AM	#####	\$33.17	3	NO
1	J0256	INJECTION, ALPHA 1-PROTEINASE IN	3/7/2005	\$3.50	3	NO
1	J0270	INJECTION, ALPROSTADIL, PER 1.25	3/26/2003	\$0.56	3	NO
1	J0275	ALPROSTADIL URETHRAL SUPPOSITORY	1/23/2006	\$24.50	3	NO
1	J0278	INJECTION, AMIKACIN SULFATE, 100	1/1/2006	\$0.01	5	NO
1	J0280	INJECTION, AMINOPHYLLIN, UP TO 2	6/1/2003	\$3.80	3	NO
1	J0282	INJECTION, AMIODARONE HCL, 30 MG	3/1/2003	\$21.14	3	NO
1	J0285	INJECTION, AMPHOTERICIN B, 50 MG	1/23/2006	\$19.50	3	NO
1	J0286	INJECTION, AMPHOTERICIN B, ANY L	7/1/2003	INVALID	N	NO
1	J0287	INJECTION, AMPHOTERICIN B LIPID	3/7/2005	\$24.00	3	NO
1	J0288	INJECTION, AMPHOTERICIN B CHOLES	1/1/2003	\$18.67	3	NO
1	J0289	INJECTION, AMPHOTERICIN B LIPOSO	1/1/2003	\$39.25	3	NO
1	J0290	INJECTION, AMPICILLIN, UP TO 500	3/1/2003	\$4.37	3	NO
1	J0295	INJECTION, AMPICILLIN SODIUM/SUL	1/23/2006	\$9.05	3	NO
1	J0300	INJECTION, AMOBARBITAL, UP TO 12	4/1/2003	\$3.06	3	NO
1	J0330	INJECTION, SUCCINYLCHOLINE CHLOR	3/7/2005	\$2.00	3	NO
1	J0340	INJECTION, NANDROLONE PHENPROPIO	4/1/2002	INVALID	N	NO
1	J0350	INJECTION, ANISTREPLASE, PER 30	7/25/2005	NC	9	NO
1	J0360	INJECTION, HYDRALAZINE HCL, UP T	1/1/2000	\$18.75	3	NO
1	J0365	INJECTION, APROTONIN, 10,000 KIU	1/1/2006	\$0.01	5	NO
1	J0380	INJECTION, METARAMINOL BITARTRAT	#####	\$1.33	3	NO
1	J0390	INJECTION, CHLOROQUINE HCL, UP T	2/13/2006	\$0.01	5	NO
1	J0395	INJECTION, ARBUTAMINE HCL, 1 MG	2/13/2006	\$0.01	5	NO
1	J0400	INJECTION, TRIMETHAPHAN CAMSYLAT	4/1/2002	INVALID	N	NO
1	J0456	INJECTION, AZITHROMYCIN, 500 MG	1/23/2006	\$32.50	3	NO
1	J0460	INJECTION, ATROPINE SULFATE, UP	1/30/2006	\$2.25	3	NO
1	J0470	INJECTION, DIMERCAPROL, PER 100	3/7/2005	\$28.66	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J0475	INJECTION, BACLOFEN, 10 MG (LIOR	1/23/2006	\$240.00	3	NO
1	J0476	INJECTION, BACLOFEN, 50 MCG FOR	11/1/2003	\$84.00	3	NO
1	J0480	INJECTION, BASILIXIMAB, 10 MG (S	1/1/2006	\$0.01	5	NO
1	J0500	INJECTION, DICYCLOMINE HCL, UP T	#####	\$21.74	3	NO
1	J0510	INJECTION, BENZQUINAMIDE HCL, UP	4/1/2002	INVALID	N	NO
1	J0515	INJECTION, BENZTROPINE MESYLATE,	3/7/2005	\$4.27	3	NO
1	J0520	INJECTION, BETHANECHOL CHLORIDE,	2/13/2006	\$0.01	5	NO
1	J0530	INJECTION, PENICILLIN G BENZATHI	7/18/2005	\$17.39	3	NO
1	J0540	INJECTION, PENICILLIN G BENZATHI	1/23/2006	\$18.60	3	NO
1	J0550	INJECTION, PENICILLIN G BENZATHI	7/18/2005	\$18.28	3	NO
1	J0560	INJECTION, PENICILLIN G BENZATHI	1/23/2006	\$26.95	3	NO
1	J0570	INJECTION, PENICILLIN G BENZATHI	1/23/2006	\$46.68	3	NO
1	J0580	INJECTION, PENICILLIN G BENZATHI	1/23/2006	\$95.64	3	NO
1	J0583	INJECTION, BIVALIRUDIN, 1 MG (AN	1/1/2004	\$1.83	3	NO
1	J0585	BOTULINUM TOXIN TYPE A, PER UNIT	1/23/2006	\$6.06	3	NO
1	J0587	BOTULINUM TOXIN TYPE B, PER 100	1/30/2006	\$19.05	3	NO
1	J0590	INJECTION, ETHYLNOREPINEPHRINE H	4/1/2002	INVALID	N	NO
1	J0592	INJECTION, BUPRENORPHINE HYDROCH	1/23/2006	\$1.33	3	NO
1	J0595	INJECTION, BUTORPHANOL TARTRATE,	7/25/2005	\$8.43	3	NO
1	J0600	INJECTION, EDETATE CALCIUM DISOD	6/1/2003	\$48.35	3	NO
1	J0610	INJECTION, CALCIUM GLUCONATE, PE	#####	\$1.00	3	NO
1	J0620	INJECTION, CALCIUM GLYCEROPHOSPH	1/23/2006	\$13.04	3	NO
1	J0630	INJECTION, CALCITONIN-SALMON, UP	1/23/2006	\$49.04	3	NO
1	J0635	INJECTION, CALCITRIOL, 1 MCG AMP	7/1/2003	INVALID	N	NO
1	J0636	INJECTION, CALCITRIOL, 0.1 MCG (	1/1/2003	\$1.53	3	NO
1	J0637	INJECTION, CASPOFUNGIN ACETATE,	4/4/2005	\$41.18	3	NO
1	J0640	INJECTION, LEUCOVORIN CALCIUM, P	6/14/2004	\$3.75	3	NO
1	J0670	INJECTION, MEPIVACAINE HCL, PER	#####	\$6.36	3	NO
1	J0690	INJECTION, CEFAZOLIN SODIUM, UP	1/31/2005	\$2.25	3	NO
1	J0692	INJECTION, CEFEPIME HYDROCHLORID	1/23/2006	\$11.08	3	NO
1	J0694	INJECTION, CEFOXITIN SODIUM, 1 G	6/1/2003	\$11.41	3	NO
1	J0695	INJECTION, CEFONICID SODIUM, 1 G	4/1/2002	INVALID	N	NO
1	J0696	INJECTION, CEFTRIAZONE SODIUM, P	5/1/2002	\$17.73	3	NO
1	J0697	INJECTION, STERILE CEFUROXIME SO	7/25/2005	\$6.76	3	NO
1	J0698	CEFOTAXIME SODIUM, PER G (CLAFOR	6/1/2003	\$10.60	3	NO
1	J0702	INJECTION, BETAMETHASONE ACETATE	1/23/2006	\$3.13	3	NO
1	J0704	INJECTION, BETAMETHASONE SODIUM	6/7/2004	\$4.28	3	NO
1	J0706	INJECTION, CAFFEINE CITRATE, 5 M	4/4/2005	\$4.07	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J0710	INJECTION, CEPHAPIRIN SODIUM, UP	2/13/2006	\$0.01	5	NO
1	J0713	INJECTION, CEFTAZIDIME, PER 500	1/30/2006	\$7.41	3	NO
1	J0715	INJECTION, CEFTIZOXIME SODIUM, P	1/17/2005	\$6.41	3	NO
1	J0720	INJECTION, CHLORAMPHENICOL SODIU	4/4/2005	\$22.75	3	NO
1	J0725	INJECTION, CHORIONIC GONADOTROPI	6/1/2003	\$4.86	3	NO
1	J0730	INJECTION, CHLORPHENIRAMINE MALE	4/1/2002	INVALID	N	NO
1	J0735	INJECTION, CLONIDINE HCL, 1 MG (	1/30/2006	\$80.66	3	NO
1	J0740	INJECTION, CIDOFOVIR, 375 MG (VI	6/1/2003	\$888.00	3	NO
1	J0743	INJECTION, CILASTATIN SODIUM IMI	1/23/2006	\$20.64	3	NO
1	J0744	INJECTION, CIPROFLOXACIN FOR INT	1/30/2006	\$16.25	3	NO
1	J0745	INJECTION, CODEINE PHOSPHATE, PE	7/11/2005	\$0.56	3	NO
1	J0760	INJECTION, COLCHICINE, PER 1 MG	3/18/2002	\$7.75	3	NO
1	J0770	INJECTION, COLISTIMETHATE SODIUM	1/23/2006	\$71.05	3	NO
1	J0780	INJECTION, PROCHLORPERAZINE, UP	6/28/2004	\$9.62	3	NO
1	J0795	INJECTION, CORTICORELIN OVINE TR	1/1/2006	\$0.01	5	NO
1	J0800	INJECTION, CORTICOTROPIN, UP TO	1/23/2006	\$140.05	3	NO
1	J0810	INJECTION, CORTISONE ACETATE, UP	4/1/2002	INVALID	N	NO
1	J0835	INJECTION, COSYNTROPIN, PER 0.25	8/1/2004	\$88.83	3	NO
1	J0850	INJECTION, CYTOMEGALOVIRUS IMMUN	1/23/2006	\$944.21	3	NO
1	J0878	INJECTION, DAPTOMYCIN, 1 MG (CUB	1/23/2006	\$0.38	3	NO
1	J0880	INJECTION, DARBEPOETIN ALFA, 5 M	1/1/2006	INVALID	N	NO
1	J0881	INJECTION, DARBEPOETIN ALFA, 1 M	1/1/2006	\$5.56	3	NO
1	J0882	INJECTION, DARBEPOETIN ALFA, 1 M	1/1/2006	\$5.56	3	NO
1	J0885	INJECTION, EPOETIN ALFA, (FOR NO	1/1/2006	\$15.21	3	NO
1	J0886	INJECTION, EPOETIN ALFA, 1000 UN	1/1/2006	\$14.71	3	NO
1	J0895	INJECTION, DEFEROXAMINE MESYLATE	1/23/2006	\$23.00	3	NO
1	J0900	INJECTION, TESTOSTERONE ENANTHAT	6/28/2004	\$1.72	3	NO
1	J0945	INJECTION, BROMPHENIRAMINE MALEA	5/24/2001	\$1.67	3	NO
1	J0970	INJECTION, ESTRADIOL VALERATE, U	1/23/2006	\$36.31	3	NO
1	J1000	INJECTION, DEPO-ESTRADIOL CYPION	1/23/2006	\$6.76	3	NO
1	J1020	INJECTION, METHYLPREDNISOLONE AC	1/23/2006	\$3.58	3	NO
1	J1030	INJECTION, METHYLPREDNISOLONE AC	1/23/2006	\$8.54	3	NO
1	J1040	INJECTION, METHYLPREDNISOLONE AC	1/23/2006	\$14.81	3	NO
1	J1050	INJECTION, MEDROXYPROGESTERONE A	7/1/2003	INVALID	N	NO
1	J1051	INJECTION, MEDROXYPROGESTERONE A	1/23/2006	\$21.85	3	NO
1	J1055	INJECTION, MEDROXYPROGESTERONE A	1/23/2006	\$65.54	3	NO
1	J1056	INJECTION, MEDROXYPROGESTERONE A	#####	NC	9	NO
1	J1060	INJECTION, TESTOSTERONE CYPIONAT	6/13/2005	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J1070	INJECTION, TESTOSTERONE CYPIONAT	1/23/2006	\$6.57	3	NO
1	J1080	INJECTION, TESTOSTERONE CYPIONAT	#####	\$28.74	3	NO
1	J1090	INJECTION, TESTOSTERONE CYPIONAT	4/1/2002	INVALID	N	NO
1	J1094	INJECTION, DEXAMETHASONE ACETATE	1/1/2003	\$0.30	3	NO
1	J1095	INJECTION, DEXAMETHASONE ACETATE	7/1/2003	INVALID	N	NO
1	J1100	INJECTION, DEXAMETHASONE SODIUM	6/13/2005	\$0.34	3	NO
1	J1110	INJECTION, DIHYDROERGOTAMINE MES	1/31/2005	\$51.04	3	NO
1	J1120	INJECTION, ACETAZOLAMIDE SODIUM,	8/1/2003	\$22.50	3	NO
1	J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	8/1/2003	\$1.88	3	NO
1	J1162	INJECTION, DIGOXIN IMMUNE FAB (O	1/1/2006	\$0.01	5	NO
1	J1165	INJECTION, PHENYTOIN SODIUM, PER	7/1/2002	\$1.98	3	NO
1	J1170	INJECTION, HYDROMORPHONE HCL, UP	1/30/2006	\$2.28	3	NO
1	J1180	INJECTION, DYPHYLLINE, UP TO 500	8/1/2001	\$9.49	3	NO
1	J1190	INJECTION, DEXRAZOXANE HCL, PER	8/1/2003	\$256.54	3	NO
1	J1200	INJECTION, DIPHENHYDRAMINE HCL,	7/16/2002	\$3.44	3	NO
1	J1205	INJECTION, CHLOROTHIAZIDE SODIUM	#####	\$15.45	3	NO
1	J1212	INJECTION, DMSO, DIMETHYL SULFOX	5/24/2001	\$60.00	3	NO
1	J1230	INJECTION, METHADONE HCL, UP TO	3/18/2002	\$0.79	3	NO
1	J1240	INJECTION, DIMENHYDRINATE, UP TO	7/11/2005	\$5.94	3	NO
1	J1245	INJECTION, DIPYRIDAMOLE, PER 10	#####	\$29.93	3	NO
1	J1250	INJECTION, DOBUTAMINE HCL, PER 2	7/14/2003	\$12.00	3	NO
1	J1260	INJECTION, DOLASETRON MESYLATE,	1/31/2005	\$4.88	3	NO
1	J1265	INJECTION, DOPAMINE HCL, 40 MG (	1/1/2006	\$0.01	5	NO
1	J1270	INJECTION, DOXERCALCIFEROL, 1 MC	#####	\$6.03	3	NO
1	J1320	INJECTION, AMITRIPTYLINE HCL, UP	2/13/2006	\$0.01	5	NO
1	J1325	INJECTION, EPOPROSTENOL, 0.5 MG	5/9/2005	\$22.25	3	NO
1	J1327	INJECTION, EPTIFIBATIDE, 5 MG (I	5/16/2005	NC	9	NO
1	J1330	INJECTION, ERGONOVINE MALEATE, U	2/13/2006	\$0.01	5	NO
1	J1335	INJECTION, ERTAPENEM SODIUM, 500	1/23/2006	\$29.43	3	NO
1	J1362	INJECTION, ERYTHROMYCIN GLUCEPTA	4/1/2002	INVALID	N	NO
1	J1364	INJECTION, ERYTHROMYCIN LACTOBIO	7/18/2005	\$9.01	3	NO
1	J1380	INJECTION, ESTRADIOL VALERATE, U	1/23/2006	\$15.53	3	NO
1	J1390	INJECTION, ESTRADIOL VALERATE, U	1/23/2006	\$21.89	3	NO
1	J1410	INJECTION, ESTROGEN CONJUGATED,	1/23/2006	\$70.56	3	NO
1	J1430	INJECTION, ETHANOLAMINE OLEATE,	1/1/2006	\$0.01	5	NO
1	J1435	INJECTION, ESTRONE, PER 1 MG(EST	3/18/2002	\$0.20	3	NO
1	J1436	INJECTION, ETIDRONATE DISODIUM,	4/1/2003	\$81.00	3	NO
1	J1438	INJECTION, ETANERCEPT, 25 MG (EN	#####	\$187.46	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J1440	INJECTION, FILGRASTIM (G-CSF), 3	#####	\$238.00	3	NO
1	J1441	INJECTION, FILGRASTIM (G-CSF), 4	#####	\$379.19	3	NO
1	J1450	INJECTION, FLUCONAZOLE, 200 MG (	7/18/2005	\$121.38	3	NO
1	J1451	INJECTION, FOMEPIZOLE, 15 MG (AN	1/1/2006	\$0.01	5	NO
1	J1452	INJECTION, FOMIVIRSEN SODIUM, IN	7/11/2005	\$0.01	5	NO
1	J1455	INJECTION, FOSCARNET SODIUM, PER	1/30/2006	\$14.68	3	NO
1	J1457	INJECTION, GALLIUM NITRATE, 1 MG	1/1/2005	\$1.50	3	NO
1	J1460	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$17.65	3	NO
1	J1470	INJECTION, GAMMA GLOBULIN, INTRA	#####	\$35.30	3	NO
1	J1480	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$52.95	3	NO
1	J1490	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$70.60	3	NO
1	J1500	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$88.25	3	NO
1	J1510	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$105.90	3	NO
1	J1520	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$123.55	3	NO
1	J1530	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$141.20	3	NO
1	J1540	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$158.85	3	NO
1	J1550	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$176.50	3	NO
1	J1560	INJECTION, GAMMA GLOBULIN, INTRA	10/6/2003	\$194.15	3	NO
1	J1561	INJECTION, IMMUNE GLOBULIN, INTR	7/1/2003	INVALID	N	NO
1	J1563	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2006	INVALID	N	NO
1	J1564	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2006	INVALID	N	NO
1	J1565	INJECTION, RESPIRATORY SYNCYTIAL	10/1/2001	NC	9	NO
1	J1566	INJECTION, IMMUNE GLOBULIN,INTRA	1/1/2006	\$0.01	5	NO
1	J1567	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2006	\$0.01	5	NO
1	J1570	INJECTION, GANCICLOVIR SODIUM 50	1/23/2006	\$49.01	3	NO
1	J1580	INJECTION, GARAMYCIN, GENTAMICIN	6/1/2005	\$6.63	3	NO
1	J1590	INJECTION, GATIFLOXACIN, 10 MG (	7/25/2005	\$0.95	3	NO
1	J1595	INJECTION, GLATIRAMER ACETATE, 2	7/18/2005	\$1,572.75	3	NO
1	J1600	INJECTION, GOLD SODIUM THIOMALAT	6/7/2004	\$17.07	3	NO
1	J1610	INJECTION, GLUCAGON HYDROCHLORID	10/6/2003	\$78.13	3	NO
1	J1620	INJECTION, GONADORELIN HYDROCHLO	7/31/2001	\$212.61	3	NO
1	J1626	INJECTION, GRANISETRON HYDROCHLO	6/1/2005	\$19.52	3	NO
1	J1630	INJECTION, HALOPERIDOL, UP TO 5	6/1/2005	\$11.53	3	NO
1	J1631	INJECTION, HALOPERIDOL DECANOATE	6/16/2002	\$42.03	3	NO
1	J1640	INJECTION, HEMIN, 1 MG (PANHEMAT	1/1/2006	\$0.01	5	NO
1	J1642	INJECTION, HEPARIN SODIUM, (HEPA	5/16/2001	\$2.75	3	NO
1	J1644	INJECTION, HEPARIN SODIUM, PER 1	10/6/2003	\$1.84	3	NO
1	J1645	INJECTION, DALTEPARIN SODIUM, PE	7/18/2005	\$18.84	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J1650	INJECTION, ENOXAPARIN SODIUM, 10	2/21/2005	\$7.43	3	NO
1	J1652	INJECTION, FONDAPARINUX SODIUM,	6/28/2004	\$8.70	3	NO
1	J1655	INJECTION, TINZAPARIN SODIUM, 10	6/1/2005	\$4.54	3	NO
1	J1670	INJECTION, TETANUS IMMUNE GLOBUL	1/31/2005	\$131.25	3	NO
1	J1675	INJECTION, HISTRELIN ACETATE, 10	1/1/2006	\$0.01	5	NO
1	J1690	INJECTION, PREDNISOLONE TEBUTATE	4/1/2002	INVALID	N	NO
1	J1700	INJECTION, HYDROCORTISONE ACETAT	4/1/2003	\$0.24	3	NO
1	J1710	INJECTION, HYDROCORTISONE SODIUM	2/13/2006	\$0.01	5	NO
1	J1720	INJECTION, HYDROCORTISONE SODIUM	1/23/2006	\$2.54	3	NO
1	J1730	INJECTION, DIAZOXIDE, UP TO 300	10/8/2003	\$129.40	3	NO
1	J1739	INJECTION, HYDROXYPROGESTERONE C	4/1/2002	INVALID	N	NO
1	J1741	INJECTION, HYDROXYPROGESTERONE C	4/1/2002	INVALID	N	NO
1	J1742	INJECTION, IBUTILIDE FUMARATE, 1	1/23/2006	\$321.80	3	NO
1	J1745	INJECTION, INFLIXIMAB, 10 MG (RE	1/23/2006	\$69.03	3	NO
1	J1750	INJECTION, IRON DEXTRAN, 50 MG (	1/1/2006	INVALID	N	NO
1	J1751	INJECTION, IRON DEXTRAN 165, 50	1/1/2006	\$0.01	5	NO
1	J1752	INJECTION, IRON DEXTRAN 267, 50	1/1/2006	\$0.01	5	NO
1	J1755	INJECTION, IRON SUCROSE, 20 MG	7/1/2003	INVALID	N	NO
1	J1756	INJECTION, IRON SUCROSE, 1 MG (V	1/1/2003	\$0.69	3	NO
1	J1785	INJECTION, IMIGLUCERASE, PER UNI	6/6/2005	\$4.63	3	NO
1	J1790	INJECTION, DROPERIDOL, UP TO 5 M	#####	\$4.25	3	NO
1	J1800	INJECTION, PROPRANOLOL HCL, UP T	7/18/2005	\$9.69	3	NO
1	J1810	INJECTION, DROPERIDOL AND FENTAN	5/24/2001	\$23.14	3	NO
1	J1815	INJECTION, INSULIN, PER 5 UNITS	6/6/2005	\$1.67	3	NO
1	J1817	INSULIN FOR ADMINISTRATION THRU	1/1/2003	\$0.01	5	NO
1	J1820	INJECTION, INSULIN, UP TO 100 UN	7/1/2003	INVALID	N	NO
1	J1825	INJECTION, INTERFERON BETA-1A, 3	1/23/2006	\$398.44	3	NO
1	J1830	INTERFERON BETA-1B, PER 0.25 MG	1/31/2005	\$87.37	3	NO
1	J1835	INJECTION, ITRACONAZOLE, 50 MG (	6/6/2005	\$44.46	3	NO
1	J1840	INJECTION, KANAMYCIN SULFATE, UP	1/23/2006	\$6.57	3	NO
1	J1850	INJECTION, KANAMYCIN SULFATE, UP	6/23/2000	\$3.50	3	NO
1	J1885	INJECTION, KETOROLAC TROMETHAMIN	6/6/2005	\$4.57	3	NO
1	J1890	INJECTION, CEPHALOTHIN SODIUM, U	7/11/2005	\$0.01	5	NO
1	J1910	INJECTION, KUTAPRESSIN, UP TO 2	4/1/2004	INVALID	N	NO
1	J1930	INJECTION, PROPIOMAZINE, UP TO 2	4/1/2002	INVALID	N	NO
1	J1931	INJECTION, LARONIDASE, 0.1 MG (A	#####	\$28.15	3	NO
1	J1940	INJECTION, FUROSEMIDE, UP TO 20	5/16/2001	\$2.89	3	NO
1	J1945	INJECTION, LEPIRUDIN, 50 MG	1/1/2006	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J1950	INJECTION, LEUPROLIDE ACETATE (F	#####	\$614.09	3	NO
1	J1955	INJECTION, LEVOCARNITINE, PER 1	9/1/2001	\$40.00	3	NO
1	J1956	INJECTION, LEVOFLOXACIN, 250 MG	#####	\$22.83	3	NO
1	J1960	INJECTION, LEVORPHANOL TARTRATE,	1/30/2006	\$4.54	3	NO
1	J1970	INJECTION, METHOTRIMEPRAZINE, UP	4/1/2002	INVALID	N	NO
1	J1980	INJECTION, HYOSCYAMINE SULFATE,	#####	\$11.05	3	NO
1	J1990	INJECTION, CHLORDIAZEPOXIDE HCL,	4/16/2001	\$26.31	3	NO
1	J2000	INJECTION, LIDOCAINE HCL, 50 CC	4/1/2004	INVALID	N	NO
1	J2001	INJECTION, LIDOCAINE HCL FOR INT	1/30/2006	\$0.35	3	NO
1	J2010	INJECTION, LINCOMYCIN HCL, UP TO	1/23/2006	\$5.80	3	NO
1	J2020	INJECTION, LINEZOLID, 200 MG (ZY	1/23/2006	\$45.50	3	NO
1	J2060	INJECTION, LORAZEPAM, 2 MG (ATIV	7/25/2005	\$9.70	3	NO
1	J2150	INJECTION, MANNITOL, 25% IN 50 M	1/30/2006	\$3.56	3	NO
1	J2175	INJECTION, MEPERIDINE HCL, PER 1	1/30/2006	\$1.08	3	NO
1	J2180	INJECTION, MEPERIDINE AND PROMET	7/11/2005	\$0.01	5	NO
1	J2185	INJECTION, MEROPENEM, 100 MG	7/25/2005	\$6.56	3	NO
1	J2210	INJECTION, METHYLERGONOVINE MALE	1/23/2006	\$5.59	3	NO
1	J2240	INJECTION, METOCURINE IODIDE, UP	4/1/2002	INVALID	N	NO
1	J2250	INJECTION, MIDAZOLAM HCL, PER 1	6/6/2005	\$0.71	3	NO
1	J2260	INJECTION, MILRINONE LACTATE, 5	#####	\$49.40	3	NO
1	J2270	INJECTION, MORPHINE SULFATE, UP	5/16/2002	\$5.26	3	NO
1	J2271	INJECTION, MORPHINE SULFATE, 100	5/1/2001	\$9.44	3	NO
1	J2275	INJECTION, MORPHINE SULFATE (PRE	7/18/2005	\$12.01	3	NO
1	J2278	INJECTION, ZICONOTIDE, 1 MCG	1/1/2006	\$0.01	5	NO
1	J2280	INJECTION, MOXIFLOXACIN, 100 MG	#####	\$10.94	3	NO
1	J2300	INJECTION, NALBUPHINE HCL, PER 1	8/1/2002	\$3.59	3	NO
1	J2310	INJECTION, NALOXONE HCL, PER 1 M	8/1/2003	\$10.59	3	NO
1	J2320	INJECTION, NANDROLONE DECANOATE,	6/6/2005	\$4.04	3	NO
1	J2321	INJECTION, NANDROLONE DECANOATE,	6/6/2005	\$8.07	3	NO
1	J2322	INJECTION, NANDROLONE DECANOATE,	6/6/2005	\$17.00	3	NO
1	J2324	INJECTION, NESIRITIDE, 0.25 MG (	1/1/2006	INVALID	N	NO
1	J2325	INJECTION, NESIRITIDE, 0.1 MG (N	1/1/2006	\$0.01	5	NO
1	J2330	INJECTION, THIOTHIXENE, UP TO 4	4/1/2002	INVALID	N	NO
1	J2350	INJECTION, NIACINAMIDE, NIACIN,	4/1/2002	INVALID	N	NO
1	J2352	INJECTION, OCTREOTIDE ACETATE, 1	4/1/2004	INVALID	N	NO
1	J2353	INJECTION, OCTREOTIDE, DEPOT FOR	1/23/2006	\$194.41	3	NO
1	J2354	INJECTION, OCTREOTIDE, NON-DEPOT	7/25/2005	\$6.21	3	NO
1	J2355	INJECTION, OPRELVEKIN, 5 MG (NEU	6/13/2005	\$306.00	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J2357	INJECTION, OMALIZUMAB, 5 MG (XOL	#####	\$19.80	3	NO
1	J2360	INJECTION, ORPHENADRINE CITRATE,	#####	\$22.50	3	NO
1	J2370	INJECTION, PHENYLEPHRINE HCL, UP	6/13/2005	\$4.15	3	NO
1	J2400	INJECTION, CHLOROPROCAINE HCL, P	1/31/2005	\$2.19	3	NO
1	J2405	INJECTION, ONDANSETRON HCL, PER	#####	\$6.68	3	NO
1	J2410	INJECTION, OXYMORPHONE HCL, UP T	6/13/2005	\$3.26	3	NO
1	J2425	INJECTION, PALIFERMIN, 50 MCG	1/1/2006	\$0.01	5	NO
1	J2430	INJECTION, PAMIDRONATE DISODIUM,	1/1/2002	\$291.53	3	NO
1	J2440	INJECTION, PAPAVERINE HCL, UP TO	6/13/2005	\$3.37	3	NO
1	J2460	INJECTION, OXYTETRACYCLINE HCL,	7/11/2003	\$0.93	3	NO
1	J2469	INJECTION, PALONOSETRON HCL, 25	#####	\$35.76	3	NO
1	J2480	INJECTION, HYDROCHLORIDES OF OPI	4/1/2002	INVALID	N	NO
1	J2500	INJECTION, PARICALCITOL, 5 MCG	7/1/2003	INVALID	N	NO
1	J2501	INJECTION, PARICALCITOL, 1 MCG (	6/13/2005	\$5.85	3	NO
1	J2503	INJECTION, PEGAPTANIB SODIUM, 0.	1/1/2006	\$1,054.70	3	NO
1	J2504	INJECTION, PEGADEMASE BOVINE, 25	1/1/2006	\$0.01	5	NO
1	J2505	INJECTION, PEGFILGRASTIM, 6 MG (	#####	\$3,351.25	3	NO
1	J2510	INJECTION, PENICILLIN G PROCAINE	#####	\$12.36	3	NO
1	J2512	INJECTION, PENTAGASTRIN, PER 2 M	4/1/2002	INVALID	N	NO
1	J2513	INJECTION, PENTASTARCH, 10% SOLU	1/1/2006	\$0.01	5	NO
1	J2515	INJECTION, PENTOBARBITAL SODIUM,	1/30/2006	\$7.34	3	NO
1	J2540	INJECTION, PENICILLIN G POTASSIU	6/7/2004	\$7.79	3	NO
1	J2543	INJECTION, PIPERACILLIN SODIUM/T	#####	\$6.22	3	NO
1	J2545	PENTAMIDINE ISETHIONATE, INHALAT	6/16/2002	\$114.82	3	NO
1	J2550	INJECTION, PROMETHAZINE HCL, UP	#####	\$6.86	3	NO
1	J2560	INJECTION, PHENOBARBITAL SODIUM,	1/30/2006	\$7.16	3	NO
1	J2590	INJECTION, OXYTOCIN, UP TO 10 UN	1/23/2006	\$4.69	3	NO
1	J2597	INJECTION, DESMOPRESSIN ACETATE,	1/23/2006	\$8.23	3	NO
1	J2640	INJECTION, PREDNISOLONE SODIUM P	4/1/2002	INVALID	N	NO
1	J2650	INJECTION, PREDNISOLONE ACETATE,	7/11/2005	\$1.18	3	NO
1	J2670	INJECTION, TOLAZOLINE HCL, UP TO	7/1/2005	\$0.01	5	NO
1	J2675	INJECTION, PROGESTERONE, PER 50	1/1/2003	\$4.45	3	NO
1	J2680	INJECTION, FLUPHENAZINE DECANOAT	6/13/2005	\$5.00	3	NO
1	J2690	INJECTION, PROCAINAMIDE HCL, UP	1/30/2006	\$3.68	3	NO
1	J2700	INJECTION, OXACILLIN SODIUM, UP	1/31/2005	\$1.87	3	NO
1	J2710	INJECTION, NEOSTIGMINE METHYLSUL	7/25/2005	\$0.89	3	NO
1	J2720	INJECTION, PROTAMINE SULFATE, PE	6/13/2005	\$1.60	3	NO
1	J2725	INJECTION, PROTIRELIN, PER 250 M	8/1/2001	\$25.68	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J2730	INJECTION, PRALIDOXIME CHLORIDE,	8/1/2001	\$108.38	3	NO
1	J2760	INJECTION, PHENTOLAMINE MESYLATE	5/16/2000	\$35.00	3	NO
1	J2765	INJECTION, METOCLOPRAMIDE HCL, U	6/21/2004	\$1.34	3	NO
1	J2770	INJECTION, QUINUPRISTIN,DALFOPRI	1/23/2006	\$143.64	3	NO
1	J2780	INJECTION, RANITIDINE HYDROCHLOR	5/30/2001	\$2.00	3	NO
1	J2783	INJECTION, RASBURICASE, 0.5 MG (	7/18/2005	\$134.30	3	NO
1	J2788	INJECTION, RHO D IMMUNE GLOBULIN	7/18/2005	\$38.13	3	NO
1	J2790	INJECTION, RHO D IMMUNE GLOBULIN	7/26/2002	\$126.14	3	NO
1	J2792	INJECTION, RHO D IMMUNE GLOBULIN	#####	\$23.67	3	NO
1	J2794	INEJECTION, RISPERIDONE, LONG ACT	1/23/2006	\$5.83	3	NO
1	J2795	INJECTION, ROPIVACAINE HCL, 1 MG	6/13/2005	\$0.11	3	NO
1	J2800	INJECTION, METHOCARBAMOL, UP TO	1/23/2006	\$17.48	3	NO
1	J2805	INJECTION, SINCALIDE, 5 MCG	1/1/2006	\$0.01	5	NO
1	J2810	INJECTION, THEOPHYLLINE, PER 40	7/25/2005	\$0.01	5	NO
1	J2820	INJECTION, SARGRAMOSTIM (GM-CSF)	1/30/2006	\$33.91	3	NO
1	J2850	INJECTION, SECRETIN, SYNTHETIC,	1/1/2006	\$0.01	5	NO
1	J2860	INJECTION, SECOBARBITAL SODIUM,	4/1/2002	INVALID	N	NO
1	J2910	INJECTION, AUROTHIOGLUCOSE, UP T	2/13/2006	\$0.01	5	NO
1	J2912	INJECTION, SODIUM CHLORIDE, 0.9%	3/1/2003	\$1.26	3	NO
1	J2915	INJECTION, SODIUM FERRIC GLUCONA	7/1/2003	INVALID	N	NO
1	J2916	INJECTION, SODIUM FERRIC GLUCONA	1/1/2003	\$8.60	3	NO
1	J2920	INJECTION, METHYLPREDNISOLONE SO	6/13/2005	\$5.85	3	NO
1	J2930	INJECTION, METHYLPREDNISOLONE SO	6/13/2005	\$4.66	3	NO
1	J2940	INJECTION, SOMATREM, 1 MG (PROTR	6/21/2004	\$52.88	3	NO
1	J2941	INJECTION, SOMATROPIN, 1 MG (HUM	6/13/2005	\$58.57	3	NO
1	J2950	INJECTION, PROMAZINE HCL, UP TO	5/24/2001	\$0.48	3	NO
1	J2970	INJECTION, METHICILLIN SODIUM, U	4/1/2002	INVALID	N	NO
1	J2993	INJECTION, RETEPLASE, 18.1 MG (R	7/1/2005	NC	9	NO
1	J2995	INJECTION, STREPTOKINASE, PER 25	7/25/2005	\$93.75	3	NO
1	J2997	INJECTION, ALTEPLASE RECOMBINANT	7/18/2005	\$34.05	3	NO
1	J3000	INJECTION, STREPTOMYCIN, UP TO 1	6/21/2004	\$9.75	3	NO
1	J3010	INECTION, FENTANYL CITRATE, 0.1	6/13/2005	\$2.25	3	NO
1	J3030	INJECTION, SUMATRIPTAN SUCCINATE	1/23/2006	\$69.51	3	NO
1	J3070	INJECTION, PENTAZOCINE, 30 MG (T	7/25/2005	\$8.68	3	NO
1	J3080	INJECTION, CHLORPROTHIXENE, UP T	4/1/2002	INVALID	N	NO
1	J3100	INJECTION, TENECTEPLASE, 50 MG (	7/18/2005	\$2,917.48	3	NO
1	J3105	INJECTION, TERBUTALINE SULFATE,	1/30/2006	\$32.49	3	NO
1	J3110	INJECTION, TERIPARATIDE, 10 MCG	1/23/2006	\$3.38	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J3120	INJECTION, TESTOSTERONE ENANTHAT	6/14/2004	\$14.21	3	NO
1	J3130	INJECTION, TESTOSTERONE ENANTHAT	2/7/2005	\$28.43	3	NO
1	J3140	INJECTION, TESTOSTERONE SUSPENS	7/5/2004	\$0.62	3	NO
1	J3150	INJECTION, TESTOSTERONE PROPIONA	7/1/2005	\$0.01	5	NO
1	J3230	INJECTION, CHLORPROMAZINE HCL, U	#####	\$12.91	3	NO
1	J3240	INJECTION, THYROTROPIN ALPHS, 0.	1/23/2006	\$906.25	3	NO
1	J3245	INJECTION, TIROFIBAN HYDROCHLORI	1/1/2005	INVALID	N	NO
1	J3246	INJECTION, TIROFIBAN HCL, 0.25 M	1/1/2005	NC	9	NO
1	J3250	INJECTION, TRIMETHOBENZAMIDE HCL	6/16/2002	\$3.30	3	NO
1	J3260	INJECTION, TOBRAMYCIN SULFATE, U	1/23/2006	\$2.48	3	NO
1	J3265	INJECTION, TORSEMIDE, 10 MG/ML (	1/31/2005	\$3.65	3	NO
1	J3270	INJECTION, IMIPRAMINE HCL, UP TO	4/1/2002	INVALID	N	NO
1	J3280	INJECTION, THIETHYLPERAZINE MALE	2/13/2006	\$0.01	5	NO
1	J3285	INJECTION, TREPROSTINIL, 1 MG (R	1/1/2006	\$0.01	5	NO
1	J3301	INJECTION, TRIAMCINOLONE ACETONI	6/16/2002	\$2.06	3	NO
1	J3302	INJECTION, TRIAMCINOLONE DIACETA	8/1/2001	\$0.93	3	NO
1	J3303	INJECTION, TRIAMCINOLONE HEXACET	1/17/2005	\$3.24	3	NO
1	J3305	INJECTION, TRIMETREXATE GLUCORON	7/18/2005	\$176.55	3	NO
1	J3310	INJECTION, PERPHENAZINE, UP TO 5	2/13/2006	\$0.01	5	NO
1	J3315	INJECITON, TRIPTORELIN PAMOATE,	1/1/2003	NC	9	NO
1	J3320	INJECTION, SPECTINOMYCIN HCL, UP	#####	\$35.48	3	NO
1	J3350	INJECTION, UREA, UP TO 40 G (URE	2/13/2006	\$0.01	5	NO
1	J3355	INJECTION, UROFOLITROPIN, 75 IU	1/1/2006	\$0.01	5	NO
1	J3360	INJECTION, DIAZEPAM, UP TO 5 MG	2/16/2001	\$3.81	3	NO
1	J3364	INJECTION, UROKINASE, 5000 IU VI	6/7/2004	\$10.80	3	NO
1	J3365	INJECTION, IV, UROKINASE, 250,00	6/28/2004	\$539.78	3	NO
1	J3370	INJECTION, VANCOMYCIN HCL, UP TO	#####	\$3.94	3	NO
1	J3390	INJECTION, METHOXAMINE, UP TO 20	4/1/2002	INVALID	N	NO
1	J3395	INJECTION, VERTEPORFIN, 15 MG	1/1/2005	INVALID	N	NO
1	J3396	INJECTION, VERTEPORFIN, 0.1 MG	1/1/2005	\$11.25	3	NO
1	J3400	INJECTION, TRIFLUPROMAZINE HCL,	2/13/2006	\$0.01	5	NO
1	J3410	INJECTION, HYDROXYZINE HCL, UP T	1/17/2005	\$2.04	3	NO
1	J3411	INJECTION, THIAMINE HCL, 100 MG	1/23/2006	\$3.44	3	NO
1	J3415	INJECTION, PYRIDOXINE HCL, 100 M	7/18/2005	\$5.55	3	NO
1	J3420	INJECTION, VITAMIN B-12 CYANOCOB	11/1/2002	\$4.80	3	NO
1	J3430	INJECTION, PHYTONADIONE (VITAMIN	1/17/2005	\$2.58	3	NO
1	J3450	INJECTION, MEPHENTERMINE SULFATE	4/1/2002	INVALID	N	NO
1	J3465	INJECTION, VORICONAZOLE, 10 MG	1/23/2006	\$6.03	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J3470	INJECTION, HYALURONIDASE, UP TO	5/30/2001	\$23.09	3	NO
1	J3471	INJECTION, HYALURONIDASE, OVINE,	1/1/2006	\$0.01	5	NO
1	J3472	INJECTION, HYALURONIDASE, OVINE,	1/1/2006	\$0.01	5	NO
1	J3475	INJECTION, MAGNESIUM SULFATE, PE	7/11/2005	\$0.53	3	NO
1	J3480	INJECTION, POTASSIUM CHLORIDE, P	2/7/2005	\$0.11	3	NO
1	J3485	INJECTION, ZIDOVUDINE, 10 MG (RE	1/23/2006	\$1.29	3	NO
1	J3486	INJECTION, ZIPRASIDONE MESYLATE,	1/23/2006	\$6.13	3	NO
1	J3487	INJECTION, ZOLEDRONIC ACID, 1 MG	1/23/2006	\$252.35	3	NO
1	J3490	UNCLASSIFIED DRUGS	6/1/2002	\$2,950.00	3	NO
1	J3520	EDETATE DISODIUM, PER 150 MG (EN	1/1/2001	NC	9	NO
1	J3530	NASAL VACCINE INHALATION	1/17/2005	NC	9	NO
1	J3535	DRUG ADMINISTERED THROUGH A METE	1/1/2005	\$0.01	5	NO
1	J3570	LAETRILE, AMYGDALIN, VITAMIN B17	3/1/1989	NC	9	NO
1	J3590	UNCLASSIFIED BIOLOGICS	1/1/2003	\$0.01	5	NO
1	J7030	INFUSION, NORMAL SALINE SOLUTION	3/1/2003	\$9.86	3	NO
1	J7040	INFUSION, NORMAL SALINE SOLUTION	1/17/2005	\$2.89	3	NO
1	J7042	5% DEXTROSE/NORMAL SALINE (500 M	1/17/2005	\$1.80	3	NO
1	J7050	INFUSION, NORMAL SALINE SOLUTION	5/16/2001	\$1.95	3	NO
1	J7051	STERILE SALINE OR WATER, UP TO 5	1/1/2006	INVALID	N	NO
1	J7060	5% DEXTROSE/WATER (500 ML = 1 UN	1/31/2005	\$15.00	3	NO
1	J7070	INFUSION, D-5-W, 1000 CC	1/17/2005	\$13.07	3	NO
1	J7100	INFUSION, DEXTRAN 40, 500 ML (GE	5/16/2001	\$26.50	3	NO
1	J7110	INFUSION, DEXTRAN 75, 500 ML (GE	5/16/2001	\$31.25	3	NO
1	J7120	RINGERS LACTATE INFUSION, UP TO	3/1/2003	\$17.32	3	NO
1	J7130	HYPERTONIC SALINE SOLUTION, 50 O	3/1/1989	\$0.01	5	NO
1	J7188	INJECTION, VON WILLEBRAND FACTOR	1/1/2006	\$0.01	5	NO
1	J7189	FACTOR VIIA (ANTIHEMOPHILIC FACT	1/1/2006	\$0.01	5	NO
1	J7190	FACTOR VIII (ANTI-HEMOPHILIC FAC	9/1/2001	\$1.23	3	NO
1	J7191	FACTOR VIII (ANTI-HEMOPHILIC FAC	2/1/1999	\$2.20	3	NO
1	J7192	FACTOR VIII (ANTI-HEMOPHILIC FAC	#####	\$1.18	3	NO
1	J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR	#####	\$1.25	3	NO
1	J7194	FACTOR IX COMPLEX, PER IU (KONYN	#####	\$0.60	3	NO
1	J7195	FACTOR IX (ANTIHEMOPHILIC FACTOR	#####	\$1.04	3	NO
1	J7197	ANTITHROMBIN III (HUMAN), PER I.	2/13/2006	\$0.01	5	NO
1	J7198	ANTI-INHIBITOR, PER I.U. (AUTOPL	1/23/2006	\$1.96	3	NO
1	J7199	HEMOPHILIA CLOTTING FACTOR, NOT	1/1/2000	\$0.01	5	NO
1	J7300	INTRAUTERINE COPPER CONTRACEPTIV	1/23/2006	\$475.00	3	NO
1	J7302	LEVONOGESTREL-RELEASING INTRAUTE	1/23/2006	\$515.29	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J7303	CONTRACEPTIVE SUPPLY, HORMONE CO	1/1/2004	\$28.92	3	NO
1	J7304	CONTRACEPTIVE SUPPLY, HORMONE CO	1/1/2005	\$3.77	3	NO
1	J7306	LEVONORGESTREL (CONTRACEPTIVE) I	1/1/2006	NC	9	NO
1	J7308	AMINOLEVULINIC ACID HCL FOR TOPI	6/21/2004	\$106.25	3	NO
1	J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING	#####	NC	9	NO
1	J7315	SODIUM HYALURONATE, 20 MG, FOR I	4/1/2002	INVALID	N	NO
1	J7316	SODIUM HYALURONATE, 5 MG FOR INT	7/1/2003	INVALID	N	NO
1	J7317	SODIUM HYALURONATE, PER 20 TO 25	4/1/2005	NC	9	NO
1	J7320	HYLAN G-F 20, 16 MG, FOR INTRA A	4/1/2005	NC	9	NO
1	J7330	AUTOLOGOUS CULTURED CHONDROCYTES	7/18/2005	NC	9	NO
1	J7340	DERMAL AND EPIDERMAL, TISSUE OF	1/1/2003	NC	9	NO
1	J7341	DERMAL TISSUE OF NONHUMAN ORIGIN	1/1/2006	\$0.01	5	NO
1	J7342	DERMAL TISSUE, OF HUMAN ORIGIN,	#####	NC	9	NO
1	J7343	DERMAL AND EPIDERMAL, TISSUE OF	1/1/2005	NC	9	NO
1	J7344	DERMAL TISSUE, OF HUMAN ORIGIN,	1/1/2005	NC	9	NO
1	J7350	DERMAL TISSUE OF HUMAN ORIGIN, I	1/1/2003	\$0.01	5	NO
1	J7500	AZATHIOPRINE, ORAL, 50 MG (IMURA	#####	\$2.50	3	NO
1	J7501	AZATHIOPRINE, PARENTERAL, 100 MG	2/13/2006	\$0.01	5	NO
1	J7502	CYCLOSPORINE, ORAL, 100 MG (NEOR	2/1/2001	\$6.73	3	NO
1	J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTI	1/23/2006	\$381.68	3	NO
1	J7505	MUROMONAB-CD3, PARENTERAL, 5 MG	1/31/2005	\$196.77	3	NO
1	J7506	PREDNISONE, ORAL, PER 5 MG (LIQU	6/16/2002	\$0.31	3	NO
1	J7507	TACROLIMUS, ORAL, PER 1 MG (PROG	1/30/2006	\$4.28	3	NO
1	J7508	TACROLIMUS, ORAL, PER 5 MG (PROG	4/1/2004	INVALID	N	NO
1	J7509	METHYLPREDNISOLONE, ORAL, PER 4	7/16/2002	\$1.13	3	NO
1	J7510	PREDNISOLONE, ORAL, PER 5 MG (DE	5/1/2001	\$0.14	3	NO
1	J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTI	1/30/2006	\$468.75	3	NO
1	J7513	DACLIZUMAB, PARENTERAL, 25 MG (Z	#####	\$513.90	3	NO
1	J7515	CYCLOSPORINE, ORAL, 25 MG (NEORA	3/1/2001	\$1.74	3	NO
1	J7516	CYCLOSPORINE, PARENTERAL, 250 MG	1/1/2005	\$29.16	3	NO
1	J7517	MYCOPHENOLATE MOFETIL, ORAL, 250	1/31/2005	\$3.24	3	NO
1	J7518	MYCOPHENOLIC ACID, ORAL, 180 MG	1/1/2005	NC	9	NO
1	J7520	SIROLIMUS, ORAL, 1 MG (RAPAMUNE)	1/1/2005	NC	9	NO
1	J7525	TACROLIMUS, PARENTERAL, 5 MG (PR	1/23/2006	\$170.78	3	NO
1	J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHE	1/1/1996	NC	9	NO
1	J7608	ACETYLCYSTEINE, INHALATION SOLUT	#####	\$13.40	3	NO
1	J7611	ALBUTEROL, INHALATION SOLUTION,	1/1/2005	\$0.01	5	NO
1	J7612	LEVALBUTEROL, INHALATION SOLUTIO	1/1/2005	\$2.38	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J7613	ALBUTEROL, INHALATION SOLUTION,	1/1/2005	\$0.01	5	NO
1	J7614	LEVALBUTEROL, INHALATION SOLUTIO	1/1/2005	\$1.16	3	NO
1	J7616	ALBUTEROL, UP TO 5 MG AND IPRATR	1/1/2006	INVALID	N	NO
1	J7617	LEVALBUTEROL, UP TO 2.5 MG AND I	1/1/2006	INVALID	N	NO
1	J7618	ALBUTEROL, ALL FORMULATIONS INCL	1/1/2005	INVALID	N	NO
1	J7619	ALBUTEROL, ALL FORMULATIONS INCL	1/1/2005	INVALID	N	NO
1	J7620	ALBUTEROL, UP TO 2.5 MG AND IPRA	1/1/2006	\$0.01	5	NO
1	J7621	ALBUTEROL, ALL FORMULATIONS, INC	1/1/2005	INVALID	N	NO
1	J7622	BECLOMETHASONE, INHALATION SOLUT	9/20/2004	\$0.01	5	NO
1	J7624	BETAMETHASONE, INHALATION SOLUTI	1/1/2002	\$0.01	5	NO
1	J7626	BUDESONIDE INHALATION SOLUTION,	6/21/2004	\$4.58	3	NO
1	J7627	BUDESONIDE, POWDER, COMPOUNDED F	1/1/2006	\$0.01	5	NO
1	J7628	BITOLTEROL MESYLATE, INHALATION	2/13/2006	\$0.01	5	NO
1	J7629	BITOLTEROL MESYLATE, INHALATION	1/1/2000	\$0.01	5	NO
1	J7631	CROMOLYN SODIUM, INHALATION SOLU	2/7/2005	\$0.70	3	NO
1	J7633	BUDESONIDE, INHALATION SOLUTION	1/1/2003	NC	9	NO
1	J7635	ATROPINE, INHALATION SOLUTION AD	9/20/2004	\$0.01	5	NO
1	J7636	ATROPINE, INHALATION SOLUTION AD	9/20/2004	\$0.01	5	NO
1	J7637	DEXAMETHASONE, INHALATION SOLUTI	9/20/2004	\$0.01	5	NO
1	J7638	DEXAMETHASONE, INHALATION SOLUTI	9/20/2004	\$0.01	5	NO
1	J7639	DORNASE ALPHA, INHALATION SOLUTI	7/18/2005	\$22.64	3	NO
1	J7640	FORMOTEROL, INHALATION SOLUTION,	1/1/2006	\$0.01	5	NO
1	J7641	FLUNISOLIDE, INHALATION SOLUTION	9/20/2004	\$0.01	5	NO
1	J7642	GLYCOPYRROLATE, INHALATION SOLUT	9/20/2004	\$0.01	5	NO
1	J7643	GLYCOPYRROLATE, INHALATION SOLUT	9/20/2004	\$0.01	5	NO
1	J7644	IPRATROPIUM BROMIDE, INHALATION	#####	\$1.25	3	NO
1	J7648	ISOETHARINE HCL, INHALATION SOLU	1/2/2001	\$1.83	3	NO
1	J7649	ISOETHARINE HCL, INHALATION SOLU	5/24/2001	\$1.83	3	NO
1	J7658	ISOPROTERENOL HCL, INHALATION SO	9/20/2004	\$0.01	5	NO
1	J7659	ISOPROTERENOL HCL, INHALATION SO	9/20/2004	\$0.01	5	NO
1	J7668	METAPROTERENOL SULFATE, INHALATI	#####	\$3.14	3	NO
1	J7669	METAPROTERENOL SULFATE, INHALATI	2/13/2006	\$0.01	5	NO
1	J7674	METHACHOLINE CHLORIDE ADMINISTER	1/1/2005	\$0.01	5	NO
1	J7680	TERBUTALINE SULFATE, INHALATION	9/20/2004	\$0.01	5	NO
1	J7681	TERBUTALINE SULFATE, INHALATION	9/20/2004	\$0.01	5	NO
1	J7682	TOBRAMYCIN, UNIT DOSE FORM, 300	#####	\$64.00	3	NO
1	J7683	TRIAMCINOLONE, INHALATION SOLUTI	9/20/2004	\$0.01	5	NO
1	J7684	TRIAMCINOLONE, INHALATION SOLUTI	9/20/2004	\$0.01	5	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J7699	NOC DRUGS, INHALATION SOLUTION A	11/1/2004	\$0.01	5	NO
1	J7799	NOC DRUGS, OTHER THAN INHALATION	11/1/2004	\$0.01	5	NO
1	J8498	ANTIEMETIC DRUG, RECTAL/SUPPOSIT	1/1/2006	\$0.01	5	NO
1	J8499	PRESCRIPTION DRUG, ORAL, NON CHE	11/1/2004	\$0.01	5	NO
1	J8501	APREPITANT, ORAL, 5 MG (EMEND)	1/23/2006	\$6.65	3	NO
1	J8510	BULSULFAN; ORAL, 2 MG (MYLERAN,	1/23/2006	\$2.71	3	NO
1	J8515	CABERGOLINE, ORAL, 0.25 MG (DOST	1/1/2006	\$0.01	5	NO
1	J8520	CAPECITABINE, ORAL, 150 MG (XELO	1/30/2006	\$4.81	3	NO
1	J8521	CAPECITABINE, ORAL, 500 MG (XELO	1/30/2006	\$16.04	3	NO
1	J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG (C	4/1/2001	\$2.26	3	NO
1	J8540	DEXAMETHASONE, ORAL, 0.25 MG (DE	1/1/2006	\$0.01	5	NO
1	J8560	ETOPOSIDE, ORAL, 50 MG (VEPESID)	1/31/2005	\$63.77	3	NO
1	J8565	GEFITINIB, ORAL, 250 MG	1/1/2005	NC	9	NO
1	J8597	ANTIEMETIC DRUG, ORAL, NOT OTHER	1/1/2006	\$0.01	5	NO
1	J8600	MELPHALAN, ORAL, 2 MG (ALKERAN)	1/30/2006	\$6.58	3	NO
1	J8610	METHOTREXATE, ORAL, 2.5 MG (RHEU	8/16/2002	\$5.17	3	NO
1	J8700	TEMOZOLMIDE, ORAL, 5 MG (TEMODAR	#####	\$8.89	3	NO
1	J8999	PRESCRIPTION DRUG, ORAL, CHEMOTH	11/1/2004	\$0.01	5	NO
1	J9000	DOXORUBICIN HCL, 10 MG (ADRIAMYC	1/30/2006	\$46.00	3	NO
1	J9001	DOXORUBICIN HYDROCHLORIDE, ALL L	7/18/2005	\$460.82	3	NO
1	J9010	ALEMTUZUMAB, 10 MG (CAMPATH)	1/1/2003	\$205.10	3	NO
1	J9015	ALDESLEUKIN, PER SINGLE USE VIAL	#####	\$894.38	3	NO
1	J9017	ARSENIC TRIOXIDE, 1 MG (TRISENOX	6/21/2004	\$40.00	3	NO
1	J9020	ASPARAGINASE, 10,000 UNITS (ELSP	6/16/2001	\$65.91	3	NO
1	J9025	INJECTION, AZACITIDINE, 1 MG (VI	1/1/2006	\$0.01	5	NO
1	J9027	INJECTION, CLOFARABINE, 1 MG (CL	1/1/2006	\$0.01	5	NO
1	J9031	BCG LIVE (INTRAVESICAL), PER INS	1/17/2005	\$191.50	3	NO
1	J9035	INJECTION, BEVACIZUMAB, 10 MG (A	1/1/2005	\$68.75	3	NO
1	J9040	BLEOMYCIN SULFATE, 15 UNITS (BLE	5/16/2000	\$309.00	3	NO
1	J9041	INJECTION, BORTEZOMIB, .1 MG (VE	1/23/2006	\$38.39	3	NO
1	J9045	CARBOPLATIN, 50 MG (PARAPLATIN)	1/31/2005	\$170.66	3	NO
1	J9050	CARMUSTINE, 100 MG (BICNU)	1/1/2005	\$170.30	3	NO
1	J9055	INJECTION, CETUXIMAB, 10 MG (ERB	1/1/2005	\$60.00	3	NO
1	J9060	CISPLATIN, POWDER OR SOLUTION, P	6/16/2002	\$48.00	3	NO
1	J9062	CISPLATIN, 50 MG (PLATINOL AQ)	1/1/2005	\$240.02	3	NO
1	J9065	INJECTION, CLADRIBINE, PER 1 MG	#####	\$74.47	3	NO
1	J9070	CYCLOPHOSPHAMIDE, 100 MG (CYTOXA	7/1/2005	\$3.18	3	NO
1	J9080	CYCLOPHOSPHAMIDE, 200 MG (CYTOXA	7/1/2005	\$6.36	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J9090	CYCLOPHOSPHAMIDE, 500 MG (CYTOXA	7/1/2005	\$15.89	3	NO
1	J9091	CYCLOPHOSPHAMIDE, 1 G (CYTOXAN,	7/11/2005	\$28.88	3	NO
1	J9092	CYCLOPHOSPHAMIDE, 2 G (CYTOXAN,	7/11/2005	\$52.50	3	NO
1	J9093	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1	1/30/2006	\$7.46	3	NO
1	J9094	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2	3/15/2003	\$11.76	3	NO
1	J9095	CYCLOPHOSPHAMIDE, LYOPHILIZED, 5	1/30/2006	\$15.80	3	NO
1	J9096	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1	1/30/2006	\$28.45	3	NO
1	J9097	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2	1/30/2006	\$51.20	3	NO
1	J9098	CYTARABINE LIPOSOME, 10 MG	#####	\$91.20	3	NO
1	J9100	CYTARABINE, 100 MG (CYTOSAR-U)	5/30/2001	\$5.00	3	NO
1	J9110	CYTARABINE, 500 MG (CYTOSAR-U)	7/14/2003	\$10.63	3	NO
1	J9120	DACTINOMYCIN, 0.5 MG (COSMEGEN)	#####	\$16.79	3	NO
1	J9130	DACARBAZINE, 100 MG (DTIC-DOME)	5/24/2001	\$11.81	3	NO
1	J9140	DACARBAZINE, 200 MG (DTIC-DOME)	5/24/2001	\$27.73	3	NO
1	J9150	DAUNORUBICIN HCL, 10 MG (CERUBID	5/30/2001	\$88.44	3	NO
1	J9151	DAUNORUBICIN CITRATE, LIPOSOMAL	5/24/2001	\$68.00	3	NO
1	J9160	DENILEUKIN DIFTITOX, 300 MCG (ON	#####	\$1,700.00	3	NO
1	J9165	DIETHYLSTILBESTROL DIPHOSPHATE,	2/13/2006	\$0.01	5	NO
1	J9170	DOCETAXEL, 20 MG (TAXOTERE)	1/23/2006	\$395.81	3	NO
1	J9175	INJECTION, ELIOTTS' B SOLUTION,	1/1/2006	\$0.01	5	NO
1	J9178	INJECTION, EPIRUBICIN HCL, 2 MG	7/18/2005	\$29.97	3	NO
1	J9180	EPIRUBICIN HYDROCHLORIDE, 50 MG	4/1/2004	INVALID	N	NO
1	J9181	ETOPOSIDE, 10 MG (VEPESID, TOPOS	7/1/2002	\$14.63	3	NO
1	J9182	ETOPOSIDE, 100 MG (VEPESID, TOPO	7/1/2002	\$146.35	3	NO
1	J9185	FLUDARABINE PHOSPHATE, 50 MG (FL	1/31/2005	\$382.31	3	NO
1	J9190	FLUOROURACIL, 500 MG (ADRUCIL)	1/30/2006	\$6.94	3	NO
1	J9200	FLOXURIDINE, 500 MG (FUDR)	1/31/2005	\$155.00	3	NO
1	J9201	GEMCITABINE HCL, 200 MG (GEMZAR)	#####	\$142.65	3	NO
1	J9202	GOSERELIN ACETATE IMPLANT, PER 3	1/1/1999	\$469.99	3	NO
1	J9206	IRINOTECAN, 20 MG (CAMPTOSAR)	1/1/2005	\$153.42	3	NO
1	J9208	IFOSFAMIDE, PER 1 GM (IFEX)	1/1/2002	\$169.84	3	NO
1	J9209	MESNA, 200 MG (MESNEX)	7/1/2001	\$42.11	3	NO
1	J9211	IDARUBICIN HCL, 5 MG (IDAMYCIN)	7/11/2005	\$491.15	3	NO
1	J9212	INJECTION, INTERFERON ALFACON-1,	#####	\$7.10	3	NO
1	J9213	INTERFERON ALFA-2A, RECOMBINANT,	6/13/2005	\$42.18	3	NO
1	J9214	INTERFERON ALFA-2B, RECOMBINANT,	2/14/2005	\$16.96	3	NO
1	J9215	INTERFERON ALFA-N3, (HUMAN LEUKO	2/13/2006	\$0.01	5	NO
1	J9216	INTERFERON GAMMA-1B, 3 MILLION U	#####	\$368.55	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J9217	LEUPROLIDE ACETATE (FOR DEPOT SU	#####	\$738.75	3	NO
1	J9218	LEUPROLIDE ACETATE, PER 1 MG (LU	1/23/2006	\$182.09	3	NO
1	J9219	LEUPROLIDE ACETATE IMPLANT, 65 M	4/1/2005	\$5,684.00	3	NO
1	J9225	HISTRELIN IMPLANT, 50 MG	1/1/2006	\$0.01	5	NO
1	J9230	MECHLORETHAMINE HCL, (NITROGEN M	#####	\$15.80	3	NO
1	J9245	INJECTION, MELPHALAN HCL, 50 MG	#####	\$1,448.44	3	NO
1	J9250	METHOTREXATE SODIUM, 5 MG (FOLEX	5/25/2001	\$0.69	3	NO
1	J9260	METHOTREXATE SODIUM, 50 MG (FOLE	5/24/2001	\$6.85	3	NO
1	J9263	INJECTION, OXALIPLATIN, 0.5 MG	1/23/2006	\$10.65	3	NO
1	J9264	INJECTION, PACLITAXEL PROTEIN-BO	1/1/2006	\$9.95	3	NO
1	J9265	PACLITAXEL, 30 MG (TAXOL)	1/1/2005	\$175.35	3	NO
1	J9266	PEGASPARGASE, PER SINGLE DOSE VI	7/18/2005	\$1,900.00	3	NO
1	J9268	PENTOSTATIN, PER 10 MG (NIPENT)	1/1/2005	\$2,362.05	3	NO
1	J9270	PLICAMYCIN, 2500 MCG (MITHRACIN)	5/24/2001	\$98.74	3	NO
1	J9280	MITOMYCIN, 5 MG (MUTAMYCIN)	#####	\$70.00	3	NO
1	J9290	MITOMYCIN, 20 MG (MUTAMYCIN)	#####	\$227.50	3	NO
1	J9291	MITOMYCIN, 40 MG (MUTAMYCIN)	7/18/2005	\$312.50	3	NO
1	J9293	INJECTION, MITOXANTRONE HCL, PER	#####	\$413.00	3	NO
1	J9300	GEMTUZUMAB OZOGAMICIN, 5 MG (MYL	1/23/2006	\$2,815.25	3	NO
1	J9305	INJECTION, PEMETREXED, 10 MG (AL	1/23/2006	\$51.22	3	NO
1	J9310	RITUXIMAB, 100 MG (RITUXAN)	1/23/2006	\$568.00	3	NO
1	J9320	STREPTOZOCIN, 1 GM (ZANOSAR)	1/30/2006	\$73.81	3	NO
1	J9340	THIOTEPA, 15 MG (THIOPLEX)	1/23/2006	\$72.50	3	NO
1	J9350	TOPOTECAN, 4 MG (HYCAMTIN)	1/23/2006	\$1,004.76	3	NO
1	J9355	TRASTUZUMAB, 10 MG (HERCEPTIN)	1/30/2006	\$66.57	3	NO
1	J9357	VALRUBICIN, INTRAVESICAL, 200 MG	2/13/2006	\$0.01	5	NO
1	J9360	VINBLASTINE SULFATE, 1 MG (VELBA	1/24/2005	\$3.31	3	NO
1	J9370	VINCRISTINE SULFATE, 1 MG (ONCOV	#####	\$10.00	3	NO
1	J9375	VINCRISTINE SULFATE 2 MG (ONCOVI	#####	\$20.00	3	NO
1	J9380	VINCRISTINE SULFATE, 5 MG (ONCOV	#####	\$50.00	3	NO
1	J9390	VINORELBINE TARTRATE, PER 10 MG	1/24/2005	\$119.53	3	NO
1	J9395	INJECTION, FULVESTRANT, 25 MG	7/18/2005	\$98.37	3	NO
1	J9600	PORFIMER SODIUM, 75 MG, (PHOTOFR	1/24/2005	\$3,014.78	3	NO
1	J9999	NOT OTHERWISE CLASSIFIED, ANTINE	1/1/2004	\$0.01	5	NO
1	K0008	CUSTOM MANUAL WHEELCHAIR/BASE	1/1/2002	INVALID	N	NO
1	K0013	CUSTOM MOTORIZED/POWER WHEELCHAI	4/1/2002	INVALID	N	NO
1	K0016	DETACHABLE, ADJUSTABLE HEIGHT AR	4/1/2004	INVALID	N	NO
1	K0021	ANTITIPPING DEVICE, EACH	7/1/2003	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	K0022	REINFORCED BACK UPHOLSTERY	4/1/2004	INVALID	N	NO
1	K0023	SOLID BACK INSERT, PLANAR BACK,	1/1/2005	INVALID	N	NO
1	K0024	SOLID BACK INSERT, PLANAR BACK,	1/1/2005	INVALID	N	NO
1	K0025	HOOK-ON HEADREST EXTENSION	4/1/2004	INVALID	N	NO
1	K0026	BACK UPHOLSTERY FOR ULTRALIGHTWE	4/1/2004	INVALID	N	NO
1	K0027	BACK UPHOLSTERY FOR WHEELCHAIR T	4/1/2004	INVALID	N	NO
1	K0028	FULLY RECLINING BACK	4/1/2004	INVALID	N	NO
1	K0029	REINFORCED SEAT UPHOLSTERY	4/1/2004	INVALID	N	NO
1	K0030	SOLID SEAT INSERT, PLANAR SEAT,	4/1/2004	INVALID	N	NO
1	K0031	SAFETY BELT/PELVIC STRAP	4/1/2004	INVALID	N	NO
1	K0032	SEAT UPHOLSTERY FOR ULTRALIGHTWE	4/1/2004	INVALID	N	NO
1	K0033	SEAT UPHOLSTERY FOR WHEELCHAIR T	4/1/2004	INVALID	N	NO
1	K0034	HEEL LOOP, EACH	7/1/2003	INVALID	N	NO
1	K0035	HEEL LOOP WITH ANKLE STRAP, EACH	4/1/2004	INVALID	N	NO
1	K0036	TOE LOOP, EACH	4/1/2004	INVALID	N	NO
1	K0048	ELEVATING LEGREST, COMPLETE ASSE	4/1/2004	INVALID	N	NO
1	K0049	CALF PAD, EACH	4/1/2004	INVALID	N	NO
1	K0054	SEAT WIDTH OF 10, 11, 12, 15, 17	4/1/2004	INVALID	N	NO
1	K0055	SEAT DEPTH OF 15, 17 OR 18 INCHE	4/1/2004	INVALID	N	NO
1	K0057	SEAT WIDTH 19 OR 20 INCHES FOR H	4/1/2004	INVALID	N	NO
1	K0058	SEAT DEPTH 17 OR 18 INCHES FOR A	4/1/2004	INVALID	N	NO
1	K0059	PLASTIC COATED HANDRIM, EACH	1/1/2005	INVALID	N	NO
1	K0060	STEEL HANDRIM, EACH	1/1/2005	INVALID	N	NO
1	K0061	ALUMINUM HANDRIM, EACH	1/1/2005	INVALID	N	NO
1	K0062	HANDRIM WITH 8 TO 10 VERTICAL OR	4/1/2004	INVALID	N	NO
1	K0063	HANDRIM WITH 12 TO 16 VERTICAL O	4/1/2004	INVALID	N	NO
1	K0064	ZERO PRESSURE TUBE (FLAT FREE IN	1/1/2006	INVALID	N	NO
1	K0066	SOLID TIRE, ANY SIZE, EACH	1/1/2006	INVALID	N	NO
1	K0067	PNEUMATIC TIRE, ANY SIZE, EACH	1/1/2006	INVALID	N	NO
1	K0068	PNEUMATIC TIRE TUBE, EACH	1/1/2006	INVALID	N	NO
1	K0074	PNEUMATIC CASTER TIRE, ANY SIZE,	1/1/2006	INVALID	N	NO
1	K0075	SEMIPNEUMATIC CASTER TIRE, ANY S	1/1/2006	INVALID	N	NO
1	K0076	SOLID CASTER TIRE, ANY SIZE, EAC	1/1/2006	INVALID	N	NO
1	K0078	PNEUMATIC CASTER TIRE TUBE, EACH	1/1/2006	INVALID	N	NO
1	K0079	WHEEL LOCK EXTENSION, PAIR	4/1/2004	INVALID	N	NO
1	K0080	ANTIROLLBACK DEVICE, PAIR	4/1/2004	INVALID	N	NO
1	K0081	WHEEL LOCK ASSEMBLY, COMPLETE, E	1/1/2005	INVALID	N	NO
1	K0082	22 NF NON-SEALED LEAD ACID BATTE	4/1/2004	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	K0083	22 NF SEALED LEAD ACID BATTERY,	4/1/2004	INVALID	N	NO
1	K0084	GROUP 24 NON-SEALED LEAD ACID BA	4/1/2004	INVALID	N	NO
1	K0085	GROUP 24 SEALED LEAD ACID BATTER	4/1/2004	INVALID	N	NO
1	K0086	U-1 NON-SEALED LEAD ACID BATTERY	4/1/2004	INVALID	N	NO
1	K0087	U-1 SEALED LEAD ACID BATTERY, EA	4/1/2004	INVALID	N	NO
1	K0088	BATTERY CHARGER, SINGLE MODE, FO	4/1/2004	INVALID	N	NO
1	K0089	BATTERY CHARGER, DUAL MODE, FOR	4/1/2004	INVALID	N	NO
1	K0100	AMPUTEE ADAPTER, PAIR	4/1/2004	INVALID	N	NO
1	K0101	ONE-ARM DRIVE ATTACHMENT	7/1/2003	INVALID	N	NO
1	K0102	CRUTCH AND CANE HOLDER, EACH	1/1/2006	INVALID	N	NO
1	K0103	TRANSFER BOARD, LESS THAN 25 INC	4/1/2004	INVALID	N	NO
1	K0104	CYLINDER TANK CARRIER, EACH	1/1/2006	INVALID	N	NO
1	K0106	ARM TROUGHT, EACH	1/1/2006	INVALID	N	NO
1	K0107	WHEELCHAIR TRAY	4/1/2004	INVALID	N	NO
1	K0112	TRUNK SUPPORT DEVICE, VEST TYPE,	4/1/2004	INVALID	N	NO
1	K0113	TRUNK SUPPORT DEVICE, VEST TYPE,	4/1/2004	INVALID	N	NO
1	K0114	BACK SUPPORT SYSTEM FOR USE WITH	1/1/2005	INVALID	N	NO
1	K0115	ORTHOTIC SEATING SYSTEM, BACK MO	1/1/2005	INVALID	N	NO
1	K0116	ORTHOTIC SEATING SYSTEM, COMBINE	1/1/2005	INVALID	N	NO
1	K0415	PRESCRIPTION ANTIEMETIC DRUG, OR	1/1/2006	INVALID	N	NO
1	K0416	PRESCRIPTION ANTIEMETIC DRUG, RE	1/1/2006	INVALID	N	NO
1	K0548	INJECTION, INSULIN LISPRO, UP TO	1/1/2004	INVALID	N	NO
1	K0628	FOR DIABETICS ONLY, MULTIPLE DEN	1/1/2006	INVALID	N	NO
1	K0629	FOR DIABETICS ONLY, MULT DENSITY	1/1/2006	INVALID	N	NO
1	K0637	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE	9/3/2005	\$54.43	3	NO
1	L0100	CRANIAL ORTHOSIS (HELMET), WITH	10/1/2005	\$378.38	3	NO
1	L0110	CRANIAL ORTHOSIS (HELMET), WITH	10/1/2005	\$101.84	3	NO
1	L0120	CERVICAL, FLEXIBLE, NONADJUSTABL	10/1/2005	\$23.13	3	NO
1	L0130	CERVICAL, FLEXIBLE, THERMOPLASTI	10/1/2005	\$128.68	3	NO
1	L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE	10/1/2005	\$55.80	3	NO
1	L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE	10/1/2005	\$74.31	3	NO
1	L0160	CERVICAL, SEMI-RIGID, WIRE FRAME	10/1/2005	\$102.40	3	NO
1	L0170	CERVICAL COLLAR, MOLDED TO PATIE	10/1/2005	\$496.66	3	NO
1	L0172	CERVICAL COLLAR, SEMI-RIGID THER	10/1/2005	\$89.63	3	NO
1	L0174	CERVICAL COLLAR, SEMI-RIGID, THE	10/1/2005	\$188.72	3	NO
1	L0180	CERVICAL, MULTIPLE POST COLLAR,	10/1/2005	\$275.16	3	NO
1	L0190	CERVICAL, MULTIPLE POST COLLAR,	10/1/2005	\$387.11	3	NO
1	L0200	CERVICAL, MULTIPLE POST COLLAR,	10/1/2005	\$432.27	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L0210	THORACIC RIB BELT, CUSTOM FITTED	10/1/2005	\$28.94	3	NO
1	L0220	THORACIC RIB BELT, CUSTOM FABRIC	10/1/2005	\$86.13	3	NO
1	L0300	THORACIC-LUMBAR-SACRAL-ORTHOSIS	7/1/2003	INVALID	N	NO
1	L0310	TLSO, FLEXIBLE (DORSO-LUMBAR SUR	7/1/2003	INVALID	N	NO
1	L0315	TLSO, FLEXIBLE (DORSO-LUMBAR SUR	7/1/2003	INVALID	N	NO
1	L0317	TLSO, FLEXIBLE (DORSO-LUMBAR SUR	7/1/2003	INVALID	N	NO
1	L0320	TLSO, ANTERIOR-POSTERIOR CONTROL	7/1/2003	INVALID	N	NO
1	L0330	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0340	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0350	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0360	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0370	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0380	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0390	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0400	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0410	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0420	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0440	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0491	TLSO, SAGITTAL-CORONAL CONTROL,	1/1/2006	\$0.01	5	NO
1	L0492	TLSO, SAGITTAL-CORONAL CONTROL,	1/1/2006	\$0.01	5	NO
1	L0500	LUMBAR-SACRAL-ORTHOSIS (LSO), FL	1/1/2005	INVALID	N	NO
1	L0510	LSO, FLEXIBLE (LUMBO-SACRAL SUPP	1/1/2005	INVALID	N	NO
1	L0515	LSO, ANTERIOR-POSTERIOR CONTROL,	1/1/2005	INVALID	N	NO
1	L0520	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
1	L0530	LSO, ANTERIOR-POSTERIOR CONTROL	1/1/2005	INVALID	N	NO
1	L0540	LSO, LUMBAR FLEXION (WILLIAMS FL	1/1/2005	INVALID	N	NO
1	L0550	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
1	L0560	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
1	L0565	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
1	L0600	SACROILIAC, FLEXIBLE (SACROILIAC	1/1/2005	INVALID	N	NO
1	L0610	SACROILIAC, FLEXIBLE (SACROILIAC	1/1/2005	INVALID	N	NO
1	L0620	SACROILIAC, SEMI-RIGID (GOLDTHWA	1/1/2005	INVALID	N	NO
1	L0621	SACROILIAC ORTHOSIS, FLEXIBLE, P	1/1/2006	\$90.97	3	NO
1	L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVI	1/1/2006	\$43.27	3	NO
1	L0626	LUMBAR ORTHOSIS, SAGITTAL CONTRO	1/1/2006	\$61.25	3	NO
1	L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE	1/1/2006	\$65.92	3	NO
1	L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	\$65.92	3	NO
1	L0700	CTLSO, ANTERIOR-POSTERIOR-LATERA	10/1/2005	\$1,321.66	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L0710	CTLSO, ANTERIOR-POSTERIOR-LATERA	10/1/2005	\$1,492.81	3	NO
1	L0810	HALO PROCEDURE, CERVICAL HALO IN	10/1/2005	\$1,797.44	3	NO
1	L0820	HALO PROCEDURE, CERVICAL HALO IN	10/1/2005	\$1,765.23	3	NO
1	L0830	HALO PROCEDURE, CERVICAL HALO IN	10/1/2005	\$2,475.97	3	NO
1	L0860	ADDITION TO HALO PROCEDURE, MAGN	1/1/2006	INVALID	N	NO
1	L0900	TORSO SUPPORT, PTOSIS SUPPORT	7/1/2003	INVALID	N	NO
1	L0910	TORSO SUPPORT, PTOSIS SUPPORT, C	7/1/2003	INVALID	N	NO
1	L0920	TORSO SUPPORT, PENDULOUS ABDOMEN	7/1/2003	INVALID	N	NO
1	L0930	TORSO SUPPORT, PENDULOUS ABDOMEN	7/1/2003	INVALID	N	NO
1	L0940	TORSO SUPPORT, POSTSURGICAL SUPP	7/1/2003	INVALID	N	NO
1	L0950	TORSO SUPPORT, POSTSURGICAL SUPP	7/1/2003	INVALID	N	NO
1	L0960	TORSO SUPPORT, POSTSURGICAL SUPP	10/1/2005	\$46.63	3	NO
1	L0970	TLSO, CORSET FRONT	10/1/2005	\$74.72	3	NO
1	L0972	LSO, CORSET FRONT	10/1/2005	\$67.29	3	NO
1	L0974	TLSO, FULL CORSET	10/1/2005	\$121.09	3	NO
1	L0976	LSO, FULL CORSET	10/1/2005	\$127.98	3	NO
1	L0978	AXILLARY CRUTCH EXTENSION	10/1/2005	\$134.15	3	NO
1	L0980	PERONEALK STRAPS, PAIR	10/1/2005	\$12.14	3	NO
1	L0982	STOCKING SUPPORTER GRIPS, SET OF	10/1/2005	\$11.32	3	NO
1	L0984	PROTECTIVE BODY SOCK, EACH	10/1/2005	\$44.70	3	NO
1	L1000	CTLSO, INCLUSIVE OF FURNISHING I	10/1/2005	\$1,589.62	3	NO
1	L1010	ADDITION TO CTLSO OR SCOLIOSIS O	10/1/2005	\$45.51	3	NO
1	L1020	ADDITION TO CTLSO OR SCOLIOSIS O	10/1/2005	\$66.73	3	NO
1	L1025	ADDITION TO CTLSO OR SCOLIOSIS O	10/1/2005	\$81.52	3	NO
1	L1030	ADDITION TO CTLSO OR SCOLIOSIS O	10/1/2005	\$42.71	3	NO
1	L1040	ADDITION TO CTLSO OR SCOLIOSIS O	10/1/2005	\$63.09	3	NO
1	L1050	ADDITION TO CTLSO OR SCOLIOSIS O	10/1/2005	\$67.00	3	NO
1	L1060	ADDITION TO CTLSO OR SCOLIOSIS O	10/1/2005	\$73.68	3	NO
1	L1070	ADDITION TO CTLSO OR SCOLIOSIS O	10/1/2005	\$66.57	3	NO
1	L1080	ADDITION TO CTLSO OR SCOLIOSIS O	10/1/2005	\$41.16	3	NO
1	L1085	ADDITION TO CTLSO OR SCOLIOSIS O	10/1/2005	\$107.43	3	NO
1	L1090	ADDITION TO CTLSO OR SCOLIOSIS O	10/1/2005	\$64.97	3	NO
1	L1100	ADDITION TO CTLSO OR SCOLIOSIS O	10/1/2005	\$118.08	3	NO
1	L1110	ADDITION TO CTLSO OR SCOLIOSIS O	10/1/2005	\$195.40	3	NO
1	L1120	ADDITION TO CTLSO, SCOLIOSIS ORT	10/1/2005	\$32.14	3	NO
1	L1200	TLSO, INCLUSIVE OF FURNISHING IN	10/1/2005	\$1,365.73	3	NO
1	L1210	ADDITION TO TLSO, (LOW PROFILE),	10/1/2005	\$171.05	3	NO
1	L1220	ADDITION TO TLSO, (LOW PROFILE),	10/1/2005	\$177.16	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L1230	ADDITION TO TLSO, (LOW PROFILE),	10/1/2005	\$371.62	3	NO
1	L1240	ADDITION TO TLSO, (LOW PROFILE),	10/1/2005	\$54.26	3	NO
1	L1250	ADDITION TO TLSO, (LOW PROFILE),	10/1/2005	\$49.63	3	NO
1	L1260	ADDITION TO TLSO, (LOW PROFILE),	10/1/2005	\$52.38	3	NO
1	L1270	ADDITION TO TLSO, (LOW PROFILE),	10/1/2005	\$50.66	3	NO
1	L1280	ADDITION TO TLSO, (LOW PROFILE),	10/1/2005	\$58.67	3	NO
1	L1290	ADDITION TO TLSO, (LOW PROFILE),	10/1/2005	\$52.49	3	NO
1	L1300	OTHER SCOLIOSIS PROCEDURE, BODY	10/1/2005	\$1,104.35	3	NO
1	L1310	OTHER SCOLIOSIS PROCEDURE, POSTO	10/1/2005	\$1,046.80	3	NO
1	L1499	UNLISTED PROCEDURE FOR SPINAL OR	3/1/2004	\$900.00	3	NO
1	L1500	THKAO, MOBILITY FRAME (NEWINGTON	10/1/2005	\$1,450.48	3	NO
1	L1510	THKAO, STANDING FRAME, WITH OR W	10/1/2005	\$923.98	3	NO
1	L1520	THKAO, SWIVEL WALKER	10/1/2005	\$1,803.75	3	NO
1	L1600	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$84.24	3	NO
1	L1610	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$28.70	3	NO
1	L1620	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$92.28	3	NO
1	L1630	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$119.65	3	NO
1	L1640	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$315.56	3	NO
1	L1650	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$151.35	3	NO
1	L1660	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$121.24	3	NO
1	L1680	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$1,062.04	3	NO
1	L1685	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$777.61	3	NO
1	L1686	HIP ORTHOSIS, ABDUCTION CONTROL	10/1/2005	\$604.69	3	NO
1	L1690	COMBINATION, BILATERAL, LUMBO-SA	10/1/2005	\$1,319.59	3	NO
1	L1700	LEGG PERTHES ORTHOSIS, (TORONTO	10/1/2005	\$1,073.69	3	NO
1	L1710	LEGG PERTHES ORTHOSIS, (NEWINGTO	10/1/2005	\$1,299.06	3	NO
1	L1720	LEGG PERTHES ORTHOSIS, TRILATERA	10/1/2005	\$906.21	3	NO
1	L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH	10/1/2005	\$773.20	3	NO
1	L1750	LEGG PERTHES ORTHOSIS, LEGG PERT	1/1/2006	INVALID	N	NO
1	L1755	LEGG PERTHES ORTHOSIS, (PATTEN B	10/1/2005	\$1,035.02	3	NO
1	L1800	KNEE ORTHOSIS, ELASTIC WITH STAY	10/1/2005	\$44.14	3	NO
1	L1810	KNEE ORTHOSIS, ELASTIC WITH JOIN	10/1/2005	\$74.53	3	NO
1	L1815	KNEE ORTHOSIS, ELASTIC OR OTHER	10/1/2005	\$76.84	3	NO
1	L1820	KO, ELASTIC W/CONDYLAR PADS AND	10/1/2005	\$94.30	3	NO
1	L1825	KNEE ORTHOSIS, ELASTIC KNEE CAP,	10/1/2005	\$41.99	3	NO
1	L1830	KNEE ORTHOSIS, IMMOBILIZER, CANV	10/1/2005	\$73.09	3	NO
1	L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE J	10/1/2005	\$397.45	3	NO
1	L1834	KNEE ORTHOSIS, WITHOUT KNEE JOIN	10/1/2005	\$507.47	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L1840	KNEE ORTHOSIS, DEROTATION, MEDIA	10/1/2005	\$695.32	3	NO
1	L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, T	10/1/2005	\$612.30	3	NO
1	L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, T	1/1/1994	NC	9	NO
1	L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, T	10/1/2005	\$554.93	3	NO
1	L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, T	10/1/2005	\$862.06	3	NO
1	L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WI	10/1/2005	\$392.48	3	NO
1	L1850	KNEE ORTHOSIS, SWEDISH TYPE, PRE	10/1/2005	\$210.14	3	NO
1	L1855	KNEE ORTHOSIS, MOLDED PLASTIC, T	10/1/2005	\$750.40	3	NO
1	L1858	KNEE ORTHOSIS, MOLDED PLASTIC, P	10/1/2005	\$868.10	3	NO
1	L1860	KNEE ORTHOSIS, MODIFICATION OF S	10/1/2005	\$857.68	3	NO
1	L1870	KNEE ORTHOSIS, DOUBLE UPRIGHT, T	10/1/2005	\$761.01	3	NO
1	L1880	KNEE ORTHOSIS, DOUBLE UPRIGHT, N	10/1/2005	\$616.95	3	NO
1	L1885	KNEE ORTHOSIS, SINGLE OR DOUBLE	4/1/2004	INVALID	N	NO
1	L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE	10/1/2005	\$194.44	3	NO
1	L1902	ANKLE FOOT ORTHOSIS, ANKLE GAUNT	10/1/2005	\$63.99	3	NO
1	L1904	ANKLE FOOT ORTHOSIS, MOLDED ANKL	10/1/2005	\$307.42	3	NO
1	L1906	ANKLE FOOT ORTHOSIS, MULTILIGAME	10/1/2005	\$78.62	3	NO
1	L1910	ANKLE FOOT ORTHOSIS, POSTERIOR,	10/1/2005	\$221.14	3	NO
1	L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRI	10/1/2005	\$292.93	3	NO
1	L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR	10/1/2005	\$180.61	3	NO
1	L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR	10/1/2005	\$347.31	3	NO
1	L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RI	10/1/2005	\$682.87	3	NO
1	L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (IR	10/1/2005	\$649.25	3	NO
1	L1960	ANKLE FOOT ORTHOSIS, POSTERIOR S	10/1/2005	\$362.37	3	NO
1	L1970	ANKLE FOOT ORTHOSIS, PLASTIC WIT	10/1/2005	\$483.57	3	NO
1	L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRI	10/1/2005	\$306.85	3	NO
1	L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRI	10/1/2005	\$370.78	3	NO
1	L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE	10/1/2005	\$911.96	3	NO
1	L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE	10/1/2005	\$798.09	3	NO
1	L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE	10/1/2005	\$1,017.78	3	NO
1	L2030	KNEE ANKLE FOOT ORTHOSIS, DOUBLE	10/1/2005	\$876.53	3	NO
1	L2035	KAFO, FULL PLASTIC, STATIC (PED	10/1/2005	\$122.81	3	NO
1	L2036	KNEE ANKLE FOOT ORTHOSIS, FULL P	10/1/2005	\$1,564.70	3	NO
1	L2037	KNEE ANKLE FOOT ORTHOSIS, FULL P	10/1/2005	\$1,290.86	3	NO
1	L2038	KNEE ANKLE FOOT ORTHOSIS, FULL P	10/1/2005	\$1,087.43	3	NO
1	L2039	KAFO, FULL PLASTIC, SINGLE UPRIG	1/1/2006	INVALID	N	NO
1	L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TO	10/1/2005	\$149.37	3	NO
1	L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TO	10/1/2005	\$315.83	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TO	10/1/2005	\$447.18	3	NO
1	L2070	HIP KNEE ANKLE FOOT ORHTOSIS, TO	10/1/2005	\$87.92	3	NO
1	L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TO	10/1/2005	\$271.05	3	NO
1	L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TO	10/1/2005	\$382.21	3	NO
1	L2102	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2004	INVALID	N	NO
1	L2104	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2004	INVALID	N	NO
1	L2106	ANKLE FOOT ORTHOSIS, FRACTURE OR	10/1/2005	\$458.16	3	NO
1	L2108	ANKLE FOOT ORTHOSIS, FRACTURE OR	10/1/2005	\$783.42	3	NO
1	L2112	ANKLE FOOT ORTHOSIS, FRACTURE OR	10/1/2005	\$316.24	3	NO
1	L2114	ANKLE FOOT ORTHOSIS, FRACTURE OR	10/1/2005	\$388.05	3	NO
1	L2116	ANKLE FOOT ORTHOSIS, FRACTURE OR	10/1/2005	\$465.40	3	NO
1	L2122	KNEE ANKLE FOOT ORTHOSIS, FRACTU	4/1/2004	INVALID	N	NO
1	L2124	KNEE ANKLE FOOT ORTHOSIS, FRACTU	4/1/2004	INVALID	N	NO
1	L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTU	10/1/2005	\$782.83	3	NO
1	L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTU	10/1/2005	\$1,494.65	3	NO
1	L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL	10/1/2005	\$527.35	3	NO
1	L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL	10/1/2005	\$661.20	3	NO
1	L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL	10/1/2005	\$773.10	3	NO
1	L2180	ADDITION TO LOWER EXTREMITY FRAC	10/1/2005	\$76.56	3	NO
1	L2182	ADDITION TO LOWER EXTREMITY FRAC	10/1/2005	\$70.45	3	NO
1	L2184	ADDITION TO LOWER EXTREMITY FRAC	10/1/2005	\$80.98	3	NO
1	L2186	ADDITION TO LOWER EXTREMITY FRAC	10/1/2005	\$113.31	3	NO
1	L2188	ADDITION TO LOWER EXTREMITY FRAC	10/1/2005	\$212.15	3	NO
1	L2190	ADDITION TO LOWER EXTREMITY FRAC	10/1/2005	\$57.09	3	NO
1	L2192	ADDITION TO LOWER EXTREMITY FRAC	10/1/2005	\$233.10	3	NO
1	L2200	ADDITION TO LOWER EXTREMITY, LIM	10/1/2005	\$41.45	3	NO
1	L2210	ADDITION TO LOWER EXTREMITY, DOR	10/1/2005	\$46.06	3	NO
1	L2220	ADDITION TO LOWER EXTREMITY, DOR	10/1/2005	\$63.28	3	NO
1	L2230	ADDITION TO LOWER EXTREMITY, SPL	10/1/2005	\$61.59	3	NO
1	L2240	ADDITION TO LOWER EXTREMITY, ROU	10/1/2005	\$55.20	3	NO
1	L2250	ADDITION TO LOWER EXTREMITY, FOO	10/1/2005	\$309.72	3	NO
1	L2260	ADDITION TO LOWER EXTREMITY, REI	10/1/2005	\$131.04	3	NO
1	L2265	ADDITION TO LOWER EXTREMITY, LON	10/1/2005	\$76.99	3	NO
1	L2270	ADDITION TO LOWER EXTREMITY, VAR	10/1/2005	\$46.81	3	NO
1	L2275	ADDITION TO LOWER EXTREMITY, VAR	10/1/2005	\$102.25	3	NO
1	L2280	ADDITION TO LOWER EXTREMITY, MOL	10/1/2005	\$296.47	3	NO
1	L2300	ADDITION TO LOWER EXTREMITY, ABD	10/1/2005	\$219.45	3	NO
1	L2310	ADDITION TO LOWER EXTREMITY, ABD	10/1/2005	\$107.22	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L2320	ADDITION TO LOWER EXTREMITY, NON	10/1/2005	\$171.83	3	NO
1	L2330	ADDITION TO LOWER EXTREMITY, LAC	10/1/2005	\$303.69	3	NO
1	L2335	ADDITION TO LOWER EXTREMITY, ANT	10/1/2005	\$162.59	3	NO
1	L2340	ADDITION TO LOWER EXTREMITY, PRE	10/1/2005	\$360.80	3	NO
1	L2350	ADDITION TO LOWER EXTREMITY, PRO	10/1/2005	\$657.17	3	NO
1	L2360	ADDITION TO LOWER EXTREMITY, EXT	10/1/2005	\$45.10	3	NO
1	L2370	ADDITION TO LOWER EXTREMITY, PAT	10/1/2005	\$179.32	3	NO
1	L2375	ADDITION TO LOWER EXTREMITY, TOR	10/1/2005	\$73.87	3	NO
1	L2380	ADDITION TO LOWER EXTREMITY, TOR	10/1/2005	\$81.94	3	NO
1	L2385	ADDITION TO LOWER EXTREMITY, STR	10/1/2005	\$87.55	3	NO
1	L2390	ADDITION TO LOWER EXTREMITY, OFF	10/1/2005	\$71.56	3	NO
1	L2395	ADDITION TO LOWER EXTREMITY, OFF	10/1/2005	\$102.28	3	NO
1	L2397	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$86.40	3	NO
1	L2405	ADDITION TO KNEE JOINT, DROP LOC	10/1/2005	\$36.04	3	NO
1	L2415	ADDITION TO KNEE LOCK W/INTEGRAT	10/1/2005	\$95.43	3	NO
1	L2425	ADDITION TO KNEE JOINT, DISC OR	10/1/2005	\$112.64	3	NO
1	L2430	ADDITION TO KNEE JOINT, RATCHET	10/1/2005	\$67.09	3	NO
1	L2435	ADDITION TO KNEE JOINT, POLYCENT	1/1/2005	INVALID	N	NO
1	L2492	ADDITION TO KNEE JOINT, LIFT LOO	10/1/2005	\$69.13	3	NO
1	L2500	ADDITION TO LOWER EXTREMITY, THI	10/1/2005	\$221.44	3	NO
1	L2510	ADDITION TO LOWER EXTREMITY, THI	10/1/2005	\$540.16	3	NO
1	L2520	ADDITION TO LOWER EXTREMITY, THI	10/1/2005	\$318.23	3	NO
1	L2525	ADDITION TO LOWER EXTREMITY, THI	10/1/2005	\$848.30	3	NO
1	L2526	ADDITION TO LOWER EXTREMITY, THI	10/1/2005	\$597.03	3	NO
1	L2530	ADDITION TO LOWER EXTREMITY, THI	10/1/2005	\$160.38	3	NO
1	L2540	ADDITION TO LOWER EXTREMITY, THI	10/1/2005	\$348.62	3	NO
1	L2550	ADDITION TO LOWER EXTREMITY, THI	10/1/2005	\$204.86	3	NO
1	L2570	ADDITION TO LOWER EXTREMITY, PEL	10/1/2005	\$320.78	3	NO
1	L2580	ADDITION TO LOWER EXTREMITY, PEL	10/1/2005	\$358.58	3	NO
1	L2600	ADDITION TO LOWER EXTREMITY, PEL	10/1/2005	\$155.52	3	NO
1	L2610	ADDITION TO LOWER EXTREMITY, PEL	10/1/2005	\$187.42	3	NO
1	L2620	ADDITION TO LOWER EXTREMITY, PEL	10/1/2005	\$205.61	3	NO
1	L2622	ADDITION TO LOWER EXTREMITY, PEL	10/1/2005	\$200.48	3	NO
1	L2624	ADDITION TO LOWER EXTREMITY, PEL	10/1/2005	\$216.48	3	NO
1	L2627	ADDITION TO LOWER EXTREMITY, PEL	10/1/2005	\$1,120.70	3	NO
1	L2628	ADDITION TO LOWER EXTREMITY, PEL	10/1/2005	\$1,460.35	3	NO
1	L2630	ADDITION TO LOWER EXTREMITY, PEL	10/1/2005	\$171.00	3	NO
1	L2640	ADDITION TO LOWER EXTREMITY, PEL	10/1/2005	\$266.50	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L2650	ADDITION TO LOWER EXTREMITY, PEL	10/1/2005	\$104.61	3	NO
1	L2660	ADDITION TO LOWER EXTREMITY, THO	10/1/2005	\$121.84	3	NO
1	L2670	ADDITION TO LOWER EXTREMITY, THO	10/1/2005	\$115.30	3	NO
1	L2680	ADDITION TO LOWER EXTREMITY, THO	10/1/2005	\$102.30	3	NO
1	L2750	ADDITION TO LOWER EXTREMITY ORTH	1/1/1994	NC	9	NO
1	L2755	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$89.16	3	NO
1	L2760	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$40.55	3	NO
1	L2770	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$40.36	3	NO
1	L2780	ADDITION TO LOWER EXTREMITY ORTH	1/1/1994	NC	9	NO
1	L2785	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$22.87	3	NO
1	L2795	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$68.87	3	NO
1	L2800	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$79.93	3	NO
1	L2810	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$51.05	3	NO
1	L2820	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$56.77	3	NO
1	L2830	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$61.42	3	NO
1	L2840	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$28.56	3	NO
1	L2850	ADDITION TO LOWER EXTREMITY ORTH	10/1/2005	\$40.48	3	NO
1	L2860	ADDITION TO LOWER EXTREMITY JOIN	10/1/2005	\$219.75	3	NO
1	L2999	LOWER LIMB ORTHOSES, NOT OTHERWI	10/1/2005	\$5,572.80	3	NO
1	L3000	FOOT INSERT, REMOVABLE, MOLDED T	10/1/2005	\$193.65	3	NO
1	L3001	FOOT INSERT, REMOVABLE, MOLDED T	10/1/2005	\$81.55	3	NO
1	L3002	FOOT INSERT, REMOVABLE, MOLDED T	10/1/2005	\$99.57	3	NO
1	L3003	FOOT INSERT, REMOVABLE, MOLDED T	10/1/2005	\$107.41	3	NO
1	L3010	FOOT INSERT, REMOVABLE, MOLDED T	10/1/2005	\$107.41	3	NO
1	L3020	FOOT INSERT, REMOVABLE, MOLDED T	10/1/2005	\$122.30	3	NO
1	L3030	FOOT INSERT, REMOVABLE, FORMED T	10/1/2005	\$47.04	3	NO
1	L3040	FOOT, ARCH SUPPORT, REMOVABLE, P	10/1/2005	\$29.00	3	NO
1	L3050	FOOT, ARCH SUPPORT, REMOVABLE, P	10/1/2005	\$29.00	3	NO
1	L3060	FOOT, ARCH SUPPORT, REMOVABLE, P	10/1/2005	\$45.46	3	NO
1	L3070	FOOT, ARCH SUPPORT, NONREMOVABLE	10/1/2005	\$19.61	3	NO
1	L3080	FOOT, ARCH SUPPORT, NONREMOVABLE	10/1/2005	\$19.61	3	NO
1	L3090	FOOT, ARCH SUPPORT, NONREMOVABLE	10/1/2005	\$25.10	3	NO
1	L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLI	10/1/2005	\$26.66	3	NO
1	L3140	FOOT, ROTATION POSITIONING DEVIC	10/1/2005	\$54.88	3	NO
1	L3150	FOOT, ABDUCTION ROTATION BAR, WI	10/1/2005	\$50.19	3	NO
1	L3160	FOOT, ADJUSTABLE SHOE-STYLED POS	10/1/2005	\$20.09	3	NO
1	L3170	FOOT, PLASTIC, SILICONE OR EQUAL	10/1/2005	\$31.36	3	NO
1	L3201	ORTHOPEDIC SHOE, OXFORD WITH SUP	10/1/2005	\$45.20	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L3202	ORTHOPEDIC SHOE, OXFORD WITH SUP	10/1/2005	\$45.20	3	NO
1	L3203	ORTHOPEDIC SHOE, OXFORD WITH SUP	10/1/2005	\$50.23	3	NO
1	L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SU	10/1/2005	\$45.20	3	NO
1	L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SU	10/1/2005	\$50.23	3	NO
1	L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SU	10/1/2005	\$50.23	3	NO
1	L3208	SURGICAL BOOT, EACH, INFANT	10/1/2005	\$35.16	3	NO
1	L3209	SURGICAL BOOT, EACH, CHILD	10/1/2005	\$35.16	3	NO
1	L3211	SURGICAL BOOT, EACH, JUNIOR	10/1/2005	\$40.18	3	NO
1	L3212	BENESCH BOOT, PAIR, INFANT	10/1/2005	\$45.20	3	NO
1	L3213	BENESCH BOOT, PAIR, CHILD	10/1/2005	\$45.20	3	NO
1	L3214	BENESCH BOOT, PAIR, JUNIOR	10/1/2005	\$50.23	3	NO
1	L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE	10/1/2005	\$67.40	3	NO
1	L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE	10/1/2005	\$107.30	3	NO
1	L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE	10/1/2005	\$83.55	3	NO
1	L3218	ORTHOPEDIC FOOTWEAR, WOMAN'S SUR	7/1/2003	INVALID	N	NO
1	L3219	ORHTOPEDIC FOOTWEAR, MENS SHOE,	10/1/2005	\$78.46	3	NO
1	L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE,	10/1/2005	\$137.20	3	NO
1	L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE,	10/1/2005	\$101.15	3	NO
1	L3223	ORTHOPEDIC FOOTWEAR, MAN'S SURGI	7/1/2003	INVALID	N	NO
1	L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHO	10/1/2005	\$38.44	3	NO
1	L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE,	10/1/2005	\$37.43	3	NO
1	L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE	10/1/2005	\$241.49	3	NO
1	L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLD	10/1/2005	\$203.84	3	NO
1	L3251	FOOT, SHOE MOLDED TO PATIENT MOD	1/1/1994	NC	9	NO
1	L3252	FOOT, SHOE MOLDED TO PATIENT MOD	10/1/2005	\$164.66	3	NO
1	L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR	10/1/2005	\$78.28	3	NO
1	L3254	NONSTANDARD SIZE OR WIDTH	10/1/2005	\$16.08	3	NO
1	L3255	NONSTANDARD SIZE OR LENGTH	10/1/2005	\$16.08	3	NO
1	L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL	10/1/2005	\$45.20	3	NO
1	L3260	SURGICAL BOOT/SHOE, EACH	10/1/2005	\$100.45	3	NO
1	L3265	PLASTAZOTE SANDAL, EACH	10/1/2005	\$45.20	3	NO
1	L3300	LIFT, ELEVATION, HEEL, TAPERED T	10/1/2005	\$32.15	3	NO
1	L3310	LIFT, ELEVATION, HEEL AND SOLE,	10/1/2005	\$49.92	3	NO
1	L3320	LIFT, ELEVATION, HEEL AND SOLE,	10/1/2005	\$52.78	3	NO
1	L3330	LIFT, ELEVATION, METAL EXTENSION	10/1/2005	\$348.89	3	NO
1	L3332	LIFT, ELEVATION, INSIDE SHOE, TA	10/1/2005	\$45.46	3	NO
1	L3334	LIFT, ELEVATION, HEEL, PER INCH	10/1/2005	\$23.52	3	NO
1	L3340	HEEL WEDGE, SACH	10/1/2005	\$52.53	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L3350	HEEL WEDGE	10/1/2005	\$14.11	3	NO
1	L3360	SOLE WEDGE, OUTSIDE SOLE	10/1/2005	\$21.95	3	NO
1	L3370	SOLE WEDGE, BETWEEN SOLE	10/1/2005	\$30.59	3	NO
1	L3380	CLUBFOOT WEDGE	10/1/2005	\$30.59	3	NO
1	L3390	OUTFLARE WEDGE	10/1/2005	\$30.59	3	NO
1	L3400	METATARSAL BAR WEDGE, ROCKER	10/1/2005	\$25.10	3	NO
1	L3410	METATARSAL BAR WEDGE, BETWEEN SO	10/1/2005	\$57.23	3	NO
1	L3420	FULL SOLE AND HEEL WEDGE, BETWEE	10/1/2005	\$33.72	3	NO
1	L3430	HEEL, COUNTER, PLASTIC REINFORCE	10/1/2005	\$98.78	3	NO
1	L3440	HEEL, COUNTER, LEATHER REINFORCE	10/1/2005	\$47.04	3	NO
1	L3450	HEEL, SACH CUSHION TYPE	10/1/2005	\$65.07	3	NO
1	L3455	HEEL, NEW LEATHER, STANDARD	10/1/2005	\$25.10	3	NO
1	L3460	HEEL, NEW RUBBER, STANDARD	10/1/2005	\$21.17	3	NO
1	L3465	HEEL, THOMAS WITH WEDGE	10/1/2005	\$36.07	3	NO
1	L3470	HEEL, THOMAS EXTENDED TO BALL	10/1/2005	\$38.41	3	NO
1	L3480	HEEL, PAD AND DEPRESSION FOR SPU	10/1/2005	\$38.41	3	NO
1	L3485	HEEL, PAD, REMOVABLE FOR SPUR	10/1/2005	\$16.71	3	NO
1	L3500	ORTHOPEDIC SHOE ADDITION, INSOLE	10/1/2005	\$18.04	3	NO
1	L3510	ORTHOPEDIC SHOE ADDITION, INSOLE	10/1/2005	\$18.04	3	NO
1	L3520	ORTHOPEDIC SHOE ADDITION, INSOLE	10/1/2005	\$19.61	3	NO
1	L3530	ORTHOPEDIC SHOE ADDITION, SOLE,	10/1/2005	\$19.61	3	NO
1	L3540	ORTHOPEDIC SHOE ADDITION, SOLE,	10/1/2005	\$31.36	3	NO
1	L3550	ORTHOPEDIC SHOE ADDITION, TOE TA	10/1/2005	\$5.50	3	NO
1	L3560	ORTHOPEDIC SHOE ADDITION, TOE TA	10/1/2005	\$14.11	3	NO
1	L3570	ORTHOPEDIC SHOE ADDITION, SPECIA	10/1/2005	\$52.53	3	NO
1	L3580	ORTHOPEDIC SHOE ADDITION, CONVER	10/1/2005	\$16.27	3	NO
1	L3590	ORTHOPEDIC SHOE ADDITION, CONVER	10/1/2005	\$31.64	3	NO
1	L3595	ORTHOPEDIC SHOE ADDITION, MARCH	10/1/2005	\$18.08	3	NO
1	L3600	TRANSFER OF AN ORTHOSIS FROM ON	10/1/2005	\$47.04	3	NO
1	L3610	TRANSFER OF AN ORTHOSIS FROM ONE	10/1/2005	\$61.93	3	NO
1	L3620	TRANSFER OF AN ORTHOSIS FROM ONE	10/1/2005	\$47.04	3	NO
1	L3630	TRANSFER OF AN ORTHOSIS FROM ONE	10/1/2005	\$61.93	3	NO
1	L3640	TRANSFER OF AN ORTHOSIS FROM ONE	10/1/2005	\$26.66	3	NO
1	L3649	ORTHOPEDIC SHOE, MODIFICATION, A	10/1/2005	\$928.80	3	NO
1	L3650	SHOULDER ORTHOSIS, FIGURE OF "8"	10/1/2005	\$40.42	3	NO
1	L3660	SHOULDER ORTHOSIS, FIGURE OF "8"	10/1/2005	\$65.75	3	NO
1	L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVI	10/1/2005	\$75.18	3	NO
1	L3675	SHOULDER ORTHOSIS, VEST TYPE ABD	10/1/2005	\$108.99	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L3700	ELBOW ORTHOSIS, ELASTIC WITH STA	10/1/2005	\$50.42	3	NO
1	L3710	ELBOW ORTHOSIS, ELASTIC WITH MET	10/1/2005	\$79.08	3	NO
1	L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT W	10/1/2005	\$499.78	3	NO
1	L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT W	10/1/2005	\$672.40	3	NO
1	L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT W	10/1/2005	\$686.39	3	NO
1	L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE	10/1/2005	\$316.82	3	NO
1	L3800	WRIST HAND FINGER ORTHOSIS, SHOR	10/1/2005	\$170.07	3	NO
1	L3805	WRIST HAND FINGER ORTHOSIS, LONG	10/1/2005	\$209.75	3	NO
1	L3807	WRIST HAND FINGER ORTHOSIS, WITH	10/1/2005	\$156.83	3	NO
1	L3810	WHFO, ADDITION TO SHORT AND LONG	10/1/2005	\$41.46	3	NO
1	L3815	WHFO, ADDITION TO SHORT AND LONG	10/1/2005	\$38.49	3	NO
1	L3820	WHFO, ADDITION TO SHORT AND LONG	10/1/2005	\$66.10	3	NO
1	L3825	WHFO, ADDITION TO SHORT AND LONG	10/1/2005	\$42.92	3	NO
1	L3830	WHFO, ADDITION TO SHORT AND LONG	10/1/2005	\$55.40	3	NO
1	L3835	WHFO, ADDITION TO SHORT AND LONG	10/1/2005	\$78.28	3	NO
1	L3840	WHFO, ADDITION TO SHORT AND LONG	10/1/2005	\$40.21	3	NO
1	L3845	WHFO, ADDITION TO SHORT AND LONG	10/1/2005	\$59.03	3	NO
1	L3850	WHFO, ADDITION TO SHORT AND LONG	10/1/2005	\$74.18	3	NO
1	L3855	WHFO, ADDITION TO SHORT AND LONG	10/1/2005	\$74.78	3	NO
1	L3860	WHFO, ADDITION TO SHORT AND LONG	10/1/2005	\$102.35	3	NO
1	L3890	ADDITION TO UPPER EXTREMITY JOIN	10/1/2005	\$219.75	3	NO
1	L3900	WRIST HAND FINGER ORTHOSIS, DYNA	10/1/2005	\$931.63	3	NO
1	L3901	WRIST HAND FINGER ORTHOSIS, DYNA	10/1/2005	\$1,151.77	3	NO
1	L3902	WRIST HAND FINGER ORTHOSIS, EXTE	10/1/2005	\$1,607.87	3	NO
1	L3904	WRIST HAND FINGER ORTHOSIS, EXTE	10/1/2005	\$1,873.37	3	NO
1	L3906	WRIST HAND ORTHOSIS, W/OUT JOINT	10/1/2005	\$265.11	3	NO
1	L3907	WRIST HAND FINGER ORTHOSIS, WRIS	10/1/2005	\$324.96	3	NO
1	L3908	WRIST HAND ORTHOSIS, WRIST EXTEN	10/1/2005	\$51.10	3	NO
1	L3910	WRIST HAND FINGER ORTHOSIS, SWAN	10/1/2005	\$239.95	3	NO
1	L3911	WRIST HAND FINGER ORTHOSIS, ELAS	10/1/2005	\$17.71	3	NO
1	L3912	HAND FINGER ORTHOSIS, FLEXION GL	10/1/2005	\$80.89	3	NO
1	L3914	WRIST HAND ORTHOSIS, WRIST EXTEN	10/1/2005	\$63.58	3	NO
1	L3916	WRIST HAND FINGER ORTHOSIS, WRIS	10/1/2005	\$86.14	3	NO
1	L3918	HAND FINGER ORTHOSIS, KNUCKLE BE	10/1/2005	\$54.49	3	NO
1	L3920	HAND FINGER ORTHOSIS, KNUCKLE BE	10/1/2005	\$71.54	3	NO
1	L3922	HAND FINGER ORTHOSIS, KNUCKLE BE	10/1/2005	\$83.41	3	NO
1	L3923	HAND FINGER ORTHOSIS, W/OUT JOIN	10/1/2005	\$24.65	3	NO
1	L3924	WRIST HAND FINGER ORTHOSIS, OPPE	10/1/2005	\$90.95	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L3926	WRIST HAND FINGER ORTHOSIS, THOM	10/1/2005	\$63.12	3	NO
1	L3928	HAND FINGER ORTHOSIS, FINGER EXT	10/1/2005	\$40.60	3	NO
1	L3930	WRIST HAND FINGER ORTHOSIS, FING	10/1/2005	\$39.36	3	NO
1	L3932	FINGER ORTHOSIS, SAFETY PIN, SPR	10/1/2005	\$34.74	3	NO
1	L3934	FINGER ORTHOSIS, SAFETY PIN, MOD	10/1/2005	\$41.09	3	NO
1	L3936	WRIST HAND FINGER ORTHOSIS, PALM	10/1/2005	\$75.98	3	NO
1	L3938	WRIST HAND FINGER ORTHOSIS, DORS	10/1/2005	\$78.19	3	NO
1	L3940	WRIST HAND FINGER ORTHOSIS, DORS	10/1/2005	\$91.69	3	NO
1	L3942	HAND FINGER ORTHOSIS, REVERSE KN	10/1/2005	\$49.71	3	NO
1	L3944	HAND FINGER ORTHOSIS, REVERSE KN	10/1/2005	\$67.27	3	NO
1	L3946	HAND FINGER ORTHOSIS, COMPOSITE	10/1/2005	\$75.59	3	NO
1	L3948	FINGER ORTHOSIS, FINGER KNUCKLE	10/1/2005	\$35.56	3	NO
1	L3950	WRIST HAND FINGER ORTHOSIS, COMB	10/1/2005	\$112.59	3	NO
1	L3952	WRIST HAND FINGER ORTHOSIS, COMB	10/1/2005	\$141.96	3	NO
1	L3954	HAND FINGER ORTHOSIS, SPREADING	10/1/2005	\$77.69	3	NO
1	L3956	ADDITION TO JOINT TO UPPER EXTRE	10/1/2005	\$150.69	3	NO
1	L3960	SHOULDER ELBOW WRIST HAND ORTHOS	10/1/2005	\$528.65	3	NO
1	L3962	SHOULDER ELBOW WRIST HAND ORTHOS	10/1/2005	\$571.27	3	NO
1	L3963	SHOULDER ELBOW WRIST HAND ORTHOS	1/1/2006	INVALID	N	NO
1	L3964	SHOULDER ELBOW ORTHOSIS, MOBILE	10/1/2005	\$550.25	3	NO
1	L3965	SHOULDER ELBOW ORTHOSIS, MOBILE	10/1/2005	\$878.04	3	NO
1	L3966	SHOULDER ELBOW ORTHOSIS, MOBILE	10/1/2005	\$661.46	3	NO
1	L3968	SHOULDER ELBOW ORTHOSIS, MOBILE	10/1/2005	\$837.07	3	NO
1	L3969	SHOULDER ELBOW ORTHOSIS, MOVILE	10/1/2005	\$585.36	3	NO
1	L3970	SEWHO, ADDITION TO MOBILE ARM SU	10/1/2005	\$199.03	3	NO
1	L3972	SEWHO, ADDITION TO MOBILE ARM SU	10/1/2005	\$126.55	3	NO
1	L3974	SEWHO, ADDITION TO MOBILE ARM SU	10/1/2005	\$126.29	3	NO
1	L3980	UPPER EXTREMITY FRACTURE ORTHOSI	10/1/2005	\$197.77	3	NO
1	L3982	UPPER EXTREMITY FRACTURE ORTHOSI	10/1/2005	\$238.82	3	NO
1	L3984	UPPER EXTREMITY FRACTURE ORTHOSI	10/1/2005	\$229.82	3	NO
1	L3985	UPPER EXTREMITY FRACTURE ORTHOSI	10/1/2005	\$407.39	3	NO
1	L3986	UPPER EXTREMITY FRACTURE ORTHOSI	10/1/2005	\$394.07	3	NO
1	L3995	ADDITION TO UPPER EXTREMITY ORTH	10/1/2005	\$23.23	3	NO
1	L3999	UNLISTED PROCEDURE FOR UPPER LIM	10/1/2005	\$928.80	3	NO
1	L4000	REPLACE GIRDLE FOR SPINAL ORTHOS	10/1/2005	\$946.95	3	NO
1	L4010	REPLACE TRILATERAL SOCKET BRIM	10/1/2005	\$523.22	3	NO
1	L4020	REPLACE QUADRILATERAL SOCKET BRI	10/1/2005	\$626.44	3	NO
1	L4030	REPLACE QUADRILATERAL SOCKET BRI	10/1/2005	\$431.95	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L4040	REPLACE MOLDED THIGH LACER	10/1/2005	\$355.80	3	NO
1	L4045	REPLACE NONMOLDED THIGH LACER	10/1/2005	\$216.33	3	NO
1	L4050	REPLACE MOLDED CALF LACER	10/1/2005	\$325.18	3	NO
1	L4055	REPLACE NONMOLDED CALF LACER	10/1/2005	\$177.29	3	NO
1	L4060	REPLACE HIGH ROLL CUFF	10/1/2005	\$264.15	3	NO
1	L4070	REPLACE PROXIMAL AND DISTAL UPRI	10/1/2005	\$217.76	3	NO
1	L4080	REPLACE METAL BANDS KAFO, PROXIM	10/1/2005	\$78.32	3	NO
1	L4090	REPLACE METAL BANDS KAFO-AFO, CA	10/1/2005	\$78.64	3	NO
1	L4100	REPLACE LEATHER CUFF KAFO, PROXI	10/1/2005	\$90.91	3	NO
1	L4110	REPLACE LEATHER CUFF KAFO-AFO, C	10/1/2005	\$73.92	3	NO
1	L4130	REPLACE PRETIBIAL SHELL	10/1/2005	\$432.46	3	NO
1	L4210	REPAIR OF ORTHOTIC DEVICE, REPAI	10/1/2005	\$200.92	3	NO
1	L4350	PNEUMATIC ANKLE CONTROL SPLINT,	10/1/2005	\$64.35	3	NO
1	L4360	PNEUMATIC ANKLE FOOT ORTHOSIS, W	10/1/2005	\$241.34	3	NO
1	L4370	PNEUMATIC FULL LEG SPLINT, PREFA	10/1/2005	\$164.55	3	NO
1	L4380	PNEUMATIC KNEE SPLINT, PREFABRIC	10/1/2005	\$90.05	3	NO
1	L4386	NON-PNEUMATIC WALKING SPLINT,WIT	10/1/2005	\$115.71	3	NO
1	L4392	REPLACEMENT, SOFT INTERFACE MATE	10/1/2005	\$15.79	3	NO
1	L4394	REPLACE SOFT INTERFACE MATERIAL,	10/1/2005	\$11.52	3	NO
1	L4396	STATIC ANKLE FOOT ORTHOSIS, INCL	10/1/2005	\$112.61	3	NO
1	L4398	FOOT DROP SPLINT, RECUMBENT POSI	10/1/2005	\$51.84	3	NO
1	L5000	PARTIAL FOOT, SHOE INSERT WITH L	10/1/2005	\$351.90	3	NO
1	L5010	PARTIAL FOOT, MOLDED SOCKET, ANK	10/1/2005	\$847.92	3	NO
1	L5020	PARTIAL FOOT, MOLDED SOCKET, TIB	10/1/2005	\$1,572.48	3	NO
1	L5050	ANKLE, SYMES, MOLDED SOCKET, SAC	10/1/2005	\$1,877.44	3	NO
1	L5060	ANKLE, SYMES, METAL FRAME, MOLDE	10/1/2005	\$2,491.32	3	NO
1	L5100	BELOW KNEE, MOLDED SOCKET, SHIN,	10/1/2005	\$1,945.98	3	NO
1	L5105	BELOW KNEE, PLASTIC SOCKET, JOIN	10/1/2005	\$2,746.43	3	NO
1	L5150	KNEE DISARTICULATION (OR THROUGH	10/1/2005	\$2,839.79	3	NO
1	L5160	KNEE DISARTICULATION (OR THRU KN	10/1/2005	\$3,464.62	3	NO
1	L5200	ABOVE KNEE, MOLDED SOCKET, SINGL	10/1/2005	\$2,837.06	3	NO
1	L5210	ABOVE KNEE, SHORT PROSTHESIS, NO	10/1/2005	\$2,253.40	3	NO
1	L5220	ABOVE KNEE, SHORT PROSTHESIS, NO	10/1/2005	\$2,561.40	3	NO
1	L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL	10/1/2005	\$3,425.73	3	NO
1	L5250	HIP DISARTICULATION, CANADIAN TY	10/1/2005	\$4,457.90	3	NO
1	L5270	HIP DISARTICULATION, TILT TABLE	10/1/2005	\$4,776.07	3	NO
1	L5280	HEMIPELVECTOMY, CANADIAN TYPE; M	10/1/2005	\$4,728.30	3	NO
1	L5300	BELOW KNEE, MOLDED SOCKET, SACH	4/1/2002	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L5310	KNEE DISARTICULATION, MOLDED SOC	4/1/2002	INVALID	N	NO
1	L5320	ABOVE KNEE, MOLDED SOCKET, OPEN	4/1/2002	INVALID	N	NO
1	L5330	HIP DISARTICULATION, CANADIAN TY	4/1/2002	INVALID	N	NO
1	L5340	HEMIPELVECTOMY, CANADIAN TYPE; M	4/1/2002	INVALID	N	NO
1	L5400	IMMEDIATE POSTSURGICAL OR EARLY	10/1/2005	\$931.40	3	NO
1	L5410	IMMEDIATE POSTSURGICAL OR EARLY	10/1/2005	\$358.02	3	NO
1	L5420	IMMEDIATE POSTSURGICAL OR EARLY	10/1/2005	\$1,125.00	3	NO
1	L5430	IMMEDIATE POSTSURGICAL OR EARLY	10/1/2005	\$351.14	3	NO
1	L5450	IMMEDIATE POSTSURGICAL OR EARLY	10/1/2005	\$307.29	3	NO
1	L5460	IMMEDIATE POSTSURGICAL OR EARLY	10/1/2005	\$406.88	3	NO
1	L5500	INITIAL, BELOW KNEE "PTB" TYPE S	10/1/2005	\$894.51	3	NO
1	L5505	INITIAL, ABOVE KNEE - KNEE DISAR	10/1/2005	\$1,211.39	3	NO
1	L5510	PREPARATORY, BELOW KNEE "PTB" TY	10/1/2005	\$1,098.72	3	NO
1	L5520	PREPARATORY, BELOW KNEE "PTB" TY	10/1/2005	\$1,001.57	3	NO
1	L5530	PREPARATORY, BELOW KNEE "PTB" TY	10/1/2005	\$1,397.70	3	NO
1	L5535	PREPARATORY, BELOW KNEE "PTB" TY	10/1/2005	\$1,443.73	3	NO
1	L5540	PREPARATORY, BELOW KNEE "PTB" TY	10/1/2005	\$1,540.98	3	NO
1	L5560	PREPARATORY, ABOVE KNEE - KNEE D	10/1/2005	\$1,505.46	3	NO
1	L5570	PREPARATORY, ABOVE KNEE - KNEE D	10/1/2005	\$1,583.45	3	NO
1	L5580	PREPARATORY, ABOVE KNEE - KNEE D	10/1/2005	\$1,813.96	3	NO
1	L5585	PREPARATORY, ABOVE KNEE - KNEE D	10/1/2005	\$2,010.47	3	NO
1	L5590	PREPARATORY, ABOVE KNEE - KNEE D	10/1/2005	\$1,760.09	3	NO
1	L5595	PREPARATORY, HIP DISARTICULATION	10/1/2005	\$3,144.05	3	NO
1	L5600	PREPARATORY, HIP DISARTICULATION	10/1/2005	\$3,962.85	3	NO
1	L5610	ADDITION TO LOWER EXTREMITY, ABO	1/1/1994	NC	9	NO
1	L5611	ADDITION TO LOWER EXTREMITY, ABO	10/1/2005	\$1,228.78	3	NO
1	L5613	ADDITION TO LOWER EXTREMITY, ABO	1/1/1994	NC	9	NO
1	L5614	ADDITION TO LOWER EXTREMITY, END	5/1/1999	NC	9	NO
1	L5616	ADDITION TO LOWER EXTREMITY, ABO	10/1/2005	\$945.93	3	NO
1	L5617	ADDITION TO LOWER EXTREMITY, QUI	10/1/2005	\$382.56	3	NO
1	L5618	ADDITION TO LOWER EXTREMITY, TES	10/1/2005	\$217.57	3	NO
1	L5620	ADDITION TO LOWER EXTREMITY, TES	10/1/2005	\$206.61	3	NO
1	L5622	ADDITION TO LOWER EXTREMITY, TES	10/1/2005	\$291.36	3	NO
1	L5624	ADDITION TO LOWER EXTREMITY, TES	10/1/2005	\$262.32	3	NO
1	L5626	ADDITION TO LOWER EXTREMITY, TES	10/1/2005	\$380.85	3	NO
1	L5628	ADDITION TO LOWER EXTREMITY, TES	10/1/2005	\$421.10	3	NO
1	L5629	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$221.34	3	NO
1	L5630	ADDITION TO LOWER EXTREMITY, SYM	10/1/2005	\$352.73	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L5631	ADDITION TO LOWER EXTREMITY, ABO	10/1/2005	\$306.02	3	NO
1	L5632	ADDITION TO LOWER EXTREMITY, SYM	10/1/2005	\$206.19	3	NO
1	L5634	ADDITION TO LOWER EXTREMITY, SYM	10/1/2005	\$245.65	3	NO
1	L5636	ADDITION TO LOWER EXTREMITY, SYM	10/1/2005	\$218.93	3	NO
1	L5637	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$207.35	3	NO
1	L5638	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$384.23	3	NO
1	L5639	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$880.10	3	NO
1	L5640	ADDITION TO LOWER EXTREMITY, KNE	10/1/2005	\$582.89	3	NO
1	L5642	ADDITION TO LOWER EXTREMITY, ABO	10/1/2005	\$575.34	3	NO
1	L5643	ADDITION TO LOWER EXTREMITY, HIP	10/1/2005	\$1,244.44	3	NO
1	L5644	ADDITION TO LOWER EXTREMITY, ABO	10/1/2005	\$459.30	3	NO
1	L5645	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$555.71	3	NO
1	L5646	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$408.49	3	NO
1	L5647	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$554.02	3	NO
1	L5648	ADDITION TO LOWER EXTREMITY, ABO	10/1/2005	\$458.54	3	NO
1	L5649	ADDITION TO LOWER EXTREMITY, ISC	10/1/2005	\$1,401.69	3	NO
1	L5650	ADDITION TO LOWER EXTREMITY, TOT	10/1/2005	\$399.70	3	NO
1	L5651	ADDITION TO LOWER EXTREMITY, ABO	10/1/2005	\$836.42	3	NO
1	L5652	ADDITION TO LOWER EXTREMITY, SUC	10/1/2005	\$303.66	3	NO
1	L5653	ADDITION TO LOWER EXTREMITY, KNE	10/1/2005	\$498.20	3	NO
1	L5654	ADDITIOIN TO LOWER EXTREMITY, SOC	10/1/2005	\$269.83	3	NO
1	L5655	ADDITION TO LOWER EXTREMITY, SOC	10/1/2005	\$241.78	3	NO
1	L5656	ADDITION TO LOWER EXTREMITY, SOC	10/1/2005	\$344.47	3	NO
1	L5658	ADDITION TO LOWER EXTREMITY, SOC	10/1/2005	\$337.65	3	NO
1	L5660	ADDITION TO LOWER EXTREMITY, SOC	7/1/2003	INVALID	N	NO
1	L5661	ADDITION TO LOWER EXTREMITY, SOC	10/1/2005	\$423.83	3	NO
1	L5662	ADDITION TO LOWER EXTREMITY, SOC	7/1/2003	INVALID	N	NO
1	L5663	ADDITION TO LOWER EXTREMITY, SOC	7/1/2003	INVALID	N	NO
1	L5664	ADDITION TO LOWER EXTREMITY, SOC	7/1/2003	INVALID	N	NO
1	L5665	ADDITION TO LOWER EXTREMITY, SOC	10/1/2005	\$356.61	3	NO
1	L5666	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$49.47	3	NO
1	L5667	ADDITION OT LOWER EXTREMITY, BEL	4/1/2002	INVALID	N	NO
1	L5668	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$78.15	3	NO
1	L5669	ADDITION TO LOWER EXTREMITY, BEL	4/1/2002	INVALID	N	NO
1	L5670	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$206.29	3	NO
1	L5672	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$224.74	3	NO
1	L5674	ADDITION TO LOWER EXTREMITY, BEL	1/1/2005	INVALID	N	NO
1	L5675	ADDITION TO LOWER EXTREMITY, BEL	1/1/2005	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L5676	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$294.01	3	NO
1	L5677	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$374.27	3	NO
1	L5678	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$32.96	3	NO
1	L5680	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$246.93	3	NO
1	L5682	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$440.35	3	NO
1	L5684	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$44.70	3	NO
1	L5686	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$44.39	3	NO
1	L5688	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$48.60	3	NO
1	L5690	ADDITION TO LOWER EXTREMITY, BEL	10/1/2005	\$73.91	3	NO
1	L5692	ADDITION TO LOWER EXTREMITY, ABO	10/1/2005	\$108.62	3	NO
1	L5694	ADDITION TO LOWER EXTREMITY, ABO	10/1/2005	\$167.81	3	NO
1	L5695	ADDITION TO LOWER EXTREMITY, ABO	10/1/2005	\$113.58	3	NO
1	L5696	ADDITION TO LOWER EXTREMITY, AB	10/1/2005	\$171.82	3	NO
1	L5697	ADDITION TO LOWER EXTREMITY, ABO	10/1/2005	\$74.54	3	NO
1	L5698	ADDITION TO LOWER EXTREMITY, ABO	10/1/2005	\$87.10	3	NO
1	L5699	ALL LOWER EXTREMITY PROSTHESES,	10/1/2005	\$171.21	3	NO
1	L5700	REPLACEMENT, SOCKET, BELOW KNEE,	10/1/2005	\$2,543.11	3	NO
1	L5701	REPLACEMENT, SOCKET, ABOVE KNEE/	10/1/2005	\$3,090.42	3	NO
1	L5702	REPLACEMENT, SOCKET, HIP DISARTI	10/1/2005	\$3,700.50	3	NO
1	L5704	CUSTOM SHAPED PROTECTIVE COVER,	10/1/2005	\$424.72	3	NO
1	L5705	CUSTOM SHAPED PROTECTIVE COVER,	10/1/2005	\$697.25	3	NO
1	L5706	CUSTOM SHAPED PROTECTIVE COVER,	10/1/2005	\$691.07	3	NO
1	L5707	CUSTOM SHAPED PROTECTIVE COVER,	10/1/2005	\$982.37	3	NO
1	L5710	ADDITION, EXOSKELETAL KNEE-SHIN	10/1/2005	\$316.91	3	NO
1	L5711	ADDITION, EXOSKELETAL KNEE-SHIN	10/1/2005	\$429.01	3	NO
1	L5712	ADDITION, EXOSKELETAL KNEE-SHIN	10/1/2005	\$385.12	3	NO
1	L5714	ADDITION, EXOSKELETAL KNEE-SHIN	10/1/2005	\$291.31	3	NO
1	L5716	ADDITION, EXOSKELETAL KNEE-SHIN	10/1/2005	\$507.62	3	NO
1	L5718	ADDITION, EXOSKELETAL KNEE-SHIN	10/1/2005	\$634.46	3	NO
1	L5722	ADDFITON, EXOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
1	L5724	ADDITION, EXOSKELETAL KNEE-SHIN	2/22/1994	NC	9	NO
1	L5726	ADDITION, EXOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
1	L5728	ADDITION, EXOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
1	L5780	ADDITION, EXOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
1	L5785	ADDITION, EXOSKELETAL SYSTEM, BE	10/1/2005	\$432.28	3	NO
1	L5790	ADDITION, EXOSKELETAL SYSTEM, AB	10/1/2005	\$520.48	3	NO
1	L5795	ADDITION, EXOSKELETAL SYSTEM, HI	10/1/2005	\$747.81	3	NO
1	L5810	ADDITION, ENDOSKELETAL KNEE-SHIN	10/1/2005	\$387.23	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L5811	ADDITION, ENDOSKELETAL KNEE-SHIN	10/1/2005	\$507.95	3	NO
1	L5812	ADDITION, ENDOSKELETAL KNEE-SHIN	10/1/2005	\$439.60	3	NO
1	L5814	ADDITION, ENDOSKELETAL KNEE-SHIN	10/1/2005	\$2,539.30	3	NO
1	L5816	ADDITION, ENDOSKELETAL KNEE-SHIN	10/1/2005	\$592.32	3	NO
1	L5818	ADDITION, ENDOSKELETAL KNEE-SHIN	10/1/2005	\$668.85	3	NO
1	L5822	ADDITION, ENDOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
1	L5824	ADDITION, ENDOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
1	L5826	ADDITION, ENDOSKELETAL KNEE-SHIN	10/1/2005	\$2,218.09	3	NO
1	L5828	ADDITION, ENDOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
1	L5830	ADDITION, ENDOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
1	L5840	ADDITION, ENDOSKELETAL KNEE-SHIN	10/1/2005	\$2,811.11	3	NO
1	L5845	ADDITION, ENDOSKELETAL, KNEE-SHI	10/1/2005	\$1,225.50	3	NO
1	L5846	ADDITION, ENDOSKELETAL, KNEE-SHI	1/1/2005	INVALID	N	NO
1	L5848	ADD TO ENDOSKELETAL, KNEE-SHIN S	5/9/2005	NC	9	NO
1	L5850	ADDITION, ENDOSKELETAL SYSTEM, A	10/1/2005	\$89.10	3	NO
1	L5855	ADDITION, ENDOSKELETAL SYSTEM, H	10/1/2005	\$286.78	3	NO
1	L5910	ADDITION, ENDOSKELETAL SYSTEM, B	10/1/2005	\$252.24	3	NO
1	L5920	ADDITION, ENDOSKELETAL SYSTEM, A	10/1/2005	\$369.54	3	NO
1	L5925	ADDITION, ENDOSKELETAL SYSTEM, A	10/1/2005	\$303.75	3	NO
1	L5930	ADDITION, ENDOSKELETAL SYSTEM, H	10/1/2005	\$2,301.37	3	NO
1	L5940	ADDITION, ENDOSKELETAL SYSTEM, B	10/1/2005	\$434.35	3	NO
1	L5950	ADDITION, ENDOSKELETAL SYSTEM, A	10/1/2005	\$624.35	3	NO
1	L5960	ADDITION, ENDOSKELETAL SYSTEM, H	10/1/2005	\$713.60	3	NO
1	L5962	ADDITION, ENDOSKELETAL SYSTEM, B	10/1/2005	\$545.85	3	NO
1	L5964	ADDITION, ENDOSKELETAL SYSTEM, A	10/1/2005	\$785.79	3	NO
1	L5966	ADDITION, ENDOSKELETAL SYSTEM, H	10/1/2005	\$1,018.74	3	NO
1	L5968	ALL LOWER EXTREMITY PROSTHESIS,	10/1/2005	\$2,484.62	3	NO
1	L5970	ALL LOWER EXTREMITY PROSTHESES,	10/1/2005	\$170.85	3	NO
1	L5972	ALL LOWER EXTREMITY PROSTHESES,	10/1/2005	\$273.03	3	NO
1	L5974	ALL LOWER EXTREMITY PROSTHESES,	10/1/2005	\$216.40	3	NO
1	L5975	ALL LOWER EXTREMITY PROSTHESIS,	10/1/2005	\$316.98	3	NO
1	L5976	ALL LOWER EXREMITY PROSTHESES, E	10/1/2005	\$436.02	3	NO
1	L5978	ALL LOWER EXTREMITY PROSTHESES,	10/1/2005	\$246.43	3	NO
1	L5979	ALL LOWER EXTREMITY PROSTHESES,	10/1/2005	\$2,099.36	3	NO
1	L5980	ALL LOWER EXTREMITY PROSTHESES,	1/1/1994	NC	9	NO
1	L5981	ALL LOWER EXTREMITY PROSTHESES,	10/1/2005	\$2,281.39	3	NO
1	L5982	ALL EXOSKELETAL LOWER EXTREMITY	10/1/2005	\$532.22	3	NO
1	L5984	ALL ENDOSKELETAL LOWER EXTREMITY	10/1/2005	\$503.16	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L5985	ALL ENDOSKELETAL LOWER EXTREMITY	10/1/2005	\$193.07	3	NO
1	L5986	ALL LOWER EXTREMITY PROSTHESES,	10/1/2005	\$532.53	3	NO
1	L5987	ALL LOWER EXTREMITY PROSTHESIS,	10/1/2005	\$4,918.58	3	NO
1	L5988	ALL LOWER EXTREMITY PROSTHESIS,	10/1/2005	\$1,365.89	3	NO
1	L5989	ADDITION TO LOWER EXTREMITY PROS	5/9/2005	NC	9	NO
1	L5999	UNLISTED PROCEDURES FOR LOWER EX	3/1/2004	\$900.00	3	NO
1	L6000	PARTIAL HAND, ROBIN-AIDS, THUMB	10/1/2005	\$1,233.86	3	NO
1	L6010	PARTIAL HAND, ROBIN-AIDS, LITTLE	10/1/2005	\$1,373.09	3	NO
1	L6020	PARTIAL HAND, ROBIN-AIDS, NO FIN	10/1/2005	\$1,280.20	3	NO
1	L6025	TRANSCARPAL/METACARPAL OR PARTIA	5/9/2005	NC	9	NO
1	L6050	WRIST DISARTICULATION, MOLDED SO	10/1/2005	\$1,512.13	3	NO
1	L6055	WRIST DISARTICULATION, MOLDED SO	10/1/2005	\$2,257.82	3	NO
1	L6100	BELOW ELBOW, MOLDED SOCKET, FLEX	10/1/2005	\$1,628.74	3	NO
1	L6110	BELOW ELBOW, MOLDED SOCKET (MUEN	10/1/2005	\$1,661.20	3	NO
1	L6120	BELOW ELBOW, MOLDED DOUBLE WALL	10/1/2005	\$2,088.91	3	NO
1	L6130	BELOW ELBOW, MOLDED DOUBLE WALL	10/1/2005	\$2,403.97	3	NO
1	L6200	ELBOW DISARTICULATION, MOLDED SO	10/1/2005	\$2,467.13	3	NO
1	L6205	ELBOW DISARTICULATION, MOLDED SO	10/1/2005	\$3,090.94	3	NO
1	L6250	ABOVE ELBOW, MOLDED DOUBLE WALL	10/1/2005	\$2,300.77	3	NO
1	L6300	SHOULDER DISARTICULATION, MOLDED	10/1/2005	\$3,236.33	3	NO
1	L6310	SHOULDER DISARTICULATION, PASSIV	1/1/1994	NC	9	NO
1	L6320	SHOULDER DISARTICULATION, PASSIV	10/1/2005	\$1,190.24	3	NO
1	L6350	INTERSCAPULAR THORACIC, MOLDED S	10/1/2005	\$3,637.40	3	NO
1	L6360	INTERSCAPULAR THORACIC, PASSIVE	1/1/1994	NC	9	NO
1	L6370	INTERSCAPULAR THORACIC, PASSIVE	10/1/2005	\$1,414.60	3	NO
1	L6380	IMMEDIATE POSTSURGICAL OR EARLY	10/1/2005	\$952.41	3	NO
1	L6382	IMMEDIATE POSTSURGICAL OR EARLY	10/1/2005	\$1,121.21	3	NO
1	L6384	IMMEDIATE POSTSURGICAL OR EARLY	10/1/2005	\$1,419.44	3	NO
1	L6386	IMMEDIATE POSTSURGICAL OR EARLY	10/1/2005	\$321.50	3	NO
1	L6388	IMMEDIATE POSTSURGICAL OR EARLY	10/1/2005	\$353.37	3	NO
1	L6400	BELOW ELBOW, MOLDED SOCKET, ENDO	10/1/2005	\$1,803.17	3	NO
1	L6450	ELBOW DISARTICULATION, MOLDED SO	10/1/2005	\$2,447.77	3	NO
1	L6500	ABOVE ELBOW, MOLDED SOCKET, ENDO	10/1/2005	\$2,475.74	3	NO
1	L6550	SHOULDER DISARTICULATION, MOLDED	10/1/2005	\$3,311.84	3	NO
1	L6570	INTERSCAPULAR THORACIC, MOLDED S	10/1/2005	\$3,691.74	3	NO
1	L6580	PREPARATORY, WRIST DISARTICULATI	10/1/2005	\$1,254.58	3	NO
1	L6582	PREPARATORY, WRIST DISARTICULATI	10/1/2005	\$997.00	3	NO
1	L6584	PREPARATORY, ELBOW DISARTICULATI	10/1/2005	\$1,693.95	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L6586	PREPARATORY, ELBOW DISARTICULATI	10/1/2005	\$1,447.73	3	NO
1	L6588	PREPARATORY, SHOULDER DISARTICUL	10/1/2005	\$2,451.31	3	NO
1	L6590	PREPARATORY, SHOULDER DISARTICUL	10/1/2005	\$2,258.69	3	NO
1	L6600	UPPER EXTREMITY ADDITIONS, POLYC	10/1/2005	\$141.55	3	NO
1	L6605	UPPER EXTREMITY ADDITIONS, SINGL	10/1/2005	\$133.54	3	NO
1	L6610	UPPER EXTREMITY ADDITIONS, FLEXI	10/1/2005	\$121.81	3	NO
1	L6615	UPPER EXTREMITY ADDITION, DISCON	10/1/2005	\$148.85	3	NO
1	L6616	UPPER EXTREMITY ADDITION, ADDITI	10/1/2005	\$54.25	3	NO
1	L6620	UPPER EXTREMITY ADDITION, FLEXIO	10/1/2005	\$233.14	3	NO
1	L6623	UPPER EXREMITY ADDITION, SPRING	10/1/2005	\$501.53	3	NO
1	L6625	UPPER EXTREMITY ADDITION, ROTATI	10/1/2005	\$428.92	3	NO
1	L6628	UPPER EXTREMITY ADDITION, QUICK	10/1/2005	\$402.80	3	NO
1	L6629	UPPER EXTREMITY ADDITION, QUICK	10/1/2005	\$102.09	3	NO
1	L6630	UPPER EXTREMITY ADDITION, STAINL	10/1/2005	\$150.10	3	NO
1	L6632	UPPER EXTREMITY ADDITION, LATEX	10/1/2005	\$45.25	3	NO
1	L6635	UPPER EXTREMITY ADDITION, LIFT A	10/1/2005	\$131.59	3	NO
1	L6637	UPPER EXTREMITY ADDITION, NUDGE	10/1/2005	\$302.62	3	NO
1	L6638	UPPER EXTREMITY ADD TO PROSTHESI	5/9/2005	NC	9	NO
1	L6640	UPPER EXTREMITY ADDITIONS, SHOUL	10/1/2005	\$239.95	3	NO
1	L6641	UPPER EXTREMITY ADDITION, EXCURS	10/1/2005	\$119.59	3	NO
1	L6642	UPPER EXTREMITY ADDITION, EXCURS	10/1/2005	\$161.76	3	NO
1	L6645	UPPER EXTREMITY ADDITION, SHOULD	10/1/2005	\$276.11	3	NO
1	L6646	UPPER EXTREMITY ADD, SHOULDER JO	5/9/2005	NC	9	NO
1	L6648	UPPER EXTRMITY ADDITION, SHOULDE	5/9/2005	NC	9	NO
1	L6650	UPPER EXTREMITY ADDITION, SHOULD	10/1/2005	\$238.13	3	NO
1	L6655	UPPER EXTREMITY ADDITION, STANDA	10/1/2005	\$69.75	3	NO
1	L6660	UPPER EXTREMITY ADDITION, HEAVY	10/1/2005	\$73.85	3	NO
1	L6665	UPPER EXTREMITY ADDITION, TEFLON	10/1/2005	\$34.33	3	NO
1	L6670	UPPER EXTREMITY ADDITION, HOOK T	10/1/2005	\$35.52	3	NO
1	L6672	UPPER EXTREMITY ADDITION, HARNES	10/1/2005	\$134.82	3	NO
1	L6675	UPPER EXTREMITY ADDITION, HARNES	10/1/2005	\$83.63	3	NO
1	L6676	UPPER EXTREMITY ADDITION, HARNES	10/1/2005	\$102.83	3	NO
1	L6680	UPPER EXTREMITY ADDITION, TEST S	10/1/2005	\$165.69	3	NO
1	L6682	UPPER EXTREMITY ADDITION, TEST S	10/1/2005	\$210.79	3	NO
1	L6684	UPPER EXTREMITY ADDITION, TEST S	10/1/2005	\$323.00	3	NO
1	L6686	UPPER EXTREMITY ADDITION, SUCTIO	10/1/2005	\$463.05	3	NO
1	L6687	UPPER EXTREMITY ADDITION, FRAME	10/1/2005	\$401.74	3	NO
1	L6688	UPPER EXTREMITY ADDITION, FRAME	10/1/2005	\$491.93	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L6689	UPPER EXTREMITY ADDITION, FRAME	10/1/2005	\$602.10	3	NO
1	L6690	UPPER EXTREMITY ADDITION, FRAME	10/1/2005	\$638.54	3	NO
1	L6691	UPPER EXTREMITY ADDITION, REMOVA	10/1/2005	\$276.25	3	NO
1	L6692	UPPER EXTREMITY ADDITION, SILIC	10/1/2005	\$389.49	3	NO
1	L6693	UPPER EXTREMITY ADDITION, EXTERN	10/1/2005	\$1,941.12	3	NO
1	L6700	TERMINAL DEVICE, HOOK, DORRANCE	10/1/2005	\$411.48	3	NO
1	L6705	TERMINAL DEVICE, HOOK, DORRANCE	10/1/2005	\$230.63	3	NO
1	L6710	TERMINAL DEVICE, HOOK, DORRANCE	10/1/2005	\$276.68	3	NO
1	L6715	TERMINAL DEVICE, HOOK, DORRANCE	10/1/2005	\$273.70	3	NO
1	L6720	TERMINAL DEVICE, HOOK, DORRANCE	10/1/2005	\$594.17	3	NO
1	L6725	TERMINAL DEVICE, HOOK, DORRANCE	10/1/2005	\$304.87	3	NO
1	L6730	TERMINAL DEVICE, HOOK, DORRANCE	10/1/2005	\$489.49	3	NO
1	L6735	TERMINAL DEVICE, HOOK, DORRANCE	10/1/2005	\$259.29	3	NO
1	L6740	TERMINAL DEVICE, HOOK, DORRANCE	10/1/2005	\$307.24	3	NO
1	L6745	TERMINAL DEVICE, HOOK, DORRANCE	10/1/2005	\$281.37	3	NO
1	L6750	TERMINAL DEVICE, HOOK, DORRANCE	10/1/2005	\$292.08	3	NO
1	L6755	TERMINAL DEVICE, HOOK, DORRANCE	10/1/2005	\$292.01	3	NO
1	L6765	TERMINAL DEVICE, HOOK, DORRANCE	10/1/2005	\$299.11	3	NO
1	L6770	TERMINAL DEVICE, HOOK, DORRANCE	10/1/2005	\$292.40	3	NO
1	L6775	TERMINAL DEVICE, HOOK, DORRANCE	10/1/2005	\$317.68	3	NO
1	L6780	TERMINAL DEVICE, HOOK, DORRANCE	10/1/2005	\$352.83	3	NO
1	L6790	TERMINAL DEVICE, HOOK, ACCU HOOK	10/1/2005	\$314.72	3	NO
1	L6795	TERMINAL DEVICE, HOOK, 2 LOAD OR	10/1/2005	\$991.46	3	NO
1	L6800	TERMINAL DEVICE, HOOK, APRL VC O	10/1/2005	\$783.30	3	NO
1	L6805	TERMINAL DEVICE, MODIFIER WRIST	10/1/2005	\$294.57	3	NO
1	L6806	TERMINAL DEVICE, HOOK, TRS GRIP,	10/1/2005	\$1,105.81	3	NO
1	L6807	TERMINAL DEVICE, HOOK, GRIP I, G	10/1/2005	\$989.55	3	NO
1	L6808	TERMINAL DEVICE, HOOK, TRS ADEPT	10/1/2005	\$852.31	3	NO
1	L6809	TERMINAL DEVICE, HOOK, TRS SUPER	10/1/2005	\$258.42	3	NO
1	L6810	TERMINAL DEVICE, PINCHER TOOL, O	10/1/2005	\$139.38	3	NO
1	L6825	TERMINAL DEVICE, HAND, DORRANCE,	1/1/1994	NC	9	NO
1	L6830	TERMINAL DEVICE, HAND, APRL, VC	10/1/2005	\$1,087.58	3	NO
1	L6835	TERMINAL DEVICE, HAND, SIERRA, V	10/1/2005	\$986.59	3	NO
1	L6840	TERMINAL DEVICE, HAND, BECKER IM	10/1/2005	\$650.99	3	NO
1	L6845	TERMINAL DEVICE, HAND, BECKER LO	10/1/2005	\$616.37	3	NO
1	L6850	TERMINAL DEVICE, HAND, BECKER PL	10/1/2005	\$543.78	3	NO
1	L6855	TERMINAL DEVICE, HAND, ROBIN-AID	10/1/2005	\$632.39	3	NO
1	L6860	TERMINAL DEVICE, HAND, ROBIN-AID	10/1/2005	\$517.25	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L6865	TERMINAL DEVICE, HAND, PASSIVE H	10/1/2005	\$230.20	3	NO
1	L6867	TERMINAL DEVICE, HAND, DETROIT I	10/1/2005	\$855.66	3	NO
1	L6868	TERMINAL DEVICE, HAND, PASSIVE I	10/1/2005	\$192.87	3	NO
1	L6870	TERMINAL DEVICE, HAND, CHILD MIT	10/1/2005	\$187.04	3	NO
1	L6872	TERMINAL DEVICE, HAND, NYU CHILD	10/1/2005	\$711.49	3	NO
1	L6873	TERMINAL DEVICE, HAND, MECHANICA	10/1/2005	\$325.80	3	NO
1	L6875	TERMINAL DEVICE, HAND, BOCK, VC	1/1/1994	NC	9	NO
1	L6880	TERMINAL DEVICE, HAND, BOCK, VO	10/1/2005	\$412.88	3	NO
1	L6881	AUTOMATIC GRASP FEATURE, ADDITIO	5/9/2005	NC	9	NO
1	L6882	MICROPROCESSOR CONTROL FEATURE,	5/9/2005	NC	9	NO
1	L6890	ADDITION TO UPPER EXTREMITY PROS	10/1/2005	\$129.33	3	NO
1	L6895	ADDITION TO UPPER EXTREMITY PROS	10/1/2005	\$431.78	3	NO
1	L6900	HAND RESTORATION (CASTS, SHADING	10/1/2005	\$1,352.37	3	NO
1	L6905	HAND RESTORATION (CASTS, SHADING	10/1/2005	\$1,363.43	3	NO
1	L6910	HAND RESTORATION (CASTS, SHADING	10/1/2005	\$1,119.02	3	NO
1	L6915	HAND RESTORATION (SHADING AND ME	10/1/2005	\$505.72	3	NO
1	L6920	WRIST DISARTICULATION, EXTERNAL	1/1/1994	NC	9	NO
1	L6925	WRIST DISARTICULATION, EXTERNAL	1/1/1994	NC	9	NO
1	L6930	BELOW ELBOW, EXTERNAL POWER, SEL	1/1/1994	NC	9	NO
1	L6935	BELOW ELBOW, EXTERNAL POWER, SEL	1/1/1994	NC	9	NO
1	L6940	ELBOW DISARTICULATION, EXTERNAL	1/1/1994	NC	9	NO
1	L6945	ELBOW DISARTICULATION, EXTERNAL	1/1/1994	NC	9	NO
1	L6950	ABOVE ELBOW, EXTERNAL POWER, MOL	1/1/1994	NC	9	NO
1	L6955	ABOVE ELBOW, EXTERNAL POWER, MOL	1/1/1994	NC	9	NO
1	L6960	SHOULDER DISARTICULATION, EXTERN	1/1/1994	NC	9	NO
1	L6965	SHOULDER DISARTICULATION, EXTERN	1/1/1994	NC	9	NO
1	L6970	INTERSCAPULAR-THORACIC, EXTERNAL	1/1/1994	NC	9	NO
1	L6975	INTERSCAPULAR-THORACIC, EXTERNAL	1/1/1994	NC	9	NO
1	L7010	ELECTRONIC HAND, OTTO BOCK, STEE	1/1/1994	NC	9	NO
1	L7015	ELECTRONIC HAND, SYSTEM TEKNIK,	1/1/1994	NC	9	NO
1	L7020	ELECTRONIC GREIFER, OTTO BOCK OR	1/1/1994	NC	9	NO
1	L7025	ELECTRONIC HAND, OTTO BOCK OR EQ	1/1/1994	NC	9	NO
1	L7030	ELECTRONIC HAND, SYSTEM TEKNIK,	1/1/1994	NC	9	NO
1	L7035	ELECTRONIC GREIFER, OTTO BOCK OR	1/1/1994	NC	9	NO
1	L7040	PREHENSILE ACTUATOR, HOSMER OR E	1/1/1994	NC	9	NO
1	L7045	ELECTRONIC HOOK, CHILD, MICHIGAN	1/1/1994	NC	9	NO
1	L7170	ELECTRONIC ELBOW, HOSMER OR EQUA	1/1/1994	NC	9	NO
1	L7180	ELECTRONIC ELBOW, MICROPROCESSOR	1/1/1994	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L7185	ELECTRONIC ELBOW, ADOLESCENT, VA	1/1/1994	NC	9	NO
1	L7186	ELECTRONIC ELBOW, CHILD, VARIETY	1/1/1994	NC	9	NO
1	L7190	ELECTRONIC ELBOW, ADOLESCENT, VA	1/1/1994	NC	9	NO
1	L7191	ELECTRONIC ELBOW, CHILD, VARIETY	1/1/1994	NC	9	NO
1	L7260	ELECTRONIC WRIST ROTATOR, OTTO B	1/1/1994	NC	9	NO
1	L7261	ELECTRONIC WRIST ROTATOR, FOR UT	1/1/1994	NC	9	NO
1	L7266	SERVO CONTROL, STEEPER OR EQUAL	1/1/1994	NC	9	NO
1	L7272	ANALOGUE CONTROL, UNB OR EQUAL	1/1/1994	NC	9	NO
1	L7274	PROPORTIONAL CONTROL, 6-12 VOLT,	1/1/1994	NC	9	NO
1	L7360	SIX VOLT BATTERY, OTTO BOCK OR E	1/1/1994	NC	9	NO
1	L7362	BATTERY CHARGER, SIX VOLT, OTTO	1/1/1994	NC	9	NO
1	L7364	TWELVE VOLT BATTERY, UTAH OR EQU	1/1/1994	NC	9	NO
1	L7366	BATTERY CHARGER, TWELVE VOLT, UT	1/1/1994	NC	9	NO
1	L7367	LITHIUM ION BATTERY, REPLACEMENT	5/9/2005	NC	9	NO
1	L7368	LITHIUM ION BATTERY CHARGER	5/9/2005	NC	9	NO
1	L7499	UNLISTED PROCEDURES FOR UPPER EX	1/1/1994	\$0.01	5	NO
1	L7500	REPAIR OF PROSTHETIC DEVICE, HOU	5/9/2005	NC	9	NO
1	L7510	REPAIR OF PROSTHETIC DEVICE, REP	10/1/2005	\$200.92	3	NO
1	L8000	BREAST PROSTHESIS, MASTECTOMY BR	10/1/2005	\$28.77	3	NO
1	L8001	BREAST PROSTHESIS, MASTECTOMY BR	5/9/2005	NC	9	NO
1	L8002	BREAST PROSTHESIS, MASTECTOMY BR	5/9/2005	NC	9	NO
1	L8010	BREAST PROSTHESIS, MASTECTOMY SL	6/16/2002	NC	9	NO
1	L8015	EXTERNAL BREAST PROSTHESIS GARME	10/1/2005	\$42.57	3	NO
1	L8020	BREAST PROSTHESIS, MASTECTOMY FO	10/1/2005	\$167.80	3	NO
1	L8030	BREAST PROSTHESIS, SILICONE OR E	10/1/2005	\$219.72	3	NO
1	L8035	CUSTOM BREAST PROSTHESIS, POST M	5/9/2005	NC	9	NO
1	L8039	BREAST PROSTHESIS, NOT OTHERWISE	5/9/2005	NC	9	NO
1	L8049	REPAIR OR MODIFICATION OF MAXILL	10/1/2005	\$17.32	3	NO
1	L8100	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8110	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8120	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8130	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8140	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8150	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8160	ELASTIC SUPPORTY, ELASTIC STOCKI	1/1/2006	INVALID	N	NO
1	L8170	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8180	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8190	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L8195	GRADIENT COMPRESSION STOCKING, W	1/1/2006	INVALID	N	NO
1	L8200	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8210	GRADIENT COMPRESSION STOCKING, C	1/1/2006	INVALID	N	NO
1	L8220	GRADIENT COMPRESSION STOCKING, L	1/1/2006	INVALID	N	NO
1	L8230	GRADIENT COMPRESSION STOCKING, G	1/1/2006	INVALID	N	NO
1	L8300	TRUSS, SINGLE WITH STANDARD PAD	10/1/2005	\$72.99	3	NO
1	L8310	TRUSS, DOUBLE WITH STANDARD PADS	10/1/2005	\$102.24	3	NO
1	L8320	TRUSS, ADDITION TO STANDARD PAD,	10/1/2005	\$38.92	3	NO
1	L8330	TRUSS, ADDITION TO STANDARD PAD,	10/1/2005	\$34.39	3	NO
1	L8400	PROSTHETIC SHEATH, BELOW KNEE, E	10/1/2005	\$12.92	3	NO
1	L8410	PROSTHETIC SHEATH, ABOVE KNEE, E	10/1/2005	\$18.41	3	NO
1	L8415	PROSTHETIC SHEATH, UPPER LIMB, E	10/1/2005	\$18.91	3	NO
1	L8417	PROSTHETIC SHEATH/SOCK, INCLUDIN	10/1/2005	\$51.41	3	NO
1	L8420	PROSTHETIC SOCK, MULTIPLE PLY, B	10/1/2005	\$13.97	3	NO
1	L8430	PROSTHETIC SOCK, MULTIPLE PLY, A	10/1/2005	\$15.97	3	NO
1	L8435	PROSTHETIC SOCK, MULTI PLY, UPPE	10/1/2005	\$19.53	3	NO
1	L8440	PROSTHETIC SHRINKER, BELOW KNEE,	10/1/2005	\$29.12	3	NO
1	L8460	PROSTHETIC SHRINKER, ABOVE KNEE,	10/1/2005	\$60.78	3	NO
1	L8465	PROSTHETIC SHRINKER, UPPER LIMB,	10/1/2005	\$33.97	3	NO
1	L8470	STUMP SOCK, SINGLE PLY, FITTING,	10/1/2005	\$4.65	3	NO
1	L8480	PROSTHETIC SOCK, SINGLE PLY, FIT	10/1/2005	\$8.54	3	NO
1	L8485	PROSTHETIC SOCK, SINGLE PLY, FIT	10/1/2005	\$10.01	3	NO
1	L8490	ADDITION TO PROSTHETIC SHEATH/SO	1/1/2005	INVALID	N	NO
1	L8499	UNLISTED PROCEDURE FOR MISCELLAN	10/1/2005	\$928.80	3	NO
1	L8509	TRACHO-ESOPHAGEAL VOICE PROSTHES	10/1/2005	\$78.99	3	NO
1	L8511	INSERT FOR INDWELLING TRACHEOESO	5/9/2005	NC	9	NO
1	L8512	GELATIN CAPSULES OR EQUIVALENT,	5/9/2005	NC	9	NO
1	L8513	CLEANING DEVICE USED WITH TRACHE	5/9/2005	NC	9	NO
1	L8514	TRACHEOESOPHAGEAL PUNCTURE DILAT	5/9/2005	NC	9	NO
1	L8600	IMPLANTABLE BREAST PROSTHESIS, S	1/1/1994	NC	9	NO
1	L8603	INJECTABLE BULKING AGENT, COLLAG	1/1/1995	NC	9	NO
1	L8606	INJECTABLE BULKING AGENT, SYNTHE	1/1/2001	NC	9	NO
1	L8609	ARTIFICIAL CORNEA	1/1/2006	NC	9	NO
1	L8610	OCULAR IMPLANT	1/1/1994	NC	9	NO
1	L8612	AQUEOUS SHUNT	1/1/1994	NC	9	NO
1	L8613	OSSICULA IMPLANT	1/1/1994	NC	9	NO
1	L8614	COCHLEAR DEVICE/SYSTEM	4/1/2002	NC	9	NO
1	L8630	METACARPOPHALANGEAL JOINT IMPLAN	1/1/1994	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L8631	METACARPAL PHALANGEAL JOINT REPL	5/9/2005	NC	9	NO
1	L8641	METATARSAL JOINT IMPLANT	1/1/1994	NC	9	NO
1	L8642	HALLUX IMPLANT	1/1/1994	NC	9	NO
1	L8658	INTERPHALANGEAL JOINT IMPLANT	1/1/1994	NC	9	NO
1	L8659	INTERPHALANGEAL FINGER JOINT REP	5/9/2005	NC	9	NO
1	L8670	VASCULAR GRAFT MATERIAL, SYNTHET	1/1/1994	NC	9	NO
1	L8680	IMPLANTABLE NEUROSTIMULATOR ELEC	1/1/2006	NC	9	NO
1	L8681	PATIENT PROGRAMMER (EXTERNAL) FO	1/1/2006	NC	9	NO
1	L8682	IMPLANTABLE NEUROSTIMULATOR RADI	1/1/2006	NC	9	NO
1	L8683	RADIOFREQUENCY TRANSMITTER (EXTE	1/1/2006	NC	9	NO
1	L8684	RADIOFREQUENCY TRANSMITTER (EXT)	1/1/2006	NC	9	NO
1	L8685	IMPLANTABLE NEUROSTIMULATOR PULS	1/1/2006	NC	9	NO
1	L8686	IMPLANTABLE NEUROSTIMULATOR PULS	1/1/2006	NC	9	NO
1	L8687	IMPLANTABLE NEUROSTIMULATOR PULS	1/1/2006	NC	9	NO
1	L8688	IMPLANTABLE NEUROSTIMULATOR PULS	1/1/2006	NC	9	NO
1	L8689	EXTERNAL RECHARGING SYSTEM FO RI	1/1/2006	NC	9	NO
1	L8699	PROSTHETIC IMPLANT, NOS	1/1/2002	NC	9	NO
1	M0064	BREIF OFFICE VISIT FOR THE SOLE	10/1/2005	\$18.68	3	NO
1	M0075	CELLULAR THERAPY	1/1/1989	NC	9	NO
1	M0076	PROLOTHERAPY	1/1/1989	NC	9	NO
1	M0100	INTRAGASTRIC HYPOTHERMIA USING G	1/1/1994	NC	9	NO
1	M0300	IV CHELATION THERAPY (CHEMICAL E	2/1/1994	NC	9	NO
1	M0301	FABRIC WRAPPING OF ABDOMINAL ANE	1/1/1994	NC	9	NO
1	M0302	ASSESSMENT OF CARDIAC OUTPUT BY	4/1/2002	INVALID	N	NO
1	P9019	PLATELET CONCENTRATE EACH UNIT	10/1/2004	NC	9	NO
1	P9021	RED BLOOD CELLS, EACH UNIT	3/1/1987	NC	9	NO
1	P9612	CATHETERIZATION FOR COLLECTION O	11/1/2001	\$2.22	3	NO
1	Q0035	CARDIOKHYMOGRAPHY	1/1/1994	NC	9	NO
1	Q0081	INFUSION THERAPY, USING OTHER TH	9/1/2002	\$30.00	3	NO
1	Q0083	CHEMOTHERAPY ADMINISTRATION BY O	1/1/1999	\$30.00	3	NO
1	Q0084	CHEMOTHERAPY ADMINISTRATION BY I	1/1/1999	\$30.00	3	NO
1	Q0085	CHEMOTHERAPY ADMINISTRATION BY B	1/1/1999	\$30.00	3	NO
1	Q0086	PHYSICAL THERAPY EVALUATION/TREA	4/1/2004	INVALID	N	NO
1	Q0091	SCREENING PAP SMEAR; OBTAINING,	1/1/2005	NC	9	NO
1	Q0136	INJECTION, EPOETIN ALPHA, (FOR N	1/1/2006	INVALID	N	NO
1	Q0137	INJECTION, DARBEPOETIN ALFA, 1 M	1/1/2006	INVALID	N	NO
1	Q0144	AZITHROMYCIN DIHYDRATE, ORAL, CA	4/1/2002	NC	9	NO
1	Q0160	FACTOR IX (ANTHEMOPHILIC FACTOR	4/1/2002	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	Q0161	FACTOR IX (ANTIHEMOPHILIC FACTOR	4/1/2002	INVALID	N	NO
1	Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 5	1/31/2005	\$1.13	3	NO
1	Q0164	PROCHLORPERAZINE MALEATE, 5 MG,	#####	\$0.61	3	NO
1	Q0165	PROCHLORPERAZINE MALEATE, 10 MG,	#####	\$1.03	3	NO
1	Q0166	GRANISETRON HYDROCHLORIDE, 1 MG,	#####	\$49.40	3	NO
1	Q0167	DRONABINOL, 2.5 MG, ORAL, FDA AP	#####	\$5.51	3	NO
1	Q0168	DRONABINOL, 5 MG, ORAL, FDA APPR	#####	\$11.47	3	NO
1	Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5	11/1/2002	\$1.16	3	NO
1	Q0170	PROMETHAZINE HYDROCHLORIDE, 25 M	1/31/2005	\$7.22	3	NO
1	Q0171	CHLORPROMAZINE HYDROCHLORIDE, 10	2/13/2006	\$0.01	5	NO
1	Q0172	CHLORPROMAZINE HYDROCHLORIDE, 25	2/13/2006	\$0.01	5	NO
1	Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE,	#####	\$0.99	3	NO
1	Q0174	THIETHYLPERAZINE MALEATE, 10 MG,	1/30/2006	\$0.83	3	NO
1	Q0175	PERPHENZINE, 4 MG, ORAL, FDA AP	1/31/2005	\$0.62	3	NO
1	Q0176	PERPHENZINE, 8 MG, ORAL, FDA AP	1/31/2005	\$0.18	3	NO
1	Q0177	HYDROXYZINE PAMOATE, 25 MG, ORAL	9/1/2001	\$1.05	3	NO
1	Q0178	HYDROXYZINE PAMOATE, 50 MG, ORAL	12/1/2001	\$2.86	3	NO
1	Q0179	ONDANSETRON HYDRCHLORIDE, 8 MG,	1/23/2006	\$48.82	3	NO
1	Q0180	DOLASETRON MESYLATE, 100 MG, ORA	1/30/2006	\$93.05	3	NO
1	Q0181	UNSPECIFIED ORAL DOSAGE FORM, FD	6/13/2005	\$0.01	5	NO
1	Q0182	DERMAL AND EPIDERMAL, TISSUE OF	1/1/2005	INVALID	N	NO
1	Q0183	DERMAL TISSUE, OF HUMAN ORIGIN,	1/1/2005	INVALID	N	NO
1	Q0184	DERMAL TISSUE, OF HUMAN ORIGIN,	1/1/2003	INVALID	N	NO
1	Q0185	DERMAL AND EPIDERMAL TISSUE, OF	4/1/2002	INVALID	N	NO
1	Q0187	FACTOR VIIA (COAGULATION FACTOR,	1/1/2006	INVALID	N	NO
1	Q0480	DRIVER FOR USE WITH PNEUMATIC VE	1/1/2006	NC	9	NO
1	Q0481	MICROPROCESSOR CONTROL UNIT FOR	1/1/2006	NC	9	NO
1	Q0482	MICROPROCESSOR CONTROL UNIT FOR	1/1/2006	NC	9	NO
1	Q0483	MONITOR/DISPLAY MODULE FOR USE W	1/1/2006	NC	9	NO
1	Q0484	MONITOR/DISPLAY MODULE FOR USE W	1/1/2006	NC	9	NO
1	Q0485	MONITOR CONTROL CABLE FOR USE WI	1/1/2006	NC	9	NO
1	Q0486	MONITOR CONTROL CABLE FOR USE WI	1/1/2006	NC	9	NO
1	Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR	1/1/2006	NC	9	NO
1	Q0488	POWER PACK BASE FOR USE WITH ELE	1/1/2006	NC	9	NO
1	Q0489	POWER PACK BASE FOR USE WITH ELE	1/1/2006	NC	9	NO
1	Q0490	EMERGENCY POWER SOURCE FOR USE W	1/1/2006	NC	9	NO
1	Q0491	EMERGENCY POWER SOURCE FOR USE W	1/1/2006	NC	9	NO
1	Q0492	EMERGENCY POWER SUPPLY CABLE FOR	1/1/2006	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	Q0493	EMERGENCY POWER SUPPLY CABLE FOR	1/1/2006	NC	9	NO
1	Q0494	EMERGENCY HAND PUMP FOR USE WITH	1/1/2006	NC	9	NO
1	Q0495	BATTERY/POWER PACK CHARGER FOR U	1/1/2006	NC	9	NO
1	Q0496	BATTERY FOR USE WITH ELECTRIC OR	1/1/2006	NC	9	NO
1	Q0497	BATTERY CLIPS FOR USE WITH ELECT	1/1/2006	NC	9	NO
1	Q0498	HOLSTER FOR USE WITH ELECTRIC OR	1/1/2006	NC	9	NO
1	Q0499	BELT/VEST FOR USE WITH ELECTRIC	1/1/2006	NC	9	NO
1	Q0500	FILTERS FOR USE WITH ELECTRIC OR	1/1/2006	NC	9	NO
1	Q0501	SHOWER COVER FOR USE WITH ELECTR	1/1/2006	NC	9	NO
1	Q0502	MOBILITY CART FOR PNEUMATIC VENT	1/1/2006	NC	9	NO
1	Q0503	BATTERY FOR PNEUMATIC VENTRICULA	1/1/2006	NC	9	NO
1	Q0504	POWER ADAPTER FOR PNEUMATIC VENT	1/1/2006	NC	9	NO
1	Q0505	MISCELLANEOUS SUPPLY OR ACCESSOR	1/1/2006	NC	9	NO
1	Q0510	PHARMACY SUPPLY FEE FOR INITIAL	1/1/2006	NC	9	NO
1	Q0511	PHARMACY SUPPLY FEE FOR ORAL ANT	1/1/2006	NC	9	NO
1	Q0512	PHARMACY SUPPLY FEE FOR ORAL ANT	1/1/2006	NC	9	NO
1	Q0513	PHARMACY DISPENSING FEE FOR INHA	1/1/2006	NC	9	NO
1	Q0514	PHARMACY DISPENSING FEE FOR INHA	1/1/2006	NC	9	NO
1	Q0515	INJECTION, SERMORELIN ACETATE, 1	1/1/2006	\$0.01	5	NO
1	Q1001	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2006	INVALID	N	NO
1	Q1002	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2006	INVALID	N	NO
1	Q1003	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2000	NC	9	NO
1	Q1004	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2000	NC	9	NO
1	Q1005	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2000	NC	9	NO
1	Q2001	ORAL, CABERGOLINE, 0.5 MG	1/1/2006	INVALID	N	NO
1	Q2002	INJECTION, ELLIOTTS B SOLUTION,	1/1/2006	INVALID	N	NO
1	Q2003	INJECTION, APROTININ, 10,000 KIU	1/1/2006	INVALID	N	NO
1	Q2004	IRRIGATION SOLUTION FOR TREATMEN	1/31/2005	\$28.25	3	NO
1	Q2005	INJECTION, CORTICORELIN OVINE TR	1/1/2006	INVALID	N	NO
1	Q2006	INJECTION, DIGOXIN IMMUNE FAB (O	1/1/2006	INVALID	N	NO
1	Q2007	INJECTION, ETHANOLAMINE OLEATE,	1/1/2006	INVALID	N	NO
1	Q2008	INJECTION, FOMEPIZOLE, 15 MG	1/1/2006	INVALID	N	NO
1	Q2009	INJECTION, FOSPHENYTOIN, 50 MG	1/23/2006	\$12.95	3	NO
1	Q2010	INJECTION, GLATIRAMER ACETATE, P	4/1/2004	INVALID	N	NO
1	Q2011	INJECTION, HEMIN, PER 1 MG	1/1/2006	INVALID	N	NO
1	Q2012	INJECTION, PEGADEMASE BOVINE, 25	1/1/2006	INVALID	N	NO
1	Q2013	INJECTION, PENTASTARCH, 10% SOLU	1/1/2006	INVALID	N	NO
1	Q2014	INJECTION, SERMORELIN ACETATE, 0	1/1/2006	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	Q2015	INJECTION, SOMATREM, 5 MG	4/1/2002	INVALID	N	NO
1	Q2016	INJECTION, SOMATROPIN, 1 MG	4/1/2002	INVALID	N	NO
1	Q2017	INJECTION, TENIPOSIDE, 50 MG	1/31/2005	\$322.00	3	NO
1	Q2018	INJECTION, UROFOLLITROPIN, 75 IU	1/1/2006	INVALID	N	NO
1	Q2019	INJECTION, BASILIXIMAB, 20 MG	1/1/2006	INVALID	N	NO
1	Q2020	INJECTION, HISTRELIN ACETATE, 10	1/1/2006	INVALID	N	NO
1	Q2021	INJECTION, LEPIRUDIN, 50 MG	1/1/2006	INVALID	N	NO
1	Q2022	VON WILLEBRAND FACTOR COMPLEX, H	1/1/2006	INVALID	N	NO
1	Q3013	INJECITON, VERTEPORFIN, 15 MG	1/1/2002	NC	9	NO
1	Q3014	TELEHEALTH ORIGINATING SITE FACI	4/1/2005	\$20.00	3	NO
1	Q3021	INJECTION, HEPATITIS B VACCINE,	1/1/2003	INVALID	N	NO
1	Q3022	INJECTION, HEPATITIS B VACCINE,	1/1/2003	INVALID	N	NO
1	Q3023	INJECTION, HEPATITIS B VACCINE,	1/1/2003	INVALID	N	NO
1	Q3025	INJECTION, INTERFERON BETA-1A, 1	1/1/2003	\$89.69	3	NO
1	Q3026	INJECTION, INTERFERON BETA-1A, 1	1/1/2003	\$89.69	3	NO
1	Q3031	COLLAGEN SKIN TEST	1/1/2004	NC	9	NO
1	Q4001	CAST SUPPLIES, BODY CAST ADULT,	7/1/2001	\$34.78	3	NO
1	Q4002	CAST SUPPLIES, BODY CAST ADULT,	7/1/2001	\$131.44	3	NO
1	Q4003	CAST SUPPLIES, APPLICATION OF SH	7/1/2001	\$24.98	3	NO
1	Q4004	CAST SUPPLIES, APPLICATION OF SH	7/1/2001	\$86.48	3	NO
1	Q4005	CAST SUPPLIES, LONG ARM CAST, AD	7/1/2001	\$9.21	3	NO
1	Q4006	CAST SUPPLIES, LONG ARM CAST, AD	7/1/2001	\$20.76	3	NO
1	Q4007	CAST SUPPLIES, LONG ARM CAST, PE	7/1/2001	\$4.61	3	NO
1	Q4008	CAST SUPPLIES, LONG ARM CAST, PE	7/1/2001	\$10.38	3	NO
1	Q4009	CAST SUPPLIES, SHORT ARM CAST, A	7/1/2001	\$6.14	3	NO
1	Q4010	CAST SUPPLIES, SHORT ARM CAST, A	7/1/2001	\$13.84	3	NO
1	Q4011	CAST SUPPLIES, SHORT ARM CAST, P	7/1/2001	\$3.07	3	NO
1	Q4012	CAST SUPPLIES, SHORT ARM CAST, P	7/1/2001	\$6.92	3	NO
1	Q4013	CAST SUPPLIES, GUANTLET CAST (IN	7/1/2001	\$11.18	3	NO
1	Q4014	CAST SUPPLIES, GAUNTLET CAST (IN	7/1/2001	\$18.88	3	NO
1	Q4015	CAST SUPPLIES, GAUNTLET CAST (IN	7/1/2001	\$5.59	3	NO
1	Q4016	CAST SUPPLIES, GAUNTLET CAST (IN	7/1/2001	\$9.44	3	NO
1	Q4017	CAST SUPPLIES, LONG ARM SPLINT,	7/1/2001	\$6.47	3	NO
1	Q4018	CAST SUPPLIES, LONG ARM SPLINT,	7/1/2001	\$10.32	3	NO
1	Q4019	CAST SUPPLIES, LONG ARM SPLINT,	7/1/2001	\$3.24	3	NO
1	Q4020	CAST SUPPLIES, LONG ARM SPLINT,	7/1/2001	\$5.16	3	NO
1	Q4021	CAST SUPPLIES, SHORT ARM SPLINT,	7/1/2001	\$4.79	3	NO
1	Q4022	CAST SUPPLIES, SHORT ARM SPLINT,	7/1/2001	\$8.64	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	Q4023	CAST SUPPLIES, SHORT ARM SPLINT,	7/1/2001	\$2.40	3	NO
1	Q4024	CAST SUPPLIES, SHORT ARM SPLINT,	7/1/2001	\$4.32	3	NO
1	Q4025	CAST SUPPLIES, HIP SPICA (ONE OR	7/1/2001	\$26.86	3	NO
1	Q4026	CAST SUPPLIES, HIP SPICA (ONE OR	7/1/2001	\$83.85	3	NO
1	Q4027	CAST SUPPLIES, HIP SPICA (ONE OR	7/1/2001	\$13.43	3	NO
1	Q4028	CAST SUPPLIES, HIP SPICA (ONE OR	7/1/2001	\$41.93	3	NO
1	Q4029	CAST SUPPLIES, LONG LEG CAST, AD	7/1/2001	\$20.53	3	NO
1	Q4030	CAST SUPPLIES, LONG LEG CAST, AD	7/1/2001	\$54.05	3	NO
1	Q4031	CAST SUPPLIES, LONG LEG CAST, PE	7/1/2001	\$10.27	3	NO
1	Q4032	CAST SUPPLIES, LONG LEG CAST, PE	7/1/2001	\$27.03	3	NO
1	Q4033	CAST SUPPLIES, LONG LEG CYLINDER	7/1/2001	\$19.15	3	NO
1	Q4034	CAST SUPPLIES, LONG LEG CYLINDER	7/1/2001	\$47.65	3	NO
1	Q4035	CAST SUPPLIES, LONG LEG CYLINDER	7/1/2001	\$9.58	3	NO
1	Q4036	CAST SUPPLIES, LONG LEG CYLINDER	7/1/2001	\$23.83	3	NO
1	Q4037	CAST SUPPLIES, SHORT LEG CAST, A	7/1/2001	\$11.69	3	NO
1	Q4038	CAST SUPPLIES, SHORT LEG CAST, A	7/1/2001	\$29.27	3	NO
1	Q4039	CAST SUPPLIES, SHORT LEG CAST, P	7/1/2001	\$5.85	3	NO
1	Q4040	CAST SUPPLIES, SHORT LEG CAST, P	7/1/2001	\$14.64	3	NO
1	Q4041	CAST SUPPLIES, LONG LEG SPLINT,	7/1/2001	\$14.21	3	NO
1	Q4042	CAST SUPPLIES, LONG LEG SPLINT,	7/1/2001	\$24.25	3	NO
1	Q4043	CAST SUPPLIES, LONG LEG SPLINT,	7/1/2001	\$7.10	3	NO
1	Q4044	CAST SUPPLIES, LONG LEG SPLINT,	7/1/2001	\$12.13	3	NO
1	Q4045	CAST SUPPLIES, SHORT LEG SPLINT,	7/1/2001	\$8.25	3	NO
1	Q4046	CAST SUPPLIES, SHORT LEG SPLINT,	7/1/2001	\$13.27	3	NO
1	Q4047	CAST SUPPLIES, SHORT LEG SPLINT,	7/1/2001	\$4.12	3	NO
1	Q4048	CAST SUPPLIES, SHORT LEG SPLINT,	7/1/2001	\$6.64	3	NO
1	Q4049	FINGER SPLINT, STATIC	7/1/2001	\$1.50	3	NO
1	Q4050	CAST SUPPLIES, FOR UNLISTED TYPE	7/1/2001	\$50.00	3	NO
1	Q4051	SPLINT SUPPLIES, MISC (INC THERM	7/1/2001	\$50.00	3	NO
1	Q4053	INJECTION, PEGFILGRASTIM, 1 MG	4/1/2004	INVALID	N	NO
1	Q4054	INJECTION, DARBEPOETIN ALFA, 1 M	1/1/2006	INVALID	N	NO
1	Q4055	INJECTION, EPOETIN ALFA, 1000 UN	1/1/2006	INVALID	N	NO
1	Q4075	INJECTION, ACYCLOVIR, 5 MG	1/1/2006	INVALID	N	NO
1	Q4076	INJECTION, DOPAMINE HCL, 40 MG	1/1/2006	INVALID	N	NO
1	Q4077	INJECTION, TREPROSTINIL, 1 MG	1/1/2006	INVALID	N	NO
1	Q4079	INJECTION, NATALIZUMAB, PER 1 MG	4/1/2005	\$0.01	5	NO
1	Q4080	ILOPROST, INHALATION SOLUTION, A	3/1/2006	\$36.69	3	NO
1	Q9920	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	Q9921	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9922	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9923	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9924	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9925	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9926	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9927	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9928	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9929	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9930	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9931	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9932	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9933	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9934	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9935	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9936	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9937	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9938	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9939	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9940	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9941	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2006	INVALID	N	NO
1	Q9942	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2006	INVALID	N	NO
1	Q9943	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2006	INVALID	N	NO
1	Q9944	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2006	INVALID	N	NO
1	Q9945	LOW OSMOLAR CONTRAST MATERIAL, U	3/1/2006	\$0.41	3	NO
1	Q9946	LOW OSMOLAR CONTRAST MATERIAL, 1	3/1/2006	\$0.41	3	NO
1	Q9947	LOW OSMOLAR CONTRAST MATERIAL, 2	3/1/2006	\$0.48	3	NO
1	Q9948	LOW OSMOLAR CONTRAST MATERIAL, 2	3/1/2006	\$0.48	3	NO
1	Q9949	LOW OSMOLAR CONTRAST MATERIAL, 3	3/1/2006	\$0.53	3	NO
1	Q9950	LOW OSMOLAR CONTRAST MATERIAL, 3	3/1/2006	\$0.60	3	NO
1	Q9951	LOW OSMOLAR CONTRAST MATERIAL, 4	3/1/2006	\$0.60	3	NO
1	Q9952	INJECTION, GADOLINIUM-BASED MAGN	10/1/2005	NC	9	NO
1	Q9953	INJECTION, IRON-BASED MAGNETIC R	4/1/2005	\$0.01	5	NO
1	Q9954	ORAL MAGNETIC RESONANCE CONTRAST	4/1/2005	\$0.01	5	NO
1	Q9955	INJECTION, PERFLEXANE LIPID MICR	4/1/2005	\$0.01	5	NO
1	Q9956	INJECTION, OCTAFLUOROPROPANCE MI	4/1/2005	\$0.01	5	NO
1	Q9957	INJECTION, PERFLUTREN LIPID MICR	4/1/2005	\$0.01	5	NO
1	S0009	INJECTION, BUTORPHANOL TARTRATE,	4/1/2004	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S0012	BUTORPHANOL TARTRATE, NASAL SPRA	1/1/2000	NC	9	NO
1	S0014	TACRINE HYDROCHLORIDE, 10 MG	1/1/2000	NC	9	NO
1	S0016	INJECTION, AMIKACIN SULFATE, 500	1/1/2006	INVALID	N	NO
1	S0017	INJECTION, AMINOCAPROIC ACID, 5	2/13/2006	\$0.01	5	NO
1	S0020	INJECTION, BUPIVICAINE HYDROCHLO	1/30/2006	\$8.49	3	NO
1	S0021	INJECTION, CEFTOPERAZONE SODIUM,	1/1/2002	\$18.00	3	NO
1	S0023	INJECTION, CIMETIDINE HYDROCHLOR	2/14/2002	\$3.38	3	NO
1	S0024	INJECTION, CIPROFLOXACIN, 200 MG	4/1/2002	INVALID	N	NO
1	S0028	INJECTION, FAMOTIDINE, 20 MG	12/1/2002	\$6.81	3	NO
1	S0029	INJECTION, FLUCONAZOLE, 400 MG	4/1/2002	INVALID	N	NO
1	S0030	INJECTION, METRONIDAZOLE, 500 MG	12/1/2002	\$15.34	3	NO
1	S0032	INJECTION, NAFCILLIN SODIUM, 2 G	#####	\$20.11	3	NO
1	S0034	INJECTION, OFLOXACIN, 400 MG	2/14/2002	\$27.60	3	NO
1	S0039	INJECTION, SULFAMETHOXAZOLE AND	2/13/2006	\$0.01	5	NO
1	S0040	INJECTION, TICARCILLIN DISODIUM	1/23/2006	\$16.49	3	NO
1	S0071	INJECTION, ACYCLOVIR SODIUM, 50	1/1/2006	INVALID	N	NO
1	S0072	INJECTION, AMIKACIN SULFATE, 100	1/1/2006	INVALID	N	NO
1	S0073	INJECTION, AZTREONAM, 500 MG	1/23/2006	\$14.96	3	NO
1	S0074	INJECTION, CEFOTETAN DISODIUM, 5	7/11/2005	\$6.76	3	NO
1	S0077	INJECTION, CLINDAMYCIN PHOSPHATE	12/1/2002	\$8.56	3	NO
1	S0078	INJECTION, FOSPHENYTOIN SODIUM,	1/23/2006	\$116.54	3	NO
1	S0079	INJECTION, OCTREOTIDE ACETATE, 1	4/1/2004	INVALID	N	NO
1	S0080	INJECTION, PENTAMIDINE ISETHIONA	1/30/2006	\$47.20	3	NO
1	S0081	INJECTION, PIPERACILLIN SODIUM,	#####	\$25.58	3	NO
1	S0085	INJECTION, GATIFLOXACIN, 200 MG	7/1/2003	INVALID	N	NO
1	S0086	INJECTION, VERTEPORFIN, 15 MG	4/1/2002	INVALID	N	NO
1	S0087	INJECTION, ALEMTUZUMAB, 30 MG	7/1/2003	INVALID	N	NO
1	S0088	IMATINIB, 100 MG	1/30/2006	\$27.52	3	NO
1	S0090	SILDENAFIL CITRATE, 25 MG	1/1/2000	NC	9	NO
1	S0091	TEST, GRANISETRON HCL, 1 MG (FOR	1/30/2006	\$195.20	3	NO
1	S0092	INJECTION, HYDROMORPHONE HCL	1/30/2006	\$113.35	3	NO
1	S0093	INJECTION, MORPHINE SULFATE	7/1/2005	\$47.19	3	NO
1	S0096	INJECTION, ITRACONAZOLE, 200 MG	4/1/2002	INVALID	N	NO
1	S0104	ZIDOVUDINE, ORAL 100 MG	1/1/2003	NC	9	NO
1	S0106	BUPROPION HCL SUSTAINED RELEASE	1/1/2003	NC	9	NO
1	S0107	INJECTION, OMALIZUMAB, 25 MG	1/1/2006	INVALID	N	NO
1	S0108	MERCAPTOPYRINE, ORAL, 50 MG	1/1/2003	NC	9	NO
1	S0109	MTHADONE, ORAL, 5 MG	1/1/2005	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S0114	INJECTION, TREPROSTINIL SODIUM,	1/1/2006	INVALID	N	NO
1	S0115	BORTEZOMIB, 3.5 MG	1/1/2005	INVALID	N	NO
1	S0116	BEVACIZUMAB, 100 MG	7/1/2004	\$171.88	3	NO
1	S0117	TRETINOIN, TOPICAL, 5 GRAMS	1/1/2005	NC	9	NO
1	S0118	INJECTION, ZICONOTIDE, FOR INTRA	1/1/2006	INVALID	N	NO
1	S0122	INJECTION, MENOTROPINS, 75 IU (R	1/1/2003	NC	9	NO
1	S0124	INJECTION, UROFOLLITROPIN, PURIF	4/1/2004	INVALID	N	NO
1	S0126	INJECTION, FOLLITROPIN ALFA, 75	1/1/2003	NC	9	NO
1	S0128	INJECTION, FOLLITROPIN BETA, 75	1/1/2003	NC	9	NO
1	S0130	INJECTION, CHORIONIC GONADOTROPI	4/1/2004	INVALID	N	NO
1	S0132	INJECTION, GANIRELIX ACETATE, 25	1/1/2003	NC	9	NO
1	S0133	HISTRELIN, IMPLANT, 50 MG	7/1/2005	NC	9	NO
1	S0135	INJECTION, PEGFILGRASTIM, 6 MG	4/1/2004	INVALID	N	NO
1	S0136	CLOZAPINE, 25 MG (CLOZARIL)	4/1/2003	NC	9	NO
1	S0137	DIDANOSINE (DDI), 25 MG (VIDEX)	4/1/2003	NC	9	NO
1	S0138	FINASTERIDE, 5 MG	4/1/2003	NC	9	NO
1	S0139	MINOXIDIL, 10 MG	4/1/2003	NC	9	NO
1	S0140	SAQUINAVIR, 200 MG (FORTOVASE (O	4/1/2003	NC	9	NO
1	S0141	ZALCITABINE (DDC), 0.375 MG	4/1/2003	NC	9	NO
1	S0142	COLISTIMETHATE SODIUM, INHALATIO	1/1/2006	\$0.01	5	NO
1	S0143	AZTREONAM, INHALATION SOLUTION A	1/1/2006	\$0.01	5	NO
1	S0145	INJECTION, PEGYLATED INTERFERON	7/1/2005	NC	9	NO
1	S0146	INJECTION, PEGYLATED INTERFERON	7/1/2005	NC	9	NO
1	S0155	STERILE DILUTANT FOR EPOPROSTENO	1/30/2006	\$16.15	3	NO
1	S0156	EXEMESTANE, 25 MG	1/23/2006	\$9.29	3	NO
1	S0157	BECAPLERMIN GEL 0.01%, 0.5 GM	1/23/2006	\$20.34	3	NO
1	S0158	INJECTION, LARONIDASE, 0.58 MG (	1/1/2006	INVALID	N	NO
1	S0159	INJECTION, AGALSIDASE BETA, 35 M	1/1/2006	INVALID	N	NO
1	S0160	DEXTROAMPHETAMINE SULFATE, 5 MG	1/1/2005	NC	9	NO
1	S0161	CALCITROL, 0.25 MG	4/1/2004	NC	9	NO
1	S0162	INJECTION, EFALIZUMAB, 125 MG (R	1/23/2006	\$404.63	3	NO
1	S0163	INJECTION, RISPERIDONE, LONG ACT	1/1/2005	INVALID	N	NO
1	S0164	INJECTION, PANTOPRAZOLE SODIUM,	4/1/2004	\$30.00	3	NO
1	S0165	INJECTION, ABARELIX, 100 MG	1/1/2005	INVALID	N	NO
1	S0166	INJECTION, OLANZAPINE, 2.5 MG (Z	#####	\$6.10	3	NO
1	S0167	INJECTION, APOMORPHINE HYDROCHLO	1/1/2005	\$0.01	5	NO
1	S0168	INJECTION, AZACITIDINE, 100 MG (	1/1/2006	INVALID	N	NO
1	S0170	ANASTROZOLE, ORAL, 1 MG	2/7/2005	\$8.60	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S0171	INJECTION, BUMETANIDE, 0.5 MG	12/1/2002	\$1.69	3	NO
1	S0172	CHLORAMBUCIL, ORAL, 2 MG	1/23/2006	\$2.34	3	NO
1	S0173	DEXAMETHASONE, ORAL, 4 MG	1/1/2006	INVALID	N	NO
1	S0174	DOLASETRON MESYLATE, ORAL 50 MG	8/1/2002	\$57.52	3	NO
1	S0175	FLUTAMIDE, ORAL, 125 MG	2/7/2005	\$2.72	3	NO
1	S0176	HYDROXYUREA, ORAL, 500 MG (DROXI	3/25/2005	NC	9	NO
1	S0177	LEVAMISOLE HCL, ORAL, 50 MG	3/25/2005	NC	9	NO
1	S0178	LOMUSTINE, ORAL, 10 MG	2/7/2005	\$9.05	3	NO
1	S0179	MEGESTROL ACETATE, ORAL, 20 MG	3/25/2005	NC	9	NO
1	S0181	ONDANSETRON HCL, ORAL, 4 MG (FOR	1/23/2006	\$28.07	3	NO
1	S0182	PROCARBAZINE HCL, ORAL, 50 MG	#####	\$55.68	3	NO
1	S0183	PROCHLORPERAZINE MALEATE, ORAL,	8/1/2002	\$2.25	3	NO
1	S0187	TAMOXIFEN CITRATE, ORAL, 10 MG	2/7/2005	\$0.73	3	NO
1	S0189	TESTOSTERONE PELLETT, 75 MG	1/1/2002	\$0.01	5	NO
1	S0190	MIFEPRISTONE, ORAL, 200 MG	1/1/2002	\$90.00	3	NO
1	S0191	MISOPROSTOL, ORAL, 200 MCG	12/1/2002	\$1.20	3	NO
1	S0194	DIALYSIS/STRESS VITAMIN SUPPLEME	1/1/2005	NC	9	NO
1	S0195	PNEUMOCOCCAL CONJUGATE VACCINE,	1/1/2003	NC	9	NO
1	S0196	INJECTABLE POLY-L-LACTIC ACID, R	1/1/2005	NC	9	NO
1	S0197	PRENATAL VITAMINS, 30 DAY SUPPLY	1/1/2006	NC	9	NO
1	S0198	INJECTION, PEGAPTANIB SODIUM, 0.	7/1/2005	NC	9	NO
1	S0199	MEDICALLY INDUCED ABORTION BY OR	8/1/2002	\$164.50	3	NO
1	S0201	PARTIAL HOSPITALIZATION SERVICES	1/1/2003	NC	9	NO
1	S0207	PARAMEDIC INTERCEPT, NON-HOSPITA	1/1/2003	NC	9	NO
1	S0208	PARAMEDIC INTERCEPT, HOSPITAL-BA	1/1/2003	NC	9	NO
1	S0220	MEDICAL CONFERENCE BY A PHYSICIA	1/1/2001	NC	9	NO
1	S0221	MEDICAL CONFERENCE BY A PHYSICIA	1/1/2001	NC	9	NO
1	S0250	COMPREHENSIVE GERIATRIC ASSESSME	1/1/2003	NC	9	NO
1	S0255	HOSPICE REFERRAL VISIT PERFORMED	1/1/2003	NC	9	NO
1	S0257	COUNSELING AND DISCUSSION REGARD	1/1/2005	NC	9	NO
1	S0260	HISTORY AND PHYSICAL RELATED TO	1/1/2003	NC	9	NO
1	S0265	GENETIC COUNSELING, UNDER PHYSIC	1/1/2005	NC	9	NO
1	S0302	COMPLETED EARLY PERIODIC SCREENI	1/1/2003	NC	9	NO
1	S0310	HSPITALIST SERVICES	1/1/2003	NC	9	NO
1	S0315	DISEASE MANAGEMENT PROGRAM; INIT	1/1/2003	NC	9	NO
1	S0316	DISEASE MANAGEMENT PROGRAM; FOLL	1/1/2003	NC	9	NO
1	S0317	DISEASE MANAGEMENT PROGRAM; PER	1/1/2004	NC	9	NO
1	S0320	TELEPHONE CALLS BY A REGISTERED	1/1/2003	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S0340	LIFESTYLE MODIFICATION PROGRAM F	1/1/2003	NC	9	NO
1	S0341	LIFESTYLE MODIFICATION PROGRAM F	1/1/2003	NC	9	NO
1	S0342	LIFESTYLE MODIFICATION PROGRAM F	1/1/2003	NC	9	NO
1	S0390	ROUTINE FOOT CARE; REMOVAL AND/O	1/1/2003	NC	9	NO
1	S0395	IMPRESSION CASTING OF A FOOT PER	1/1/2003	NC	9	NO
1	S0400	GLOBAL FEE FOR EXTRACORPOREAL SH	1/1/2003	NC	9	NO
1	S0500	DISPOSABLE CONTACT LENS, PER LEN	1/1/2003	NC	9	NO
1	S0504	SINGLE VISION PRESCRIPTION LENS	1/1/2003	NC	9	NO
1	S0506	BIFOCAL VISION PRESCRIPTION LENS	1/1/2003	NC	9	NO
1	S0508	TRIFOCAL VISION PRESCRIPTION LEN	1/1/2003	NC	9	NO
1	S0510	NON-PRESCRIPTION LENS (SAFETY, A	1/1/2003	NC	9	NO
1	S0512	DAILY WEAR SPECIALTY CONTACT LEN	1/1/2003	NC	9	NO
1	S0514	COLOR CONTACT LENS, PER LENS	1/1/2003	NC	9	NO
1	S0515	SCLERAL LENS, LIQUID BANDAGE DEV	1/1/2005	NC	9	NO
1	S0516	SAFETY EYEGLASS FRAMES	1/1/2003	NC	9	NO
1	S0518	SUNGLASSES FRAMES	1/1/2003	NC	9	NO
1	S0580	POLYCARBONATE LENS	1/1/2003	NC	9	NO
1	S0581	NONSTANDARD LENS	1/1/2003	NC	9	NO
1	S0590	INTEGRAL LENS SERVICE, MISCELLAN	1/1/2003	NC	9	NO
1	S0592	COMPREHENSIVE CONTACT LENS EVALU	1/1/2003	NC	9	NO
1	S0601	SCREENING PROCTOSCOPY	1/1/2000	NC	9	NO
1	S0605	DIGITAL RECTAL EXAMINATION, ANNU	1/1/2000	NC	9	NO
1	S0610	ANNUAL GYNECOLOGICAL EXAMINATION	1/1/2000	NC	9	NO
1	S0612	ANNUAL GYNECOLOGICAL EXAMINATION	1/1/2000	NC	9	NO
1	S0613	ANNUAL GYNECOLOGICAL EXAMINATION	1/1/2005	NC	9	NO
1	S0618	AUDIOMETRY FOR HEARING AID EVALU	1/1/2005	NC	9	NO
1	S0620	ROUTINE OPHTHALMOLOGICAL EXAMINA	10/1/2003	\$0.01	1	NO
1	S0621	ROUTINE OPHTHALMOLOGICAL EXAMINA	10/1/2003	\$0.01	1	NO
1	S0622	PHYSICAL EXAM FOR COLLEGE, NEW O	1/1/2003	NC	9	NO
1	S0625	RETINAL TELESCREENING BY DIGITAL	1/1/2006	NC	9	NO
1	S0630	REMOVAL OF SUTURES BY A PHYSICIA	1/1/2003	NC	9	NO
1	S0800	LASER IN SITU KERATOMILEUSIS (LA	1/1/2000	NC	9	NO
1	S0810	PHOTOREFRACTIVE KERATECTOMY (PRK	1/1/2000	NC	9	NO
1	S0812	PHOTOTHERAPEUTIC KERATECTOMY (PT	1/1/2003	NC	9	NO
1	S0820	COMPUTERIZED CORNEAL TOPOGRAPHY,	8/1/2004	\$39.30	3	NO
1	S0830	ULTRASOUND PACHYMETRY TO DETERMI	1/1/2005	INVALID	N	NO
1	S1001	DELUXE ITEM, PATIENT AWARE	1/1/2003	NC	9	NO
1	S1002	CUSTOMIZED ITEM	1/1/2003	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S1015	IV TUBING EXTENSION SET	1/1/2003	NC	9	NO
1	S1025	INHALED NITRIC OXIDE FOR THE TRE	1/1/2003	NC	9	NO
1	S1030	CONTINUOUS NONINVASIVE GLUCOSE M	1/1/2003	NC	9	NO
1	S1031	CONTINUOUS NONINVASIVE GLUCOSE M	1/1/2003	NC	9	NO
1	S2052	TRANSPLANTATION OF SMALL INTESTI	4/1/2002	INVALID	N	NO
1	S2053	TRANSPLANTATION OF SMALL INTESTI	10/1/2005	\$0.01	5	YES
1	S2054	TRANSPLANTATION OF MULTIVISCERAL	1/1/2000	NC	9	NO
1	S2055	HARVESTING OF DONOR MULTIVISCERA	1/1/2000	NC	9	NO
1	S2060	LOBAR LUNG TRANSPLANTATION	1/1/2003	NC	9	NO
1	S2061	DONOR LOBECTOMY (LUNG) FOR TRANS	1/1/2003	NC	9	NO
1	S2065	SIMULTANEOUS PANCREAS KIDNEY TRA	10/1/2005	\$0.01	5	YES
1	S2070	CYSTOURETHROSCOPY, WITH URETEROS	1/1/2004	NC	9	NO
1	S2075	LAPAROSCOPY, SURGICAL; REPAIR IN	4/1/2006	\$0.01	5	NO
1	S2076	LAPAROSCOPY, SURGICAL; REPAIR UM	4/1/2006	\$0.01	5	NO
1	S2077	LAPAROSCOPY, SURGICAL; IMPLANT O	4/1/2006	\$0.01	5	NO
1	S2078	LAPAROSCOPIC SUPRACERVICAL HYTE	4/1/2006	\$0.01	5	NO
1	S2079	LAPAROSCOPIC ESOPHAGOMYOTOMY (HE	4/1/2006	\$0.01	5	NO
1	S2080	LASER-ASSISTED UVULOPALATOPLASTY	4/1/2006	\$0.01	5	NO
1	S2082	LAPAROSCOPY, SURGICAL; GASTRIC R	1/1/2006	INVALID	N	NO
1	S2083	ADJUSTMENT OF GASTRIC BAND DIAME	1/1/2005	NC	9	NO
1	S2085	LAPAROSCOPY, GASTRIC RESTRICTIVE	1/1/2005	INVALID	N	NO
1	S2090	ABLATION, OPEN, ONE OR MORE RENA	1/1/2006	INVALID	N	NO
1	S2091	ABLATION, PERCUTANEOUS, ONE OR M	1/1/2006	INVALID	N	NO
1	S2095	TRANSCATHETER OCCLUSION OR EMBOL	1/1/2004	NC	9	NO
1	S2102	ISLET CELL TISSUE TRANSPLANT FRO	1/1/2003	NC	9	NO
1	S2103	ADRENAL TISSUE TRANSPLANT TO BRA	1/1/2003	NC	9	NO
1	S2107	ADOPTIVE IMMUNOTHERAPY IE, DEVEL	1/1/2003	NC	9	NO
1	S2112	ARTHROSCOPY, KNEE, SURGICAL FOR	1/1/2003	NC	9	NO
1	S2113	ARTHROSCOPY, KNEE, SURGICAL FOR	1/1/2005	INVALID	N	NO
1	S2114	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2006	NC	9	NO
1	S2115	OSTEOTOMY, PERIACETABULAR, WITH	1/1/2003	NC	9	NO
1	S2117	ARTHROEREISIS, SUBTALAR	4/1/2006	\$0.01	5	NO
1	S2120	LOW DENSITY LIPOPROTEIN (LDL) AP	1/1/2003	NC	9	NO
1	S2130	ENDOLUMINAL RADIOFREQUENCY ABLAT	1/1/2005	INVALID	N	NO
1	S2135	NEUROLYSIS, BY INJECTION, OF MET	1/1/2004	NC	9	NO
1	S2140	CORD BLOOD HARVESTING FOR TRANSP	1/1/2003	NC	9	NO
1	S2142	CORD BLOOD-DERIVED STEM-CELL TRA	10/1/2005	\$0.01	5	YES
1	S2150	BONE MARROW OR BLOOD-DERIVED PER	10/1/2005	\$0.01	5	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S2152	SOLID ORGAN(S), COMPLETE OR SEGM	1/1/2005	NC	9	NO
1	S2202	ECHOSCLEROTHERAPY	1/1/2003	NC	9	NO
1	S2205	MINIMALLY INVASIVE DIRECT CORONA	1/1/2000	NC	9	NO
1	S2206	MINIMALLY INVASIVE DIRECT CORONA	1/1/2000	NC	9	NO
1	S2207	MINIMALLY INVASIVE DIRECT CORONA	1/1/2000	NC	9	NO
1	S2208	MINIMALLY INVASIVE DIRECT CORONA	1/1/2000	NC	9	NO
1	S2209	MINIMALLY INVASIVE DIRECT CORONA	1/1/2000	NC	9	NO
1	S2210	CRYOSURGICAL ABLATION (IN SITU D	4/1/2002	INVALID	N	NO
1	S2211	TRANSCATHETER PLACEMENT OF INTRA	1/1/2005	INVALID	N	NO
1	S2213	IMPLANTATION OF GASTRIC ELECTRIC	1/1/2004	NC	9	NO
1	S2215	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2006	INVALID	N	NO
1	S2225	MYRINGOTOMY, LASER-ASSISTED	1/1/2004	NC	9	NO
1	S2230	IMPLANTATION OF MAGNETIC COMPONE	1/1/2004	NC	9	NO
1	S2235	IMPLANTATION OF AUDITORY BRAIN S	1/1/2004	NC	9	NO
1	S2250	UTERINE ARTERY EMBOLIZATION FOR	1/1/2003	NC	9	NO
1	S2260	INDUCED ABORTION, 17 TO 24 WEEKS	1/1/2003	NC	9	NO
1	S2262	ABORTION FOR MATERNAL INDICATION	1/1/2003	NC	9	NO
1	S2265	ABORTION FOR FETAL INDICATION, 2	1/1/2003	NC	9	NO
1	S2266	ABORTION FOR FETAL INDICATION, 2	1/1/2003	NC	9	NO
1	S2267	ABORTION FOR FETAL INDICATION, 3	1/1/2003	NC	9	NO
1	S2300	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2000	NC	9	NO
1	S2340	CHEMODENERVATION OF ABDUCTOR MUS	1/1/2003	NC	9	NO
1	S2341	CHEMODENERVATION OF ADDUCTOR MUS	1/1/2003	NC	9	NO
1	S2348	DECOMPRESSION PROCEDURE, PERCUTA	1/1/2005	NC	9	NO
1	S2350	DISKECTOMY, ANTERIOR, WITH DEOMP	10/1/2005	\$0.01	5	YES
1	S2351	DISKECTOMY, ANTERIOR, WITH DECOM	10/1/2005	\$0.01	5	YES
1	S2360	PERCUTANEOUS VERTEBROPLASTY, ONE	1/1/2003	NC	9	NO
1	S2361	EACH ADDITIONAL CERVICAL VERTEBR	1/1/2003	NC	9	NO
1	S2362	KYPHOPLASTY, ONE VERTEBRAL BODY,	1/1/2004	NC	9	NO
1	S2363	KYPHOPLASTY, ONE VERTEBRAL BODY,	1/1/2004	NC	9	NO
1	S2370	INTRADISCAL ELECTROTHERMAL THERA	7/1/2005	INVALID	N	NO
1	S2371	EACH ADDITIONAL INTERSPACE	7/1/2005	INVALID	N	NO
1	S2400	REPAIR, CONGENITAL DIAPHRAGMATIC	1/1/2003	NC	9	NO
1	S2401	REPAIR, URINARY TRACT OBSTRUCTION	1/1/2003	NC	9	NO
1	S2402	REPAIR, CONGENITAL CYSTIC ADENOM	1/1/2003	NC	9	NO
1	S2403	REPAIR, EXTRALOBAR PULMONARY SEQ	1/1/2003	NC	9	NO
1	S2404	REPAIR, MYELOMENINGOCELE IN THE	1/1/2003	NC	9	NO
1	S2405	REPAIR OF SACROCOCCYGEAL TERATOM	1/1/2003	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S2409	REPAIR, CONGENITAL MALFORMATION	1/1/2003	NC	9	NO
1	S2411	FETOSCOPIC LASER THERAPY FOR TRE	1/1/2003	NC	9	NO
1	S2900	SURGICAL TECHNIQUES REQUIRING US	1/1/2005	NC	9	NO
1	S3000	DIABETIC INDICATOR; RETINAL EYE	1/1/2004	NC	9	NO
1	S3005	PERFORMANCE MEASUREMENT, EVALUAT	1/1/2006	\$0.01	T	NO
1	S3600	STAT LABORATORY REQUEST (SITUATI	1/1/2003	NC	9	NO
1	S3601	EMERGENCY STAT LABORATORY CHARGE	1/1/2003	NC	9	NO
1	S3645	HIV-1 ANTIBODY TESTING OF ORAL M	1/1/2000	NC	9	NO
1	S3650	SALIVA TEST, HORMONE LEVEL; DUR	1/1/2000	NC	9	NO
1	S3652	SALIVA TEST, HORMONE LEVEL; TO A	1/1/2000	NC	9	NO
1	S3655	ANTISPERM ANTIBODIES TEST (IMMUN	1/1/2003	NC	9	NO
1	S3701	IMMUNOASSAY FOR NUCLEAR MATRIX P	1/1/2003	NC	9	NO
1	S3708	GASTROINTESTINAL FAT ABSORPTION	1/1/2003	NC	9	NO
1	S3818	COMPLETE GENE SEQUENCE ANALYSIS;	1/1/2003	NC	9	NO
1	S3819	COMPLETE GENE SEQUENCE ANALYSIS;	1/1/2003	NC	9	NO
1	S3820	COMPLETE BRCA1 AND BRCA2 GENE SE	1/1/2004	NC	9	NO
1	S3822	SINGLE MUTATION ANALYSIS FOR SUS	1/1/2004	NC	9	NO
1	S3823	THREE-MUTATION BRCA1 AND BRCA2 A	1/1/2004	NC	9	NO
1	S3828	COMPLETE GENE SEQUENCE ANALYSIS;	1/1/2004	NC	9	NO
1	S3829	COMPLETE GENE SEQUENCE ANALYSIS;	1/1/2004	NC	9	NO
1	S3830	COMPLETE MLH1 AND MLH2 GENE SEQU	1/1/2003	NC	9	NO
1	S3831	SINGLE-MUTATION ANALYSIS FOR HER	1/1/2003	NC	9	NO
1	S3833	COMPLETE APC GENE SEQUENCE ANALY	1/1/2004	NC	9	NO
1	S3834	SINGLE-MUTATION ANALYSIS FOR SUS	1/1/2004	NC	9	NO
1	S3835	COMPLETE GENE SEQUENCE ANALYSIS	1/1/2003	NC	9	NO
1	S3837	COMPLETE GENE SEQUENCE ANALYSIS	1/1/2003	NC	9	NO
1	S3840	DNA ANALYSIS FOR GERMLINE MUTATI	1/1/2004	NC	9	NO
1	S3841	GENETIC TESTING FOR RETINOBLASTO	1/1/2004	NC	9	NO
1	S3842	GENETIC TESTING FOR VON HIPPEL-L	1/1/2004	NC	9	NO
1	S3843	DNA ANALYSIS OF THE F5 GENE FOR	1/1/2004	NC	9	NO
1	S3844	DNA ANALYSIS OF THE CONNEXIN 26	1/1/2004	NC	9	NO
1	S3845	GENETIC TESTING FOR ALPHA-THALAS	1/1/2004	NC	9	NO
1	S3846	GENETIC TESTING FOR HEMOGLOBIN E	1/1/2004	NC	9	NO
1	S3847	GENETIC TESTING FOR TAY-SACHS DI	1/1/2004	NC	9	NO
1	S3848	GENETIC TESTING FOR GAUCHER DISE	1/1/2004	NC	9	NO
1	S3849	GENETIC TESTING FOR NIEMANN-PICK	1/1/2004	NC	9	NO
1	S3850	GENETIC TESTING FOR SICKLE CELL	1/1/2004	NC	9	NO
1	S3851	GENETIC TESTING FOR CANAVAN DISE	1/1/2004	NC	9	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S3852	DNA ANALYSIS FOR APOE EPILSON 4	1/1/2004	NC	9	NO
1	S3853	GENETIC TESTING FOR MYOTONIC MUS	1/1/2004	NC	9	NO
1	S3854	GENE EXPRESSION PROFILING PANEL	1/1/2006	NC	9	NO
1	S3890	DNA ANALYSIS, FECAL, FOR COLOREC	1/1/2005	NC	9	NO
1	S3900	SURFACE ELECTROMYOGRAPHY (EMG)	1/1/2003	NC	9	NO
1	S3902	BALLISTOCARDIOGRAM	1/1/2001	NC	9	NO
1	S3904	MASTERS TWO STEP	1/1/2001	NC	9	NO
1	S3906	TRANSFUSION, DIRECT, BLOOD OR BL	4/1/2002	INVALID	N	NO
1	S4011	IN VITRO FERTILIZATION; INCLUDIN	1/1/2003	NC	9	NO
1	S4013	COMPLETE CYCLE, GAMETE INTRAFALL	1/1/2003	NC	9	NO
1	S4014	COMPLETE CYCLE, ZYGOTE INTRAFALL	1/1/2003	NC	9	NO
1	S4015	COMPLETE IN VITRO FERTILIZATION	1/1/2003	NC	9	NO
1	S4016	FROZEN IN VITRO FERTILIZATION CY	1/1/2003	NC	9	NO
1	S4017	INCOMPLETE CYCLE, TREATMENT CANC	1/1/2003	NC	9	NO
1	S4018	FROZEN EMBRYO TRANSFER PROCEDURE	1/1/2003	NC	9	NO
1	S4020	IN VITRO FERTILIZATION PROCEDURE	1/1/2003	NC	9	NO
1	S4021	IN VITRO FERTILIZATION PROCEDURE	1/1/2003	NC	9	NO
1	S4022	ASSISTED OOCYTE FERTILIZATION, C	1/1/2003	NC	9	NO
1	S4023	DONOR EGG CYCLE, INCOMPLETE, CAS	1/1/2003	NC	9	NO
1	S4025	DONOR SERVICES FOR IN VITRO FERT	1/1/2003	NC	9	NO
1	S4026	PROCUREMENT OF DONOR SPERM FROM	1/1/2003	NC	9	NO
1	S4027	STORAGE OF PREVIOUSLY FROZEN EMB	1/1/2003	NC	9	NO
1	S4028	MICROSURGICAL EPIDIDYMAL SPERM A	1/1/2003	NC	9	NO
1	S4030	SPERM PROCUREMENT AND CRYOPRESER	1/1/2003	NC	9	NO
1	S4031	SPERM PROCUREMENT AND CRYOPRESER	1/1/2003	NC	9	NO
1	S4035	STIMULATED INTRAUTERINE INSEMINA	1/1/2003	NC	9	NO
1	S4036	INTRAVAGINAL CULTURE (IVC), CASE	1/1/2003	NC	9	NO
1	S4037	CRYOPRESERVED EMBRYO TRANSFER, C	1/1/2003	NC	9	NO
1	S4040	MONITORING AND STORAGE FO CRYOPR	1/1/2003	NC	9	NO
1	S4042	MANAGEMENT OF OVULATION INDUCTIO	1/1/2005	NC	9	NO
1	S4989	CONTRACEPTIVE INTRAUTERINE DEVIC	4/1/2002	\$299.00	3	NO
1	S4990	NICOTINE PATCHES, LEGEND	1/1/2003	NC	9	NO
1	S4991	NICOTINE PATCHES, NON-LEGEND	1/1/2003	NC	9	NO
1	S4993	CONTRACEPTIVE PILLS FOR BIRTH CO	9/1/2005	\$19.44	3	NO
1	S4995	SMOKING CESSATION GUM	1/1/2003	NC	9	NO
1	S5000	PRESCRIPTION DRUG, GENERIC	1/1/2003	\$0.01	P	NO
1	S5001	PRESCRIPTION DRUG, BRAND NAME	1/1/2003	\$0.01	P	NO
1	S5002	FAT EMULSION 10% IN 250 ML, WITH	4/1/2002	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S5003	FAT EMULSION 20% IN 250 ML, WITH	4/1/2002	INVALID	N	NO
1	S5010	5% DEXTROSE AND 45% NORMAL SALIN	1/1/2003	NC	9	NO
1	S5011	5% DEXTROSE IN LACTATED RINGER'S	8/1/2004	\$14.35	3	NO
1	S5012	5% DEXTROSE WITH POTASSIUM CHLOR	1/1/2003	NC	9	NO
1	S5013	5% DEXTROSE/45% NORMAL SALINE WI	1/1/2003	NC	9	NO
1	S5014	5% DEXTROSE/0.45% NORMAL SALINE	1/1/2003	NC	9	NO
1	S5100	DAY CARE SERVICES, ADULT; PER 15	1/1/2003	NC	9	NO
1	S5101	DAY CARE SERVICES, ADULT; PER HA	1/1/2003	NC	9	NO
1	S5102	DAY CARE SERVICES, ADULT; PER DI	1/1/2003	NC	9	NO
1	S5105	DAY CARE SERVICES, CENTER-BASED;	1/1/2003	NC	9	NO
1	S5108	HOME CARE TRAINING TO HOME CARE	1/1/2004	NC	9	NO
1	S5109	HOME CARE TRAINING TO HOME CARE	1/1/2004	NC	9	NO
1	S5110	HOME CARE TRAINING, FAMILY; PER	1/1/2003	NC	9	NO
1	S5111	HOME CARE TRAINING, FAMILY; PER	1/1/2003	NC	9	NO
1	S5116	HOME CARE TRAINING, FAMILY; PER	1/1/2003	NC	9	NO
1	S5120	CHORE SERVICES; PER 15 MINUTES	1/1/2003	NC	9	NO
1	S5121	HOME CARE TRAINING, FAMILY; PER	1/1/2003	NC	9	NO
1	S5125	ATTENDANT CARE SERVICES; PER 15	1/1/2006	NC	9	NO
1	S5126	ATTENDANT CARE SERVICES; PER DIE	1/1/2003	NC	9	NO
1	S5130	HOMEMAKER SERVICE, NOS; PER 15 M	1/1/2003	NC	9	NO
1	S5131	HOMEMAKER SERVICE, NOS; PER DIEM	1/1/2003	NC	9	NO
1	S5135	COMPANION CARE, ADULT (EG, IADL/	1/1/2003	NC	9	NO
1	S5136	COMPANION CARE, ADULT (EG, IADL/	1/1/2003	NC	9	NO
1	S5140	FOSTER CARE, ADULT; PER DIEM	1/1/2003	NC	9	NO
1	S5141	FOSTER CARE, ADULT; PER MONTH	1/1/2003	NC	9	NO
1	S5150	UNSKILLED RESPITE CARE, NOT HOSP	1/1/2003	NC	9	NO
1	S5165	HOME MODIFICATIONS; PER SERVICE	1/1/2003	NC	9	NO
1	S5170	HOME DELIVERED MEALS, INCLUDING	1/1/2003	NC	9	NO
1	S5175	LAUNDRY SERVICE, EXTERNAL, PROFE	1/1/2003	NC	9	NO
1	S5180	HOME HEALTH RESPIRATORY THERAPY,	1/1/2003	NC	9	NO
1	S5181	HOME HEALTH RESPIRATORY THERAPY,	1/1/2003	NC	9	NO
1	S5185	MEDICATION REMINDER SERVICES, NO	1/1/2003	NC	9	NO
1	S5190	WELLNESS ASSESSMENT, PERFORMED B	1/1/2003	NC	9	NO
1	S5199	PERSONAL CARE ITEM, NOS, EACH	1/1/2003	NC	9	NO
1	S5502	HOME INFUSION THERAPY, CATHETER	1/1/2003	NC	9	NO
1	S5517	HOME INFUSION THERAPY, ALL SUPPL	1/1/2003	NC	9	NO
1	S5518	HOME INFUSION THERAPY, ALL SUPPL	1/1/2003	NC	9	NO
1	S5522	HOME INFUSION THERAPY, INSERTION	1/1/2003	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S5523	HOME INFUSION THERAPY, INSERTION	1/1/2003	NC	9	NO
1	S5550	INSULIN, RAPID ONSET, 5 UNITS	1/1/2004	NC	9	NO
1	S5551	INSULIN, MOST RAPID ONSET (LISPR	1/1/2004	NC	9	NO
1	S5552	INSULIN, INTERMEDIATE ACTING (NP	1/1/2004	NC	9	NO
1	S5553	INSULIN, LONG ACTING; 5 UNITS	1/1/2004	NC	9	NO
1	S5560	INSULIN DELIVERY DEVICE, REUSABL	1/1/2004	NC	9	NO
1	S5561	INSULIN DELIVERY DEVICE, REUSABL	1/1/2004	NC	9	NO
1	S5565	INSULIN CARTRIDGE FOR USE IN INS	1/1/2004	NC	9	NO
1	S5566	INSULIN CARTRIDGE FO RUSE IN INS	1/1/2004	NC	9	NO
1	S5570	INSULIN DELIVERY DEVICE, DISPOSA	1/1/2004	NC	9	NO
1	S5571	INSULIN DELIVERY DEVICE, DISPOSA	1/1/2004	NC	9	NO
1	S8004	RADIOIMMUNOPHARMACEUTICAL LOCALI	1/1/2006	INVALID	N	NO
1	S8030	SCLERAL APPLICATION OF TANTALUM	1/1/2003	NC	9	NO
1	S8035	MAGNETIC SOURCE IMAGING	1/1/2000	NC	9	NO
1	S8040	TOPOGRAPHIC BRAIN MAPPING	1/1/2000	NC	9	NO
1	S8049	INTRAOPERATIVE RADIATION THERAPY	1/1/2000	NC	9	NO
1	S8080	SCINTIMAMMOGRAPHY, UNILATERAL,IN	1/1/2005	NC	9	NO
1	S8085	FLUORINE-18 FLUORODEOXYGLUCOSE I	1/1/2005	NC	9	NO
1	S8092	ELECTRON BEAM COMPUTED TOMOGRAPH	1/1/2000	NC	9	NO
1	S8093	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2005	NC	9	NO
1	S8095	WIG (FOR MEDICALLY-INDUCED OR CO	1/1/2006	INVALID	N	NO
1	S8096	PORTABLE PEAK FLOW METER	1/1/2000	NC	9	NO
1	S8110	PEAK EXPIRATORY FLOW RATE (PHYSI	1/1/2000	NC	9	NO
1	S8200	CHEST COMPRESSION VEST	7/1/2003	INVALID	N	NO
1	S8205	CHEST COMPRESSION SYSTEM GENERAT	7/1/2003	INVALID	N	NO
1	S8260	ORAL ORTHOTIC FOR TREATMENT OF S	1/1/2000	NC	9	NO
1	S8262	MANDIBULAR ORTHOPEDIC RESPOSITIO	1/1/2003	NC	9	NO
1	S8270	ENURESIS ALARM, USING AUDITORY B	1/1/2005	NC	9	NO
1	S8301	INFECTION CONTROL SUPPLIES, NOT	1/1/2005	NC	9	NO
1	S8415	SUPPLIES FOR HOME DELIVERY OF IN	10/1/2002	\$221.30	3	NO
1	S8940	EQUESTRIAN/HIPPOTHERAPY, PER SES	1/1/2005	NC	9	NO
1	S8945	PHYSICAL MEDICINE TREATMENT (CON	4/1/2004	INVALID	N	NO
1	S8950	COMPLEX LYMPHEDEMA THERAPY, EACH	10/1/2004	NC	9	NO
1	S9007	ULTRAFILTRATION MONITOR	1/1/2003	NC	9	NO
1	S9015	AUTOMATED EEG MONITORING	1/1/2001	NC	9	NO
1	S9022	DIGITAL SUBTRACTION ANGIOGRAPHY	1/1/2000	NC	9	NO
1	S9023	XENON REGIONAL CEREBRAL BLOOD FL	4/1/2002	INVALID	N	NO
1	S9024	PARANASAL SINUS ULTRASOUND	1/1/2000	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S9025	OMNICARDIOGRAM/CARDIOINTEGRAM	1/1/2001	NC	9	NO
1	S9034	EXTRACORPOREAL SHOCKWAVE LITHOTR	1/1/2003	NC	9	NO
1	S9055	PROCUREN OR OTHER GROWTH FACTOR	1/1/2000	NC	9	NO
1	S9056	OMA STIMULATION PER DIEM	1/1/2000	NC	9	NO
1	S9061	HOME ADMINISTRATION OF AEROSOLIZ	1/1/2005	NC	9	NO
1	S9075	SMOKING CESSATION TREATMENT	4/1/2001	\$10.00	1	NO
1	S9083	GLOBAL FEE URGENT CARE CENTERS	1/1/2005	NC	9	NO
1	S9085	MENISCAL ALLOGRAFT TRANSPLANTATI	4/1/2002	INVALID	N	NO
1	S9088	SERVICES PROVIDED IN AN URGENT C	1/1/2001	NC	9	NO
1	S9090	VERTEBRAL AXIAL DECOMPRESSION, P	1/1/2000	NC	9	NO
1	S9097	HOME VISIT FOR WOUND CARE	1/1/2005	NC	9	NO
1	S9098	HOME VISIT, PHOTOTHERAPY SERVICE	1/1/2005	NC	9	NO
1	S9109	CONGESTIVE HEART FAILURE TELEMON	1/1/2003	NC	9	NO
1	S9117	BACK SCHOOL, PER VISIT	1/1/2003	NC	9	NO
1	S9122	HOME HEALTH AIDE OR CERTIFIED NU	1/1/2000	NC	9	NO
1	S9126	HOSPICE CARE, IN THE HOME, PER D	1/1/2000	NC	9	NO
1	S9127	SOCIAL WORK VISIT, IN THE HOME,	1/1/2000	NC	9	NO
1	S9128	SPEECH THERAPY, IN THE HOME, PER	1/1/2000	NC	9	NO
1	S9129	OCCUPATIONAL THERAPY, IN THE HOM	1/1/2000	NC	9	NO
1	S9140	DIABETIC MANAGEMENT PROGRAM, FOL	1/1/2000	NC	9	NO
1	S9141	DIABETIC MANAGEMENT PROGRAM, FOL	1/1/2000	NC	9	NO
1	S9145	INSULIN PUMP INITIATION, INSTRUC	1/1/2003	NC	9	NO
1	S9150	EVALUATION BY OCULARIST	1/1/2003	NC	9	NO
1	S9208	HOME MANAGEMENT OF PRETERM LABOR	1/1/2003	NC	9	NO
1	S9209	HOME MANAGEMENT OF PRETERM PREMA	1/1/2003	NC	9	NO
1	S9211	HOME MANAGEMENT OF GESTATIONAL H	1/1/2003	NC	9	NO
1	S9212	HOME MANAGEMENT OF POSTPARTUM HY	1/1/2003	NC	9	NO
1	S9213	HOME MANAGEMENT OF PREECLAMPSIA,	1/1/2003	NC	9	NO
1	S9214	HOME MANAGEMENT OF GESTATIONAL D	1/1/2003	NC	9	NO
1	S9338	HOME INFUSION THERAPY, UMMUNOTHE	1/1/2003	NC	9	NO
1	S9339	HOME THERAPY; PERITONEAL DIALYSI	1/1/2003	NC	9	NO
1	S9340	HOME THERAPY; ENTERAL NUTRITION;	1/1/2003	NC	9	NO
1	S9343	HOME THERAPY; ENTERAL NUTRITION	1/1/2003	NC	9	NO
1	S9345	HOME INFUSION THERAPY, ANTI-HEMO	1/1/2003	NC	9	NO
1	S9346	HOME INFUSION THERAPY, ALPHA-1-P	1/1/2003	NC	9	NO
1	S9353	HOME INFUSION THERAPY, CONTINUOU	1/1/2003	NC	9	NO
1	S9357	HOME INFUSION THERAPY, ENZYME RE	1/1/2003	NC	9	NO
1	S9359	HOME INFUSION THERAPY, ANTI-TUMO	1/1/2003	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S9361	HOME INFUSION THERAPY, DIURETIC	1/1/2003	NC	9	NO
1	S9363	HOME INFUSION THERAPY, ANTI-SPAS	1/1/2003	NC	9	NO
1	S9370	HOME THERAPY, INTERMITTENT ANTI-	1/1/2003	NC	9	NO
1	S9372	HOME THERAPY INTERMITTENT ANTICO	1/1/2003	NC	9	NO
1	S9381	DELIVERY OR SERVICE TO HIGH RISK	1/1/2005	NC	9	NO
1	S9401	ANTICOAGULATION CLINIC, INCLUSIV	1/1/2003	NC	9	NO
1	S9430	PHARMACY COMPOUNDING AND DISPENS	1/1/2003	NC	9	NO
1	S9434	MODIFIED SOLID FOOD SUPPLEMENTS	1/1/2004	NC	9	NO
1	S9435	MEDICAL FOODS FOR INBORN ERRORS	1/1/2003	\$0.01	P	NO
1	S9436	CHILDBIRTH, PREPARATION/LAMAZE C	1/1/2003	NC	9	NO
1	S9437	CHILDBIRTH REFRESHER CLASSES, NO	1/1/2003	NC	9	NO
1	S9438	CESAREAN BIRTH CLASSES, NON-PHYS	1/1/2003	NC	9	NO
1	S9439	VBAC (VAGINAL BIRTH AFTER CESARE	1/1/2003	NC	9	NO
1	S9441	ASTHMA EDUCATION, NON-PHYSICIAN	1/1/2003	NC	9	NO
1	S9442	BIRTHING CLASSES, NON-PHYSICIAN	1/1/2003	NC	9	NO
1	S9443	LACTATION CLASSES, NON-PHYSICIAN	1/1/2003	NC	9	NO
1	S9444	PARENTING CLASSES, NON-PHYSICIAN	1/1/2003	NC	9	NO
1	S9445	PATIENT EDUCATION, NOT OTHERWISE	1/1/2003	NC	9	NO
1	S9446	PATIENT EDUCATION, NOT OTHERWISE	1/1/2003	NC	9	NO
1	S9447	INFANT SAFETY (INCLUDING CPR) CL	1/1/2003	NC	9	NO
1	S9449	WEIGHT MANAGEMENT CLASSES, NON-P	1/1/2003	NC	9	NO
1	S9451	EXERCISE CLASSES, NON-PHYSICIAN	1/1/2003	NC	9	NO
1	S9452	NUTRITION CLASSES, NON-PHYSICIAN	1/1/2003	NC	9	NO
1	S9453	SMOKING CESSATION CLASSES, NON-P	1/1/2003	NC	9	NO
1	S9454	STRESS MANAGEMENT CLASSES, NON-P	1/1/2003	NC	9	NO
1	S9455	DIABETIC MANAGEMENT PROGRAM, GRO	1/1/2000	NC	9	NO
1	S9460	DIABETIC MANAGEMENT PROGRAM, NUR	1/1/2000	NC	9	NO
1	S9465	DIABETIC MANAGEMENT PROGRAM, DIE	1/1/2000	NC	9	NO
1	S9470	NUTRITIONAL COUNSELING, DIETICIA	4/1/2003	\$44.10	3	NO
1	S9472	CARDIAC REHABILITATION PROGRAM,	1/1/2000	NC	9	NO
1	S9473	PULMONARY REHABILITATION PROGRAM	1/1/2000	NC	9	NO
1	S9474	ENTEROSTOMAL THERAPY BY A REGIST	1/1/2000	NC	9	NO
1	S9475	AMBULATORY SETTING SUBSTANCE ABU	1/1/2000	NC	9	NO
1	S9476	VESTIBULAR REHABILITATION PROGRA	1/1/2004	NC	9	NO
1	S9482	FAMILY STABILIZATION SERVICES, P	1/1/2005	NC	9	NO
1	S9485	CRISIS INTERVENTION MENTAL HEALT	8/1/2004	NC	9	NO
1	S9524	NURSING SERVICES RELATED TO HOME	4/1/2004	INVALID	N	NO
1	S9527	INSERTION FO A PERIPHERALLY INSE	4/1/2002	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S9528	INSERTION OF MIDLINE CENTRAL VENO	4/1/2002	INVALID	N	NO
1	S9529	ROUTINE VENIPUNCTURE FOR COLLECT	1/1/2003	NC	9	NO
1	S9537	HOME THERAPY; HEMATOPOIETIC HORM	1/1/2003	NC	9	NO
1	S9538	HOME TRANSFUSION OF BLOOD PRODUC	1/1/2003	NC	9	NO
1	S9542	HOME INJECTABLE THERAPY, NOT OTH	1/1/2003	NC	9	NO
1	S9543	ADMINISTRATION OF MEDICATION, IN	7/1/2003	INVALID	N	NO
1	S9558	HOME INJECTABLE THERAPY; GROWTH	1/1/2003	NC	9	NO
1	S9559	HOME INJECTABLE THERAPY, INTERFE	1/1/2003	NC	9	NO
1	S9560	HOME INJECTABLE THERAPY; HORMONA	1/1/2003	NC	9	NO
1	S9562	HOME INJECTABLE THERAPY, PALIVIZ	1/1/2003	NC	9	NO
1	S9803	EACH ADDITIONAL HOUR (LIST SEP I	4/1/2004	INVALID	N	NO
1	S9806	RN SERVICES IN THE INFUSION SUIT	4/1/2004	INVALID	N	NO
1	S9810	HOME THERAPY; PROFESSIONAL RX SV	1/1/2003	NC	9	NO
1	S9900	SERVICES BY AUTHORIZED CHRISTIAN	1/1/2003	NC	9	NO
1	S9970	HEALTH CLUB MEMBERSHIP, ANNUAL	1/1/2003	NC	9	NO
1	S9975	TRANSPLANT RELATED LODGING, MEAL	1/1/2003	NC	9	NO
1	S9976	LODGING, PER DIEM, NOT OTHERWISE	1/1/2005	NC	9	NO
1	S9977	MEALS, PER DIEM, NOT OTHERWISE S	1/1/2005	NC	9	NO
1	S9981	COPIES OF ALL EXISTING OFFICE RE	4/1/2002	\$18.00	3	NO
1	S9988	SERVICES PROVIDED AS PART OF A P	1/1/2005	NC	9	NO
1	S9989	SERVICES PROVIDED OUTSIDE OF THE	1/1/2005	NC	9	NO
1	S9990	SERVICES PROVIDED AS PART OF A P	1/1/2000	NC	9	NO
1	S9991	SERVICES PROVIDED AS PART OF A P	1/1/2000	NC	9	NO
1	S9992	TRANSPORTATION COSTS TO AND FROM	1/1/2000	NC	9	NO
1	S9994	LODGING COSTS FOR CLINICAL TRIAL	1/1/2000	NC	9	NO
1	S9996	MEALS FOR CLINICAL TRIAL PARTICI	1/1/2000	NC	9	NO
1	S9999	SALES TAX	1/1/2000	NC	9	NO
1	T1006	ALCOHOL AND/OR SUBSTANCE ABUSE S	10/1/2003	\$0.01	1	NO
1	T1014	TELEHEALTH TRANSMISSION, PER MIN	1/1/2005	NC	9	NO
1	T1015	CLINIC VISIT/ENCOUNTER, ALL-INCL	10/1/2003	\$0.01	1	NO
1	T1016	CASE MANAGEMENT, PER 15 MINUTES	10/1/2004	\$0.01	1	NO
1	T1023	SCREENING TO DETERMINE THE APPRO	4/1/2003	NC	9	NO
1	T1024	EVALUATION AND TREATMENT BY AN I	1/1/2003	NC	9	NO
1	T1025	INTENSIVE, EXTENDED MULTIDISCIPL	1/1/2003	NC	9	NO
1	T1026	INTENSIVE, EXTENDED MULTIDISCIPL	1/1/2003	NC	9	NO
1	T1027	FAMILY TRAINING AND COUNSELING F	1/1/2003	NC	9	NO
1	T1028	ASSESSMENT OF HOME, PHYSICAL AND	1/1/2003	NC	9	NO
1	T1029	COMPREHENSIVE ENVIRONMENTAL LEAD	1/1/2003	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	T1999	MISC THERAPEUTIC ITEMS AND SUPPL	1/1/2005	NC	9	NO
1	T2101	HUMAN BREAST MILK PROCESSING, ST	1/1/2005	NC	9	NO
1	T5999	SUPPLY, NOT OTHERWISE SPECIFIED	1/1/2005	NC	9	NO
1	V2500	CONTACT LENS, PMA, SPHERICAL, PE	1/1/2005	\$150.00	3	YES
1	V2510	GAS PERMEABLE, SPERICAL, PER LEN	1/1/2003	\$150.00	3	YES
1	V2511	GAS PERMEABLE, TORIC, PRISM BALL	7/1/2004	\$150.00	3	YES
1	V2520	HYDROPHILIC, SPERICAL, PER LENS	7/1/2004	\$180.00	3	YES
1	V2521	HYDROPHILIC, TORIC OR PRISM BALL	7/1/2004	\$150.00	3	NO
1	V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	12/1/2002	\$806.74	3	NO
1	V2624	POLISHING/RESURFACING OF OCULAR	12/1/2002	\$60.86	3	NO
1	V2625	ENLARGEMENT OF OCULAR PROSTHESIS	12/1/2002	\$370.05	3	NO
1	V2626	REDUCTION OF OCULAR PROSTHESIS	12/1/2002	\$199.48	3	NO
1	V2627	SCLERAL COVER SHELL	12/1/2002	\$1,239.94	3	NO
1	V2628	FABRICATION AND FITTING OF OCULA	12/1/2002	\$304.19	3	NO
1	V2629	PROSTHETIC EYE, OTHER TYPE	1/10/1994	\$1,000.00	3	NO
1	V2630	ANTERIOR CHAMBER INTRAOCULAR LEN	1/1/1994	NC	9	NO
1	V2631	IRIS SUPPORTED INTRAOCULAR LENS	1/1/1994	NC	9	NO
1	V2632	POSTERIOR CHAMBER INTRAOCULAR LE	1/1/1994	NC	9	NO
1	V2790	AMNIOTIC MEMBRANE FOR SURGICAL R	1/1/2001	NC	9	NO
1	V5090	DISPENSING FEE, UNSPECIFIED HEAR	7/1/2002	NC	9	NO
1	0001F	BLOOD PRESSURE, MEASURED	1/1/2005	INVALID	N	NO
1	0001T	ENDOVASCULAR REPAIR OF INFRARENA	1/1/2005	INVALID	N	NO
1	0002F	TABACCO USE, SMOKING, ASSESSED	1/1/2005	INVALID	N	NO
1	0002T	ENDOVASCULAR REPAIR OF INFRARENA	1/1/2004	INVALID	N	NO
1	0003F	TABACCO USE, NON-SMOKING, ASSESS	1/1/2005	INVALID	N	NO
1	0003T	CERVICOGRAPHY	1/1/2002	\$0.01	T	NO
1	0004F	TABACCO USE CESSATION INTERVENTI	1/1/2005	INVALID	N	NO
1	0005F	TABACCO USE CESSATION INTERVENTI	1/1/2005	INVALID	N	NO
1	0005T	TRANSCATHETER PLACEMENT OF EXTRA	1/1/2005	INVALID	N	NO
1	0006F	STATIN THERAPY, PRESCRIBED	1/1/2005	INVALID	N	NO
1	0006T	TRANSCATHETER PLACEMENT OF EXTRA	1/1/2005	INVALID	N	NO
1	0007F	BETA-BLOCKER THERAPY, PRESCRIBED	1/1/2005	INVALID	N	NO
1	0007T	TRANSCATHETER PLACE OF EXTRACRAN	1/1/2005	INVALID	N	NO
1	0008F	ACE INHIBITOR THERAPY, PRESCRIBE	1/1/2005	INVALID	N	NO
1	0008T	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2002	\$0.01	T	NO
1	0009F	ANGINAL SYMPTOMS AND LEVEL OF AC	1/1/2005	INVALID	N	NO
1	0009T	ENDOMETRIAL CRYOABLATION WITH UL	1/1/2005	INVALID	N	NO
1	0010F	ANGINAL SYMPTOMS AND LEVEL OF AC	1/1/2005	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	0010T	TUBERCULOSIS TEST, CELL MEDIATED	1/1/2006	INVALID	N	NO
1	0011F	ORAL ANTIPLATELET THERAPY; PRESC	1/1/2005	INVALID	N	NO
1	0012T	ARTHROSCOPY, KNEE, SURGICAL, IMP	1/1/2005	INVALID	N	NO
1	0013T	ARTHROSCOPY, KNEE, SURGICAL, IMP	1/1/2005	INVALID	N	NO
1	0014T	MENISCAL TRANSPLANTATION, MEDIAL	1/1/2005	INVALID	N	NO
1	0016T	DESTRUCTION OF LOCALIZED LESION	1/1/2002	\$0.01	T	NO
1	0017T	DESTRUCTION OF MACULAR DRUSEN, P	1/1/2002	\$0.01	T	NO
1	0018T	DELIVERY OF HIGH POWER, FOCAL MA	1/1/2002	\$0.01	T	NO
1	0019T	EXTRACORPOREAL SHOCK WAVE THERAP	1/1/2002	\$0.01	T	NO
1	0020T	EXTRACORPOREAL SHOCK WAVE THERAP	1/1/2006	INVALID	N	NO
1	0021T	INSERTION OF TRANSCERVICAL OR TR	1/1/2002	\$0.01	T	NO
1	0023T	INFECTIOUS AGENT DRUG SUSCEPTIBI	1/1/2003	INVALID	N	NO
1	0024T	NON-SURGICAL SEPTAL REDUCTION TH	1/1/2002	\$0.01	T	NO
1	0025T	DETERMINATION OF CORNEAL THICKNE	1/1/2004	INVALID	N	NO
1	0026T	LIPOPROTEIN, DIRECT MEASUREMENT,	1/1/2002	\$0.01	T	NO
1	0027T	ENDOSCOPIC LYSIS OF EPIDURAL ADH	1/1/2003	\$0.01	T	NO
1	0028T	DUAL ENERGY X-RAY ABSORPTIOMETRY	1/1/2003	\$0.01	T	NO
1	0029T	TREATMENT(S) FOR INCONTINENCE, P	1/1/2003	\$0.01	T	NO
1	0030T	ANTIPROTHROMBIN (PHOSPHOLIPID CO	1/1/2003	\$0.01	T	NO
1	0031T	SPECULOSCOPY;	1/1/2003	\$0.01	T	NO
1	0032T	SPECULOSCOPY; WITH DIRECTED SAMP	1/1/2003	\$0.01	T	NO
1	0033T	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	INVALID	N	NO
1	0034T	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	INVALID	N	NO
1	0035T	PLACEMENT OF PROXIMAL OR DISTAL	1/1/2006	INVALID	N	NO
1	0036T	PLACEMENT OF PROXIMAL OR DISTAL	1/1/2006	INVALID	N	NO
1	0037T	OPEN SUBCLAVIAN TO CAROTID ARTER	1/1/2006	INVALID	N	NO
1	0038T	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	INVALID	N	NO
1	0039T	ENDOVASCULAR REPIAR OF DESCENDIN	1/1/2006	INVALID	N	NO
1	0040T	PLACEMENT OF PROXIMAL OR DISTAL	1/1/2006	INVALID	N	NO
1	0041T	URINALYSIS INFECTIOUS AGENT DETE	1/1/2003	\$0.01	T	NO
1	0042T	CEREBRAL PERFUSION ANALYSIS USIN	1/1/2003	\$0.01	T	NO
1	0043T	CARBON MONOXIDE, EXPIRED GAS ANA	1/1/2003	\$0.01	T	NO
1	0044T	WHOLE BODY INTEGUMENTARY PHOTOGR	1/1/2003	\$0.01	T	NO
1	0045T	WHOLE BODY INTEGUMENTARY PHOTOGR	1/1/2004	\$0.01	T	NO
1	0046T	CATHETER LAVAGE OF A MAMMARY DUC	1/1/2004	\$0.01	T	NO
1	0047T	CATHETER LAVAGE OF A MAMMARY DUC	1/1/2004	\$0.01	T	NO
1	0048T	IMPLANTATION OF A VENTRICULAR AS	1/1/2004	\$0.01	T	NO
1	0049T	PROLONGED EXTRACORPOREAL PERCUTA	1/1/2004	\$0.01	T	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	0050T	REMOVAL OF A VENTRICULAR ASSIST	1/1/2004	\$0.01	T	NO
1	0051T	IMPLANTATION OF A TOTAL REPLACEM	1/1/2004	\$0.01	T	NO
1	0052T	REPLACEMENT OR REPAIR OF THORACI	1/1/2004	\$0.01	T	NO
1	0053T	REPLACEMENT OR REPAIR OF IMPLANT	1/1/2004	\$0.01	T	NO
1	0054T	COMPUTER ASSISTED MUSCULOSKELETA	1/1/2004	\$0.01	T	NO
1	0055T	COMPUTER ASSISTED MUSCULOSKELETA	1/1/2004	\$0.01	T	NO
1	0056T	COMPUTER ASSISTED MUSCULOSKELETA	1/1/2004	\$0.01	T	NO
1	0057T	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2005	INVALID	N	NO
1	0058T	CRYOPRESERVATION; REPRODUCTIVE T	1/1/2004	\$0.01	T	NO
1	0059T	CRYOPRESERVATION; OOCYTE(S)	1/1/2004	\$0.01	T	NO
1	0060T	ELECTRICAL IMPEDANCE SCAN OF THE	1/1/2004	\$0.01	T	NO
1	0061T	DESTRUCTION/REDUCTION OF MALIGNA	1/1/2004	\$0.01	T	NO
1	0062T	PERCUTANEOUS INTRADISCAL ANNULOP	1/1/2005	\$0.01	T	NO
1	0063T	PERCUTANEOUS INTRADISCAL ANNULOP	1/1/2005	\$0.01	T	NO
1	0064T	SPECTROSCOPY, EXPIRED GAS ANALYS	1/1/2005	\$0.01	T	NO
1	0065T	OCULAR PHOTOSCREENING, WITH INTE	1/1/2005	\$0.01	T	NO
1	0066T	COMPUTED TOMOGRAPHIC (CT) COLONO	1/1/2005	\$0.01	T	NO
1	0067T	COMPUTED TOMOGRAPHIC (CT) COLONO	1/1/2005	\$0.01	T	NO
1	0068T	ACOUSTIC HEART SOUND RECORDING A	1/1/2005	\$0.01	T	NO
1	0069T	ACOUSTIC HEART SOUND RECORDING A	1/1/2005	\$0.01	T	NO
1	0070T	ACOUSTIC HEART SOUND RECORDING A	1/1/2005	\$0.01	T	NO
1	0071T	FOCUSED ULTRASOUND ABLATION OF U	1/1/2005	\$0.01	T	NO
1	0072T	FOCUSED ULTRASOUND ABLATION OF U	1/1/2005	\$0.01	T	NO
1	0073T	COMPENSATOR-BASED BEAM MODULATIO	1/1/2005	\$0.01	T	NO
1	0074T	ONLINE EVALUATION AND MANAGEMENT	1/1/2005	\$0.01	T	NO
1	0075T	TRANSCATHETER PLACEMENT OF EXTRA	1/1/2005	\$0.01	T	NO
1	0076T	TRANSCATHETER PLACEMENT OF EXTRA	1/1/2005	\$0.01	T	NO
1	0077T	IMPLANTING AND SECURING CEREBRAL	1/1/2005	\$0.01	T	NO
1	0078T	ENDOVASCULAR REPAIR USING PROSTH	1/1/2005	\$0.01	T	NO
1	0079T	PLACEMENT OF VISCERAL EXTENSION	1/1/2005	\$0.01	T	NO
1	0080T	ENDOVASCULAR REPAIR OF ABDOMINAL	1/1/2005	\$0.01	T	NO
1	0081T	PLACEMENT OF VISCERAL EXTENSION	1/1/2005	\$0.01	T	NO
1	0082T	STEREOTACTIC BODY RADIATION THER	1/1/2005	\$0.01	T	NO
1	0083T	STEREOTACTIC BODY RADIATION THER	1/1/2005	\$0.01	T	NO
1	0084T	INSERTION OF A TEMPORARY PROSTAT	1/1/2005	\$0.01	T	NO
1	0085T	BREATH TEST FOR HEART TRANSPLANT	1/1/2005	\$0.01	T	NO
1	0086T	LEFT VENTRICULAR FILLING PRESSUR	1/1/2005	\$0.01	T	NO
1	0087T	SPERM EVALUATION, HYALURONAN BIN	1/1/2005	\$0.01	T	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	0088T	SUBMUCOSAL RADIOFREQUENCY TISSUE	1/1/2005	\$0.01	T	NO
1	0500F	INITIAL PRENATAL CARE VISIT	1/1/2005	\$0.01	T	NO
1	0501F	PRENATAL FLOW SHEET DOCUMENTED I	1/1/2005	\$0.01	T	NO
1	0502F	SUBSEQUENT PRENATAL CARE VISIT	1/1/2005	\$0.01	T	NO
1	0503F	POSTPARTUM CARE VISIT	1/1/2005	\$0.01	T	NO
1	1000F	TOBACCO USE, SMOKING, ASSESSED	1/1/2005	\$0.01	T	NO
1	1001F	TOBACCO USE, NON-SMOKING, ASSESS	1/1/2005	\$0.01	T	NO
1	1002F	ANGINAL SYMPTOMS AND LEVEL OF AC	1/1/2005	\$0.01	T	NO
1	2000F	BLOOD PRESSURE, MEASURED	1/1/2005	\$0.01	T	NO
1	4000F	TOBACCO USE CESSATION INTERVENTI	1/1/2005	\$0.01	T	NO
1	4001F	TOBACCO USE CESSATION INTERVENTI	1/1/2005	\$0.01	T	NO
1	4002F	STATIN THERAPY, PRESCRIBED	1/1/2005	\$0.01	T	NO
1	4006F	BETA-BLOCKER THERAPY, PRESCRIBED	1/1/2005	\$0.01	T	NO
1	4009F	ANGIOTENSIN CONVERTING ENZYME (A	1/1/2005	\$0.01	T	NO
1	4011F	ORAL ANTIPLATELET THERAPY, PRESC	1/1/2005	\$0.01	T	NO
1	59409	VAGINAL DELIVERY ONLY (WITH OR W	1/1/2002	\$0.01	1	NO
1	59514	CAESAREAN DELIVERY ONLY;	1/1/2002	\$0.01	1	NO
1	59612	VAGINAL DELIVERY ONLY, AFTER PRE	1/1/2002	\$0.01	1	NO
1	59620	CESAREAN DELIVERY ONLY, FOLLOWIN	1/1/2002	\$0.01	1	NO
1	90281	IMMUNE GLOBULIN (IG), HUMAN, FOR	10/1/2005	\$0.01	5	NO
1	90283	IMMUNE GLOBULIN (IGIV), HUMAN, F	10/1/2005	\$0.01	5	NO
1	90287	BOTULINUM ANTITOXIN, EQUINE, ANY	10/1/2005	\$0.01	5	NO
1	90288	BOTULISM IMMUNE GLOBULIN, HUMAN,	10/1/2005	\$0.01	5	NO
1	90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN	10/1/2005	\$0.01	5	NO
1	90296	DIPHThERIA ANTITOXIN, EQUINE, AN	10/1/2005	\$0.01	5	NO
1	90371	HEPATITIS B IMMUNE GLOBULIN (HBI	5/1/2005	\$183.69	3	NO
1	90375	RABIES IMMUNE GLOBULIN (RIG), HU	2/13/2006	\$0.01	5	NO
1	90376	RABIES IMMUNE GLOBULIN, HEAT-TRE	2/27/2006	\$89.84	3	NO
1	90378	RESPIRATORY SYNCYTIAL VIRUS IMMU	2/27/2006	\$807.11	3	NO
1	90379	RESPIRATORY SYNCYTIAL VIRUS IMMU	11/1/2001	NC	9	NO
1	90384	RHO(D) IMMUNE GLOBULIN (RHIG), H	5/1/2003	\$126.14	3	NO
1	90385	RHO(D) IMMUNE GLOBULIN (RHIG), H	5/1/2003	\$53.90	3	NO
1	90386	RHO(D) IMMUNE GLOBULIN (RHIGIV),	10/1/2005	\$0.01	5	NO
1	90389	TETANUS IMMUNE GLOBULIN (TIG), H	10/1/2005	\$0.01	5	NO
1	90393	VACCINIA IMMUNE GLOBULIN, HUMAN,	10/1/2005	\$0.01	5	NO
1	90396	VARICELLA-ZOSTER IMMUNE GLOBULIN	5/1/2005	\$754.73	3	NO
1	90399	UNLISTED IMMUNE GLOBULIN	10/1/2005	\$0.01	5	NO
1	90465	IMMUNIZATION ADMINISTRATION UNDE	10/1/2005	\$12.72	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	90466	IMMUNIZATION ADMINISTRATION UNDE	10/1/2005	\$7.53	3	NO
1	90467	IMMUNIZATION ADMINISTRATION (INT	1/1/2006	\$9.08	3	NO
1	90468	IMMUNIZATION ADMINISTRATION (INT	1/1/2006	\$7.01	3	NO
1	90471	IMMUNIZATION ADMIN; ONE VACCINE	10/1/2005	\$12.72	1	NO
1	90472	IMMUNIZATION ADMIN; EACH ADDITIO	10/1/2005	\$7.53	3	NO
1	90473	IMMUNIZATION ADMINISTRATION BY I	1/1/2006	\$9.60	3	NO
1	90474	IMMUNIZATION ADMINISTRATION BY I	10/1/2003	NC	9	NO
1	90476	ADENOVIRUS VACCINE, TYPE 4, LIVE	10/1/2005	\$0.01	5	NO
1	90477	ADENOVIRUS VACCINE, TYPE 7, LIVE	10/1/2005	\$0.01	5	NO
1	90581	ANTHRAX VACCINE, FOR SUBCUTANEOU	10/1/2005	\$0.01	5	NO
1	90585	BACILLUS CALMETTE-GUERIN VACCINE	5/1/2005	\$176.15	3	NO
1	90586	BACILLUS CALMETTE-GUERIN VACCINE	5/1/2005	\$191.50	3	NO
1	90632	HEPATITIS A VACCINE, ADULT DOSAG	5/9/2005	\$81.79	3	NO
1	90634	HEPATITIS A VACCINE, PEDIATRIC/A	10/1/2004	NC	9	NO
1	90636	HEPATITIS A AND HEPATITIS B VACC	5/9/2005	\$98.90	3	NO
1	90645	HEMOPHILUS INFLUENZA B VACCINE (	5/9/2005	\$29.02	3	NO
1	90646	HEMOPHILUS INFLUENZA B VACCINE (	12/1/2005	NC	9	NO
1	90647	HEMOPHILUS INFLUENZA B VACCINE (	5/9/2005	\$29.02	3	NO
1	90648	HEMOPHILUS INFLUENZA B VACCINE (	5/9/2005	\$27.04	3	NO
1	90649	HUMAN PAPILLOMA VIRUS (HPV) VACC	1/1/2006	NC	9	NO
1	90655	INFLUENZA VIRUS VACCINE, SPLIT V	10/1/2005	\$16.06	3	NO
1	90656	INFLUENZA VIRUS VACCINE, SPLIT V	10/1/2005	\$14.50	3	NO
1	90658	INFLUENZA VIRUS VACCINE, SPLIT V	10/1/2005	\$13.19	3	NO
1	90659	INFLUENZA VIRUS VACCINE, WHOLE V	4/1/2004	INVALID	N	NO
1	90660	INFLUENZA VIRUS VACCINE, LIVE, F	10/1/2005	\$18.75	3	NO
1	90665	LYME DISEASE VACCINE, ADULT DOSA	5/9/2005	NC	9	NO
1	90675	RABIES VACCINE, FOR INTRMUSCULAR	2/27/2006	\$195.94	3	NO
1	90676	RABIES VACCINE, FOR INTRADERMAL	5/16/2005	\$0.01	5	NO
1	90680	ROTAVIRUS VACCINE, PENTAVALENT,	10/1/2004	NC	9	NO
1	90690	TYPHOID VACCINE, LIVE, ORAL	1/1/1999	NC	9	NO
1	90691	TYPHOID VACCINE, VI CAPSULAR POL	1/1/1999	NC	9	NO
1	90692	TYPHOID VACCINE, HEAT-AND PHENOL	1/1/1999	NC	9	NO
1	90693	TYPHOID VACCINE, ACETONE-KILLED,	1/1/1999	NC	9	NO
1	90698	DIPHTHERIA, TETANUS TOXOIDS, ACE	3/1/2005	NC	9	NO
1	90703	IMMUNIZATION ACTIVE; TETANUS TOX	4/1/2005	\$22.00	3	NO
1	90704	IMMUNIZATION ACTIVE; MUMPS VIRUS	2/20/2006	\$23.87	3	NO
1	90705	IMMUNIZATION ACTIVE; MEASLES VIR	2/20/2006	\$20.56	3	NO
1	90706	IMMUNIZATION, ACTIVE; RUBELLA VI	2/20/2006	\$20.55	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	90707	IMMUNIZATION ACTIVE; MEASLES, MU	2/20/2006	\$58.51	3	NO
1	90708	IMMUNIZATION ACTIVE; MEASLES AND	7/1/1990	\$23.90	3	NO
1	90709	IMMUNIZATION ACTIVE; RUBELLA AND	7/1/2003	INVALID	N	NO
1	90710	IMMUNIZATION, ACTIVE; MEASLES, M	8/1/2005	NC	9	NO
1	90712	IMMUNIZATION ACTIVE; POLIOVIRUS	5/1/2000	NC	9	NO
1	90713	POLIOVIRUS VACCINE, INACTIVATED,	2/20/2006	\$27.06	3	NO
1	90714	DECAVAC	7/1/2005	\$21.50	3	NO
1	90715	TETANUS, DIPHTHERIA TOXOIDS AND	6/1/2005	\$43.50	3	NO
1	90716	IMMUNIZATION, ACTIVE; VARICELLA	2/20/2006	\$95.77	3	NO
1	90717	IMMUNIZATION ACTIVE; YELLOW FEVE	#####	NC	9	NO
1	90718	TETANUS AND DIPHTHERIA TOXOIDS (	2/27/2006	\$22.50	3	NO
1	90719	IMMUNIZATION ACTIVE; DIPHTHERIA T	7/1/1990	\$8.32	3	NO
1	90720	IMMUNIZATION, ACTIVE; DIPHTHERIA	2/20/2006	\$35.42	3	NO
1	90725	IMMUNIZATION ACTIVE; CHOLERA VAC	#####	NC	9	NO
1	90727	IMMUNIZATION ACTIVE; PLAGUE VACC	5/9/2005	NC	9	NO
1	90732	PNEUMOCOCCAL POLYSACCHARIDE VACC	2/21/2005	\$30.24	3	NO
1	90733	IMMUNIZATION ACTIVE; MENINGOCOCC	8/1/2005	\$107.63	3	NO
1	90734	MENINGOCOCCAL CONJUGATE VACCINE,	3/21/2005	\$102.50	3	NO
1	90735	IMMUNIZATION, ACTIVE; ENCEPHALIT	2/1/2001	NC	9	NO
1	90736	ZOSTER (SHINGLES) VACCINE, LIVE,	1/1/2006	NC	9	NO
1	90740	HEPATITIS B VACCINE, DIALYSIS OR	5/9/2005	\$207.36	3	NO
1	90743	HEPATITIS B VACCINE, ADOLESCENT	5/9/2005	\$74.44	3	NO
1	90746	HEPATITIS B VACCINE, ADULT DOSAG	5/9/2005	\$72.76	3	NO
1	90747	HEPATITIS B VACCINE, DIALYSIS OR	5/9/2005	\$145.52	3	NO
1	90749	UNLISTED IMMUNIZATION PROCEDURE	9/1/2004	\$0.01	5	NO
1	90760	INTRAVENOUS INFUSION, HYDRATION;	1/1/2006	\$43.34	3	NO
1	90761	INTRAVENOUS INFUSION, HYDRATION;	1/1/2006	\$13.75	3	NO
1	90765	INTRAVENOUS INFUSION, FOR THERAP	1/1/2006	\$52.94	3	NO
1	90766	INTRAVENOUS INFUSION, FOR THERAP	1/1/2006	\$17.65	3	NO
1	90767	INTRAVENOUS INFUSION, FOR THERAP	1/1/2006	\$29.06	3	NO
1	90768	INTRAVENOUS INFUSION, FOR THERAP	1/1/2006	\$16.87	3	NO
1	90772	THERAPEUTIC, PROPHYLACTIC OR DIA	1/1/2006	\$12.72	3	NO
1	90773	THERAPEUTIC, PROPHYLACTIC OR DIA	1/1/2006	\$13.23	3	NO
1	90774	THERAPEUTIC, PROPHYLACTIC OR DIA	1/1/2006	\$39.44	3	NO
1	90775	THERAPEUTIC, PROPHYLACTIC OR DIA	1/1/2006	\$18.42	3	NO
1	90779	UNLISTED THERAPEUTIC, PROPHYLACT	1/1/2006	\$0.01	5	NO
1	90780	IV INFUSION FOR THERAPY/DIAGNOSI	1/1/2006	INVALID	N	NO
1	90781	IV INFUSION THERAPY, ADMINISTERE	1/1/2006	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	90782	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
1	90783	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
1	90784	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
1	90788	INTRAMUSCULAR INJECTION OF ANTIB	1/1/2006	INVALID	N	NO
1	90799	UNLISTED THERAPEUTIC OR DIAGNOST	1/1/2006	INVALID	N	NO
1	90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW	3/1/2003	\$131.44	1	NO
1	90802	INTERACTIVE PSYCHIATRIC DIAGNOST	4/1/2001	\$0.01	1	NO
1	90804	INDIVIDUAL PSYCHOTHERAPY, INSIGH	4/1/2001	\$0.01	1	NO
1	90805	INDIVIDUAL PSYCHOTHERAPY, INSIGH	4/1/2001	\$0.01	1	NO
1	90806	INDIVIDUAL PSYCHOTHERAPY, INSIGH	4/1/2001	\$0.01	1	NO
1	90807	INDIVIDUAL PSYCHOTHERAPY, INSIGH	4/1/2001	\$0.01	1	NO
1	90808	INDIVIDUAL PSYCHOTHERAPY, INSIGH	4/1/2001	\$0.01	1	NO
1	90809	INDIVIDUAL PSYCHOTHERAPY, INSIGH	4/1/2001	\$0.01	1	NO
1	90810	INDIVIDUAL PSYCHOTHERAPY, INTERA	4/1/2001	\$0.01	1	NO
1	90811	INDIVIDUAL PSYCHOTHERAPY, INTERA	4/1/2001	\$0.01	1	NO
1	90812	INDIVIDUAL PSYCHOTHERAPY, INTERA	4/1/2001	\$0.01	1	NO
1	90813	INDIVIDUAL PSYCHOTHERAPY, INTERA	4/1/2001	\$0.01	1	NO
1	90814	INDIVIDUAL PSYCHOTHERAPY, INTERA	4/1/2001	\$0.01	1	NO
1	90815	INDIVIDUAL PSYCHOTHERAPY, INTERA	4/1/2001	\$0.01	1	NO
1	90816	INDIVIDUAL PSYCHOTHERAPY, INSIGH	1/1/2001	\$0.01	1	NO
1	90817	INDIVIDUAL PSYCHOTHERAPY, INSIGH	4/1/2001	\$0.01	1	NO
1	90818	INDIVIDUAL PSYCHOTHERAPY, INSIGH	4/1/2001	\$0.01	1	NO
1	90819	INDIVIDUAL PSYCHOTHERAPY, INSIGH	4/1/2001	\$0.01	1	NO
1	90821	INDIVIDUAL PSYCHOTHERAPY, INSIGH	4/1/2001	\$0.01	1	NO
1	90822	INDIVIDUAL PSYCHOTHERAPY, INSIGH	4/1/2001	\$0.01	1	NO
1	90823	INDIVIDUAL PSYCHOTHERAPY, INTERA	1/1/2001	\$0.01	1	NO
1	90824	INDIVIDUAL PSYCHOTHERAPY, INTERA	4/1/2001	\$0.01	1	NO
1	90826	INDIVIDUAL PSYCHOTHERAPY, INTERA	4/1/2001	\$0.01	1	NO
1	90827	INDIVIDUAL PSYCHOTHERAPY, INTERA	4/1/2001	\$0.01	1	NO
1	90828	INDIVIDUAL PSYCHOTHERAPY, INTERA	4/1/2001	\$0.01	1	NO
1	90829	INDIVIDUAL PSYCHOTHERAPY, INTERA	4/1/2001	\$0.01	1	NO
1	90845	MEDICAL PSYCHOANALYSIS	1/1/2001	\$0.01	1	NO
1	90847	FAMILY MEDICAL PSYCHOTHERAPY (CO	4/1/2001	\$0.01	1	NO
1	90849	MULTIPLE-FAMILY GROUP MEDICAL PS	4/1/2001	\$0.01	1	NO
1	90853	GROUP MEDICAL PSYCHOTHERAPY (OTH	4/1/2001	\$0.01	1	NO
1	90857	INTERACTIVE GROUP MEDICAL PSYCHO	4/1/2001	\$0.01	1	NO
1	90862	PHARMACOLOGIC MGMNT, INCL PRESCR	10/1/2005	\$35.55	1	NO
1	90865	NARCOSYNTHESIS FOR PSYCHIATRIC D	4/1/2001	\$0.01	1	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	90870	ELECTROCONVULSIVE THERAPY (INCLU	10/1/2005	\$100.17	1	NO
1	90871	ELECTROCONVULSIVE THERAPY (INCLU	1/1/2006	INVALID	N	NO
1	90875	INDIVIDUAL PSYCHOPHYSIOLOGICAL T	1/1/2003	\$0.01	P	NO
1	90876	INDIVIDUAL PSYCHOPHYSIOLOGICAL T	1/1/2003	\$0.01	P	NO
1	90880	MEDICAL HYPNOTHERAPY	1/1/2003	\$0.01	P	NO
1	90882	ENVIRONMENTAL INTERVENTION FOR M	1/1/2003	\$0.01	P	NO
1	90885	PSYCHIATRIC EVALUATION OF HOSPIT	1/1/2003	\$0.01	P	NO
1	90887	INTERPRETATION OR EXPLANATION OF	10/1/2003	\$89.00	3	NO
1	90889	PREPARATION OF REPORT OF PATIENT	1/1/2003	\$0.01	P	NO
1	90899	CDRC (029066) ONLY: UNLISTED PSY	10/1/2003	\$0.01	P	NO
1	90901	BIOFEEDBACK TRAINING BY ANY MODA	10/1/2005	\$28.03	3	NO
1	90911	BIOFEEDBACK TRAINING; ANORECTAL,	10/1/2005	\$64.88	3	NO
1	90918	END STAGE RENAL DISEASE RELATED	10/1/2005	\$457.50	3	NO
1	90919	END STAGE RENAL DISEASE (ESRD) R	10/1/2005	\$332.68	3	NO
1	90920	END STAGE RENAL DISEASE (ESRD) R	10/1/2005	\$291.68	3	NO
1	90921	END STAGE RENAL DISEASE RELATED	10/1/2005	\$182.69	3	NO
1	90922	END STAGE RENAL DISEASE (ESRD) R	10/1/2005	\$15.31	3	NO
1	90923	END STAGE RENAL DISEASE (ESRD) R	10/1/2005	\$10.90	3	NO
1	90924	END STAGE RENAL DISEASE (ESRD) R	10/1/2005	\$9.60	3	NO
1	90925	END STAGE RENAL DISEASE (ESRD) R	10/1/2005	\$6.23	3	NO
1	90935	HEMODIALYSIS PROCEDURE WITH SING	10/1/2005	\$50.08	3	NO
1	90937	HEMODIALYSIS PROCEDURE REQUIRING	10/1/2005	\$81.74	3	NO
1	90939	HEMODIALYSIS ACCESS FLOW STUDY T	1/1/2006	INVALID	N	NO
1	90940	HEMODIALYSIS ACCESS FLOW STUDY T	10/1/2005	\$0.01	5	NO
1	90945	DIALYSIS PROCEDURE OTHER THAN HE	10/1/2005	\$52.16	3	NO
1	90947	DIALYSIS PROCEDURE OTHER THAN HE	10/1/2005	\$83.56	3	NO
1	90989	DIALYSIS TRAINING, PATIENT, INCL	10/1/2000	\$529.48	3	NO
1	90993	DIALYSIS TRAINING, PATIENT, INCL	5/1/1991	\$0.01	5	NO
1	90997	HEMOPERFUSION (EG WITH ACTIVATED	10/1/2005	\$66.43	3	NO
1	90999	UNLISTED DIALYSIS PROCEDURE IN H	4/1/1982	\$0.01	5	NO
1	91000	ESOPHAGEAL INTUBATION AND COLLEC	10/1/2005	\$28.55	3	NO
1	91010	ESOPHAGEAL MOTILITY STUDY	10/1/2005	\$149.99	3	NO
1	91011	ESOPHAGEAL MOTILITY STUDY; WITH	10/1/2005	\$178.02	3	NO
1	91012	ESOPHAGEAL MOTILITY STUDY; WITH	10/1/2005	\$190.73	3	NO
1	91020	ESOPHAGOGASTRIC MANOMETRIC STUDI	10/1/2005	\$158.04	3	NO
1	91022	DUODENAL MOTILITY (MANOMETRIC) S	1/1/2006	\$155.18	3	NO
1	91030	ESOPHAGUS ACID PERFUSION (BERNST	10/1/2005	\$88.23	3	NO
1	91032	ESOPHAGUS ACID REFLUX TEST WITH	1/1/2005	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	91033	ESOPHAGUS ACID REFLUX TEST PROLO	1/1/2005	INVALID	N	NO
1	91034	ESOPHAGUS, GASTROESOPHAGEAL REFL	1/1/2005	\$164.26	3	NO
1	91035	ESOPHAGUS, GASTROESOPHAGEAL REFL	10/1/2005	\$324.63	3	NO
1	91037	ESOPHAGEAL FUNCTION TEST, GASTRO	10/1/2005	\$104.32	3	NO
1	91038	ESOPHAGEAL FUNCTION TEST, GASTRO	10/1/2005	\$89.27	3	NO
1	91040	ESOPHAGEAL BALLOON DISTENSION PR	10/1/2005	\$317.11	3	NO
1	91052	GASTRIC ANALYSIS TEST WITH INJEC	10/1/2005	\$85.64	3	NO
1	91055	GASTRIC INTUBATION WASHINGS AND	10/1/2005	\$102.50	3	NO
1	91060	GASTRIC SALINE LOAD TEST	10/1/2005	\$63.84	3	NO
1	91065	BREATH HYDROGEN TEST (EG, FOR DE	10/1/2005	\$43.86	3	NO
1	91100	INTESTINAL BLEEDING TUBE PASSAGE	10/1/2005	\$102.24	3	NO
1	91105	GASTRIC INTUBATION, AND ASPIRATI	10/1/2005	\$64.88	3	NO
1	91110	GASTROINTESTINAL TRACT IMAGING,	#####	NC	9	NO
1	91120	RECTAL SENSATION, TONE, AND COMP	10/1/2005	\$312.96	3	NO
1	91122	ANORECTAL MANOMETRY	10/1/2005	\$183.47	3	NO
1	91123	PULSED IRRIGATION OF FECAL IMPAC	10/1/2005	\$0.01	5	NO
1	91132	ELECTROGASTROGRAPHY, DIAGNOSTIC	10/1/2005	\$18.94	3	NO
1	91133	ELECTROGASTROGRAPHY, DIAGNOSTIC,	10/1/2005	\$23.87	3	NO
1	91299	UNLISTED DIAGNOSTIC GASTROENTERO	4/1/1982	\$0.01	5	NO
1	92002	OPHTHALMOLOGICAL SERVICES MEDICA	10/1/2005	\$48.53	1	NO
1	92004	OPHTHALMOLOGICAL SERVICES MEDICA	10/1/2005	\$88.49	1	NO
1	92012	OPHTHALMOLOGICAL SERVICES MEDICA	10/1/2005	\$44.63	1	NO
1	92014	OPHTHALMOLOGICAL SERVICES MEDICA	10/1/2005	\$65.91	1	NO
1	92015	DETERMINATION OF REFRACTIVE STAT	10/1/2005	\$48.79	3	NO
1	92018	OPHTHALMOLOGICAL EXAMINATION AND	10/1/2005	\$94.46	3	NO
1	92019	OPHTHALMOLOGICAL EXAMINATION AND	10/1/2005	\$49.31	3	NO
1	92020	GONIOSCOPY (SEPARATE PROCEDURE)	10/1/2005	\$18.68	3	NO
1	92060	SENSORIMOTOR EXAM W/MULTIPLE MEA	10/1/2005	\$37.63	3	NO
1	92065	ORTHOPTIC AND/OR PLEOPTIC TRAINI	10/1/2005	\$23.87	3	NO
1	92070	FITTING OF CONTACT LENS FOR TREA	10/1/2005	\$46.45	3	NO
1	92081	VISUAL FIELD EXAM, UNILATERAL OR	10/1/2005	\$34.25	3	NO
1	92082	VISUAL FIELD EXAM, UNILATERAL OR	10/1/2005	\$43.86	3	NO
1	92083	VISUAL FIELD EXAM, UNILATERAL OR	10/1/2005	\$50.60	3	NO
1	92100	SERIAL TONOMETRY W/MULTIPLE MEAS	10/1/2005	\$59.43	3	NO
1	92120	TONOGRAPHY W/INTERPRETATION AND	10/1/2005	\$49.31	3	NO
1	92130	TONOGRAPHY WITH WATER PROVOCATIO	10/1/2005	\$54.75	3	NO
1	92135	SCANNING COMPUTERIZED OPHTHALMIC	10/1/2005	\$30.10	3	NO
1	92136	OPHTHALMIC BIOMETRY BY PARTIAL C	10/1/2005	\$58.91	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	92140	PROVOCATIVE TESTS FOR GLAUCOMA,	10/1/2005	\$38.93	3	NO
1	92225	OPHTHALMOSCOPY, EXTENDED, W/RETI	10/1/2005	\$15.83	3	NO
1	92226	OPHTHALMOSCOPY EXTENDED AS FOR R	10/1/2005	\$14.27	3	NO
1	92230	FLUORESCEIN ANGIOSCOPY WITH INTE	10/1/2005	\$55.79	3	NO
1	92235	FLUORESCEIN ANGIOGRAPHY (INCLUDE	10/1/2005	\$90.83	3	NO
1	92240	INDOCYNAINE-GREEN ANGIOGRAPHY (I	10/1/2005	\$189.18	3	NO
1	92250	FUNDUS PHOTOGRAPHY WITH INTERPRE	10/1/2005	\$51.64	3	NO
1	92260	OPHTHALMODYNAMOMETRY	10/1/2005	\$12.20	3	NO
1	92265	NEEDLE OCULOECTROMYOGRAPHY, ON	10/1/2005	\$61.24	3	NO
1	92270	ELECTRO-OCULOGRAPHY WITH MEDICAL	10/1/2005	\$62.02	3	NO
1	92275	ELECTRORETINOGRAPHY WITH MEDICAL	10/1/2005	\$77.85	3	NO
1	92283	COLOR VISION EXAMINATION EXTENDE	10/1/2005	\$26.73	3	NO
1	92284	DARK ADAPTATION EXAMINATION WITH	10/1/2005	\$55.53	3	NO
1	92285	EXTERNAL OCULAR PHOTOGRAPHY W/IN	10/1/2005	\$31.40	3	NO
1	92286	SPECIAL ANTERIOR SEGMENT PHOTOGR	10/1/2005	\$97.31	3	NO
1	92287	SPECIAL ANTERIOR SEGMENT PHOTOGR	10/1/2005	\$83.30	3	NO
1	92310	PRESCRIPTION OF OPTICAL AND PHYS	10/1/2005	\$60.46	3	NO
1	92311	PRESCRIPTION OF OPTICAL AND PHYS	10/1/2005	\$57.09	3	NO
1	92312	PRESCRIPTION OF OPTICAL AND PHYS	10/1/2005	\$61.50	3	NO
1	92313	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
1	92314	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
1	92315	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
1	92316	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
1	92317	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
1	92325	MODIFICATION OF CONTACT LENS {SE	10/1/2005	\$10.64	3	NO
1	92330	PRESCRIPTION FITTING AND SUPPLY	1/1/2006	INVALID	N	NO
1	92335	PRESCRIPTION OF OCULAR PROSTHESI	1/1/2006	INVALID	N	NO
1	92340	FITTING OF SPECTACLES, EXCEPT FO	10/1/2004	\$25.00	3	NO
1	92341	FITTING OF SPECTACLES, EXCEPT FO	10/1/2004	\$25.00	3	NO
1	92342	FITTING OF SPECTACLES, EXCEPT FO	10/1/2004	\$25.00	3	NO
1	92352	FITTING OF SPECTACLE PROSTHESIS	1/1/2002	\$25.00	1	NO
1	92353	FITTING OF SPECTACLE PROSTHESIS	1/1/2002	\$25.00	1	NO
1	92354	FITTING OF SPECTACLE MOUNTED LOW	#####	NC	9	NO
1	92355	FITTING OF SPECTACLE MOUNTED LOW	#####	NC	9	NO
1	92358	PROSTHESIS SERVICE FOR APHAKIA T	10/1/2005	\$26.47	3	NO
1	92370	REPAIR AND REFITTING SPECTACLES	10/1/2005	\$23.10	3	NO
1	92371	REPAIR AND REFITTING SPECTACLES;	10/1/2005	\$16.61	3	NO
1	92390	SUPPLY OF SPECTACLES EXCEPT PROS	1/1/2006	INVALID	N	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	92391	SUPPLY OF CONTACT LENSES EXCEPT	1/1/2006	INVALID	N	NO
1	92392	SUPPLY OF LOW VISION AIDS (A LOW	1/1/2006	INVALID	N	NO
1	92393	SUPPLY OF OCULAR PROSTHESIS (ART	1/1/2006	INVALID	N	NO
1	92395	SUPPLY OF PERMANENT PROSTHESIS F	1/1/2006	INVALID	N	NO
1	92396	SUPPLY OF PERMANENT PROSTHESIS F	1/1/2006	INVALID	N	NO
1	92499	UNLISTED OPHTHALMOLOGICAL SERVIC	2/1/1994	\$0.01	5	NO
1	92502	OTOLARYNGOLOGIC EXAMINATION UNDE	10/1/2005	\$69.29	3	NO
1	92504	BINOCULAR MICROSCOPY {SEPARATE D	10/1/2005	\$17.91	3	NO
1	92506	EVALUATION OF SPEECH, LANGUAGE,	10/1/2005	\$90.31	3	NO
1	92507	TREATMENT OF SPEECH, LANGUAGE, V	10/1/2005	\$42.82	3	YES
1	92510	AURAL REHABILITATION FOLLOWING C	1/1/2006	INVALID	N	NO
1	92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE	10/1/2005	\$108.47	3	NO
1	92512	NASAL FUNCTION STUDIES EG RHINOM	10/1/2005	\$44.37	3	NO
1	92516	FACIAL NERVE FUNCTION STUDIES (E	10/1/2005	\$42.56	3	NO
1	92520	LARYNGEAL FUNCTION STUDIES (IE,	10/1/2005	\$33.74	3	NO
1	92525	EVALUATION OF SWALLOWING AND ORA	7/1/2003	INVALID	N	NO
1	92526	TREATMENT OF SWALLOWING DYSFUNCT	10/1/2005	\$57.35	3	NO
1	92531	SPONTANEOUS NYSTAGMUS INCLUDING	10/1/2000	\$22.68	3	NO
1	92532	POSITIONAL NYSTAGMUS TEST	10/1/2000	\$34.96	3	NO
1	92533	CALORIC VESTIBULAR TEST EACH IRR	10/1/2000	\$8.78	3	NO
1	92534	OPTOKINETIC NYSTAGMUS TEST	10/1/2000	\$16.85	3	NO
1	92541	SPONTANEOUS NYSTAGMUS TEST INCLU	10/1/2005	\$38.15	3	NO
1	92542	POSITIONAL NYSTAGMUS TEST MINIMU	10/1/2005	\$38.93	3	NO
1	92543	CALORIC VESTIBULAR TEST EACH IRR	10/1/2005	\$17.91	3	NO
1	92544	OPTOKINETIC NYSTAGMUS TEST BIDIR	10/1/2005	\$30.88	3	NO
1	92545	OSCILLATING TRACKING TEST WITH R	10/1/2005	\$27.51	3	NO
1	92546	SINUSOIDAL VERTICAL AXIS ROTATIO	10/1/2005	\$59.69	3	NO
1	92547	USE OF VERTICAL ELECTRODES IN AN	10/1/2005	\$3.63	3	NO
1	92548	COMPUTERIZED DYNAMIC POSTUROGRAP	10/1/2005	\$75.26	3	NO
1	92551	SCREENING TEST PURE TONE AIR ONL	10/1/2000	\$11.71	3	NO
1	92552	PURE TONE AUDIOMETRY {THRESHOLD}	10/1/2005	\$12.46	3	NO
1	92553	PURE TONE AUDIOMETRY (THRESHOLD)	10/1/2005	\$18.68	3	NO
1	92555	SPEECH AUDIOMETRY THRESHOLD;	10/1/2005	\$10.90	3	NO
1	92556	SPEECH AUDIOMETRY THRESHOLD; WIT	10/1/2005	\$16.35	3	NO
1	92557	COMPREHENSIVE AUDIOMETRY THRESHO	10/1/2005	\$33.99	3	NO
1	92559	AUDIOMETRIC TESTING OF GROUPS	10/1/2005	NC	9	NO
1	92560	BEKESY AUDIOMETRY SCREENING	10/1/2000	\$14.90	3	NO
1	92561	BEKESY AUDIOMETRY; DIAGNOSTIC	10/1/2005	\$20.24	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	92562	LOUDNESS BALANCE TEST ALTERNATE	10/1/2005	\$11.68	3	NO
1	92563	TONE DECAY TEST	10/1/2005	\$10.90	3	NO
1	92564	SHORT INCREMENT SENSITIVITY INDEX	10/1/2005	\$13.49	3	NO
1	92565	STENGER TEST PURE TONE	10/1/2005	\$11.42	3	NO
1	92567	TYMPANOMETRY (IMPEDANCE TESTING)	10/1/2005	\$15.05	3	NO
1	92568	ACOUSTIC REFLEX TESTING; THRESHO	10/1/2005	\$10.90	3	NO
1	92569	ACOUSTIC REFLEX TESTING; DECAY	10/1/2005	\$11.68	3	NO
1	92571	FILTERED SPEECH TEST	10/1/2005	\$11.16	3	NO
1	92572	STAGGERED SPONDAIC WORD TEST	10/1/2005	\$2.60	3	NO
1	92573	LOMBARD TEST	10/1/2005	\$10.12	3	NO
1	92575	SENSORINEURAL ACUITY LEVEL TEST	10/1/2005	\$8.30	3	NO
1	92576	SYNTHETIC SENTENCE IDENTIFICATIO	10/1/2005	\$12.72	3	NO
1	92577	STENGER TEST SPEECH	10/1/2005	\$20.50	3	NO
1	92579	VISUAL REINFORCEMENT AUDIOMETRY	10/1/2005	\$20.50	3	NO
1	92582	CONDITIONING PLAY AUDIOMETRY	10/1/2005	\$20.50	3	NO
1	92583	SELECT PICTURE AUDIOMETRY	10/1/2005	\$25.17	3	NO
1	92584	ELECTROCOCHLEOGRAPHY	10/1/2005	\$69.55	3	NO
1	92585	AUDITORY EVOKED POTENTIALS FOR E	10/1/2005	\$70.84	3	NO
1	92586	AUDITORY EVOKED POTENTIALS FOR E	10/1/2005	\$51.64	3	NO
1	92587	EVOKED OTOACOUSTIC EMISSIONS; LI	10/1/2005	\$42.04	3	NO
1	92588	EVOKED OTOACOUSTIC EMISSIONS; CO	10/1/2005	\$55.27	3	NO
1	92589	CENTRAL AUDITORY FUNCTION TESTS	1/1/2005	INVALID	N	NO
1	92590	HEARING AID EXAMINATION AND SELE	10/1/2000	\$80.16	3	NO
1	92591	HEARING AID EXAMINATION AND SELE	4/1/1990	\$0.01	5	NO
1	92592	HEARING AID CHECK MONAURAL	1/14/2003	NC	9	NO
1	92593	HEARING AID CHECK; BINAURAL	1/14/2003	NC	9	NO
1	92594	ELECTROACOUSTIC EVALUATION FOR H	10/1/2000	\$24.72	3	NO
1	92596	EAR PROTECTOR ATTENUATION MEASUR	10/1/2005	\$16.87	3	NO
1	92598	MODIFICATION OF VOICE PROSTHETIC	7/1/2003	INVALID	N	NO
1	92599	UNLISTED OTORHINOLARYNGOLOGICAL	7/1/2003	INVALID	N	NO
1	92605	EVALUATION FOR PRESCRIPTION OF N	1/1/2003	NC	9	NO
1	92606	THERAPEUTIC SERVICE(S) FOR THE U	1/1/2003	NC	9	NO
1	92610	EVALUATION OF ORAL AND PHARYNGEA	10/1/2005	\$91.08	3	NO
1	92611	MOTION FLUOROSCOPIC EVALUATION O	10/1/2005	\$91.08	3	NO
1	92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC E	10/1/2005	\$105.10	3	NO
1	92613	FLEXIBLE FIBEROPTIC ENDOSCOPIC E	10/1/2005	\$30.10	3	NO
1	92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC E	10/1/2005	\$98.87	3	NO
1	92615	FLEXIBLE FIBEROPTIC ENDOSCOPIC E	10/1/2005	\$26.73	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC E	10/1/2005	\$138.31	3	NO
1	92617	FLEXIBLE FIBEROPTIC ENDOSCOPIC E	10/1/2005	\$33.22	3	NO
1	92620	EVALUATION OF CENTRAL AUDITORY F	1/1/2005	NC	9	NO
1	92621	EVALUATION OF CENTRAL AUDITORY F	1/1/2005	NC	9	NO
1	92625	ASSESSMENT OF TINNITUS (INC PITC	1/1/2005	NC	9	NO
1	92700	UNLISTED OTORHINOLARYNGOLOGICAL	1/1/2003	\$0.01	5	NO
1	92950	CARDIOPULMONARY RESUSCITATION {E	10/1/2005	\$214.09	3	NO
1	92953	TEMPORARY TRANSCUTANEOUS PACING	10/1/2005	\$8.30	3	NO
1	92960	CARDIOVERSION ELECTIVE ELECTRICA	10/1/2005	\$224.21	3	NO
1	92961	CARDIOVERSION, ELECTIVE, ELECTRI	10/1/2005	\$180.61	3	NO
1	92970	CARDIOASSIST-METHOD OF CIRCULATO	10/1/2005	\$123.52	3	NO
1	92971	CARDIOASSIST-METHOD OF CIRCULATO	10/1/2005	\$69.55	3	NO
1	92973	PERCUTANEOUS TRANSLUMINAL CORONA	10/1/2005	\$124.56	3	NO
1	92974	TRANSCATHETER PLACEMENT OF RADIA	10/1/2005	\$113.92	3	NO
1	92975	THROMBOLYSIS CORONARY BY INTRACO	10/1/2005	\$266.77	3	NO
1	92977	THROMBOLYSIS CORONARY BY INTRAVE	10/1/2005	\$220.83	3	NO
1	92978	INTRASVASCULAR ULTRASOUND (CORON	10/1/2005	\$191.25	3	NO
1	92979	INTRASVASCULAR ULTRASOUND (CORON	10/1/2005	\$116.26	3	NO
1	92980	TRANSCATHETER PLACEMENT OF AN IN	10/1/2005	\$554.03	3	NO
1	92981	TRANSCATHETER PLACEMENT OF AN IN	10/1/2005	\$153.62	3	NO
1	92982	PERCUTANEOUS TRANSLUMINAL CORONA	10/1/2005	\$411.05	3	NO
1	92984	PERCUTANEOUS TRANSLUMINAL CORONA	10/1/2005	\$109.51	3	NO
1	92986	PERCUTANEOUS BALLOON VALVULOPLAS	10/1/2005	\$890.09	3	NO
1	92987	PERCUTANEOUS BALLOON VALVULOPLAS	10/1/2005	\$923.82	3	NO
1	92990	PERCUTANEOUS BALLOON VALVULOPLAS	10/1/2005	\$723.75	3	NO
1	92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	10/1/2005	\$0.01	5	NO
1	92993	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	10/1/2005	\$0.01	5	NO
1	92995	PERCUTANEOUS TRANSLUMINAL CORONA	10/1/2005	\$452.05	3	NO
1	92996	PERCUTANEOUS TRANSLUMINAL CORONA	10/1/2005	\$120.15	3	NO
1	92997	PERCUTANEOUS TRANSLUMINAL PULMON	10/1/2005	\$447.90	3	NO
1	92998	PERCUTANEOUS TRANSLUMINAL PULMON	10/1/2005	\$219.80	3	NO
1	93000	ELECTROCARDIOGRAM, ROUTINE ECG W	10/1/2005	\$18.42	3	NO
1	93005	ELECTROCARDIOGRAM TRACING ONLY W	10/1/2005	\$12.20	3	NO
1	93010	ELECTROCARDIOGRAM INTERPRETATION	10/1/2005	\$6.23	3	NO
1	93012	TELEPHONIC TRANSMISSION OF POST-	10/1/2005	\$160.63	3	NO
1	93014	TELEPHONIC OR TELEMETRIC TRANSMI	10/1/2005	\$18.94	3	NO
1	93015	CARDIOVASCULAR STRESS TEST USING	10/1/2005	\$73.96	3	NO
1	93016	CARDIOVASCULAR STRESS TEST USING	10/1/2005	\$16.61	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	93017	CARDIOVASCULAR STRESS TEST TRACI	10/1/2005	\$46.45	3	NO
1	93018	CARDIOVASCULAR STRESS TEST INTER	10/1/2005	\$10.90	3	NO
1	93024	ERGONOVINE PROVOCATION TEST	10/1/2005	\$74.48	3	NO
1	93025	MICROVOLT T-WAVE ALTERNANS FOR A	10/1/2005	\$220.06	3	NO
1	93040	RHYTHM ECG, ONE TO THREE LEADS;	10/1/2005	\$9.86	3	NO
1	93041	RHYTHM ECG ONE TO THREE LEADS; T	10/1/2005	\$4.15	3	NO
1	93042	RHYTHM ECG ONE TO THREE LEADS; I	10/1/2005	\$5.71	3	NO
1	93224	ECG MONITOR FOR 24 HRS BY CONT O	10/1/2005	\$113.40	3	NO
1	93225	ECG MONITOR FOR 24 HRS BY CONT O	10/1/2005	\$34.25	3	NO
1	93226	ECG MONITOR FOR 24 HRS BY CONT O	10/1/2005	\$60.20	3	NO
1	93227	ECG MONITOR FOR 24 HRS BY CONT O	10/1/2005	\$18.94	3	NO
1	93230	ECG MON 24 HRS CONT ORIG ECG WAV	10/1/2005	\$121.19	3	NO
1	93231	ECG MON FOR 24 HRS BY CONT ORIG	10/1/2005	\$42.30	3	NO
1	93232	ECG MON FOR 24 HRS BY CONT ORIG	10/1/2005	\$59.94	3	NO
1	93233	ECG MON FOR 24 HRS BY CONT ORIG	10/1/2005	\$18.94	3	NO
1	93235	ECG MON FOR 24 HRS BY CONT COMP	10/1/2005	\$87.97	3	NO
1	93236	ECG MON FOR 24 HRS BY CONT COMP	10/1/2005	\$71.62	3	NO
1	93237	ECG MON FOR 24 HRS BY CONT COMP	10/1/2005	\$16.35	3	NO
1	93268	PATIENT DEMAND SINGLE OR MULTIPL	10/1/2005	\$213.83	3	NO
1	93270	PATIENT DEMAND SINGLE OR MULTIPL	10/1/2005	\$34.25	3	NO
1	93271	PATIENT DEMAND SINGLE OR MULTIPL	10/1/2005	\$160.63	3	NO
1	93272	PATIENT DEMAND SINGLE OR MULTIPL	10/1/2005	\$18.94	3	NO
1	93278	SIGNAL-AVERAGED ELECTROCARDIOGRA	10/1/2005	\$42.04	3	NO
1	93303	TRANSTHORACIC ECHOCARDIOGRAPHY F	10/1/2005	\$153.36	3	NO
1	93304	TRANSTHORACIC ECHOCARDIOGRAPHY F	10/1/2005	\$81.22	3	NO
1	93307	ECHOCARDIOGRAPHY, TRANSTHORACIC,	10/1/2005	\$139.87	3	NO
1	93308	ECHOCARDIOGRAPHY, REAL-TIME W/IM	10/1/2005	\$73.18	3	NO
1	93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEA	10/1/2005	\$185.28	3	NO
1	93313	ECHOCARDIOGRAPHY, REAL TIME WITH	10/1/2005	\$31.66	3	NO
1	93314	ECHOCARDIOGRAPHY, REAL TIME WITH	10/1/2005	\$151.55	3	NO
1	93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY	10/1/2005	\$32.18	3	NO
1	93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY	10/1/2005	\$170.75	3	NO
1	93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEA	10/1/2002	\$0.01	5	NO
1	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED	10/1/2005	\$61.50	3	NO
1	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED	10/1/2005	\$36.59	3	NO
1	93325	DOPPLER COLOR FLOW VELOCITY MAPP	10/1/2005	\$83.56	3	NO
1	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC,	10/1/2005	\$103.54	3	NO
1	93501	RIGHT HEART CATHETERIZATION	10/1/2005	\$579.46	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	93503	INSERTION AND PLACEMENT OF FLOW	10/1/2005	\$98.35	3	NO
1	93505	ENDOMYOCARDIAL BIOPSY	10/1/2005	\$220.83	3	NO
1	93508	CATHETER PLACEMENT IN CORONARY A	10/1/2005	\$511.22	3	NO
1	93510	LEFT HEART CATHETERIZATION RETRO	10/1/2005	\$1,194.74	3	NO
1	93511	LEFT HEART CATHETERIZATION RETRO	10/1/2005	\$1,193.96	3	NO
1	93514	LEFT HEART CATHETERIZATION BY LE	10/1/2005	\$1,267.66	3	NO
1	93524	COMBINED TRANSSEPTAL AND RETROGR	10/1/2005	\$1,570.49	3	NO
1	93526	COMBINED RIGHT HEART CATHETERIZA	10/1/2005	\$1,570.23	3	NO
1	93527	COMBINED RT HEART CATH & TRANSSE	10/1/2005	\$1,583.21	3	NO
1	93528	COMBINED RIGHT HEART CATHETERIZA	10/1/2005	\$1,649.64	3	NO
1	93529	COMBINED RIGHT HEART CATH/LEFT H	10/1/2005	\$1,487.45	3	NO
1	93530	RIGHT HEART CATHETERIZATION, FOR	10/1/2005	\$632.92	3	NO
1	93531	COMBINED RIGHT HEART CATHETERIZA	10/1/2005	\$1,655.87	3	NO
1	93532	COMBINED RIGHT HEART CATHETERIZA	10/1/2005	\$1,683.12	3	NO
1	93533	COMBINED RIGHT HEART CATHETERIZA	10/1/2005	\$1,553.63	3	NO
1	93536	PERCUTANEOUS INSERTION OF INTRA-	4/1/2002	INVALID	N	NO
1	93539	INJECTION PROCEDURE DURING CARDI	10/1/2005	\$14.79	3	NO
1	93540	INJECTION PROCEDURE DURING CARDI	10/1/2005	\$15.83	3	NO
1	93541	INJECTION PROCEDURE DURING CARDI	10/1/2005	\$10.64	3	NO
1	93542	INJECTION PROCEDURE DURING CARDI	10/1/2005	\$10.64	3	NO
1	93543	INJECTION PROCEDURE DURING CARDI	10/1/2005	\$10.64	3	NO
1	93544	INJECTION PROCEDURE DURING CARDI	10/1/2005	\$9.34	3	NO
1	93545	INJECTION PROCEDURE DURING CARDI	10/1/2005	\$14.79	3	NO
1	93555	IMAGING SUPERVISION, INTERPRETAT	10/1/2005	\$201.63	3	NO
1	93556	IMAGING SUPERVISION, INTERPRETAT	10/1/2005	\$300.50	3	NO
1	93561	INDICATOR DILUTION STUDIES SUCH	10/1/2005	\$32.96	3	NO
1	93562	INDICATOR DILUTION STUDIES SUCH	10/1/2005	\$15.05	3	NO
1	93571	INTRAVASCULAR DOPPLER VELOCITY A	10/1/2005	\$190.47	3	NO
1	93572	INTRAVASCULAR DOPPLER VELOCITY M	10/1/2005	\$114.44	3	NO
1	93580	PERCUTANEOUS TRANSCATHETER CLOSU	10/1/2005	\$690.27	3	NO
1	93581	PERCUTANEOUS TRANSCATHETER CLOSU	10/1/2005	\$920.45	3	NO
1	93600	BUNDLE OF HIS RECORDING	10/1/2005	\$134.68	3	NO
1	93602	INTRA-ATRIAL RECORDING	10/1/2005	\$111.33	3	NO
1	93603	RIGHT VENTRICULAR RECORDING	10/1/2005	\$127.16	3	NO
1	93607	LEFT VENTRICULAR RECORDING	4/1/2002	INVALID	N	NO
1	93609	INTRAVENTRICULAR AND/OR INTRA-AT	10/1/2005	\$264.17	3	NO
1	93610	INTRA-ATRIAL PACING	10/1/2005	\$152.59	3	NO
1	93612	INTRAVENTRICULAR PACING	10/1/2005	\$159.59	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	93613	INTRACARDIAC ELECTROPHYSIOLOGIC	10/1/2005	\$265.47	3	NO
1	93615	ESOPHAGEAL RECORDING OF ATRIAL E	10/1/2005	\$42.30	3	NO
1	93616	ESOPHAGEAL RECORDING OF ATRIAL E	10/1/2005	\$60.98	3	NO
1	93618	INDUCTION OF ARRHYTHMIA BY ELECT	10/1/2005	\$266.25	3	NO
1	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC	10/1/2005	\$490.46	3	NO
1	93621	COMP ELECTROPHYSIOLOGIC EVAL W/R	3/1/2004	\$0.01	5	NO
1	93622	COMP ELECTROPHYSIOLOGIC EVAL W/R	4/1/1990	\$0.01	5	NO
1	93623	PROGRAMMED STIMULATION AND PACIN	10/1/2004	\$0.01	5	NO
1	93624	ELECTROPHYSIOLOGIC FOLLOW-UP STU	10/1/2005	\$240.04	3	NO
1	93631	INTRA-OPERATIVE EPICARDIAL AND E	10/1/2005	\$467.10	3	NO
1	93640	ELECTROPHYSIOLOGIC EVAL OF CARDI	10/1/2005	\$326.45	3	NO
1	93641	ELECTROPHYSIOLOGIC EVALUATION OF	10/1/2005	\$415.72	3	NO
1	93642	ELECTROPHYSIOLOGIC EVALUATION OF	10/1/2005	\$385.10	3	NO
1	93650	INTRACARDIAC CATHETER ABLATION O	10/1/2005	\$406.12	3	NO
1	93651	INTRACARDIAC CATHETER ABLATION O	10/1/2005	\$614.24	3	NO
1	93652	INTRACARDIAC CATHETER ABLATION O	10/1/2005	\$668.21	3	NO
1	93660	EVALUATION OF CARDIOVASCULAR FUN	10/1/2005	\$113.92	3	NO
1	93662	INTRACARDIAC ECHOCARDIOGRAPHY DU	10/1/2002	\$0.01	5	NO
1	93668	PERIPHERAL ARTERIAL DISEASE (PAD)	10/1/2005	\$0.01	5	NO
1	93701	BIOIMPEDANCE, THORACIC, ELECTRIC	10/1/2005	\$30.36	3	NO
1	93720	PLETHYSMOGRAPHY TOTAL BODY WITH	10/1/2005	\$25.95	3	NO
1	93721	PLETHYSMOGRAPHY TOTAL BODY TRACI	10/1/2005	\$19.98	3	NO
1	93722	PLETHYSMOGRAPHY TOTAL BODY INTER	10/1/2005	\$5.97	3	NO
1	93724	ELECTRONIC ANALYSIS OF ANTITACHY	10/1/2005	\$289.34	3	NO
1	93727	ELECTRONIC ANALYSIS OF IMPLANTAB	10/1/2005	\$19.20	3	NO
1	93731	ELECTRONIC ANALYSIS OF DUAL-CHAM	10/1/2005	\$30.36	3	NO
1	93732	ELECTRONIC ANALYSIS OF DUAL-CHAM	10/1/2005	\$48.01	3	NO
1	93733	ELECTRONIC ANALYSIS OF DUAL-CHAM	10/1/2005	\$26.99	3	NO
1	93734	ELECTRONIC ANALYSIS OF SINGLE-CH	10/1/2005	\$23.61	3	NO
1	93735	ELECTRONIC ANALYSIS OF SINGLE-CH	10/1/2005	\$39.70	3	NO
1	93736	ELECTRONIC ANALYSIS OF SINGLE-CH	10/1/2005	\$23.61	3	NO
1	93737	ELECTRONIC ANALYSIS OF CARDIOVER	4/1/2002	INVALID	N	NO
1	93738	ELECTRONIC ANALYSIS OF CARDIOVER	4/1/2002	INVALID	N	NO
1	93740	TEMPERATURE GRADIENT STUDIES	10/1/2005	\$9.60	3	NO
1	93741	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$48.01	3	NO
1	93742	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$52.16	3	NO
1	93743	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$58.13	3	NO
1	93744	ELECTRONIC ANALYSIS OF PACING CA	10/1/2005	\$62.02	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	93745	INITIAL SET-UP AND PROGRAMMING B	1/1/2005	\$0.01	5	NO
1	93760	THERMOGRAM CEPHALIC	10/1/2000	\$50.61	3	NO
1	93762	THERMOGRAM; PERIPHERAL	10/1/2000	\$60.62	3	NO
1	93770	DETERMINATION OF VENOUS PRESSURE	10/1/2005	\$6.75	3	NO
1	93784	AMBULATORY BLOOD PRESSURE MONITO	10/1/2005	\$50.86	3	NO
1	93786	AMBULATORY BLOOD PRESSURE MONITO	10/1/2005	\$23.87	3	NO
1	93788	AMBULATORY BLOOD PRESSURE MONITO	10/1/2005	\$13.49	3	NO
1	93790	AMBULATORY BLOOD PRESSURE MONITO	10/1/2005	\$13.49	3	NO
1	93797	PHYSICIAN SERVICES FOR OUTPATIEN	10/1/2005	\$12.72	3	NO
1	93798	PHYSICIAN SERVICES FOR OUTPATIEN	10/1/2005	\$19.46	3	NO
1	93799	UNLISTED CARDIOVASCULAR SERVICE	4/1/1982	\$0.01	5	NO
1	93875	NONINVASIVE PHYSIOLOGIC STUDIES	10/1/2005	\$69.29	3	NO
1	93880	DUPLEX SCAN OF EXTRACRANIAL ARTE	10/1/2005	\$169.71	3	NO
1	93882	DUPLEX SCAN OF EXTRACRANIAL ARTE	10/1/2005	\$107.95	3	NO
1	93886	TRANSCRANIAL DOPPLER STUDY OF TH	10/1/2005	\$210.97	3	NO
1	93888	TRANSCRANIAL DOPPLER STUDY OF TH	10/1/2005	\$134.42	3	NO
1	93890	TRANSCRANIAL DOPPLER STUDY OF TH	10/1/2005	\$164.78	3	NO
1	93892	TRANSCRANIAL DOPPLER STUDY OF TH	10/1/2005	\$175.42	3	NO
1	93893	TRANSCRANIAL DOPPLER STUDY OF TH	10/1/2005	\$172.05	3	NO
1	93922	NONINVASIVE PHYSIOLOGIC STUDIES	10/1/2005	\$79.93	3	NO
1	93923	NONINVASIVE PHYSIOLOGIC STUDIES	10/1/2005	\$123.00	3	NO
1	93924	NONINVASIVE PHYSIOLOGIC STUDIES	10/1/2005	\$145.06	3	NO
1	93925	DUPLEX SCAN OF LOWER EXTREMITY A	10/1/2005	\$201.11	3	NO
1	93926	DUPLEX SCAN OF LOWER EXTREMITY A	10/1/2005	\$122.22	3	NO
1	93930	DUPLEX SCAN OF UPPER EXTREMITY A	10/1/2005	\$161.41	3	NO
1	93931	DUPLEX SCAN OF UPPER EXTREMITY A	10/1/2005	\$105.36	3	NO
1	93965	NON-INVASIVE PHYSIOLOGIC STUDIES	10/1/2005	\$85.12	3	NO
1	93970	DUPLEX SCAN OF EXTREMITY VEINS I	10/1/2005	\$165.56	3	NO
1	93971	DUPLEX SCAN OF EXTREMITY VEINS I	10/1/2005	\$112.62	3	NO
1	93975	DUPLEX SCAN OF ARTERIAL INFLOW A	10/1/2005	\$259.24	3	NO
1	93976	DUPLEX SCAN OF ARTERIAL INFLOW A	10/1/2005	\$153.11	3	NO
1	93978	DUPLEX SCAN OF AORTA, INFERIOR V	10/1/2005	\$145.06	3	NO
1	93979	DUPLEX SCAN OF AORTA, INFERIOR V	10/1/2005	\$101.72	3	NO
1	93980	DUPLEX SCAN OF ARTERIAL INFLOW A	10/1/2005	\$117.29	3	NO
1	93981	DUPLEX SCAN OF ARTERIAL INFLOW A	10/1/2005	\$94.46	3	NO
1	93990	DUPLEX SCAN OF HEMODIALYSIS ACCE	10/1/2005	\$116.78	3	NO
1	94010	SPIROMETRY INCLUDING GRAPHIC REC	10/1/2005	\$22.58	3	NO
1	94014	PATIENT INITIATED SPIROMETRIC RE	10/1/2005	\$33.99	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	94015	PATIENT INITIATED SPIROMETRIC RE	10/1/2005	\$15.57	3	NO
1	94016	PATIENT INITIATED SPIROMETRIC RE	10/1/2005	\$18.42	3	NO
1	94060	BRONCHODILATION RESPONSIVE, SPIR	10/1/2005	\$37.63	3	NO
1	94070	BRONCHOSPASM PROVOCATION EVAL, M	10/1/2005	\$40.22	3	NO
1	94150	VITAL CAPACITY TOTAL {SEPARATE P	10/1/2005	\$14.53	3	NO
1	94200	MAXIMUM BREATHING CAPACITY MAXIM	10/1/2005	\$15.05	3	NO
1	94240	FUNCTIONAL RESIDUAL CAPACITY OR	10/1/2005	\$25.43	3	NO
1	94250	EXPIRED GAS COLLECTION QUANTITAT	10/1/2005	\$19.98	3	NO
1	94260	THORACIC GAS VOLUME	10/1/2005	\$19.72	3	NO
1	94350	DETERMINATION OF MALDISTRIBUTION	10/1/2005	\$27.77	3	NO
1	94360	DETERMINATION OF RESISTANCE TO A	10/1/2005	\$26.73	3	NO
1	94370	DETERMINATION OF AIRWAY CLOSING	10/1/2005	\$26.21	3	NO
1	94375	RESPIRATORY FLOW VOLUME LOOP	10/1/2005	\$24.39	3	NO
1	94400	BREATHING RESPONSE TO C02 {C02 R	10/1/2005	\$34.51	3	NO
1	94450	BREATHING RESPONSE TO HYPOXIA (H	10/1/2005	\$33.48	3	NO
1	94452	HIGH ALTITUDE SIMULATION TEST (H	1/1/2005	NC	9	NO
1	94453	HIGH ALTITUDE SIMULATION TEST (H	1/1/2005	NC	9	NO
1	94620	PULMONARY STRESS TESTING SIMPLE	10/1/2005	\$84.60	3	NO
1	94621	PULMONARY STRESS TESTINT; COMPLE	10/1/2005	\$98.09	3	NO
1	94640	NONPRESSURIZED INHALATION TREATM	10/1/2005	\$8.30	3	NO
1	94642	AEROSOL INHALATION OF PENTAMIDIN	10/1/2000	\$26.34	3	NO
1	94650	INTERMITTENT POSITIVE PRESSURE B	7/1/2003	INVALID	N	NO
1	94651	INTERMITTENT POSITIVE PRESSURE B	7/1/2003	INVALID	N	NO
1	94652	INTERMITTENT POSITIVE PRESSURE B	7/1/2003	INVALID	N	NO
1	94656	VENTILATION ASSIST AND MANAGEMEN	10/1/2005	\$63.58	3	NO
1	94657	VENTILATION ASSIST AND MANAGEMEN	10/1/2005	\$48.01	3	NO
1	94660	CONTINUOUS POSITIVE AIRWAY PRESS	10/1/2005	\$37.63	3	NO
1	94662	CONTINUOUS NEGATIVE PRESSURE VEN	10/1/2005	\$26.47	3	NO
1	94664	DEMONSTRATION AND/OR EVALUATION	10/1/2005	\$9.08	3	NO
1	94665	AEROSOL OR VAPOR INHALATIONS FOR	7/1/2003	INVALID	N	NO
1	94667	MANIPULATION CHEST WALL SUCH AS	10/1/2005	\$14.79	3	NO
1	94668	MANIPULATION CHEST WALL SUCH AS	10/1/2005	\$12.20	3	NO
1	94680	OXYGEN UPTAKE EXPIRED GAS ANALYS	10/1/2005	\$56.83	3	NO
1	94681	OXYGEN UPTAKE EXPIRED GAS ANALYS	10/1/2005	\$73.96	3	NO
1	94690	OXYGEN UPTAKE EXPIRED GAS ANALYS	10/1/2005	\$54.75	3	NO
1	94720	CARBON MONOXIDE DIFFUSING CAPACI	10/1/2005	\$34.51	3	NO
1	94725	MEMBRANE DIFFUSION CAPACITY	10/1/2005	\$85.64	3	NO
1	94750	PULMONARY COMPLIANCE STUDY (EG,	10/1/2005	\$42.04	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	94760	NONINVASIVE EAR OR PULSE OXIMETR	10/1/2005	\$1.56	3	NO
1	94761	NONINVASIVE EAR/PULSE OXIMETRY F	10/1/2005	\$3.37	3	NO
1	94762	NONINVASIVE EAR OR PULSE OXIMETR	10/1/2005	\$14.79	3	NO
1	94770	CARBON DIOXIDE EXPIRED GAS DETER	10/1/2005	\$25.43	3	NO
1	94772	CIRCADIAN RESPIRATORY PATTERN RE	10/1/2000	\$180.53	3	NO
1	94799	UNLISTED PULMONARY SERVICE OR PR	4/1/1982	\$0.01	5	NO
1	95004	PERCUTANEOUS TESTS WITH ALLERGEN	10/1/2005	\$2.85	3	NO
1	95010	PERCUTANEOUS TESTS SEQUENTIAL AN	10/1/2005	\$12.46	3	NO
1	95015	INTRACUTANEOUS TESTS, SEQUENTIAL	10/1/2005	\$7.79	3	NO
1	95024	INTRACUTANEOUS TESTS WITH ALLERG	10/1/2005	\$4.15	3	NO
1	95027	SKIN END POINT TITRATION	10/1/2005	\$4.15	3	NO
1	95028	INTRACUTANEOUS TESTS WITH ALLERG	10/1/2005	\$6.23	3	NO
1	95044	PATCH OR APPLICATION TEST(S)(SPE	10/1/2005	\$5.45	3	NO
1	95052	PHOTO PATCH TEST(S) (SPECITY NUM	10/1/2005	\$6.75	3	NO
1	95056	PHOTO TESTS	10/1/2005	\$4.67	3	NO
1	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	10/1/2005	\$9.60	3	NO
1	95065	DIRECT NASAL MUCOUS MEMBRANE TES	10/1/2005	\$5.45	3	NO
1	95070	INHALATION BRONCHIAL CHALLENGE T	10/1/2005	\$59.69	3	NO
1	95071	INHALATION BRONCHIAL CHALLENGE T	10/1/2005	\$76.29	3	NO
1	95075	INGESTION CHALLENGE TEST (SEQUEN	10/1/2005	\$46.71	3	NO
1	95078	PROVACTIVE TESTING (EG RINKEL TE	4/1/1990	NC	9	NO
1	95115	PROF SVCS FOR ALLERGEN IMMUNOTHE	10/1/2005	\$10.64	3	NO
1	95117	PROFESSIONAL SERVICES FOR ALLERG	10/1/2005	\$13.49	3	NO
1	95120	PROFESSIONAL SERVICES FOR ALLERG	10/1/2000	\$11.93	3	NO
1	95125	PROFESSIONAL SERVICES FOR ALLERG	10/1/2000	\$11.93	3	NO
1	95130	PROFESSIONAL SERVICES FOR ALLERG	10/1/2000	\$16.58	3	NO
1	95131	PROFESSIONAL SERVICES FOR ALLERG	10/1/2000	\$33.17	3	NO
1	95132	PROFESSIONAL SERVICES FOR ALLERG	10/1/2000	\$49.74	3	NO
1	95133	PROFESSIONAL SERVICES FOR ALLERG	10/1/2000	\$66.31	3	NO
1	95134	PROFESSIONAL SERVICES FOR ALLERG	10/1/2000	\$82.91	3	NO
1	95144	PROFESSIONAL SERVICES FOR THE SU	10/1/2005	\$6.75	3	NO
1	95145	PROFFESIONAL SERVICES FOR THE SU	10/1/2005	\$10.12	3	NO
1	95146	PROFESSIONAL SERVICES FOR THE SU	10/1/2005	\$13.23	3	NO
1	95147	PROFESSIONAL SERVICES FOR THE SU	10/1/2005	\$12.72	3	NO
1	95148	PROFESSIONAL SERVICES FOR THE SU	10/1/2005	\$16.87	3	NO
1	95149	PROFESSIONAL SERVICES FOR THE SU	10/1/2005	\$22.58	3	NO
1	95165	PROFESSIONAL SERVICES FOR THE SU	10/1/2005	\$6.75	3	NO
1	95170	PROFESSIONAL SERVICES FOR THE SU	10/1/2005	\$5.19	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	95180	RAPID DESENSITIZATION PROCEDURE,	10/1/2005	\$106.14	3	NO
1	95199	UNLISTED ALLERGY/CLINICAL IMMUNO	4/1/1982	\$0.01	5	NO
1	95250	AMBULATORY CONTINUOUS GLUCOSE MO	10/1/2005	\$106.65	3	NO
1	95251	AMBULATORY CONTINUOUS GLUCOSE MO	1/1/2006	\$18.94	3	NO
1	95805	MULTIPLE SLEEP LATENCY TESTING (	10/1/2005	\$507.84	3	NO
1	95806	SLEEP STUDY, SIMULTANEOUS RECORD	10/1/2005	\$139.35	3	NO
1	95807	SLEEP STUDY, 3 OR MORE PARAMETER	10/1/2005	\$363.56	3	NO
1	95808	POLYSOMNOGRAPHY; SLEEP STAGING W	10/1/2005	\$425.32	3	NO
1	95810	POLYSOMNOGRAPHY; SLEEP STAGING W	10/1/2005	\$560.52	3	NO
1	95811	POLYSOMNOGRAPHY; OF SLEEP, ATTEN	10/1/2005	\$612.16	3	NO
1	95812	ELECTROENCEPHALOGRAM (EEG) EXTEN	10/1/2005	\$137.02	3	NO
1	95813	ELECTROENCEPHALOGRAM (EEG) EXTEN	10/1/2005	\$180.61	3	NO
1	95816	ELECTROENCEPHALOGRAM (EEG); INCL	10/1/2005	\$128.45	3	NO
1	95819	ELECTROENCEPHALOGRAM (EEG); INCL	10/1/2005	\$109.51	3	NO
1	95822	ELECTROENCEPHALOGRAM (EEG); RECO	10/1/2005	\$152.33	3	NO
1	95827	ELECTROENCEPHALOGRAM (EEG); ALL	10/1/2005	\$103.02	3	NO
1	95829	ELECTROCORTICOGRAM AT SURGERY (S	10/1/2005	\$978.32	3	NO
1	95830	INSERTION BY PHYSICIAN OF SPHENO	10/1/2005	\$132.35	3	NO
1	95831	MUSCLE TESTING MANUAL (SEPARATE	10/1/2005	\$19.46	3	NO
1	95832	MUSCLE TESTING MANUAL (SEPARATE	10/1/2005	\$16.61	3	NO
1	95833	MUSCLE TESTING MANUAL (SEPARATE	10/1/2005	\$27.77	3	NO
1	95834	MUSCLE TESTING MANUAL (SEPARATE	10/1/2005	\$32.70	3	NO
1	95851	RANGE OF MOTION MEASUREMENTS AND	10/1/2005	\$13.75	3	NO
1	95852	RANGE OF MOTION MEASUREMENTS AND	10/1/2005	\$9.86	3	NO
1	95857	TENSILON TEST FOR MYASTHENIA GRA	10/1/2005	\$29.84	3	NO
1	95858	TENSILON TEST FOR MYASTHENIA GRA	1/1/2006	INVALID	N	NO
1	95860	NEEDLE ELECTROMYOGRAPHY, ONE EXT	10/1/2005	\$63.58	3	NO
1	95861	NEEDLE ELECTROMYOGRAPHY, TWO EXT	10/1/2005	\$80.19	3	NO
1	95863	NEEDLE ELECTROMYOGRAPHY, THREE E	10/1/2005	\$97.57	3	NO
1	95864	NEEDLE ELECTROMYOGRAPHY, FOUR EX	10/1/2005	\$126.12	3	NO
1	95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	1/1/2006	\$81.22	3	NO
1	95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIA	1/1/2006	\$54.75	3	NO
1	95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL	10/1/2005	\$46.45	3	NO
1	95868	NEEDLE ELECTROMYOGRAPHY, CRANIAL	10/1/2005	\$64.88	3	NO
1	95869	NEEDLE ELECTROMYOGRAPHY; THORACI	10/1/2005	\$20.24	3	NO
1	95870	NEEDLE ELECTROMYOGRAPHY; OTHER T	10/1/2005	\$20.24	3	NO
1	95872	NEEDLE ELECTROMYOGRAPHY USING SI	10/1/2005	\$74.22	3	NO
1	95873	ELECTRICAL STIMULATION FOR GUIDA	1/1/2006	\$19.98	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	95874	NEEDLE ELECTROMYOGRAPHY FOR GUID	1/1/2006	\$20.24	3	NO
1	95875	ISCHEMIC LIMB EXERCISE TEST WITH	10/1/2005	\$69.03	3	NO
1	95900	NERVE CONDUCTION, AMPLITUDE AND	10/1/2005	\$44.63	3	NO
1	95903	NERVE CONDUCTION, AMPLITUDE AND	10/1/2005	\$47.75	3	NO
1	95904	NERVE CONDUCTION, AMPLITUDE AND	10/1/2005	\$38.15	3	NO
1	95920	INTRAOPERATIVE NEUROPHYSIOLOGY T	10/1/2005	\$118.85	3	NO
1	95921	TESTING OF AUTONOMIC NERVOUS SYS	10/1/2005	\$43.34	3	NO
1	95922	TESTING OF AUTONOMIC SYSTEM FUNC	10/1/2005	\$46.97	3	NO
1	95923	TESTING OF AUTONOMIC NERVOUS SYS	10/1/2005	\$75.51	3	NO
1	95925	SHORT-LATENCY SOMATOSENSORY EVOK	10/1/2005	\$45.93	3	NO
1	95926	SHORT-LATENCY SOMATOSENSORY EVOK	10/1/2005	\$45.93	3	NO
1	95927	SHORT-LATENCY SOMATOSENSORY EVOK	10/1/2005	\$46.45	3	NO
1	95928	CENTRAL MOTOR EVOKED POTENTIAL S	1/1/2005	NC	9	NO
1	95929	CENTRAL MOTOR EVOKED POTENTIAL S	1/1/2005	NC	9	NO
1	95930	VISUAL EVOKED POTENTIAL (VEP) TE	10/1/2005	\$67.99	3	NO
1	95933	ORBICULARIS OCULI (BLINK) REFLEX	10/1/2005	\$44.37	3	NO
1	95934	H-REFLEX, AMPLITUDE AND LATENCY	10/1/2005	\$25.43	3	NO
1	95936	H-REFLEX, AMPLITUDE AND LATENCY	10/1/2005	\$27.25	3	NO
1	95937	NEUROMUSCULAR JUNCTION TESTING (	10/1/2005	\$35.03	3	NO
1	95950	MONITORING FOR IDENTIFICATION AN	10/1/2005	\$154.40	3	NO
1	95953	MONITORING FOR LOCALIZATION OF C	10/1/2005	\$293.24	3	NO
1	95954	PHARMACOLOGICAL OR PHYSICAL ACTI	10/1/2005	\$178.02	3	NO
1	95955	ELECTROENCEPHALOGRAM (EEG) DURIN	10/1/2005	\$92.38	3	NO
1	95956	MONITORING FOR LOCALIZATION OF C	10/1/2005	\$495.13	3	NO
1	95957	DIGITAL ANALYSIS OF ELECTROENCEP	10/1/2005	\$123.52	3	NO
1	95958	WADA ACTIVATION TEST FOR HEMISPH	10/1/2005	\$209.94	3	NO
1	95961	FUNCTIONAL CORTICAL MAPPING BY S	10/1/2005	\$159.33	3	NO
1	95962	FUNCTIONAL CORTICAL MAPPING BY S	10/1/2005	\$163.49	3	NO
1	95965	MAGNETOENCEPHALOGRAPHY (MEG), RE	1/1/2003	\$0.01	5	NO
1	95966	MAGNETOENCEPHALOGRAPHY (MEG), RE	1/1/2003	\$0.01	5	NO
1	95967	MAGNETOENCEPHALOGRAPHY (MEG), RE	1/1/2003	\$0.01	5	NO
1	95970	ELECTRONIC ANALYSIS OF IMPLANTED	10/1/2005	\$34.51	3	NO
1	95971	ELECTRONIC ANALYSIS OF IMPLANTED	10/1/2005	\$39.70	3	NO
1	95972	ELECTRONIC ANALYSIS OF IMPLANTED	10/1/2005	\$73.96	3	NO
1	95973	ELECTRONIC ANALYSIS OF IMPLANTED	10/1/2005	\$41.78	3	NO
1	95974	ELECTRONIC ANALYSIS OF IMPLANTED	10/1/2005	\$126.38	3	NO
1	95975	ELECTRONIC ANALYSIS OF IMPLANTED	10/1/2005	\$70.32	3	NO
1	95978	ELECTRONIC ANALYSIS OF IMPLANTED	1/1/2005	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	95979	ELECTRONIC ANALYSIS OF IMPLANTED	1/1/2005	NC	9	NO
1	95990	REFILLING AND MAINTENANCE OF IMP	10/1/2005	\$40.48	3	NO
1	95991	REFILLING AND MAINT OF IMPLANTAB	10/1/2005	\$59.43	3	NO
1	95999	UNLISTED NEUROLOGICAL OR NEUROMU	4/1/1982	\$0.01	5	NO
1	96000	COMPREHENSIVE COMPUTER-BASED MOT	10/1/2005	\$63.32	3	NO
1	96001	COMPREHENSIVE COMPUTER-BASED MOT	10/1/2005	\$75.51	3	NO
1	96002	DYNAMIC SURFACE ELECTROMYOGRAPHY	10/1/2005	\$15.05	3	NO
1	96003	DYNAMIC FINE WIRE ELECTROMYOGRAP	10/1/2005	\$13.23	3	NO
1	96004	PHYSICIAN REVIEW AND INTERPRETAT	10/1/2005	\$82.78	3	NO
1	96100	PSYCHOLOGICAL TESTING WITH INTER	1/1/2006	INVALID	N	NO
1	96101	PSYCHOLOGICAL TESTING, PER HOUR	1/1/2006	\$66.43	3	NO
1	96102	PSYCHOLOGICAL TESTING, W/QUALIFI	1/1/2006	NC	9	NO
1	96103	PSYCHOLOGICAL TESTING, ADMIN BY	1/1/2006	NC	9	NO
1	96105	ASSESSMENT OF APHASIA WITH INTER	1/1/1996	NC	9	NO
1	96110	DEVELOPMENTAL TESTING; LIMITED,	10/1/2005	\$9.34	3	NO
1	96111	DEVELOPMENTAL TESTING; EXTENDED	10/1/2005	\$99.39	3	NO
1	96115	NEUROBEHAVIORIAL STATUS EXAM WITH	1/1/2006	INVALID	N	NO
1	96116	NEUROBEHAVIORIAL STATUS EXAM, PER	1/1/2006	\$74.48	3	NO
1	96117	NEUROPSYCHO TESTING BATTERY (HAL	1/1/2006	INVALID	N	NO
1	96118	NEUROPSYCHOLOGICAL TESTING, PER	1/1/2006	\$89.01	3	NO
1	96119	NEUROPSYCHOLOGICLA TESTING, W/QU	1/1/2006	NC	9	NO
1	96120	NEUROPSYCHOLOGICAL TESTING, ADMI	1/1/2006	NC	9	NO
1	96154	HEALTH AND BEHAVIOR INTERVENTION	10/1/2004	NC	9	NO
1	96155	HEALTH AND BEHAVIOR INTERVENTION	10/1/2004	NC	9	NO
1	96400	CHEMOTHERAPY ADMINISTRATION; SUB	1/1/2006	INVALID	N	NO
1	96401	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2006	\$45.41	3	NO
1	96402	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2006	\$24.39	3	NO
1	96405	CHEMOTHERAPY ADMINISTRATION; INT	10/1/2005	\$73.96	3	NO
1	96406	CHEMOTHERAPY ADMINISTRATION; INT	10/1/2005	\$99.65	3	NO
1	96408	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
1	96409	CHEMOTHERAPY ADMINISTRATION; INT	1/1/2006	\$83.82	3	NO
1	96410	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
1	96411	CHEMOTHERAPY ADMINISTRATION; INT	1/1/2006	\$48.53	3	NO
1	96412	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
1	96413	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2006	\$118.33	3	NO
1	96414	CHEMO ADMIN, INTRAVEN; INFUSION	1/1/2006	INVALID	N	NO
1	96415	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2006	\$26.73	3	NO
1	96416	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2006	\$127.16	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	96417	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2006	\$57.87	3	NO
1	96420	CHEMOTHERAPY ADMINISTRATION, INT	10/1/2005	\$75.26	3	NO
1	96422	CHEMOTHERAPY ADMINISTRATION, INT	10/1/2005	\$131.83	3	NO
1	96423	CHEMOTHERAPY ADMINISTRATION, INT	10/1/2005	\$53.72	3	NO
1	96425	CHEMO ADMIN, INTRA-ARTERIAL; INF	10/1/2005	\$122.48	3	NO
1	96440	CHEMOTHERAPY ADMINISTRATION INTO	10/1/2005	\$271.44	3	NO
1	96445	CHEMOTHERAPY ADMINISTRATION INTO	10/1/2005	\$269.10	3	NO
1	96450	CHEMOTHERAPY ADMINISTRATION, INT	10/1/2005	\$231.47	3	NO
1	96520	PORTABLE PUMP REFILLING AND MAIN	1/1/2006	INVALID	N	NO
1	96521	REFILLING AND MAINTENANCE OF POR	1/1/2006	\$104.84	3	NO
1	96522	REFILLING AND MAINT OF IMPLANTAB	1/1/2006	\$75.77	3	NO
1	96523	IRRIGATION OF IMPLANTED VENOUS A	1/1/2006	\$19.20	3	NO
1	96530	REFILLING AND MAINTENANCE OF IMP	1/1/2006	INVALID	N	NO
1	96542	CHEMOTHERAPY INJECTION, SUBARACH	10/1/2005	\$148.43	3	NO
1	96545	PROVISION OF CHEMOTHERAPY AGENT	1/1/2006	INVALID	N	NO
1	96549	UNLISTED CHEMOTHERAPY PROCEDURE	9/1/1985	\$0.01	5	NO
1	96567	PHOTODYNAMIC THERAPY BY EXTERNAL	10/1/2005	\$25.95	3	NO
1	96570	PHOTODYNAMIC THERAPY BY ENDOSCOPI	1/1/2000	NC	9	NO
1	96571	PHOTODYNAMIC THERAPY BY ENDOSCOPI	1/1/2000	NC	9	NO
1	96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT	10/1/2005	\$11.94	3	NO
1	96902	MICROSCOPIC EXAM OF HAIRS PLUCKE	10/1/2005	\$15.57	3	NO
1	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRA	10/1/2005	\$26.73	3	NO
1	96912	PHOTOCHEMOTHERAPY; PSORALENS AND	10/1/2005	\$33.99	3	NO
1	96913	PHOTOCHEMOTHERAPY (GOECKERMAN AN	10/1/2005	\$46.19	3	NO
1	96920	LASER TREATMENT FOR INFLAMMATORY	10/1/2005	\$96.27	3	NO
1	96921	LASER TREATMENT FOR INFLAMMATORY	10/1/2005	\$98.61	3	NO
1	96922	LASER TREATMENT FOR INFLAMMATORY	10/1/2005	\$146.10	3	NO
1	96999	UNLISTED SPECIAL DERMATOLOGICAL	4/1/1982	\$0.01	5	NO
1	97001	PHYSICAL THERAPY EVALUATION	10/1/2005	\$51.90	1	NO
1	97002	PHYSICAL THERAPY RE-EVALUATION	10/1/2005	\$27.51	1	NO
1	97003	OCCUPATIONAL THERAPY EVALUATION	10/1/2005	\$55.53	1	NO
1	97004	OCCUPATIONAL THERAPY RE-EVALUATI	10/1/2005	\$33.48	1	NO
1	97005	ATHLETIC TRAINING EVALUATION	1/1/2003	NC	9	NO
1	97006	ATHLETIC TRAINING RE-EVALUATION	1/1/2003	NC	9	NO
1	97010	APPLICATION OF A MODALITY TO ONE	10/1/2004	NC	9	NO
1	97012	PHYSICAL MEDICINE TREATMENT TO O	10/1/2005	\$10.12	3	NO
1	97014	PHYSICAL MEDICINE TREATMENT TO O	10/1/2005	\$9.86	3	NO
1	97016	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	97018	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
1	97020	PHYSICAL MEDICINE TREATMENT TO O	1/1/2006	INVALID	N	NO
1	97022	PHYSICAL MEDICINE TREATMENT TO O	10/1/2005	\$10.12	3	NO
1	97024	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
1	97026	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
1	97028	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
1	97032	APPLICATION OF A MODALITY TO ONE	10/1/2005	\$10.90	3	NO
1	97033	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
1	97034	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
1	97035	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
1	97036	APPLICATION OF A MODALITY TO ONE	10/1/2005	\$15.83	3	NO
1	97039	UNLISTED MODALTY (SPECIFY TYPE	4/1/2005	NC	9	NO
1	97110	THERAPEUTIC PROC, ONE OR MORE AR	10/1/2005	\$19.20	3	NO
1	97112	THERAPEUTIC PROC, ONE OR MORE AR	10/1/2005	\$20.24	3	NO
1	97113	THERAPEUTIC PROCEDURE, ONE OR MO	10/1/2005	\$22.06	3	NO
1	97116	THERAPEUTIC PROCEDURE, ONE OR MO	10/1/2005	\$16.87	3	NO
1	97124	THERAPEUTIC PROC, ONE OR MORE AR	10/1/2005	\$15.31	3	NO
1	97139	THERAPEUTIC PROC, ONE OR MORE AR	4/1/2005	NC	9	NO
1	97140	MANUAL THERAPY TECHNIQUES, ONE O	10/1/2005	\$18.17	3	NO
1	97504	ORTHOTIC(S) FITTING & TRAINING,	1/1/2006	INVALID	N	NO
1	97520	PROSTHETIC TRAINING, UPPER AND/O	1/1/2006	INVALID	N	NO
1	97530	THERAPEUTIC ACTIVITIES, DIRECT P	10/1/2005	\$20.24	3	NO
1	97532	DEVELOPMENT OF COGNITIVE SKILLS	1/1/2001	NC	9	NO
1	97533	SENSORY INTEGRATIVE TECHNIQUES T	1/1/2001	NC	9	NO
1	97545	WORK HARDENING/CONDITIONING; INI	1/1/1993	NC	9	NO
1	97546	WORK HARDENING/CONDITIONING; EAC	1/1/1993	NC	9	NO
1	97597	REMOVAL OF DEVITALIZED TISSUE FR	10/1/2005	\$33.48	3	NO
1	97598	REMOVAL OF DEVITALIZED TISSUE FR	10/1/2005	\$42.56	3	NO
1	97601	REMOVAL OF DEVITALIZED TISSUE FR	1/1/2005	INVALID	N	NO
1	97602	REMOVAL OF DEVITALIZED TISSUE FR	5/1/2003	\$23.36	3	NO
1	97605	NEGATIVE PRESSURE WOUND THERAPY,	1/1/2005	NC	9	NO
1	97606	NEGATIVE PRESSURE WOUND THERAPY,	1/1/2005	NC	9	NO
1	97703	CHECKOUT FOR ORTHOTIC/PROSTHETIC	1/1/2006	INVALID	N	NO
1	97750	PHYSICAL PERFORMANCE TEST OR MEA	10/1/2005	\$20.50	3	NO
1	97755	ASSISTIVE TECHNOLOGY ASSESSMENT,	10/1/2005	\$23.87	3	NO
1	97761	PROSTHETIC TRAINING, UPPER AND/O	1/1/2006	\$19.46	3	NO
1	97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC	1/1/2006	\$17.91	3	NO
1	97780	ACUPUNCTURE, ONE OR MORE NEEDLES	1/1/2005	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	97781	ACUPUNCTURE, ONE OR MORE NEEDLES	1/1/2005	INVALID	N	NO
1	97799	UNLISTED PHYSICAL MEDICINE/REHAB	4/1/1982	\$0.01	5	NO
1	97802	MEDICAL NUTRITION THERAPY; INITI	1/1/2003	\$0.01	P	NO
1	97803	MEDICAL NUTRITION THERAPY; RE-AS	1/1/2003	\$0.01	P	NO
1	97804	MEDICLA NUTRITION THERAPY; GROUP	1/1/2001	NC	9	NO
1	97810	ACUPUNCTURE, ONE OR MORE NEEDLES	10/1/2005	\$16.35	3	NO
1	97811	ACUPUNCTURE, 1 OR MORE NEEDLES;	10/1/2005	\$13.75	3	NO
1	97813	ACUPUNCTURE, 1 OR MORE NEEDLES;	10/1/2005	\$17.65	3	NO
1	97814	ACUPUNCTURE, 1 OR MORE NEEDLES;	10/1/2005	\$15.05	3	NO
1	98925	OSTEOPATHIC MANIPULATIVE TREATME	10/1/2005	\$20.50	3	NO
1	98926	OSTEOPATHIC MANIPULATIVE TREATME	10/1/2005	\$28.29	3	NO
1	98927	OSTEOPATHIC MANIPULATIVE TREATME	10/1/2005	\$36.33	3	NO
1	98928	OSTEOPATHIC MANIPULATIVE TREATME	10/1/2005	\$43.08	3	NO
1	98929	OSTEOPATHIC MANIPULATIVE TREATME	10/1/2005	\$49.56	3	NO
1	98943	CHIROPRACTIC MANIPULATIVE TREATM	1/1/1997	NC	9	NO
1	98960	EDUCATION AND TRAINING FOR PT SE	1/1/2006	NC	9	NO
1	98961	EDUCATION AND TRAINING FOR PT SE	1/1/2006	NC	9	NO
1	98962	EDUCATION AND TRAINING FOR PT SE	1/1/2006	NC	9	NO
1	99000	HANDLING AND/OR CONVEYANCE OF SP	5/1/1991	NC	9	NO
1	99001	HANDLING AND/OR CONVEYANCE OF SP	5/1/1991	NC	9	NO
1	99002	HANDLING, CONVEYANCE, AND/OR ANY	3/27/1989	NC	9	NO
1	99024	POSTOPERATIVE FOLLOW-UP VISIT, I	4/1/1988	NC	9	NO
1	99025	INITIAL (NEW PATIENT) VISIT WHEN	4/1/2004	INVALID	N	NO
1	99026	HOSPITAL MANDATED ON CALL SERVIC	1/1/2003	NC	9	NO
1	99027	HOSPITAL MANDATED ON CALL SERVIC	1/1/2003	NC	9	NO
1	99050	SERVICES PROVIDED IN THE OFFICE	10/1/2000	\$11.71	3	NO
1	99051	SERVICES PROVIDED IN THE OFFICE	1/1/2006	NC	9	NO
1	99052	SERVICES REQUESTED BETWEEN 10:00	1/1/2006	INVALID	N	NO
1	99053	SERVICES PROVIDED BETWEEN 10 PM	1/1/2006	NC	9	NO
1	99054	SERVICES REQUESTED ON SUNDAYS AN	1/1/2006	INVALID	N	NO
1	99056	SVCS TYPICALLY PROVIDED IN THE O	4/1/1982	NC	9	NO
1	99058	SVCS PROVIDED ON AN EMERGENCY BA	10/1/2000	\$4.71	3	NO
1	99060	SERVICES PROVIDED ON AN EMERGENC	1/1/2006	\$0.01	5	NO
1	99070	SUPP & MAT (EX SPECTACLES) PROVI	10/1/2002	NC	9	NO
1	99071	EDUCATIONAL SUPPLIES SUCH AS BOO	10/1/2004	NC	9	NO
1	99075	MEDICAL TESTIMONY	10/1/2004	NC	9	NO
1	99078	PHYSICIAN EDUCATIONAL SERVICES R	10/1/2000	\$11.51	3	NO
1	99082	UNUSUAL TRAVEL (EG, TRANSPORTATI	4/1/1982	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	99090	ANALYSIS OF CLINICAL DATA STORED	4/1/1989	NC	9	NO
1	99091	COLLECTION AND INTERPRETATION OF	1/1/2002	NC	9	NO
1	99100	ANESTHESIA FOR PATIENT OF EXTREM	3/1/1989	NC	9	NO
1	99116	ANESTHESIA COMPLICATED BY UTILIZ	3/1/1989	NC	9	NO
1	99135	ANESTHESIA COMPLICATED BY UTILIZ	3/1/1989	NC	9	NO
1	99140	ANESTHESIA COMPLICATED BY EMERGE	3/1/1989	NC	9	NO
1	99141	SEDATION WITH OR WITHOUT ANALGES	1/1/2006	INVALID	N	NO
1	99142	SEDATION WITH OR WITHOUT ANALGES	1/1/2006	INVALID	N	NO
1	99143	MODERATE SEDATION SVCS PROVIDED	1/1/2006	\$0.01	5	NO
1	99144	MODERATE SEDATION SVCS PROVIDED	3/1/2006	\$70.58	3	NO
1	99145	MODERATE SEDATION SVCS PROVIDED	1/1/2006	\$0.01	5	NO
1	99148	MODERATE SEDATION SVCS PROVIDED	1/1/2006	\$0.01	5	NO
1	99149	MODERATE SEDATION SVCS PROVIDED	1/1/2006	\$0.01	5	NO
1	99150	MODERATE SEDATION SVCS PROVIDED	1/1/2006	\$0.01	5	NO
1	99170	ANOGENITAL EXAMINATION WITH COLP	10/1/2005	\$93.16	3	NO
1	99172	VISUAL FUNCTION SCREENING, AUTOM	4/1/2002	\$85.64	3	NO
1	99173	SCREENING TEST OF VISUAL ACUITY,	8/20/2003	\$7.27	3	NO
1	99175	IPECAC OR SIMILAR ADMINISTRATION	10/1/2005	\$38.67	3	NO
1	99183	PHYSICIAN ATTENDANCE AND SUPERVI	10/1/2005	\$148.95	3	NO
1	99185	HYPOTHERMIA REGIONAL	10/1/2005	\$17.65	3	NO
1	99186	HYPOTHERMIA; TOTAL BODY	10/1/2005	\$57.87	3	NO
1	99190	ASSEMBLY AND OPERATION OF PUMP W	10/1/2000	\$84.26	3	NO
1	99191	ASSEMBLY AND OPERATION OF PUMP W	10/1/2000	\$51.12	3	NO
1	99192	ASSEMBLY AND OPERATION OF PUMP W	10/1/2000	\$38.02	3	NO
1	99195	PHLEBOTOMY THERAPEUTIC (SEPARATE	10/1/2005	\$11.94	3	NO
1	99199	UNLISTED SPECIAL SERVICE OR REPO	8/1/1984	\$0.01	5	NO
1	99201	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$25.17	1	NO
1	99202	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$44.63	1	NO
1	99203	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$66.43	1	NO
1	99204	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$93.94	1	NO
1	99205	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$118.85	1	NO
1	99211	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$14.79	1	NO
1	99212	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$26.47	1	NO
1	99213	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$36.07	1	NO
1	99214	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$56.57	1	NO
1	99215	OFFICE OR OTHER OP VISIT FOR THE	10/1/2005	\$82.26	1	NO
1	99217	OBSERVATION CARE DISCHARGE DAY M	10/1/2005	\$48.53	1	NO
1	99218	INITIAL OBSERVATION CARE, PER DA	10/1/2005	\$46.19	1	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	99219	INITIAL OBSERVATION CARE, PER DA	10/1/2005	\$76.81	1	NO
1	99220	INITIAL OBSERVATION CARE, PER DA	10/1/2005	\$107.95	1	NO
1	99221	INITIAL HOSPITAL CARE, PER DAY,	10/1/2005	\$46.71	1	NO
1	99222	INITIAL HOSP CARE, PER DAY, FOR	10/1/2005	\$77.33	1	NO
1	99223	INITIAL HOSP CARE, PER DAY, FOR	10/1/2005	\$107.69	1	NO
1	99231	SUBSEQUENT HOSP CARE, PER DAY, F	10/1/2005	\$23.36	1	NO
1	99232	SUBSEQUENT HOSP CARE, PER DAY, F	10/1/2005	\$38.15	1	NO
1	99233	SUBSEQUENT HOSP CARE, PER DAY, F	10/1/2005	\$54.24	1	NO
1	99234	OBSERVATION OR INPATIENT HOSP CA	10/1/2005	\$92.90	1	NO
1	99235	OBSERVATION OR INPATIENT HOSP CA	10/1/2005	\$122.48	1	NO
1	99236	OBSERVATION OR INPATIENT HOSP CA	10/1/2005	\$152.85	1	NO
1	99238	HOSPITAL DISCHARGE DAY MANAGEMEN	10/1/2005	\$48.53	1	NO
1	99239	HOSPITAL DISCHARGE DAY MANAGEMEN	10/1/2005	\$66.17	1	NO
1	99241	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$34.51	1	NO
1	99242	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$63.06	1	NO
1	99243	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$84.08	1	NO
1	99244	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$118.33	1	NO
1	99245	OFFICE CONS FOR NEW OR EST PT, W	10/1/2005	\$153.11	1	NO
1	99251	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$24.65	1	NO
1	99252	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$49.56	1	NO
1	99253	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$67.73	1	NO
1	99254	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$97.31	1	NO
1	99255	INITIAL IP CONS FOR NEW OR EST P	10/1/2005	\$134.16	1	NO
1	99261	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
1	99262	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
1	99263	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
1	99271	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
1	99272	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
1	99273	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
1	99274	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
1	99275	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
1	99281	EMERG DEPT VISIT FOR E/M OF PT,	10/1/2005	\$11.42	1	NO
1	99282	EMERG DEPT VISIT FOR E/M OF PT,	10/1/2005	\$18.94	1	NO
1	99283	EMERGENCY DEPT VISIT FOR THE E/M	10/1/2005	\$42.56	1	NO
1	99284	EMERG DEPT VISIT FOR E/M OF PT,	10/1/2005	\$66.43	1	NO
1	99285	EMER DEPT VISIT FOR E/M OF PT, W	10/1/2005	\$104.06	1	NO
1	99288	PHYSICIAN DIRECTION OF EMER MEDI	4/1/2001	\$36.13	1	NO
1	99289	CRITICAL CARE SERVICES DELIVERED	1/1/2003	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	99290	CRITICAL CARE SERVICES DELIVERED	1/1/2003	NC	9	NO
1	99291	CRITICAL CARE, E/M OF THE UNSTAB	10/1/2005	\$175.68	1	NO
1	99292	CRITICAL CARE, INCL DIAG AND THE	10/1/2005	\$77.85	1	NO
1	99293	INITIAL INPATIENT PEDIATRIC CRIT	10/1/2005	\$566.23	3	NO
1	99294	SUBSEQUENT INPATIENT PEDIATRIC C	10/1/2005	\$281.30	3	NO
1	99295	INITIAL INPATIENT NEONATAL CRITI	10/1/2005	\$648.23	1	NO
1	99296	SUBSEQUENT INPATIENT NEONATAL CR	10/1/2005	\$281.56	1	NO
1	99297	SUBSEQUENT NEONATAL INTENSIVE CA	7/1/2003	INVALID	N	NO
1	99298	SUBSEQUENT INTENSIVE CARE, PER D	10/1/2005	\$99.65	1	NO
1	99299	SUBSEQUENT INTENSIVE CARE, PER D	10/1/2005	\$91.34	1	NO
1	99300	SUBSEQUENT INTENSIVE CARE, PER D	1/1/2006	\$87.97	1	NO
1	99301	E/M OF NEW OR EST PT INVOLVING A	1/1/2006	INVALID	N	NO
1	99302	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
1	99303	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
1	99304	INITIAL NURSING FACILITY CARE, P	1/1/2006	\$45.15	1	NO
1	99305	INITIAL NURSING FACILITY CARE, P	1/1/2006	\$59.94	1	NO
1	99306	INITIAL NURSING FACILITY CARE, P	1/1/2006	\$73.96	1	NO
1	99307	SUBSEQUENT NURSING FACILITY CARE	1/1/2006	\$23.36	1	NO
1	99308	SUBSEQUENT NURSING FACILITY CARE	1/1/2006	\$38.67	1	NO
1	99309	SUBSEQUENT NURSING FACILITY CARE	1/1/2006	\$54.50	1	NO
1	99310	SUBSEQUENT NURSING FACILITY CARE	1/1/2006	\$68.25	1	NO
1	99311	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
1	99312	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
1	99313	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
1	99315	NURSING FACILITY DISCHARGE DAY M	10/1/2005	\$42.30	1	NO
1	99316	NURSING FACILITY DISCHARGE DAY M	10/1/2005	\$56.05	1	NO
1	99318	E & M OF A PATIENT INVOLVING AN	1/1/2006	\$45.15	3	NO
1	99321	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
1	99322	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
1	99323	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
1	99324	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$40.22	1	NO
1	99325	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$58.91	1	NO
1	99326	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$85.38	1	NO
1	99327	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$112.36	1	NO
1	99328	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$139.09	1	NO
1	99331	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
1	99332	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
1	99333	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	99334	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$31.14	1	NO
1	99335	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$49.31	1	NO
1	99336	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$76.03	1	NO
1	99337	DOMICILIARY OR REST HOME VISIT F	1/1/2006	\$111.84	1	NO
1	99339	INDIVIDUAL PHYSICIAN SUPERVISION	1/1/2006	\$0.01	5	NO
1	99340	INDIVIDUAL PHYSICIAN SUPERVISION	1/1/2006	\$0.01	5	NO
1	99341	HOME VISIT FOR E/M OF NEW PT, WH	10/1/2005	\$39.96	1	NO
1	99342	HOME VISIT FOR E/M OF NEW PT, WH	10/1/2005	\$58.91	1	NO
1	99343	HOME VISIT FOR E/M OF NEW PT, WH	10/1/2005	\$85.89	1	NO
1	99344	HOME VISIT FOR THE E/M OF A NEW	10/1/2005	\$112.62	1	NO
1	99345	HOME VISIT FOR THE E/M OF A NEW	10/1/2005	\$139.35	1	NO
1	99347	HOME VISIT FOR THE E/M OF AN EST	10/1/2005	\$31.14	1	NO
1	99348	HOME VISIT FOR THE E/M OF AN EST	10/1/2005	\$49.31	1	NO
1	99349	HOME VISIT FOR THE E/M OF AN EST	10/1/2005	\$76.29	1	NO
1	99350	HOME VISIT FOR THE E/M OF AN EST	10/1/2005	\$112.62	1	NO
1	99354	PROLONGED PHYSICIAN SERVICE IN T	10/1/2005	\$67.99	3	NO
1	99355	PROLONGED PHYSICIAN SERVICE IN T	10/1/2005	\$67.21	3	NO
1	99356	PROLONGED PHYSICIAN SERVICE IN T	10/1/2005	\$62.28	3	NO
1	99357	PROLONGED PHYSICIAN SERVICE IN T	10/1/2005	\$62.80	3	NO
1	99358	PROLONGED EVALUATION AND MANAGEM	10/1/2004	NC	9	NO
1	99359	PROLONGED EVALUATION AND MANAGEM	10/1/2004	NC	9	NO
1	99360	PHYSICIAN STANDBY SERVICE, REQUI	10/1/2003	\$60.42	3	NO
1	99361	MEDICAL CONF BY PHYS W/INTERDISC	10/1/2003	\$26.46	3	NO
1	99362	MEDICAL CONF BY PHYS W/INTERDISC	10/1/2003	\$39.70	3	NO
1	99371	TELEPHONE CALL BY PHYS TO PT OR	10/1/2003	\$10.82	3	NO
1	99372	TELEPHONE CALL BY PHYS TO PT OR	4/1/2001	\$10.82	1	NO
1	99373	PHONE CALL BY PHYS TO PT FOR CON	10/1/2003	\$10.82	3	NO
1	99374	PHYSICIAN SUPERVISION OF A PATIE	10/1/2005	\$48.01	3	NO
1	99375	PHYSICIAN SUPERVISION OF PATIENT	10/1/2005	\$86.93	3	NO
1	99377	PHYSICIAN SUPERVISION OF A HOSPI	10/1/2005	\$48.01	3	NO
1	99378	PHYSICIAN SUPERVISION OF A HOSPI	10/1/2005	\$97.05	3	NO
1	99379	PHYSICIAN SUPERVISION OF A NURSI	10/1/2005	\$47.75	3	NO
1	99380	PHYSICIAN SUPERVISION OF A NURSI	10/1/2005	\$72.14	3	NO
1	99381	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$71.10	1	NO
1	99382	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$76.55	1	NO
1	99383	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$75.00	1	NO
1	99384	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$81.48	1	NO
1	99385	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$81.48	1	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	99386	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$95.76	1	NO
1	99387	INITIAL COMPREHENSIVE PREVENTIVE	10/1/2005	\$103.80	1	NO
1	99391	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$53.98	1	NO
1	99392	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$60.46	1	NO
1	99393	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$59.69	1	NO
1	99394	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$65.91	1	NO
1	99395	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$66.69	1	NO
1	99396	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$73.70	1	NO
1	99397	PERIODIC REEVALUATION AND MANAGE	10/1/2005	\$81.22	1	NO
1	99401	PREVENTIVE MEDICINE COUNSELING A	10/1/2005	\$28.80	1	NO
1	99402	COUNSELING AND/OR RISK FACTOR RE	10/1/2005	\$48.53	1	NO
1	99403	COUNSELING AND/OR RISK FACTOR RE	10/1/2005	\$67.21	1	NO
1	99404	COUNSELING AND/OR RISK FACTOR RE	10/1/2005	\$86.15	1	NO
1	99411	PREVENTIVE MEDICINE COUNSELING A	10/1/2005	\$8.82	1	NO
1	99412	COUNSELING AND/OR RISK FACTOR PR	10/1/2005	\$13.23	1	NO
1	99420	ADMINISTRATION AND INTERPRETATIO	1/1/2003	\$0.01	P	NO
1	99431	HISTORY AND EXAM OF NORMAL NEWBO	10/1/2005	\$41.52	1	NO
1	99432	NORMAL NEWBORN CARE IN OTHER THA	10/1/2005	\$58.65	1	NO
1	99433	SUBSEQUENT HOSP CARE, FOR THE E/	10/1/2005	\$21.80	1	NO
1	99435	HISTORY AND EXAMINATION OF THE N	10/1/2005	\$55.79	1	NO
1	99436	ATTENDANCE AT DELIVERY (WHEN REQ	10/1/2005	\$52.68	1	NO
1	99440	NEWBORN RESUSCITATION; PROVISION	10/1/2005	\$103.28	1	NO
1	99450	BASIC LIFE AND/OR DISABILITY EXA	1/1/1995	NC	9	NO
1	99455	WORK RELATED OR MEDICAL DISABILI	4/1/2002	\$151.02	3	NO
1	99456	WORK RELATED OR MEDICAL DISABILI	4/1/2002	\$151.02	3	NO
1	99499	UNLISTED EVALUATION AND MANAGEME	1/1/1992	\$0.01	5	NO
1	99500	HOME VISIT FOR PRENATAL MONITORI	1/1/2002	NC	9	NO
1	99501	HOME VISIT FOR POSTNATAL ASSESSM	1/1/2002	NC	9	NO
1	99502	HOME VISIT FOR NEWBORN CARE AND	1/1/2002	NC	9	NO
1	99503	HOME VISIT FOR RESPIRATORY THERA	1/1/2002	NC	9	NO
1	99504	HOME VISIT FOR MECHANICAL VENTIL	1/1/2002	NC	9	NO
1	99505	HOME VISIT FOR STOMA CARE AND MA	1/1/2002	NC	9	NO
1	99506	HOME VISIT FOR INTRAMUSCULAR INJ	1/1/2002	NC	9	NO
1	99507	HOME VISIT FOR CARE AND MAINTENA	1/1/2002	NC	9	NO
1	99508	HOME VISIT FOR POLYSOMNOGRAPHY A	7/1/2003	INVALID	N	NO
1	99509	HOME VISIT FOR ASSISTANCE WITH A	1/1/2002	NC	9	NO
1	99510	HOME VISIT FOR INDIVIDUAL, FAMIL	1/1/2002	NC	9	NO
1	99511	HOME VISIT FOR FECAL IMPACTION M	1/1/2002	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	99512	HOME VISIT FOR HEMODIALYSIS, PER	1/1/2002	NC	9	NO
1	99539	UNLISTED HOME VISIT SERVICE OR P	7/1/2003	INVALID	N	NO
1	99551	HOME INFUSION FOR PAIN MANAGEMEN	4/1/2004	INVALID	N	NO
1	99552	HOME INFUSION FOR PAIN MANAGEMEN	4/1/2004	INVALID	N	NO
1	99553	HOME INFUSION FOR TOCOLYTIC THER	4/1/2004	INVALID	N	NO
1	99554	HOME INFUSION FOR HEMATOPOIETIC	4/1/2004	INVALID	N	NO
1	99555	HOME INFUSION FOR CHEMOTHERAPY,	4/1/2004	INVALID	N	NO
1	99556	HOME INFUSION FOR ANTIBIOTICS/AN	4/1/2004	INVALID	N	NO
1	99557	HOME INFUSION OF CONTINUOUS ANTI	4/1/2004	INVALID	N	NO
1	99558	HOME INFUSION OF IMMUNOTHERAPY,	4/1/2004	INVALID	N	NO
1	99559	HOME INFUSION OF PERITONEAL DIAL	4/1/2004	INVALID	N	NO
1	99560	HOME INFUSION OF ENTERAL NUTRITI	4/1/2004	INVALID	N	NO
1	99561	HOME INFUSION OF HYDRATION THERA	4/1/2004	INVALID	N	NO
1	99562	HOME INFUSION OF TOTAL PARENTERA	4/1/2004	INVALID	N	NO
1	99563	HOME ADMINISTRATION OF AEROSOLIZ	4/1/2004	INVALID	N	NO
1	99564	HOME INFUSION FOR ANTI-HEMOPHILI	4/1/2004	INVALID	N	NO
1	99565	HOME INFUSIN OF ALPHA-1 PROTEINA	4/1/2004	INVALID	N	NO
1	99566	HOME INFUSION FOR UNINTERRUPTED,	4/1/2004	INVALID	N	NO
1	99567	HOME INFUSION OF SYMPATHOMIMETIC	4/1/2004	INVALID	N	NO
1	99568	HOME INFUSION OF MISCELLANEOUS D	4/1/2004	INVALID	N	NO
1	99569	HOME INFUSION, EACH ADDITIONAL T	4/1/2004	INVALID	N	NO
1	99601	HOME INFUSION/SPECIALTY DRUG ADM	1/1/2004	\$0.01	5	NO
1	99602	HOME INFUSION/SPECIALTY DRUG ADM	1/1/2004	\$0.01	5	NO
2	D7110	SINGLE TOOTH	4/1/2003	INVALID	N	NO
2	D7120	EACH ADDITIONAL TOOTH	4/1/2003	INVALID	N	NO
2	D7130	ROOT REMOVAL - EXPOSED ROOTS	4/1/2003	INVALID	N	NO
2	G0001	ROUTINE VENIPUNCTURE FOR COLLECT	1/1/2005	INVALID	N	NO
2	G0002	OFFICE PROCEDURE, INSERTION OF T	7/1/2003	INVALID	N	NO
2	G0121	COLORECTAL CANCER SCREENING; COL	10/1/2005	\$262.87	3	NO
2	G0168	WOUND CLOSURE UTILIZING TISSUE A	1/1/2000	NC	9	NO
2	G0184	OCULAR PHOTODYNAMIC THERAPY TREA	4/1/2002	INVALID	N	NO
2	G0185	DESTRUCTION OF LOCALIZED LESION	7/1/2003	INVALID	N	NO
2	G0186	DESTRUCTION OF LOCALIZED LESION	1/1/2001	NC	9	NO
2	G0187	DESTRUCTION OF MACULAR DRUSEN, P	7/1/2003	INVALID	N	NO
2	G0289	ARTHROSCOPY, KNEE, SURGICAL, FOR	1/1/2003	NC	9	NO
2	G0297	INSERTION OF SINGLE CHAMBER PACI	1/1/2004	NC	9	NO
2	G0298	INSERTION OF DUAL CHAMBER PACING	1/1/2004	NC	9	NO
2	G0299	INSERTION OR REPOSITIONING OF EL	1/1/2004	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	G0300	INSERTION OR REPOSITIONING OF EL	1/1/2004	NC	9	NO
2	G0302	PRE-OP PULMONARY SURGERY SERVICE	1/1/2004	NC	9	NO
2	G0303	PRE-OP PULMONARY SURGERY SERVICE	1/1/2004	NC	9	NO
2	G0304	PRE-OP PULMONARY SURGERY SERVICE	1/1/2004	NC	9	NO
2	G0305	POST-DISCHARGE PULMONARY SURGERY	1/1/2004	NC	9	NO
2	G0342	LAPAROSCOPY FOR ISLET CELL TRANS	1/1/2005	\$484.49	3	NO
2	G0343	LAPAROTOMY FOR ISLET CELL TRANSP	1/1/2005	\$795.37	3	NO
2	M0075	CELLULAR THERAPY	1/1/1994	NC	9	NO
2	M0076	PROLOTHERAPY	1/1/1994	NC	9	NO
2	M0100	INTRAGASTRIC HYPOTHERMIA USING G	1/1/1989	NC	9	NO
2	M0301	FABRIC WRAPPING OF ABDOMINAL ANE	2/1/1994	NC	9	NO
2	P9612	CATHETERIZATION FOR COLLECTION O	11/1/2001	\$2.22	3	NO
2	S0630	REMOVAL OF SUTURES BY A PHYSICIA	1/1/2001	NC	9	NO
2	S2053	TRANSPLANTATION OF SMALL INTESTI	10/1/2005	\$0.01	5	YES
2	S2060	LOBAR LUNG TRANSPLANTATION	1/1/2001	NC	9	NO
2	S2061	DONOR LOBECTOMY (LUNG) FOR TRANS	1/1/2001	NC	9	NO
2	S2065	SIMULTANEOUS PANCREAS KIDNEY TRA	10/1/2005	\$0.01	5	YES
2	S2082	LAPAROSCOPY, SURGICAL; GASTRIC R	1/1/2006	INVALID	N	NO
2	S2083	ADJUSTMENT OF GASTRIC BAND DIAME	1/1/2005	NC	9	NO
2	S2102	ISLET CELL TISSUE TRANSPLANT FRO	1/1/2001	NC	9	NO
2	S2103	ADRENAL TISSUE TRANSPLANT TO BRA	1/1/2001	NC	9	NO
2	S2112	ARTHROSCOPY, KNEE, SURGICAL FOR	1/1/2002	NC	9	NO
2	S2120	LOW DENSITY LIPOPROTEIN (LDL) AP	1/1/2001	NC	9	NO
2	S2140	CORD BLOOD HARVESTING FOR TRANSP	1/1/2001	NC	9	NO
2	S2142	CORD BLOOD-DERIVED STEM-CELL TRA	10/1/2005	\$0.01	5	YES
2	S2150	BONE MARROW OR BLOOD-DERIVED PER	10/1/2005	\$0.01	5	YES
2	S2180	DONOR LEUKOCYTE INFUSION (EG, DL	7/1/2003	INVALID	N	NO
2	S2202	ECHOSCLEROTHERPY	1/1/2001	NC	9	NO
2	S2220	THROMBECTOMY, CORONARY; BY MECHA	4/1/2002	INVALID	N	NO
2	S2260	INDUCED ABORTION, 17 TO 24 WEEKS	1/1/2002	NC	9	NO
2	S2340	CHEMODENERVATION OF ABDUCTOR MUS	1/1/2001	NC	9	NO
2	S2342	NASAL ENDOSCOPY FOR POST-OPERATI	4/1/2002	\$0.01	5	NO
2	S2348	DECOMPRESSION PROCEDURE, PERCUTA	1/1/2005	NC	9	NO
2	S2350	DISKECTOMY, ANTERIOR, WITH DEOMP	10/1/2005	\$0.01	5	YES
2	S2351	DISKECTOMY, ANTERIOR, WITH DECOM	10/1/2005	\$0.01	5	YES
2	S2370	INTRADISCAL ELECTROTHERMAL THERA	1/1/2001	NC	9	NO
2	S2371	EACH ADDITIONAL INTERSPACE (LSIT	1/1/2001	NC	9	NO
2	S4981	INSERTION OF LEVONORGESTREL-RELE	1/1/2002	\$64.88	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	0008T	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2005	\$0.01	T	NO
2	0016T	DESTRUCTION OF LOCALIZED LESION	1/1/2005	\$0.01	T	NO
2	0017T	DESTRUCTION OF MACULAR DRUSEN, P	1/1/2005	\$0.01	T	NO
2	0018T	DELIVERY OF HIGH POWER, FOCAL MA	1/1/2005	\$0.01	T	NO
2	0019T	EXTRACORPOREAL SHOCK WAVE THERAP	1/1/2005	\$0.01	T	NO
2	0020T	EXTRACORPOREAL SHOCK WAVE THERAP	1/1/2006	INVALID	N	NO
2	0021T	INSERTION OF TRANSCERVICAL OR TR	1/1/2005	\$0.01	T	NO
2	0024T	NON-SURGICAL SEPTAL REDUCTION TH	1/1/2005	\$0.01	T	NO
2	0027T	ENDOSCOPIC LYSIS OF EPIDURAL ADH	1/1/2005	\$0.01	T	NO
2	0031T	SPECULOSCOPY;	1/1/2005	\$0.01	T	NO
2	0032T	SPECULOSCOPY; WITH DIRECTED SAMP	1/1/2005	\$0.01	T	NO
2	0033T	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2005	\$0.01	T	NO
2	0034T	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	INVALID	N	NO
2	0035T	PLACEMENT OF PROXIMAL OR DISTAL	1/1/2006	INVALID	N	NO
2	0036T	PLACEMENT OF PROXIMAL OR DISTAL	1/1/2006	INVALID	N	NO
2	0037T	OPEN SUBCLAVIAN TO CAROTID ARTER	1/1/2006	INVALID	N	NO
2	0038T	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	INVALID	N	NO
2	0039T	ENDOVASCULAR REPIAR OF DESCENDIN	1/1/2006	INVALID	N	NO
2	0040T	PLACEMENT OF PROXIMAL OR DISTAL	1/1/2006	INVALID	N	NO
2	0046T	CATHETER LAVAGE OF A MAMMARY DUC	1/1/2005	\$0.01	T	NO
2	0047T	CATHETER LAVAGE OF A MAMMARY DUC	1/1/2005	\$0.01	T	NO
2	0048T	IMPLANTATION OF A VENTRICULAR AS	1/1/2005	\$0.01	T	NO
2	0049T	PROLONGED EXTRACORPOREAL PERCUTA	1/1/2005	\$0.01	T	NO
2	0050T	REMOVAL OF A VENTRICULAR ASSIST	1/1/2005	\$0.01	T	NO
2	0051T	IMPLANTATION OF A TOTAL REPLACEM	1/1/2005	\$0.01	T	NO
2	0052T	REPLACEMENT OR REPAIR OF THORACI	1/1/2005	\$0.01	T	NO
2	0053T	REPLACEMENT OR REPAIR OF IMPLANT	1/1/2005	\$0.01	T	NO
2	0054T	COMPUTER ASSISTED MUSCULOSKELETA	1/1/2005	\$0.01	T	NO
2	0055T	COMPUTER ASSISTED MUSCULOSKELETA	1/1/2005	\$0.01	T	NO
2	0056T	COMPUTER ASSISTED MUSCULOSKELETA	1/1/2005	\$0.01	T	NO
2	0061T	DESTRUCTION/REDUCTION OF MALIGNA	1/1/2005	\$0.01	T	NO
2	0062T	PERCUTANEOUS INTRADISCAL ANNULOP	1/1/2005	\$0.01	T	NO
2	0063T	PERCUTANEOUS INTRADISCAL ANNULOP	1/1/2005	\$0.01	T	NO
2	0071T	FOCUSED ULTRASOUND ABLATION OF U	1/1/2005	\$0.01	T	NO
2	0072T	FOCUSED ULTRASOUND ABLATION OF U	1/1/2005	\$0.01	T	NO
2	0075T	TRANSCATHETER PLACEMENT OF EXTRA	1/1/2005	\$0.01	T	NO
2	0076T	TRANSCATHETER PLACEMENT OF EXTRA	1/1/2005	\$0.01	T	NO
2	0077T	IMPLANTING AND SECURING CEREBRAL	1/1/2005	\$0.01	T	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	0078T	ENDOVASCULAR REPAIR USING PROSTH	1/1/2005	\$0.01	T	NO
2	0079T	PLACEMENT OF VISCERAL EXTENSION	1/1/2005	\$0.01	T	NO
2	0080T	ENDOVASCULAR REPAIR OF ABDOMINAL	1/1/2005	\$0.01	T	NO
2	0081T	PLACEMENT OF VISCERAL EXTENSION	1/1/2005	\$0.01	T	NO
2	0084T	INSERTION OF A TEMPORARY PROSTAT	1/1/2005	\$0.01	T	NO
2	0088T	SUBMUCOSAL RADIOFREQUENCY TISSUE	1/1/2005	\$0.01	T	NO
2	10021	FINE NEEDLE ASPIRATION; WITHOUT	10/1/2005	\$91.34	3	NO
2	10022	FINE NEEDLE ASPIRATION; WITH IMA	10/1/2005	\$100.95	3	NO
2	10040	ACNE SURGERY (EG MARSUPIALIZATIO	10/1/2005	\$58.39	3	NO
2	10060	INCISION AND DRAINAGE OF ABSCESS	10/1/2005	\$64.88	3	NO
2	10061	INCISION AND DRAINAGE OF ABSCESS	10/1/2005	\$116.26	3	NO
2	10080	INCISION AND DRAINAGE OF PILONID	10/1/2005	\$113.66	3	NO
2	10081	INCISION AND DRAINAGE OF PILONID	10/1/2005	\$175.68	3	NO
2	10120	INCISION AND REMOVAL OF FOREIGN	10/1/2005	\$91.08	3	NO
2	10121	INCISION AND REMOVAL OF FOREIGN	10/1/2005	\$169.19	3	NO
2	10140	INCISION AND DRAINAGE OF HEMATOM	10/1/2005	\$90.57	3	NO
2	10160	PUNCTURE ASPIRATION OF ABSCESS H	10/1/2005	\$76.29	3	NO
2	10180	INCISION AND DRAINAGE, COMPLEX,	10/1/2005	\$144.28	3	NO
2	11000	DEBRIDEMENT OF EXTENSIVE ECZEMAT	10/1/2005	\$32.44	3	NO
2	11001	DEBRIDEMENT OF EXTENSIVE ECZEMAT	10/1/2005	\$14.53	3	NO
2	11004	DEBRIDEMENT OF SKIN, SUBCUTANEOU	10/1/2005	\$386.14	3	NO
2	11005	DEBRIDEMENT OF SKIN, SUBCUTANEOU	10/1/2005	\$526.01	3	NO
2	11006	DEBRIDEMENT OF SKIN, SUBCUTANEOU	10/1/2005	\$486.30	3	NO
2	11008	REMOVAL OF PROSTHETIC MATERIAL O	10/1/2005	\$198.00	3	NO
2	11010	DEBRIDEMENT INCLUDING REMOVAL OF	10/1/2005	\$302.58	3	NO
2	11011	DEBRIDEMENT INCLUDING REMOVAL OF	10/1/2005	\$358.11	3	NO
2	11012	DEBRIDEMENT INCLUDING REMOVAL OF	10/1/2005	\$521.34	3	NO
2	11040	DEBRIDEMENT; SKIN, PARTIAL THICK	10/1/2005	\$28.03	3	NO
2	11041	DEBRIDEMENT; SKIN FULL THICKNESS	10/1/2005	\$41.00	3	NO
2	11042	DEBRIDEMENT; SKIN AND SUBCUTANEO	10/1/2005	\$57.61	3	NO
2	11043	DEBRIDEMENT; SKIN SUBCUTANEOUS T	10/1/2005	\$157.00	3	NO
2	11044	DEBRIDEMENT; SKIN SUBCUTANEOUS T	10/1/2005	\$205.26	3	NO
2	11055	PARING OR CUTTING OF BENIGN HYPE	10/1/2005	\$26.99	3	NO
2	11056	PARING OR CUTTING OF BENIGN HYPE	10/1/2005	\$34.25	3	NO
2	11057	PARING OR CUTTING OF BENIGN HYPE	10/1/2005	\$42.30	3	NO
2	11100	BIOPSY OF SKIN SUBCUTANEOUS TISS	10/1/2005	\$54.50	3	NO
2	11101	BIOPSY OF SKIN SUBCUTANEOUS TISS	10/1/2005	\$19.72	3	NO
2	11200	REMOVAL OF SKIN TAGS, MULTIPLE F	2/1/1993	NC	9	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	11201	EXCISION SKIN TAGS MULTIPLE FIBR	2/1/1993	NC	9	NO
2	11300	SHAVING OF EPIDERMAL OR DERMAL L	10/1/2005	\$39.70	3	NO
2	11301	SHAVING OF EPIDERMAL OR DERMAL L	10/1/2005	\$52.16	3	NO
2	11302	SHAVING OF EPIDERMAL OR DERMAL L	10/1/2005	\$62.28	3	NO
2	11303	SHAVING OF EPIDERMAL OR DERMAL L	10/1/2005	\$75.00	3	NO
2	11305	SHAVING OF EPIDERMAL OR DERMAL L	10/1/2005	\$41.26	3	NO
2	11306	SHAVING OF EPIDERMAL OR DERMAL L	10/1/2005	\$56.31	3	NO
2	11307	SHAVING OF EPIDERMAL OR DERMAL L	10/1/2005	\$65.13	3	NO
2	11308	SHAVING OF EPIDERMAL OR DERMAL L	10/1/2005	\$77.59	3	NO
2	11310	SHAVING OF EPIDERMAL OR DERMAL L	10/1/2005	\$49.05	3	NO
2	11311	SHAVING OF EPIDERMAL OR DERMAL L	10/1/2005	\$60.72	3	NO
2	11312	SHAVING OF EPIDERMAL OR DERMAL L	10/1/2005	\$69.55	3	NO
2	11313	SHAVING OF EPIDERMAL OR DERMAL L	10/1/2005	\$91.34	3	NO
2	11400	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$75.51	3	NO
2	11401	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$87.71	3	NO
2	11402	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$100.17	3	NO
2	11403	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$112.88	3	NO
2	11404	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$128.97	3	NO
2	11406	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$159.33	3	NO
2	11420	EXCISION, BENIGN LESION INCL MAR	10/1/2005	\$73.70	3	NO
2	11421	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$93.68	3	NO
2	11422	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$104.58	3	NO
2	11423	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$124.30	3	NO
2	11424	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$142.21	3	NO
2	11426	EXCISION, BENIGN LESION INC MARG	10/1/2005	\$199.04	3	NO
2	11440	EXCISION, OTHER BENIGN LESION IN	10/1/2005	\$86.67	3	NO
2	11441	EXCISION OTHER BENIGN LESION FAC	10/1/2005	\$102.24	3	NO
2	11442	EXCISION OTHER BENIGN LESION FAC	10/1/2005	\$114.44	3	NO
2	11443	EXCISION OTHER BENIGN LESION FAC	10/1/2005	\$140.39	3	NO
2	11444	EXCISION OTHER BENIGN LESION FAC	10/1/2005	\$179.06	3	NO
2	11446	EXCISION OTHER BENIGN LESION FAC	10/1/2005	\$231.99	3	NO
2	11450	EXCISION OF SKIN AND SUBCUTANEOU	10/1/2005	\$210.20	3	NO
2	11451	EXCISION OF SKIN AND SUBCUTANEOU	10/1/2005	\$286.75	3	NO
2	11462	EXCISION OF SKIN AND SUBCUTANEOU	10/1/2005	\$205.52	3	NO
2	11463	EXCISION OF SKIN AND SUBCUTANEOU	10/1/2005	\$292.46	3	NO
2	11470	EXCISION OF SKIN AND SUBCUTANEOU	10/1/2005	\$225.77	3	NO
2	11471	EXCISION OF SKIN AND SUBCUTANEOU	10/1/2005	\$302.32	3	NO
2	11600	EXCISION, MALIGNANT LESION INCL	10/1/2005	\$104.84	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	11601	EXCISION, MALIGNANT LESION INCL	10/1/2005	\$119.89	3	NO
2	11602	EXCISION, MALIGNANT LESION INCL	10/1/2005	\$127.16	3	NO
2	11603	EXCISION, MALIGNANT LESION INCL	10/1/2005	\$140.65	3	NO
2	11604	EXCISION, MALIGNANT LESION INCL	10/1/2005	\$154.92	3	NO
2	11606	EXCISION MALIGNANT LESION TRUNK	10/1/2005	\$203.45	3	NO
2	11620	EXCISION MALIGNANT LESION SCALP	10/1/2005	\$100.69	3	NO
2	11621	EXCISION MALIGNANT LESION SCALP	10/1/2005	\$118.85	3	NO
2	11622	EXCISION MALIGNANT LESION SCALP	10/1/2005	\$134.68	3	NO
2	11623	EXCISION MALIGNANT LESION SCALP	10/1/2005	\$159.33	3	NO
2	11624	EXCISION MALIGNANT LESION SCALP	10/1/2005	\$183.47	3	NO
2	11626	EXCESION MALIGNANT LESION SCALP	10/1/2005	\$242.89	3	NO
2	11640	EXCISION MALIGNANT LESION FACE E	10/1/2005	\$106.40	3	NO
2	11641	EXCISION MALIGNANT LESION FACE E	10/1/2005	\$138.57	3	NO
2	11642	EXCISION MALIGNANT LESION FACE E	10/1/2005	\$160.37	3	NO
2	11643	EXCISION MALIGNANT LESION FACE E	10/1/2005	\$185.54	3	NO
2	11644	EXCISION MALIGNANT LESION FACE E	10/1/2005	\$235.37	3	NO
2	11646	EXCISION MALIGNANT LESION FACE E	10/1/2005	\$318.93	3	NO
2	11719	TRIMMING OF NONDYSTROPHIC NAILS,	10/1/2005	\$11.42	3	NO
2	11720	DEBRIDEMENT OF NAIL(S) BY ANY ME	10/1/2005	\$18.17	3	NO
2	11721	DEBRIDEMENT OF NAIL(S) BY ANY ME	10/1/2005	\$27.25	3	NO
2	11730	AVULSION OF NAIL PLATE PARTIAL O	10/1/2005	\$59.69	3	NO
2	11732	AVULSION OF NAIL PLATE PARTIAL O	10/1/2005	\$28.03	3	NO
2	11740	EVACUATION OF SUBUNGUAL HEMATOMA	10/1/2005	\$24.91	3	NO
2	11750	EXCISION OF NAIL AND NAIL MATRIX	10/1/2005	\$110.03	3	NO
2	11752	EXCISION OF NAIL & NAIL MATRIX P	10/1/2005	\$155.96	3	NO
2	11755	BIOPSY OF NAIL UNIT (EG, PLATE,	10/1/2005	\$78.63	3	NO
2	11760	REPAIR OF NAIL BED	10/1/2005	\$114.18	3	NO
2	11762	RECONSTRUCTION OF NAIL BED WITH	10/1/2005	\$159.07	3	NO
2	11765	WEDGE EXCISION OF SKIN OF NAIL F	10/1/2005	\$66.17	3	NO
2	11770	EXCISION OF PILONIDAL CYST OR SI	10/1/2005	\$166.08	3	NO
2	11771	EXCISION OF PILONIDAL CYST OR SI	10/1/2005	\$314.00	3	NO
2	11772	EXCISION OF PILONIDAL CYST OR SI	10/1/2005	\$398.33	3	NO
2	11900	INJECTION INTRALESIONAL UP TO AN	10/1/2005	\$31.14	3	NO
2	11901	INJECTION INTRALESIONAL; MORE TH	10/1/2005	\$38.67	3	NO
2	11920	TATTOOING INTRADERMAL INTRODUCTI	4/1/1982	NC	9	NO
2	11921	TATTOOING INTRADERMAL INTRO OF I	4/1/1982	NC	9	NO
2	11922	TATTOOING INTRADERMAL INTRODUCTI	4/1/1982	NC	9	NO
2	11950	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	11951	SUBCUTANIOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
2	11952	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
2	11954	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
2	11960	INSERTION OF TISSUE EXPANDER(S)	10/1/2005	\$538.20	3	YES
2	11970	REPLACEMENT OF TISSUE EXPANDER W	10/1/2005	\$368.75	3	YES
2	11971	REMOVAL OF TISSUE EXPANDER(S) WI	10/1/2005	\$299.46	3	NO
2	11975	INSERTION, IMPLANTABLE CONTRACEP	10/1/2005	\$79.67	3	NO
2	11976	REMOVAL, IMPLANTABLE CONTRACEPTI	10/1/2005	\$96.27	3	NO
2	11977	REMOVAL WITH REINSERTION, IMPLAN	10/1/2005	\$154.14	3	NO
2	11980	SUBCUTANEOUS HORMONE PELLETT IMPL	10/1/2005	\$69.81	3	NO
2	11981	INSERTION, NON-BIODEGRADABLE DRU	10/1/2005	\$85.64	3	NO
2	11982	REMOVAL, NON-BIODEGRADABLE DRUG	10/1/2005	\$100.95	3	NO
2	11983	REMOVAL WITH REINSERTION, NON-BI	10/1/2005	\$151.03	3	NO
2	12001	SIMPLE REPAIR OF SUPERFICIAL WOU	10/1/2005	\$99.65	3	NO
2	12002	SIM REP OF SUPERFICIAL WOUNDS SC	10/1/2005	\$105.88	3	NO
2	12004	SIM REP OF SUPERFICIAL WOUNDS SC	10/1/2005	\$124.04	3	NO
2	12005	SIM REP OF SUPERFICIAL WOUNDS SC	10/1/2005	\$154.66	3	NO
2	12006	SIM REP OF SUPERFICIAL WOUNDS SC	10/1/2005	\$192.81	3	NO
2	12007	SIMPLE REPAIR OF SUPERFICIAL WOU	10/1/2005	\$217.20	3	NO
2	12011	SIM REP OF SUPERFICIAL WOUNDS OF	10/1/2005	\$105.36	3	NO
2	12013	SIM REP OF SUPERFICIAL WOUNDS OF	10/1/2005	\$115.48	3	NO
2	12014	SIM REP OF SUPERFICIAL WOUNDS OF	10/1/2005	\$136.50	3	NO
2	12015	SIM REP OF SUPERFICIAL WOUNDS OF	10/1/2005	\$171.79	3	NO
2	12016	SIM REP OF SUPERFICIAL WOUNDS OF	10/1/2005	\$203.71	3	NO
2	12017	SIM REP OF SUPERFICIAL WOUNDS OF	10/1/2005	\$183.73	3	NO
2	12018	SIMPLE REPAIR OF SUPERFICIAL WOU	10/1/2005	\$217.46	3	NO
2	12020	TREATMENT OF SUPERFICIAL WOUND D	10/1/2005	\$174.90	3	NO
2	12021	TREATMENT OF SUPERFICIAL WOUND D	10/1/2005	\$100.95	3	NO
2	12031	LAYER CLOSURE OF WOUNDS OF SCALP	10/1/2005	\$119.63	3	NO
2	12032	LAYER CLOSURE OF WOUNDS OF SCALP	10/1/2005	\$168.16	3	NO
2	12034	LAYER CLOSURE OF WOUNDS OF SCALP	10/1/2005	\$165.30	3	NO
2	12035	LAYER CLOSURE OF WOUNDS OF SCALP	10/1/2005	\$233.29	3	NO
2	12036	LAYER CLOSURE OF WOUNDS OF SCALP	10/1/2005	\$262.35	3	NO
2	12037	LAYER CLOSURE OF WOUNDS OF SCALP	10/1/2005	\$295.05	3	NO
2	12041	LAYER CLOSURE OF WOUNDS OF NECK	10/1/2005	\$132.60	3	NO
2	12042	LAYER CLOSURE OF WOUNDS OF NECK	10/1/2005	\$160.63	3	NO
2	12044	LAYER CLOSURE OF WOUNDS OF NECK	10/1/2005	\$172.31	3	NO
2	12045	LAYER CLOSURE OF WOUNDS OF NECK	10/1/2005	\$241.08	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	12046	LAYER CLOSURE OF WOUNDS OF NECK	10/1/2005	\$291.94	3	NO
2	12047	LAYER CLOSURE OF WOUNDS OF NECK	10/1/2005	\$299.46	3	NO
2	12051	LAYER CLOSURE OF WOUNDS OF FACE	10/1/2005	\$154.14	3	NO
2	12052	LAYER CLOSURE OF WOUNDS OF FACE	10/1/2005	\$160.37	3	NO
2	12053	LAYER CLOSURE OF WOUNDS OF FACE	10/1/2005	\$171.27	3	NO
2	12054	LAYER CLOSURE OF WOUNDS OF FACE	10/1/2005	\$189.69	3	NO
2	12055	LAYER CLOSURE OF WOUNDS OF FACE	10/1/2005	\$242.63	3	NO
2	12056	LAYER CLOSURE OF WOUNDS OF FACE	10/1/2005	\$325.67	3	NO
2	12057	LAYER CLOSURE OF WOUNDS OF FACE	10/1/2005	\$327.49	3	NO
2	13100	REPAIR COMPLEX TRUNK 1.1 CM TO 2	10/1/2005	\$193.07	3	NO
2	13101	REPAIR COMPLEX TRUNK; 2.6 CM TO	10/1/2005	\$229.66	3	NO
2	13102	REPAIR, COMPLEX, TRUNK; EACH ADD	10/1/2005	\$65.91	3	NO
2	13120	REPAIR COMPLEX SCALP ARMS AND/OR	10/1/2005	\$200.33	3	NO
2	13121	REPAIR COMPLEX SCALP ARMS AND/OR	10/1/2005	\$245.49	3	NO
2	13122	REPAIR, COMPLEX, SCALP, ARMS, AN	10/1/2005	\$80.45	3	NO
2	13131	REPAIR COMPLEX FOREHEAD CHEEKS C	10/1/2005	\$218.50	3	NO
2	13132	REPAIR COMPLEX FOREHEAD CHEEKS C	10/1/2005	\$316.33	3	NO
2	13133	REPAIR, COMPLEX, FOREHEAD, CHEEK	10/1/2005	\$104.58	3	NO
2	13150	REPAIR COMPLEX EYELIDS NOSE EARS	10/1/2005	\$233.81	3	NO
2	13151	REPAIR COMPLEX EYELIDS NOSE EARS	10/1/2005	\$248.08	3	NO
2	13152	REPAIR COMPLEX EYELIDS NOSE EARS	10/1/2005	\$331.38	3	NO
2	13153	REPAIR, COMPLEX, EYELIDS, NOSE,	10/1/2005	\$118.33	3	NO
2	13160	SECONDARY CLOSURE OF SURGICAL WO	10/1/2005	\$495.90	3	NO
2	14000	ADJACENT TISSUE TRANSFER OR REAR	10/1/2005	\$371.60	3	NO
2	14001	ADJACENT TISSUE TRANSFER OR REAR	10/1/2005	\$485.27	3	NO
2	14020	ADJACENT TISSUE TRANSFER OR REAR	10/1/2005	\$410.79	3	NO
2	14021	ADJACENT TISSUE TRANSFER OR REAR	10/1/2005	\$541.06	3	NO
2	14040	ADJACENT TISSUE TRANSFER OR REAR	10/1/2005	\$449.19	3	NO
2	14041	ADJACENT TISSUE TRANSFER OR REAR	10/1/2005	\$592.18	3	NO
2	14060	ADJACENT TISSUE TRANSFER OR REAR	10/1/2005	\$465.80	3	NO
2	14061	ADJACENT TISSUE TRANSFER OR REAR	10/1/2005	\$639.41	3	NO
2	14300	ADJACENT TISSUE TRANSFER OR REAR	10/1/2005	\$623.58	3	NO
2	14350	FILLETED FINGER OR TOE FLAP INCL	10/1/2005	\$468.66	3	NO
2	15000	SURGICAL PREP OR CREATION OF REC	10/1/2005	\$214.35	3	NO
2	15001	SURGICAL PREPARATION OR CREATION	10/1/2005	\$64.62	3	NO
2	15040	HARVEST OF SKIN FOR TISSUE CULTU	1/1/2006	\$176.72	3	NO
2	15050	PINCH GRAFT SINGLE OR MULTIPLE T	10/1/2005	\$305.17	3	NO
2	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK	10/1/2005	\$593.48	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	15101	SPLIT GRAFT, TRUNK, ARMS, LEGS;	10/1/2005	\$147.66	3	NO
2	15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS	1/1/2006	\$558.18	3	NO
2	15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS	1/1/2006	\$88.23	3	NO
2	15115	EPIDERMAL AUTOGRAFT, FACE, SCALP	1/1/2006	\$524.45	3	NO
2	15116	EPIDERMAL AUTOGRAFT, FACE, SCALP	1/1/2006	\$114.44	3	NO
2	15120	SPLIT-THICKNESS AUTOGRAFT, FACE,	10/1/2005	\$562.86	3	NO
2	15121	SPLIT GRAFT, FACE, SCALP, EYELID	10/1/2005	\$195.14	3	NO
2	15130	DERMAL AUTOGRAFT, TRUNK, ARMS, L	1/1/2006	\$463.47	3	NO
2	15131	DERMAL AUTOGRAFT, TRUNK, ARMS, L	1/1/2006	\$72.14	3	NO
2	15135	DERMAL AUTOGRAFT, FACE, SCALP, E	1/1/2006	\$561.30	3	NO
2	15136	DERMAL AUTOGRAFT, FACE, SCALP, E	1/1/2006	\$67.21	3	NO
2	15150	TISSUE CULTURED EPIDERMAL AUTOGR	1/1/2006	\$463.73	3	NO
2	15151	TISSUE CULTURED EPIDERMAL AUTOGR	1/1/2006	\$93.16	3	NO
2	15152	TISSUE CULTUREED EPIDERMAL AUTOG	1/1/2006	\$114.44	3	NO
2	15155	TISSUE CULTURED EPIDERMAL AUTOGR	1/1/2006	\$464.25	3	NO
2	15156	TISSUE CULTURED EPIDERMAL AUTOGR	1/1/2006	\$121.19	3	NO
2	15157	TISSUE CULTURED EPIDERMAL AUTOGR	1/1/2006	\$134.16	3	NO
2	15170	ACELLULAR DERMAL REPLACEMENT, TR	1/1/2006	\$243.67	3	NO
2	15171	ACELLULAR DERMAL REPLACEMENT, TR	1/1/2006	\$62.80	3	NO
2	15175	ACELLULAR DERMAL REPLACE, FACE,	1/1/2006	\$344.10	3	NO
2	15176	ACELLULAR DERMAL REPLACE, FACE,	1/1/2006	\$99.91	3	NO
2	15200	FULL THICKNESS GRAFT FREE INCLUD	10/1/2005	\$477.22	3	NO
2	15201	FULL THICKNESS GRAFT FREE INCLUD	10/1/2005	\$105.36	3	NO
2	15220	FULL THICKNESS GRAFT FREE INC DI	10/1/2005	\$463.73	3	NO
2	15221	FULL THICKNESS GRAFT FREE INC. D	10/1/2005	\$95.24	3	NO
2	15240	FULL THICKNESS GRAFT FREE INC DI	10/1/2005	\$523.41	3	NO
2	15241	FULL THICKNESS GRAFT FREE INCLUD	10/1/2005	\$117.29	3	NO
2	15260	FULL THICKNESS GRAFT FREE INC DI	10/1/2005	\$543.91	3	NO
2	15261	FULL THICKNESS GRAFT FREE INC. D	10/1/2005	\$133.12	3	NO
2	15300	ALLOGRAFT SKIN FOR TEMPORARY WOU	1/1/2006	\$199.56	3	NO
2	15301	ALLOGRAFT SKIN FOR TEMPORARY WOU	1/1/2006	\$41.78	3	NO
2	15320	ALLOGRAFT SKIN FOR TEMPORARY WOU	1/1/2006	\$231.21	3	NO
2	15321	ALLOGRAFT SKIN FOR TEMPORARY WOU	1/1/2006	\$62.28	3	NO
2	15330	ACELLULAR DERMAL ALLOGRAFT, TRUN	1/1/2006	\$199.30	3	NO
2	15331	ACELLULAR DERMAL ALLOGRAFT, TRUN	1/1/2006	\$41.52	3	NO
2	15335	ACELLULAR DERMAL ALLOGRAFT, FACE	1/1/2006	\$221.35	3	NO
2	15336	ACELLULAR DERMAL ALLOGRAFT, FACE	1/1/2006	\$60.20	3	NO
2	15340	TISSUE CULTURED ALLOGENEIC SKIN	1/1/2006	\$211.23	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	15341	TISSUE CULTURED ALLOGENEIC SKIN	1/1/2006	\$30.36	3	NO
2	15342	APPLICATION OF BILAMINATE SKIN S	1/1/2006	INVALID	N	NO
2	15343	APPLICATION OF BILAMINATE SKIN S	1/1/2006	INVALID	N	NO
2	15350	APPLICATION OF ALLOGRAFT (HOMOGR	1/1/2006	INVALID	N	NO
2	15351	APPLICAIION OF ALLOGRAFT, SKIN; E	1/1/2006	INVALID	N	NO
2	15360	TISSUE CULTURED ALLOGENEIC DERMA	1/1/2006	\$227.84	3	NO
2	15361	TISSUE CULTURED ALLOGENEIC DERMA	1/1/2006	\$48.53	3	NO
2	15365	TISSUE CULTURED ALLOGENEIC DERMA	1/1/2006	\$237.96	3	NO
2	15366	TISSUE CULTURED ALLOGENEIC DERMA	1/1/2006	\$60.20	3	NO
2	15400	XENOGRAFT, SKIN (DERMAL), FOR TE	10/1/2005	\$219.54	3	NO
2	15401	XENOGRAFT, SKIN, FOR TEMP WOUND	10/1/2005	\$78.63	3	NO
2	15420	XENOGRAFT SKIN (DERMAL), FOR TEM	1/1/2006	\$254.57	3	NO
2	15421	XENOGRAFT SKIN (DERMAL), FOR TEM	1/1/2006	\$78.63	3	NO
2	15430	ACELLULAR XENOGRAFT IMPLANT; 1ST	1/1/2006	\$345.91	3	NO
2	15431	ACELLULAR XENOGRAFT IMPLANT; EA	1/1/2006	\$0.01	5	NO
2	15570	FORMATION OF DIRECT OR TUBED PED	10/1/2005	\$564.93	3	NO
2	15572	FORMATION OF DIRECT OR TUBED PED	10/1/2005	\$517.18	3	NO
2	15574	FORMATION OF DIRECT OR TUBED PED	10/1/2005	\$563.89	3	NO
2	15576	FORMATION OF DIRECT OR TUBED PED	10/1/2005	\$500.84	3	NO
2	15600	DELAY OF FLAP OR SECTIONING OF F	10/1/2005	\$253.53	3	NO
2	15610	INTERMEDIATE DELAY OF ANY FLAP P	10/1/2005	\$193.33	3	NO
2	15620	INTERMEDIATE DELAY OF ANY FLAP P	10/1/2005	\$287.27	3	NO
2	15630	INTERMEDIATE DELAY OF ANY FLAP P	10/1/2005	\$276.11	3	NO
2	15650	TRANSFER INTERMEDIATE OF ANY PED	10/1/2005	\$298.94	3	NO
2	15732	MUSCLE, MYOCUTANEOUS, OR FASCIOC	10/1/2005	\$981.43	3	NO
2	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOC	10/1/2005	\$996.74	3	NO
2	15736	MUSCLE, MYOCUTANEOUS, OR FASCIOC	10/1/2005	\$956.52	3	NO
2	15738	MUSCLE, MYOCUTANEOUS, OR FASCIOC	10/1/2005	\$998.30	3	NO
2	15740	FLAP; ISLAND PEDICLE	10/1/2005	\$545.99	3	NO
2	15750	FLAP; NEUROVASCULAR PEDICLE	10/1/2005	\$566.49	3	NO
2	15756	FREE MUSCLE FLAP WITH OR WITHOUT	10/1/2005	\$1,564.79	3	NO
2	15757	FREE SKIN FLAP WITH MICROVASCULA	10/1/2005	\$1,574.65	3	NO
2	15758	FREE FASCIAL FLAP WITH MICROVASC	10/1/2005	\$1,578.80	3	NO
2	15760	GRAFT;COMPOSITE (FULL THICKNESS	10/1/2005	\$508.62	3	NO
2	15770	GRAFT; DERMA-FAT-FASCIA	10/1/2005	\$394.96	3	NO
2	15775	PUNCH GRAFT FOR HAIR TRANSPLANT	4/1/1982	NC	9	NO
2	15776	PUNCH GRAFT FOR HAIR TRANSPLANT;	4/1/1982	NC	9	NO
2	15780	DERMABRASION; TOTAL FACE (EG, FO	2/1/1993	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	15781	DERMABRASION; SEGMENTAL, FACE (E	2/1/1993	NC	9	NO
2	15782	DERMABRASION; REGIONAL, OTHER TH	2/1/1993	NC	9	NO
2	15783	DERMABRASION; SUPERFICIAL, ANY S	2/1/1993	NC	9	NO
2	15786	ABRASION SINGLE LESION (EG KERAT	2/1/1993	NC	9	NO
2	15787	ABRASION; EACH ADDITIONAL FOUR L	8/1/1994	NC	9	NO
2	15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	2/1/1994	NC	9	NO
2	15789	CHEMICAL PEEL, FACIAL; DERMAL	2/1/1994	NC	9	NO
2	15792	CHEMICAL PEEL, NONFACIAL; EPIDER	2/1/1994	NC	9	NO
2	15793	CHEMICAL PEEL, NONFACIAL; DERMAL	2/1/1994	NC	9	NO
2	15810	SALABRASION 20 SQ CM OR LESS	1/1/2006	INVALID	N	NO
2	15811	SALABRASION; OVER 20 SQ CM	1/1/2006	INVALID	N	NO
2	15819	CERVICOPLASTY	2/1/1993	NC	9	NO
2	15820	BLEPHAROPLASTY LOWER EYELIDS	2/1/1993	NC	9	NO
2	15821	BLEPHAROPLASTY LOWER EYELID WITH	2/1/1993	NC	9	NO
2	15822	BLEPHAROPLASTY, UPPER EYELID	10/1/2005	\$275.85	3	YES
2	15823	BLEPHAROPLASTY, UPPER EYELID; WI	10/1/2005	\$399.37	3	YES
2	15824	RHYTIDECTOMY FOREHEAD	4/1/1982	NC	9	NO
2	15825	RHYTIDECTOMY; NECK WITH PLATYSMA	10/1/1984	NC	9	NO
2	15826	RHYTIDECTOMY; GLABELLAR FROWN LI	4/1/1982	NC	9	NO
2	15828	RHYTIDECTOMY; CHEEK CHIN AND NEC	4/1/1982	NC	9	NO
2	15829	RHYTIDECTOMY; SUPERFICIAL MUSCUL	10/1/1984	NC	9	NO
2	15831	EXCISION EXCESSIVE SKIN AND SUBC	10/1/2005	\$577.39	3	NO
2	15832	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
2	15833	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
2	15834	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
2	15835	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
2	15836	EXCISION EXCESSIVE SKIN AND SUBC	10/1/2005	\$452.31	3	NO
2	15837	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
2	15838	EXCISION EXCESSIVE SKIN AND SUBC	10/1/1984	NC	9	NO
2	15839	EXCISION EXCESSIVE SKIN AND SUBC	10/1/1984	NC	9	NO
2	15840	GRAFT FOR FACIAL NERVE PARALYSIS	10/1/2005	\$636.81	3	NO
2	15841	GRAFT FOR FACIAL NERVE PARALYSIS	10/1/2005	\$1,057.72	3	NO
2	15842	GRAFT FOR FACIAL NERVE PARALYSIS	10/1/2005	\$1,704.92	3	NO
2	15845	GRAFT FOR FACIAL NERVE PARALYSIS	10/1/2005	\$587.77	3	NO
2	15850	REMOVAL OF SUTURES UNDER ANESTHE	10/1/2005	\$62.02	3	NO
2	15851	REMOVAL OF SUTURES IN HOSPITAL O	10/1/2005	\$67.47	3	NO
2	15852	DRESSING CHANGE (FOR OTHER THAN	10/1/2005	\$72.40	3	NO
2	15860	INTRAVENOUS INJECTION OF AGENT (	10/1/2005	\$78.63	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	15876	SUCTION ASSISTED LIPECTOMY; HEAD	3/1/1987	NC	9	NO
2	15877	SUCTION ASSISTED LIPECTOMY; TRUN	3/1/1987	NC	9	NO
2	15878	SUCTION ASSISTED LIPECTOMY; UPPE	3/1/1987	NC	9	NO
2	15879	SUCTION ASSISTED LIPECTOMY; LOWE	3/1/1987	NC	9	NO
2	15920	COCCYGECTOMY WITH PRIMARY SUTURE	10/1/2005	\$376.79	3	NO
2	15922	EXCISION, COCCYGEAL PRESSURE ULC	10/1/2005	\$480.08	3	NO
2	15931	EXCISION SACRAL DECUBITUS ULCER	10/1/2005	\$418.83	3	NO
2	15933	EXCISION SACRAL PRESSURE ULCER W	10/1/2005	\$523.41	3	NO
2	15934	EXCISION, SACRAL PRESSURE ULCER,	10/1/2005	\$583.10	3	NO
2	15935	EXCISION SACRAL PRESSURE ULCER W	10/1/2005	\$698.57	3	NO
2	15936	EXCISION, SACRAL PRESSURE ULCER,	10/1/2005	\$578.94	3	NO
2	15937	EXCISION SACRAL PRESSURE ULCER W	10/1/2005	\$675.48	3	NO
2	15940	EXCISION ISCHIAL DECUBITUS ULCER	10/1/2005	\$435.70	3	NO
2	15941	EXCISION ISCHIAL PRESSURE ULCER	10/1/2005	\$583.88	3	NO
2	15944	EXCISION, ISCHIAL PRESSURE ULCER	10/1/2005	\$562.34	3	NO
2	15945	EXCISION ISCHIAL PRESSURE ULCER	10/1/2005	\$625.40	3	NO
2	15946	EXCISION, ISCHIAL PRESSURE ULCER	10/1/2005	\$1,012.31	3	NO
2	15950	EXCISION TROCHANTERIC DECUBITUS	10/1/2005	\$362.00	3	NO
2	15951	EXCISION TROCHANTERIC PRESSURE U	10/1/2005	\$519.26	3	NO
2	15952	EXCISION, TROCHANTERIC PRESSURE	10/1/2005	\$537.42	3	NO
2	15953	EXCISION TROCHANTERIC PRESSURE U	10/1/2005	\$606.71	3	NO
2	15956	EXCISION, TROCHANTERIC PRESSURE,	10/1/2005	\$737.76	3	NO
2	15958	EXCISION TROCHANTERIC PRESSURE U	10/1/2005	\$745.02	3	NO
2	15999	UNLISTED PROCEDURE, EXCISION PRE	9/1/1985	\$0.01	5	NO
2	16000	INITIAL TREATMENT FIRST DEGREE B	10/1/2005	\$47.49	3	NO
2	16010	DRESSINGS AND/OR DEBRIDEMENT INI	1/1/2006	INVALID	N	NO
2	16015	DRESSINGS AND/OR DEBRIDEMENT INI	1/1/2006	INVALID	N	NO
2	16020	DRESSINGS AND/OR DEBRIDEMENT OF	10/1/2005	\$56.31	3	NO
2	16025	DRESSINGS AND/OR DEBRIDEMENT OF	10/1/2005	\$98.61	3	NO
2	16030	DRESSINGS AND/OR DEBRIDEMENT OF	10/1/2005	\$116.52	3	NO
2	16035	ESCHAROTOMY; INITIAL INCISION	10/1/2005	\$149.73	3	NO
2	16036	ESCHAROTOMY; EACH ADDITIONAL INC	10/1/2005	\$59.69	3	NO
2	17000	DESTRUCTION BY ANY METHOD, INCLU	10/1/2005	\$41.52	3	NO
2	17003	DESTRUCTION BY ANY METHOD, INCLU	10/1/2005	\$7.01	3	NO
2	17004	DESTRUCTION, ALL BENIGN OR PREMA	10/1/2005	\$135.46	3	NO
2	17106	DESTRUCTION OF CUTANEOUS VASCULA	10/1/2005	\$247.30	3	YES
2	17107	DESTRUCTION OF CUTANEOUS VASCULA	10/1/2005	\$441.41	3	YES
2	17108	DESTRUCTION OF CUTANEOUS VASCULA	10/1/2005	\$603.60	3	YES



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	17110	DESTRUCTION, OF FLAT WARTS, MOLL	10/1/2005	\$60.20	3	NO
2	17111	DESTRUCTION BY ANY METHOD OF FLA	10/1/2005	\$68.51	3	NO
2	17250	CHEMICAL CAUTERIZATION OF GRANUL	10/1/2005	\$45.93	3	NO
2	17260	DESTRUCTION, MALIGNANT LESION, T	10/1/2005	\$57.87	3	NO
2	17261	DESTRUCTION, MALIGNANT LESION, A	10/1/2005	\$73.44	3	NO
2	17262	DESTRUCTION, MALIGNANT LESION, A	10/1/2005	\$91.60	3	NO
2	17263	DESTRUCTION, MALIGNANT LESION, A	10/1/2005	\$101.72	3	NO
2	17264	DESTRUCTION, MALIGNANT LESION, A	10/1/2005	\$110.03	3	NO
2	17266	DESTRUCTION, MALIGNANT LESION, A	10/1/2005	\$128.71	3	NO
2	17270	DESTRUCTION, MALIGNANT LESION, S	10/1/2005	\$79.93	3	NO
2	17271	DESTRUCTION, MALIGNANT LESION, A	10/1/2005	\$86.15	3	NO
2	17272	DESTRUCTION, MALIGNANT LESION, A	10/1/2005	\$99.65	3	NO
2	17273	DESTRUCTION, MALIGNANT LESION, A	10/1/2005	\$112.62	3	NO
2	17274	DESTRUCTION, MALIGNANT LESION, A	10/1/2005	\$136.76	3	NO
2	17276	DESTRUCTION, MALIGNANT LESION, A	10/1/2005	\$164.00	3	NO
2	17280	DESTRUCTION, MALIGNANT LESION, F	10/1/2005	\$73.44	3	NO
2	17281	DESTRUCTION, MALIGNANT LESION, A	10/1/2005	\$95.76	3	NO
2	17282	DESTRUCTION, MALIGNANT LESION, A	10/1/2005	\$111.07	3	NO
2	17283	DESTRUCTION, MALIGNANT LESION, A	10/1/2005	\$137.54	3	NO
2	17284	DESTRUCTION, MALIGNANT LESION, A	10/1/2005	\$162.97	3	NO
2	17286	DESTRUCTION, MALIGNANT LESION, A	10/1/2005	\$216.94	3	NO
2	17304	CHEMOSURGERY (MOHS' MICROGRAPHIC	10/1/2005	\$419.09	3	NO
2	17305	CHEMOSURGERY (MOH'S TECHNIQUE) S	10/1/2005	\$178.02	3	NO
2	17306	CHEMOSURGERY (MOH'S TECHNIQUE);	10/1/2005	\$178.54	3	NO
2	17307	CHEMOSURGERY (MOH'S TECHNIQUE);	10/1/2005	\$169.45	3	NO
2	17310	CHEMOSURGERY (MOH'S TECHNIQUE);	10/1/2005	\$67.47	3	NO
2	17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N	10/1/2005	\$30.62	3	NO
2	17360	CHEMICAL EXFOLIATION FOR ACNE (E	10/1/2005	\$76.03	3	NO
2	17380	ELECTROLYSIS EPILATION EACH 1/2	8/1/1989	NC	9	NO
2	17999	UNLISTED PROCEDURE SKIN MUCOUS M	4/1/1982	\$0.01	5	NO
2	19000	PUNCTURE ASPIRATION OF CYST OF B	10/1/2005	\$75.26	3	NO
2	19001	PUNCTURE ASPIRATION OF CYST OF B	10/1/2005	\$18.42	3	NO
2	19020	MASTOTOMY WITH EXPLORATION OR DR	10/1/2005	\$268.06	3	NO
2	19030	INJECTION PROCEDURE ONLY FOR MAM	10/1/2005	\$116.26	3	NO
2	19100	BIOPSY OF BREAST; PERCUTANEOUS,	10/1/2005	\$91.08	3	NO
2	19101	BIOPSY OF BREAST; OPEN, INCISION	10/1/2005	\$209.16	3	NO
2	19102	BIOPSY OF BREAST; PERCUTANEOUS,	10/1/2005	\$154.92	3	NO
2	19103	BIOPSY OF BREAST; PERCUTANEOUS,	10/1/2005	\$401.71	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	19110	NIPPLE EXPLORATION WITH OR WITHO	10/1/2005	\$276.11	3	NO
2	19112	EXCISION OF LACTIFEROUS DUCT FIS	10/1/2005	\$264.69	3	NO
2	19120	EXCISION OF CYST, FIBROADENOMA,	10/1/2005	\$280.52	3	NO
2	19125	EXCISION OF BREAST LESION IDENTI	10/1/2005	\$301.54	3	NO
2	19126	EXCISION OF BREAST LESION IDENTI	10/1/2005	\$111.84	3	NO
2	19140	MASTECTOMY FOR GYNECOMASTIA	2/1/1993	NC	9	NO
2	19160	MASTECTOMY, PARTIAL (EG, LUMPECT	10/1/2005	\$264.43	3	NO
2	19162	MASTECTOMY PARTIAL (QUADRECTOMY	10/1/2005	\$560.78	3	NO
2	19180	MASTECTOMY SIMPLE COMPLETE UNILA	10/1/2005	\$388.99	3	NO
2	19182	MASTECTOMY SUBCUTANEOUS	10/1/2005	\$350.58	3	NO
2	19200	MASTECTOMY RADICAL INCLUDING BRE	10/1/2005	\$657.05	3	NO
2	19220	MASTECTOMY RADICAL INCLUDING BRE	10/1/2005	\$673.40	3	NO
2	19240	MASTECTOMY,MODIFIED RAD,INCL AXI	10/1/2005	\$681.97	3	NO
2	19260	EXCISION OF CHEST WALL TUMOR INC	10/1/2005	\$743.21	3	NO
2	19271	EXCISION OF CHEST WALL TUMOR INV	10/1/2005	\$1,022.69	3	NO
2	19272	EXCISION OF CHEST WALL TUMOR INV	10/1/2005	\$1,126.75	3	NO
2	19290	PREOPERATIVE PLACEMENT OF NEEDLE	10/1/2005	\$108.99	3	NO
2	19291	PREOPERATIVE PLACEMENT OF NEEDLE	10/1/2005	\$48.79	3	NO
2	19295	IMAGE GUIDED PLACEMENT, METALLIC	10/1/2005	\$70.07	3	NO
2	19296	PLACEMENT OF RADIOTHERAPY AFTERL	10/1/2005	\$143.24	3	NO
2	19297	PLACEMENT OF RADIOTHERAPY AFTERL	10/1/2005	\$65.65	3	NO
2	19298	PLACEMENT OF RADIOTHERAPY AFTERL	10/1/2005	\$1,260.91	3	NO
2	19316	MASTOPEXY	8/1/2003	NC	9	NO
2	19318	REDUCTION MAMMAPLASTY	10/1/2005	\$768.90	3	NO
2	19324	MAMMAPLASTY, AUGMENTATION; WITHO	10/1/2005	\$300.24	3	NO
2	19325	MAMMAPLASTY AUGMENTATION; WITH P	10/1/2005	\$421.95	3	NO
2	19328	REMOVAL OF INTACT MAMMARY IMPLAN	10/1/2005	\$300.76	3	NO
2	19330	REMOVAL OF MAMMARY IMPLANT MATER	10/1/2005	\$384.58	3	NO
2	19340	IMMEDIATE INSERTION OF BREAST PR	10/1/2005	\$271.70	3	NO
2	19342	DELAYED INSERTION OF BREAST PROT	10/1/2005	\$568.05	3	NO
2	19350	RECONSTRUCTION OF NIPPLE AND/OR	10/1/2005	\$626.43	3	NO
2	19355	CORRECTION OF INVERTED NIPPLES	10/1/2005	\$486.04	3	NO
2	19357	BREAST RECONSTRUCTION, IMMEDIATE	10/1/2005	\$949.77	3	NO
2	19361	BREAST RECONSTRUCTION W/LATISSIM	10/1/2005	\$895.79	3	NO
2	19364	BREAST RECONSTRUCTION WITH FREE	10/1/2005	\$1,832.33	3	NO
2	19366	BREAST RECONSTRUCTION WITH OTHER	10/1/2005	\$934.98	3	NO
2	19367	BREAST RECONSTRUCTION WITH TRANS	10/1/2005	\$1,202.26	3	NO
2	19368	BREAST RECONSTRUCTION WITH TRANS	10/1/2005	\$1,473.18	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	19369	BREAST RECONSTRUCTION WITH TRANS	10/1/2005	\$1,365.49	3	NO
2	19370	OPEN PERIPROSTHETIC CAPSULOTOMY,	10/1/1984	NC	9	NO
2	19371	PERIPROSTHETIC CAPSULECTOMY, BRE	10/1/2005	\$486.56	3	NO
2	19380	REVISION OF RECONSTRUCTED BREAST	10/1/2004	\$468.92	3	NO
2	19396	PREPARATION OF MOULAGE FOR CUSTO	10/1/1984	NC	9	NO
2	19499	UNLISTED PROCEDURE BREAST	2/1/1994	\$0.01	5	NO
2	20000	INCISION OF SOFT TISSUE ABSCESS	10/1/2005	\$131.05	3	NO
2	20005	INCISION OF SOFT TISSUE ABSCESS	10/1/2005	\$190.47	3	NO
2	20100	EXPLORATION OF PENETRATING WOUND	10/1/2005	\$408.97	3	NO
2	20101	EXPLORATION OF PENETRATING WOUND	10/1/2005	\$248.08	3	NO
2	20102	EXPLORATION OF PENETRATING WOUND	10/1/2005	\$308.29	3	NO
2	20103	EXPLORATION OF PENETRATING WOUND	10/1/2005	\$378.35	3	NO
2	20150	EXCISION OF EPIPHYSEAL BAR, W/OR	10/1/2005	\$589.32	3	NO
2	20200	BIOPSY MUSCLE SUPERFICIAL	10/1/2005	\$121.97	3	NO
2	20205	BIOPSY MUSCLE; DEEP	10/1/2005	\$170.23	3	NO
2	20206	BIOPSY MUSCLE PERCUTANEOUS NEEDL	10/1/2005	\$196.18	3	NO
2	20220	BIOPSY BONE TROCAR OR NEEDLE SUP	10/1/2005	\$153.62	3	NO
2	20225	BIOPSY, BONE, TROCAR, OR NEEDLE;	10/1/2005	\$688.71	3	NO
2	20240	BIOPSY, BONE, OPEN; SUPERFICIAL	10/1/2005	\$160.89	3	NO
2	20245	BIOPSY, BONE, OPEN; DEEP (EG, HU	10/1/2005	\$404.04	3	NO
2	20250	BIOPSY VERTEBRAL BODY OPEN THORA	10/1/2005	\$246.53	3	NO
2	20251	BIOPSY VERTEBRAL BODY OPEN; LUMB	10/1/2005	\$280.52	3	NO
2	20500	INJECTION OF SINUS TRACT THERAPE	10/1/2005	\$93.68	3	NO
2	20501	INJECTION OF SINUS TRACT; DIAGNO	10/1/2005	\$96.27	3	NO
2	20520	REMOVAL OF FOREIGN BODY IN MUSCL	10/1/2005	\$128.97	3	NO
2	20525	REMOVAL OF FOREIGN BODY IN MUSCL	10/1/2005	\$340.46	3	NO
2	20526	INJECTION, THERAPEUTIC (EG, LOCA	10/1/2005	\$52.68	3	NO
2	20550	INJECTION(S); TENDON SHEATH, LIG	10/1/2005	\$39.96	3	NO
2	20551	INJECTION; TENDON ORIGIN/INSERTI	10/1/2005	\$39.18	3	NO
2	20552	INJECTION(S); SINGLE OR MULTIPLE	7/1/2004	NC	9	NO
2	20553	INJECTION(S); SINGLE OR MULTIPLE	7/1/2004	NC	9	NO
2	20600	ARTHROCENTESIS, ASPIRATION AND/O	10/1/2005	\$36.07	3	NO
2	20605	ARTHROCENTESIS, ASPIRATION AND/O	10/1/2005	\$39.44	3	NO
2	20610	ARTHROCENTESIS ASPIRATION AND/OR	10/1/2005	\$47.75	3	NO
2	20612	ASPIRATION AND/OR INJECTION OF G	1/1/2003	NC	9	NO
2	20615	ASPIRATION AND INJECTION FOR TRE	10/1/2005	\$155.44	3	NO
2	20650	INSERTION OF WIRE OR PIN WITH AP	10/1/2005	\$127.16	3	NO
2	20660	APPLICATION OF CRANIAL TONGS, CA	10/1/2005	\$158.55	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	20661	APPLICATION OF HALO, INCLUDING R	10/1/2005	\$282.86	3	NO
2	20662	APPLICATION OF HALO INCLUDING RE	10/1/2005	\$315.03	3	NO
2	20663	APPLICATION OF HALO INCLUDING RE	10/1/2005	\$290.12	3	NO
2	20664	APPLICATION OF HALO, INCLUDING R	10/1/2005	\$435.18	3	NO
2	20665	REMOVAL OF TONGS OR HALO APPLIED	10/1/2005	\$94.46	3	NO
2	20670	REMOVAL OF IMPLANT SUPERFICIAL (	10/1/2005	\$351.62	3	NO
2	20680	REMOVAL OF IMPLANT; DEEP (EG BUR	10/1/2005	\$328.53	3	NO
2	20690	APPLICATION OF A UNIPLANE (PINS	10/1/2005	\$171.27	3	NO
2	20692	APPLICATION OF A MULTIPLANE (PIN	10/1/2005	\$290.64	3	NO
2	20693	ADJUSTMENT OR REVISION OF EXTERN	10/1/2005	\$318.41	3	NO
2	20694	REMOVAL, UNDER ANESTHESIA, OF EX	10/1/2005	\$310.88	3	NO
2	20802	REPLANTATION ARM (INCLUDES SURGI	10/1/2005	\$1,708.03	3	NO
2	20805	REPLANTATION FOREARM (INCLUDES R	10/1/2005	\$2,310.59	3	NO
2	20808	REPLANTATION HAND (INCLUDES HAND	10/1/2005	\$2,869.81	3	NO
2	20816	REPLANTATION DIGIT EXCL THUMB (I	10/1/2005	\$1,898.76	3	NO
2	20822	REPLANTATION DIGIT EXCLUDING THU	10/1/2005	\$1,652.76	3	NO
2	20824	REPLANTATION THUMB (INCLUDES CAR	10/1/2005	\$1,868.40	3	NO
2	20827	REPLANTATION THUMB (INCLUDES DIS	10/1/2005	\$1,724.90	3	NO
2	20838	REPLANTATION FOOT COMPLETE AMPUT	10/1/2005	\$1,680.00	3	NO
2	20900	BONE GRAFT ANY DONOR AREA MINOR	10/1/2005	\$387.17	3	NO
2	20902	BONE GRAFT ANY DONOR AREA; MAJOR	10/1/2005	\$407.42	3	NO
2	20910	CARTILAGE GRAFT; COSTOCHONDRAL	10/1/2005	\$289.08	3	YES
2	20912	CARTILAGE GRAFT; NASAL SEPTUM	10/1/2005	\$333.20	3	NO
2	20920	FASCIA LATA GRAFT BY STRIPPER	10/1/2005	\$263.39	3	NO
2	20922	FASCIA LATA GRAFT; BY INCISION A	10/1/2005	\$385.36	3	NO
2	20924	TENDON GRAFT FROM A DISTANCE (EG	10/1/2005	\$346.95	3	NO
2	20926	TISSUE GRAFTS OTHER (EG PARANTEN	10/1/2005	\$287.53	3	NO
2	20930	ALLOGRAFT FOR SPINE SURGERY ONLY	8/15/2005	\$0.01	5	NO
2	20931	ALLOGRAFT FOR SPINE SURGERY ONLY	10/1/2005	\$82.00	3	NO
2	20936	AUTOGRAFT FOR SPINE SURGERY ONLY	8/1/2003	\$123.00	3	NO
2	20937	AUTOGRAFT FOR SPINE SURGERY ONLY	10/1/2005	\$124.04	3	NO
2	20938	AUTOGRAFT FOR SPINE SURGERY ONLY	10/1/2005	\$134.94	3	NO
2	20950	MONITORING OF INTERSTITIAL FLUID	10/1/2005	\$215.13	3	NO
2	20955	FIBULA GRAFT WITH MICROVASCULAR	10/1/2005	\$1,770.57	3	NO
2	20956	BONE GRAFT WITH MICROVASCULAR AN	10/1/2005	\$1,836.22	3	NO
2	20957	BONE GRAFT WITH MICROVASCULAR AN	10/1/2005	\$1,726.45	3	NO
2	20962	BONE GRAFT WITH MICROVASCULAR AN	10/1/2005	\$1,865.55	3	NO
2	20969	FREE OSTEOCUTANEOUS FLAP WITH MI	10/1/2005	\$1,955.07	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	20970	FREE OSTEOCUTANEOUS FLAP WITH MI	10/1/2005	\$1,944.43	3	NO
2	20972	FREE OSTEOCUTANEOUS FLAP WITH MI	10/1/2005	\$1,785.88	3	NO
2	20973	FREE OSTEOCUTANEOUS FLAP WITH MI	10/1/2005	\$1,982.84	3	NO
2	20974	ELECTRICAL STIMULATION TO AID BO	10/1/2005	\$36.59	3	NO
2	20975	ELECTRICAL STIMULATION TO AID BO	10/1/2005	\$124.82	3	NO
2	20979	LOW INTENSITY ULTRASOUND STIMULA	10/1/2005	\$39.18	3	NO
2	20982	ABLATION, BONE TUMOR(S) (EG, OST	10/1/2005	\$283.63	3	NO
2	20999	UNLISTED PROCEDURE MUSCULOSKELET	2/1/1994	\$0.01	5	NO
2	21010	ARTHROTOMY, TEMPOROMANDIBULAR JO	10/1/2005	\$473.85	3	NO
2	21015	RADICAL RESECTION OF TUMOR (EG,M	10/1/2005	\$284.67	3	NO
2	21025	EXCISION OF BONE (EG, FOR OSTEOM	10/1/2005	\$612.16	3	NO
2	21026	EXCISION OF BONE (EG, FOR OSTEOM	10/1/2005	\$345.14	3	NO
2	21029	REMOVAL BY CONTOURING OF BENIGN	10/1/2005	\$467.36	3	NO
2	21030	EXCISION OF BENIGN TUMOR OR CYST	10/1/2005	\$294.01	3	NO
2	21031	EXCISION OF TORUS MANDIBULARIS	10/1/2005	\$230.44	3	NO
2	21032	EXCISION OF MAXILLARY TORUS PALA	10/1/2005	\$234.59	3	NO
2	21034	EXCISION OF MALIGNANT TUMOR OF M	10/1/2005	\$876.07	3	NO
2	21040	EXCISION OF BENIGN TUMOR OR CYST	10/1/2005	\$296.09	3	NO
2	21041	EXCISION OF BENIGN CYST OR TUMOR	7/1/2003	INVALID	N	NO
2	21044	EXCISION OF MALIGNANT TUMOR OF M	10/1/2005	\$579.98	3	NO
2	21045	EXCISION OF MALIGNANT TUMOR OF M	10/1/2005	\$779.28	3	NO
2	21046	EXCISION OF BENIGN TUMOR OR CYST	10/1/2005	\$693.12	3	NO
2	21047	EXCISION OF BENIGN TUMOR OR CYST	10/1/2005	\$889.05	3	NO
2	21048	EXCISION OF BENIGN TUMOR OR CYST	10/1/2005	\$709.99	3	NO
2	21049	EXCISION OF BENIGN TUMOR OR CYST	10/1/2005	\$844.93	3	NO
2	21050	CONDYLECTOMY, TEMPOROMANDIBULAR	10/1/2005	\$560.52	3	YES
2	21060	MENISCECTOMY, PARTIAL OR COMPLET	10/1/2005	\$524.19	3	NO
2	21070	CORONOIDECTOMY (SEPARATE PROCEDU	10/1/2005	\$429.47	3	NO
2	21076	IMPRESSION AND CUSTOM PREPARATIO	10/1/2005	\$719.07	3	NO
2	21077	IMPRESSION AND CUSTOM PREPARATIO	10/1/2005	\$1,804.56	3	NO
2	21079	IMPRESSION AND CUSTOM PREPARATIO	10/1/2005	\$1,216.02	3	NO
2	21080	IMPRESSION AND CUSTOM PREPARATIO	10/1/2005	\$1,380.28	3	NO
2	21081	IMPRESSION AND CUSTOM PREPARATIO	10/1/2005	\$1,254.16	3	NO
2	21082	IMPRESSION AND CUSTOM PREPARATIO	10/1/2005	\$1,122.60	3	NO
2	21083	IMPRESSION AND CUSTOM PREPARATIO	10/1/2005	\$1,061.61	3	NO
2	21084	IMPRESSION AND CUSTOM PREPARATIO	10/1/2005	\$1,223.54	3	NO
2	21085	IMPRESSION AND CUSTOM PREPARATIO	10/1/2005	\$479.82	3	NO
2	21086	IMPRESSION AND CUSTOM PREPARATIO	10/1/2005	\$1,357.19	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	21087	IMPRESSION AND CUSTOM PREPARATIO	10/1/2005	\$1,338.50	3	NO
2	21088	IMPRESSION AND CUSTOM PREPARATIO	7/11/2005	\$0.01	5	NO
2	21089	UNLISTED MAXILLOFACIAL PROSTHETI	8/19/2002	\$0.01	5	NO
2	21100	APPLICATION OF HALO TYPE APPLIAN	10/1/2005	\$417.54	3	NO
2	21110	APPLICATION OF INTERDENTAL FIXAT	10/1/2005	\$399.89	3	NO
2	21116	INJECTION PROCEDURE FOR TEMPOROM	10/1/2005	\$134.94	3	NO
2	21120	GENIOPLASTY; AUGMENTATION (AUTOG	10/1/2005	\$417.80	3	YES
2	21121	GENIOPLASTY; SLIDING OSTEOTOMY,	10/1/2005	\$473.85	3	YES
2	21122	GENIOPLASTY; SLIDING OSTEOTOMIES	2/1/1994	NC	9	NO
2	21123	GENIOPLASTY; SLIDING,AUGMENTATIO	2/1/1994	NC	9	NO
2	21125	AUGMENTATION, MANDIBULAR BODY OR	2/1/1994	NC	9	NO
2	21127	AUGMENTATION,MANDIBULAR BODY OR	2/1/1994	NC	9	NO
2	21137	REDUCTION FOREHEAD; CONTOURING O	10/1/2005	\$489.42	3	YES
2	21138	REDUCTION FOREHEAD; CONTOURING A	10/1/2005	\$607.75	3	YES
2	21139	REDUCTION FOREHEAD; CONTOURING A	10/1/2005	\$696.24	3	YES
2	21141	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$883.60	3	YES
2	21142	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$881.52	3	YES
2	21143	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$921.48	3	YES
2	21145	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$950.29	3	YES
2	21146	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$1,013.87	3	YES
2	21147	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$1,002.19	3	YES
2	21150	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$1,154.52	3	YES
2	21151	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$1,388.07	3	YES
2	21154	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$1,454.50	3	YES
2	21155	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$1,684.16	3	YES
2	21159	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$2,063.80	3	YES
2	21160	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$2,022.28	3	YES
2	21172	RECONSTRUCTION SUPERIOR-LATERAL	10/1/2005	\$1,168.27	3	YES
2	21175	RECONSTRUCTION,BIFRONTAL,SUPERIO	10/1/2005	\$1,445.42	3	YES
2	21179	RECONSTRUCTION, ENTIRE OR MAJORI	10/1/2005	\$1,015.16	3	YES
2	21180	RECONSTRUCTION, ENTIRE OR MAJORI	10/1/2005	\$1,141.28	3	YES
2	21181	REMOVAL BY CONTOURING OF BENIGN	10/1/2005	\$484.49	3	YES
2	21182	RECONSTRUCTION OF ORBITAL WALLS,	10/1/2005	\$1,403.38	3	YES
2	21183	RECONSTRUCTION OF ORBITAL WALLS,	10/1/2005	\$1,570.75	3	YES
2	21184	RECONSTRUCTION OF ORBITAL WALLS,	10/1/2005	\$1,706.73	3	YES
2	21188	RECONSTRUCTION MIDFACE,OSTEOTOMI	10/1/2005	\$1,115.07	3	YES
2	21193	RECONSTRUCTION OF MANDIBULAR RAM	10/1/2005	\$829.62	3	YES
2	21194	RECONSTRUCTION OF MANDIBULAR RAM	10/1/2005	\$922.78	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	21195	RECONSTRUCTION OF MANDIBULAR RAM	10/1/2005	\$873.22	3	YES
2	21196	RECONSTRUCTION OF MANDIBULAR RAM	10/1/2005	\$950.55	3	YES
2	21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	10/1/2005	\$733.87	3	YES
2	21199	OSTEOTOMY, MANDIBLE, SEGMENTAL;	10/1/2005	\$687.93	3	YES
2	21206	OSTEOTOMY,MAXILLA,SEGMENTAL (EG,	10/1/2005	\$727.38	3	YES
2	21208	OSTEOPLASTY, FACIAL BONES; AUGME	10/1/2005	\$872.70	3	YES
2	21209	OSTEOPLASTY, FACIAL BONES; REDUC	10/1/2005	\$477.22	3	YES
2	21210	GRAFT BONE NASAL MAXILLARY AND M	10/1/2005	\$943.28	3	NO
2	21215	GRAFT BONE; MANDIBLE (INCLUDES O	10/1/2005	\$561.30	3	NO
2	21230	GRAFT RIB CARTILAGE AUTOGENOUS T	10/1/2005	\$520.82	3	NO
2	21235	GRAFT;EAR CARTILAGE,AUTOGRAFT,TO	10/1/2005	\$445.30	3	NO
2	21240	ARTHROPLASTY,TEMPOROMANDIBULAR J	10/1/2005	\$734.64	3	NO
2	21242	ARTHROPLASTY, TEMPOROMANDIBULAR	10/1/2005	\$680.15	3	NO
2	21243	ARTHROPLASTY, TEMPOROMANDIBULAR	10/1/2005	\$1,073.55	3	NO
2	21244	RECONSTRUCTION OF MANDIBLE, EXTR	10/1/2005	\$653.94	3	NO
2	21245	RECONSTRUCTION OF MANDIBLE OR MA	10/1/2005	\$711.81	3	NO
2	21246	RECONSTRUCTION OF MANDIBLE OR MA	10/1/2005	\$592.44	3	NO
2	21247	RECONSTRUCTION OF MANDIBULAR CON	10/1/2005	\$1,109.36	3	NO
2	21248	RECONSTRUCTION OF MANDIBLE OR MA	10/1/2005	\$652.12	3	NO
2	21249	RECONSTRUCTION OF MANDIBLE OR MA	10/1/2005	\$951.59	3	NO
2	21255	RECONSTRUCTION OF ZYGOMATIC ARCH	10/1/2005	\$913.18	3	NO
2	21256	RECONSTRUCTION OF ORBIT W/OSTEOT	10/1/2005	\$768.90	3	YES
2	21260	ORBITAL HYPERTELORISM CORRECTION	10/1/2005	\$784.47	3	YES
2	21261	PERIORBITAL OSTEOTOMIES FOR ORBI	10/1/2005	\$1,532.61	3	YES
2	21263	PERIORBITAL OSTEOTOMIES FOR ORBI	10/1/2005	\$1,299.06	3	YES
2	21267	ORBITAL REPOSITIONING PERIORBITA	10/1/2005	\$1,046.30	3	YES
2	21268	ORBITAL REPOSITIONING PERIORBITA	10/1/2005	\$1,252.61	3	YES
2	21270	MALAR AUGMENTATION, PROSTHETIC M	10/1/2005	\$585.95	3	YES
2	21275	SECONDARY REVISION FOR ORBITOCRA	10/1/2005	\$536.13	3	YES
2	21280	MEDIAL CANTHOPEXY (SEPARATE PROC	10/1/2005	\$320.74	3	YES
2	21282	LATERAL CANTHOPEXY	10/1/2005	\$213.31	3	NO
2	21295	REDUCTION OF MASSETER MUSCLE/BON	10/1/2005	\$109.51	3	NO
2	21296	REDUCTION OF MASSETER MUSCLE (EG	10/1/2005	\$246.27	3	NO
2	21299	UNLISTED CRANIOFACIAL AND MAXILL	2/1/1994	\$0.01	5	NO
2	21300	CLOSED TREATMENT OF SKULL FRACTU	10/1/2005	\$83.04	3	NO
2	21310	CLOSED TREATMENT OF NASAL BONE F	10/1/2005	\$75.77	3	NO
2	21315	CLOSED TREATMENT, NASAL BONE FRA	10/1/2005	\$152.59	3	NO
2	21320	MANIPULATIVE TREATMENT NASAL BON	10/1/2005	\$154.14	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	21325	OPEN TREATMENT OF NASAL FRACTURE	10/1/2005	\$329.31	3	NO
2	21330	OPEN TREATMENT OF NASAL FRACTURE	10/1/2005	\$406.12	3	NO
2	21335	OPEN TREATMENT OF NASAL FRACTURE	10/1/2005	\$492.01	3	NO
2	21336	OPEN TREATMENT OF NASAL SEPTAL F	10/1/2005	\$412.09	3	NO
2	21337	CLOSED TREATMENT OF NASAL SEPTAL	10/1/2005	\$236.15	3	NO
2	21338	OPEN TREATMENT OF NASOETHMOID FR	10/1/2005	\$551.70	3	NO
2	21339	OPEN TREATMENT OF NASOETHMOID FR	10/1/2005	\$595.03	3	NO
2	21340	PERCUTANEOUS TREAT OF NASOETHMOI	10/1/2005	\$526.53	3	NO
2	21343	OPEN TREATMENT OF DEPRESSED FRON	10/1/2005	\$775.65	3	NO
2	21344	OPEN TREATMENT OF COMPLICATED FR	10/1/2005	\$999.85	3	NO
2	21345	CLOSED TREATMENT OF NASOMAXILLAR	10/1/2005	\$490.71	3	NO
2	21346	OPEN TREATMENT OF NASOMAXILLARY	10/1/2005	\$622.28	3	NO
2	21347	OPEN TREATMENT OF NASOMAXILLARY	10/1/2005	\$786.54	3	NO
2	21348	OPEN TREATMENT OF NASOMAXILLARY	10/1/2005	\$784.73	3	NO
2	21355	PERCUTANEOUS TREATMENT OF FRACTU	10/1/2005	\$268.06	3	NO
2	21356	OPEN TREATMENT OF DEPRESSED ZYGO	10/1/2005	\$304.13	3	NO
2	21360	OPEN TREATMENT OF DEPRESSED MALA	10/1/2005	\$339.95	3	NO
2	21365	OPEN TREATMENT OF COMPLICATED FR	10/1/2005	\$711.81	3	NO
2	21366	OPEN TREATMENT OF COMPLICATED FR	10/1/2005	\$818.72	3	NO
2	21385	OPEN TREATMENT OF ORBITAL FLOOR	10/1/2005	\$477.22	3	NO
2	21386	OPEN TREATMENT OF ORBITAL FLOOR	10/1/2005	\$446.34	3	NO
2	21387	OPEN TREATMENT OF ORBITAL FLOOR	10/1/2005	\$511.22	3	NO
2	21390	OPEN TREATMENT OF ORBITAL FLOOR	10/1/2005	\$488.64	3	NO
2	21395	OPEN TREATMENT OF ORBITAL FLOOR	10/1/2005	\$600.48	3	NO
2	21400	CLOSED TREATMENT OF FRACTURE OF	10/1/2005	\$107.69	3	NO
2	21401	TREATMENT OF FRACTURE OF ORBIE E	10/1/2005	\$301.80	3	NO
2	21406	OPEN TREATMENT OF FRACTURE OF OR	10/1/2005	\$358.11	3	NO
2	21407	OPEN TREATMENT OF FRACTURE OF OR	10/1/2005	\$425.84	3	NO
2	21408	OPEN TREATMENT OF FRACTURE OF OR	10/1/2005	\$588.29	3	NO
2	21421	CLOSED TREATMENT OF PALATAL OR M	10/1/2005	\$393.14	3	NO
2	21422	OPEN TREATMENT OF PALATAL OR MAX	10/1/2005	\$451.01	3	NO
2	21423	OPEN TREATMENT OF PALATAL OR MAX	10/1/2005	\$543.39	3	NO
2	21431	CLOSED TREATMENT OF CRANIOFACIAL	10/1/2005	\$447.90	3	NO
2	21432	OPEN TREATMENT OF CRANIOFACIAL S	10/1/2005	\$453.35	3	NO
2	21433	OPEN TREATMENT OF CRANIOFACIAL S	10/1/2005	\$1,153.74	3	NO
2	21435	OPEN TREATMENT OF CRANIOFACIAL S	10/1/2005	\$827.29	3	NO
2	21436	OPEN TREATMENT OF CRANIOFACIAL S	10/1/2005	\$1,278.82	3	NO
2	21440	CLOSED TREATMENT OF MANDIBULAR O	10/1/2005	\$263.91	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	21445	OPEN TREATMENT OF MANDIBULAR OR	10/1/2005	\$412.09	3	NO
2	21450	CLOSED TREATMENT OF MANDIBULAR F	10/1/2005	\$276.63	3	NO
2	21451	CLOSED TREATMENBT OF MANDIBULAR	10/1/2005	\$384.32	3	NO
2	21452	PERCUTANEOUS TREATMENT OF MANDIB	10/1/2005	\$396.26	3	NO
2	21453	CLOSED TREATMENT OF MANDIBULAR F	10/1/2005	\$441.15	3	NO
2	21454	OPEN TREATMENT OF MANDIBULAR FRA	10/1/2005	\$350.84	3	NO
2	21461	OPEN TREATMENT OF MANDIBULAR FRA	10/1/2005	\$563.37	3	NO
2	21462	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$616.05	3	NO
2	21465	OPEN TREATMENT OF MANDIBULAR CON	10/1/2005	\$601.78	3	NO
2	21470	OPEN TREATMENT OF COMPLICATED MA	10/1/2005	\$759.82	3	NO
2	21480	CLOSED TREATMENT OF TEMPOROMANDI	10/1/2005	\$63.32	3	NO
2	21485	CLOSED TREATMENT OF TEMPOROMANDI	10/1/2005	\$329.57	3	NO
2	21490	OPEN TREATMENT OF TEMPOROMANDIBU	10/1/2005	\$609.05	3	NO
2	21493	CLOSED TREATMENT OF HYOID FRACTU	1/1/2006	INVALID	N	NO
2	21494	TREATMENT OF CLOSED OR OPEN HYOI	1/1/2006	INVALID	N	NO
2	21495	OPEN TREATMENT OF HYOID FRACTURE	10/1/2005	\$377.83	3	NO
2	21497	INTERDENTAL WIRING FOR CONDITION	10/1/2005	\$332.16	3	NO
2	21499	UNLISTED PROCEDURE HEAD	2/1/1994	\$0.01	5	NO
2	21501	INCISION AND DRAINAGE DEEP ABSCE	10/1/2005	\$277.15	3	NO
2	21502	INCISION AND DRAINAGE DEEP ABSCE	10/1/2005	\$356.03	3	NO
2	21510	INCISION DEEP WITH OPENING OF BO	10/1/2005	\$315.55	3	NO
2	21550	BIOPSY, SOFT TISSUE OF NECK OR T	10/1/2005	\$150.77	3	NO
2	21555	EXCISION TUMOR, SOFT TISSUE OF N	10/1/2005	\$269.62	3	NO
2	21556	EXCISION TUMOR, SOFT TISSUE OF N	10/1/2005	\$267.80	3	NO
2	21557	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$397.04	3	NO
2	21600	EXCISION OF RIB PARTIAL	10/1/2005	\$352.14	3	NO
2	21610	COSTOTRANSVERSECTOMY (SEPARATE P	10/1/2005	\$680.15	3	NO
2	21615	EXCISION FIRST AND/OR CERVICAL R	10/1/2005	\$466.58	3	NO
2	21616	EXCISION FIRST AND/OR CERVICAL F	10/1/2005	\$568.05	3	NO
2	21620	OSTECTOMY OF STERNAUM PARTIAL	10/1/2005	\$355.77	3	NO
2	21627	STERNAL DEBRIDEMENT	10/1/2005	\$365.64	3	NO
2	21630	RADICAL RESECTION OF STERNUM	10/1/2005	\$822.87	3	NO
2	21632	RADICAL RESECTION OF STERNUM; WI	10/1/2005	\$824.69	3	NO
2	21685	HYOID MYOTOMY AND SUSPENSION	10/1/2005	\$623.06	3	NO
2	21700	DIVISION OF SCALENUS ANTICUS WIT	10/1/2005	\$287.27	3	NO
2	21705	DIVISION OF SCALENUS ANTICUS; WI	10/1/2005	\$430.77	3	NO
2	21720	DIVISION OF STERNOCLEIDOMASTOID	10/1/2005	\$233.81	3	NO
2	21725	DIVISION OF STERNOCLEIDOMASTOID	10/1/2005	\$353.44	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	21740	RECONSTRUCTIVE REPAIR OF PECTUS	10/1/2005	\$709.73	3	NO
2	21742	RECONSTRUCTIVE REPAIR OF PECTUS	1/1/2003	NC	9	NO
2	21743	RECONSTRUCTIVE REPAIR OF PECTUS	1/1/2003	\$0.01	5	NO
2	21750	CLOSURE OF MEDIAN STERNOTOMY SEP	10/1/2005	\$477.74	3	NO
2	21800	CLOSED TREATMENT OF RIB FRACTURE	10/1/2005	\$62.02	3	NO
2	21805	OPEN TREATMENT OF RIB FRACTURE W	10/1/2005	\$164.26	3	NO
2	21810	TREATMENT OF RIB FRACTURE REQUIR	10/1/2005	\$331.12	3	NO
2	21820	CLOSED TREATMENT OF STERNUM FRAC	10/1/2005	\$84.34	3	NO
2	21825	OPEN TREATMENT OF STERNUM FRACTU	10/1/2005	\$385.62	3	NO
2	21899	UNLISTED PROCEDURE NECK OR THORA	2/1/1994	\$0.01	5	NO
2	21920	BIOPSY, SOFT TISSUE OF BACK OR F	10/1/2005	\$142.47	3	NO
2	21925	BIOPSY, SOFT TISSUE OF BACK OR F	10/1/2005	\$265.73	3	NO
2	21930	EXCISION, TUMOR, SOFT TISSUE OF	10/1/2005	\$294.27	3	NO
2	21935	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$776.94	3	NO
2	22010	INCISION AND DRAINAGE, OPEN, OF	1/1/2006	\$562.86	3	NO
2	22015	INCISION AND DRAINAGE, OPEN, OF	1/1/2006	\$557.93	3	NO
2	22100	PART EXCISION OF POST VERT COMPO	10/1/2005	\$501.35	3	NO
2	22101	PART EXCISION OF POST VERT COMPO	10/1/2005	\$499.28	3	NO
2	22102	PART EXCISION OF POST VERT COMPO	10/1/2005	\$508.36	3	NO
2	22103	PART EXCISION OF POST VERT COMPO	10/1/2005	\$102.76	3	NO
2	22110	PART EXCISION OF VERT BODY, CERV	10/1/2005	\$637.85	3	NO
2	22112	PART EXCISION OF VERT BODY, THOR	10/1/2005	\$635.78	3	NO
2	22114	PART EXCISION OF VERT BODY, LUMB	10/1/2005	\$636.55	3	NO
2	22116	PART EXCISION OF VERT BODY, EA A	10/1/2005	\$102.76	3	NO
2	22210	OSTEOTOMY OF SPINE, POSTERIOR OR	10/1/2005	\$1,155.81	3	NO
2	22212	OSTEOTOMY OF SPINE, POSTERIOR AP	10/1/2005	\$944.32	3	NO
2	22214	OSTEOTOMY OF SPINE, POSTERIOR AP	10/1/2005	\$961.45	3	NO
2	22216	OSTEOTOMY OF SPINE, POSTERIOR OR	10/1/2005	\$270.92	3	NO
2	22220	OSTEOTOMY OF SPINE, INCLUDING DI	10/1/2005	\$1,037.48	3	NO
2	22222	OSTEOTOMY OF SPINE, ANTERIOR APP	10/1/2005	\$935.50	3	NO
2	22224	OSTEOTOMY OF SPINE, ANTERIOR APP	10/1/2005	\$1,031.51	3	NO
2	22226	OSTEOTOMY OF SPINE, INCLUDING DI	10/1/2005	\$268.58	3	NO
2	22305	CLOSED TREATMENT OF VERTEBRAL PR	10/1/2005	\$122.22	3	NO
2	22310	CLOSED TREATMENT OF VERTEBRAL BO	10/1/2005	\$152.85	3	NO
2	22315	CLOSED TREATMENT OF VERTEBRAL FR	10/1/2005	\$526.79	3	NO
2	22318	OPEN TREATMENT AND/OR REDUCTION	10/1/2005	\$1,037.74	3	NO
2	22319	OPEN TREATMENT AND/OR REDUCTION	10/1/2005	\$1,157.37	3	NO
2	22325	OPEN TREATMENT AND/OR REDUCTION	10/1/2005	\$884.90	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	22326	OPEN TREATMENT AND/OR REDUCTION	10/1/2005	\$947.43	3	NO
2	22327	OPEN TREATMENT AND/OR REDUCTION	10/1/2005	\$918.89	3	NO
2	22328	OPEN TREATMENT AND/OR REDUCTION	10/1/2005	\$202.15	3	NO
2	22505	MANIPULATION OF SPINE REQUIRING	10/1/2005	\$80.70	3	NO
2	22520	PERCUTANEOUS VERTEBROPLASTY, ONE	10/1/2005	\$400.15	3	NO
2	22521	PERCUTANEOUS VERTEBROPLASTY, ONE	10/1/2005	\$379.13	3	NO
2	22522	PERCUTANEOUS VERTEBROPLASTY, ONE	10/1/2005	\$173.09	3	NO
2	22523	PERCUTANEOUS VERTEBRAL AUGMENTAT	1/1/2006	NC	9	NO
2	22524	PERCUTANEOUS VERTEBRAL AUGMENTAT	1/1/2006	NC	9	NO
2	22525	PERCUTANEOUS VERTEBRAL AUGMENTAT	1/1/2006	NC	9	NO
2	22532	ARTHRODESIS, LATERAL EXTRACAVITA	10/1/2005	\$1,111.96	3	NO
2	22533	ARTHRODESIS, LATERAL EXTRACAVITA	10/1/2005	\$1,027.88	3	NO
2	22534	ARTHRODESIS, LATERAL EXTRACAVITA	10/1/2005	\$264.69	3	NO
2	22548	ARTHRODESIS, ANTERIOR TRANSORAL	10/1/2005	\$1,222.76	3	YES
2	22554	ARTHRODESIS, ANTERIOR INTERBODY	10/1/2005	\$915.00	3	YES
2	22556	ARTHRODESIS, ANTERIOR INTERBODY	10/1/2005	\$1,095.61	3	YES
2	22558	ARTHRODESIS, ANTERIOR INTERBODY	10/1/2005	\$998.30	3	YES
2	22585	ARTHRODESIS, ANTERIOR INTERBODY	10/1/2005	\$246.27	3	YES
2	22590	ARTHRODESIS, POSTERIOR TECHNIQUE	10/1/2005	\$997.26	3	YES
2	22595	ARTHRODESIS, POSTERIOR TECHNIQUE	10/1/2005	\$946.14	3	YES
2	22600	ARTHRODESIS, POSTERIOR OR POSTER	10/1/2005	\$802.89	3	YES
2	22610	ARTHRODESIS, POSTERIOR OR POSTER	10/1/2005	\$800.30	3	YES
2	22612	ARTHRODESIS, POSTERIOR OR POSTER	10/1/2005	\$1,025.80	3	YES
2	22614	ARTHRODESIS, POSTERIOR OR POSTER	10/1/2005	\$289.08	3	YES
2	22630	ARTHRODESIS, POSTERIOR INTERBODY	10/1/2005	\$1,012.05	3	YES
2	22632	ARTHRODESIS, POSTERIOR INTERBODY	10/1/2005	\$234.07	3	YES
2	22800	ARTHRODESIS, POSTERIOR, FOR SPIN	10/1/2005	\$898.91	3	YES
2	22802	ARTHRODESIS, POSTERIOR, FOR SPIN	10/1/2005	\$1,466.18	3	YES
2	22804	ARTHRODESIS, POSTERIOR, FOR SPIN	10/1/2005	\$1,708.03	3	YES
2	22808	ARTHRODESIS, ANTERIOR, FOR SPINA	10/1/2005	\$1,227.69	3	YES
2	22810	ARTHRODESIS, ANTERIOR, FOR SPINA	10/1/2005	\$1,384.43	3	YES
2	22812	ARTHRODESIS, ANTERIOR, FOR SPINA	10/1/2005	\$1,504.06	3	YES
2	22818	KYPHECTOMY, CIRCUMFERENTIAL EXPO	10/1/2005	\$1,477.59	3	NO
2	22819	KYPHECTOMY, CIRCUMFERENTIAL EXPO	10/1/2005	\$1,661.58	3	NO
2	22830	EXPLORATION OF SPINAL FUSION	10/1/2005	\$545.73	3	NO
2	22840	POSTERIOR NON-SEGMENTAL INSTRUME	10/1/2005	\$563.63	3	NO
2	22841	INTERNAL SPINAL FIXATION BY WIRI	1/1/1996	\$0.01	5	YES
2	22842	POSTERIOR SEGMENTAL INSTRUMENTAT	10/1/2005	\$563.37	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	22843	POSTERIOR SEGMENTAL INSTRUMENTAT	10/1/2005	\$592.44	3	YES
2	22844	POSTERIOR SEGMENTAL INSTRUMENTAT	10/1/2005	\$734.39	3	YES
2	22845	ANTERIOR INSTRUMENTATION; 2 TO 3	10/1/2005	\$538.98	3	YES
2	22846	ANTERIOR INSTRUMENTATION; 4 TO 7	10/1/2005	\$560.52	3	YES
2	22847	ANTERIOR INSTRUMENTATION; 8 OR M	10/1/2005	\$616.57	3	YES
2	22848	PELVIC FIXATION (ATTACHMENT OF C	10/1/2005	\$267.54	3	YES
2	22849	REINSERTION OF SPINAL FIXATION D	10/1/2005	\$882.56	3	NO
2	22850	REMOVAL OF POSTERIOR NONSEGMENTA	10/1/2005	\$480.08	3	NO
2	22851	APPLICATION OF PROSTHETIC DEVICE	10/1/2005	\$298.94	3	YES
2	22852	REMOVAL OF POSTERIOR SEGMENTAL I	10/1/2005	\$457.76	3	NO
2	22855	REMOVAL OF ANTERIOR INSTRUMENTAT	10/1/2005	\$731.01	3	NO
2	22899	UNLISTED PROCEDURE SPINE	2/1/1994	\$0.01	5	NO
2	22900	EXCISION ABDOMINAL WALL TUMOR SU	10/1/2005	\$253.27	3	NO
2	22999	UNLISTED PROCEDURE, ABDOMEN, MUS	2/1/1994	\$0.01	5	NO
2	23000	REMOVAL OF SUBDELTOID CALCAREOUS	10/1/2005	\$351.10	3	NO
2	23020	CAPSULAR CONTRACTURE RELEASE (SE	10/1/2005	\$467.10	3	NO
2	23030	INCISION AND DRAINAGE DEEP ABCES	10/1/2005	\$294.27	3	NO
2	23031	INCISION AND DRAINAGE INFECTED B	10/1/2005	\$286.49	3	NO
2	23035	INCISION DEEP WITH OPENING OF CO	10/1/2005	\$475.14	3	NO
2	23040	ARTHROTOMY, GLENOHUMERAL JOINT,	10/1/2005	\$482.93	3	NO
2	23044	ARTHROTOMY, ACROMIOCLAVICULAR, S	10/1/2005	\$382.50	3	NO
2	23065	BIOPSY SOFT TISSUES SUPERFICIAL	10/1/2005	\$128.45	3	NO
2	23066	BIOPSY SOFT TISSUES; DEEP	10/1/2005	\$322.56	3	NO
2	23075	EXCISION, TUMOR, SHOULDER AREA;	10/1/2005	\$165.30	3	NO
2	23076	EXCISION BENIGN TUMOR; DEEP SUBF	10/1/2005	\$370.31	3	NO
2	23077	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$741.13	3	NO
2	23100	ARTHROTOMY WITH BIOPSY, GLENOHUM	10/1/2005	\$329.57	3	NO
2	23101	ARTHROTOMY WITH BIOPSY, OR W/EXC	10/1/2005	\$307.25	3	NO
2	23105	ARTHROTOMY WITH SYNOVECTOMY; GLE	10/1/2005	\$434.40	3	NO
2	23106	ARTHROTOMY FOR SYNOVECTOMY STERN	10/1/2005	\$327.49	3	NO
2	23107	ARTHROTOMY, GLENOHUMERAL JOINT,	10/1/2005	\$453.35	3	NO
2	23120	CLAVICULECTOMY PARTIAL	10/1/2005	\$383.28	3	NO
2	23125	CLAVICULECTOMY; TOTAL	10/1/2005	\$480.85	3	NO
2	23130	ACROMIOPLASTY OR ACROMIONECTOMY,	10/1/2005	\$414.16	3	NO
2	23140	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$340.98	3	NO
2	23145	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$467.36	3	NO
2	23146	EXCSION OR CURETTAGE OF BONE CYS	10/1/2005	\$422.47	3	NO
2	23150	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$432.33	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	23155	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$530.42	3	NO
2	23156	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$455.16	3	NO
2	23170	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$361.22	3	NO
2	23172	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$367.97	3	NO
2	23174	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$505.77	3	NO
2	23180	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$491.75	3	NO
2	23182	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$467.10	3	NO
2	23184	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$526.01	3	NO
2	23190	OSTECTOMY OF SCAPULA PARTIAL (EG	10/1/2005	\$378.09	3	NO
2	23195	RESECTION HUMERAL HEAD	10/1/2005	\$498.50	3	NO
2	23200	RADICAL RESECTION FOR TUMOR CLAV	10/1/2005	\$585.43	3	NO
2	23210	RADICAL RESECTION FOR TUMOR; SCA	10/1/2005	\$608.01	3	NO
2	23220	RADICAL RESECTION FOR TUMOR PROX	10/1/2005	\$721.15	3	NO
2	23221	RADICAL RESECTION TUMOR PROXIMAL	10/1/2005	\$842.34	3	NO
2	23222	RADICAL RESECTION FOR TUMOR PROX	10/1/2005	\$1,130.64	3	NO
2	23330	REMOVAL OF FOREIGN BODY SHOULDER	10/1/2005	\$149.47	3	NO
2	23331	REMOVAL OF FOREIGN BODY; DEEP (E	10/1/2005	\$399.63	3	NO
2	23332	REMOVAL OF FOREIGN BODY; COMPLIC	10/1/2005	\$594.00	3	NO
2	23350	INJECTION PROCEDURE FOR SHOULDER	10/1/2005	\$117.29	3	NO
2	23395	MUSCLE TRANSFER, ANY TYPE SHOULD	10/1/2005	\$842.86	3	NO
2	23397	MUSCLE TRANSFER ANY TYPE FOR PAR	10/1/2005	\$781.87	3	NO
2	23400	SCAPULOPEXY (EG SPRENGELS DEFORM	10/1/2005	\$671.07	3	NO
2	23405	TENOMYOTOMY SINGLE	10/1/2005	\$433.37	3	NO
2	23406	TENOMYOTOMY; MULTIPLE THROUGH SA	10/1/2005	\$543.13	3	NO
2	23410	REPAIR OF RUPTURED MUSCULOTENDIN	10/1/2005	\$621.24	3	NO
2	23412	REPAIR OF RUPTURED SUPRASPINATUS	10/1/2005	\$660.17	3	NO
2	23415	CORACOACROMIAL LIGAMENT RELEASE,	10/1/2005	\$509.92	3	NO
2	23420	REPAIR OF COMPLETE SHOULDER (ROT	10/1/2005	\$684.82	3	NO
2	23430	TENODESIS OF LONG TENDON OF BICE	10/1/2005	\$513.03	3	NO
2	23440	RESECTION OR TRANSPLANTATION OF	10/1/2005	\$532.23	3	NO
2	23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-	10/1/2005	\$661.98	3	NO
2	23455	CAPSULORRHAPHY FOR RECURRENT DIS	10/1/2005	\$706.88	3	NO
2	23460	CAPSULORRHAPHY, ANTERIOR, ANY TY	10/1/2005	\$761.63	3	NO
2	23462	CAPSULORRHAPHY FOR RECURRENT DIS	10/1/2005	\$742.17	3	NO
2	23465	CAPSULORRHAPHY FOR RECURRENT DIS	10/1/2005	\$771.23	3	NO
2	23466	CAPSULORRHAPHY WITH ANY TYPE MUL	10/1/2005	\$726.34	3	NO
2	23470	ARTHROPLASTY WITH PROXIMAL HUMER	10/1/2005	\$837.93	3	NO
2	23472	ARTHROPLASTY WITH GLENOID AND PR	10/1/2005	\$1,013.87	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	23480	OSTEOTOMY CLAVICLE WITH OR WITHO	10/1/2005	\$567.01	3	NO
2	23485	OSTEOTOMY CLAVICLE WITH OR WITHO	10/1/2005	\$664.32	3	NO
2	23490	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$570.64	3	NO
2	23491	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$709.73	3	NO
2	23500	CLOSED TREATMENT OF CLAVICULAR F	10/1/2005	\$135.98	3	NO
2	23505	TREATMENT OF CLOSED CLAVICULAR F	10/1/2005	\$225.25	3	NO
2	23515	OPEN TREATMENT OF CLAVICULAR FRA	10/1/2005	\$394.96	3	NO
2	23520	CLOSED TREATMENT OF STERNOCLAVIC	10/1/2005	\$138.31	3	NO
2	23525	TREATMENT OF CLOSED STERNOCLAVIC	10/1/2005	\$222.39	3	NO
2	23530	OPEN TREATMENT OF STERNOCLAVICUL	10/1/2005	\$374.46	3	NO
2	23532	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$424.28	3	NO
2	23540	CLOSED TREATMENT OF ACROMIOCLAVI	10/1/2005	\$139.09	3	NO
2	23545	TREATMENT OF CLOSED ACROMIOCLAVI	10/1/2005	\$201.89	3	NO
2	23550	OPEN TREATMENT OF ACROMIOCLAVICU	10/1/2005	\$384.58	3	NO
2	23552	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$446.60	3	NO
2	23570	CLOSED TREATMENT OF SCAPULAR FRA	10/1/2005	\$145.06	3	NO
2	23575	CLOSED TREATMENT OF SCAPULAR FRA	10/1/2005	\$246.27	3	NO
2	23585	OPEN TREATMENT OF SCAPULAR FRACT	10/1/2005	\$470.21	3	NO
2	23600	CLOSED TREATMENT OF PROXIMAL HUM	10/1/2005	\$206.04	3	NO
2	23605	CLOSED TREATMENT OF PROXIMAL HUM	10/1/2005	\$306.47	3	NO
2	23615	OPEN TREATMENT OF PROXIMAL HUMER	10/1/2005	\$513.03	3	NO
2	23616	OPEN TREATMENT OF PROXIMAL HUMER	10/1/2005	\$1,012.31	3	NO
2	23620	CLOSED TREATMENT OF GREATER TUBE	10/1/2005	\$165.82	3	NO
2	23625	TREATMENT OF CLOSED GREATER TUBE	10/1/2005	\$246.01	3	NO
2	23630	OPEN TREATMENT OF GREATER TUBERO	10/1/2005	\$394.96	3	NO
2	23650	CLOSED TREATMENT OF SHOULDER DIS	10/1/2005	\$193.33	3	NO
2	23655	TREATMENT OF CLOSED SHOULDER DIS	10/1/2005	\$243.41	3	NO
2	23660	OPEN TREATMENT OF ACUTE SHOULDER	10/1/2005	\$392.62	3	NO
2	23665	CLOSED TREATMENT OF SHOULDER DIS	10/1/2005	\$271.96	3	NO
2	23670	OPEN TREATMENT OF SHOULDER DISLO	10/1/2005	\$416.76	3	NO
2	23675	CLOSED TREATMENT OF SHOULDER DIS	10/1/2005	\$358.89	3	NO
2	23680	OPEN TREATMENT OF SHOULDER DISLO	10/1/2005	\$515.11	3	NO
2	23700	MANIPULATION UNDER ANESTHESIA IN	10/1/2005	\$132.86	3	NO
2	23800	ARTHRODESIS SHOULDER JOINT WITH	10/1/2005	\$695.20	3	NO
2	23802	ARTHRODESIS SHOULDER JOINT; WITH	10/1/2005	\$763.71	3	NO
2	23900	INTERTHORACOSCAPULAR AMPUTATION	10/1/2005	\$895.53	3	NO
2	23920	DISARTICULATION OF SHOULDER	10/1/2005	\$697.02	3	NO
2	23921	DISARTICULATION OF SHOULDER; SEC	10/1/2005	\$294.01	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	23929	UNLISTED PROCEDURE SHOULDER	2/1/1994	\$0.01	5	NO
2	23930	INCISION AND DRAINAGE DEEP ABSCE	10/1/2005	\$250.94	3	NO
2	23931	INCISION AND DRAINAGE; INFECTED	10/1/2005	\$206.56	3	NO
2	23935	INCISION DEEP WITH OPENING OF CO	10/1/2005	\$337.61	3	NO
2	24000	ARTHROTOMY ELBOW FOR INFECTION W	10/1/2005	\$315.81	3	NO
2	24006	ARTHROTOMY OF THE ELBOW, WITH CA	10/1/2005	\$480.85	3	NO
2	24065	BIOPSY SOFT TISSUES SUPERFICIAL	10/1/2005	\$141.69	3	NO
2	24066	BIOPSY SOFT TISSUES; DEEP	10/1/2005	\$386.40	3	NO
2	24075	EXCISION, TUMOR, SOFT TISSUE OF	10/1/2005	\$306.21	3	NO
2	24076	EXCISION BENIGN TUMOR; DEEP SUBF	10/1/2005	\$313.22	3	NO
2	24077	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$548.32	3	NO
2	24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL	10/1/2005	\$265.21	3	NO
2	24101	ARTHROTOMY, ELBOW; W/JOINT EXPLO	10/1/2005	\$339.43	3	NO
2	24102	ARTHROTOMY, ELBOW; WITH SYNOVECT	10/1/2005	\$419.35	3	NO
2	24105	EXCISION OLECRANON BURSA	10/1/2005	\$222.91	3	NO
2	24110	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$396.52	3	NO
2	24115	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$479.82	3	NO
2	24116	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$594.00	3	NO
2	24120	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$354.22	3	NO
2	24125	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$391.85	3	NO
2	24126	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$427.66	3	NO
2	24130	EXCISION RADIAL HEAD	10/1/2005	\$344.88	3	NO
2	24134	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$523.93	3	NO
2	24136	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$430.25	3	NO
2	24138	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$444.78	3	NO
2	24140	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$513.03	3	NO
2	24145	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$437.52	3	NO
2	24147	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$451.53	3	NO
2	24149	RADICAL RESECTION OF CAPSULE, SO	10/1/2005	\$729.20	3	NO
2	24150	RADICAL RESECTION FOR TUMOR SHAF	10/1/2005	\$661.47	3	NO
2	24151	RADICAL RESECTION FOR TUMOR SHAF	10/1/2005	\$769.42	3	NO
2	24152	RADICAL RESECTION FOR TUMOR RADI	10/1/2005	\$499.54	3	NO
2	24153	RADICAL RESECTION FOR TUMOR RADI	10/1/2005	\$462.69	3	NO
2	24155	RESECTION OF ELBOW JOINT (ARTHRE	10/1/2005	\$571.16	3	NO
2	24160	IMPLANT REMOVAL ELBOW JOINT	10/1/2005	\$414.68	3	NO
2	24164	IMPLANT REMOVAL; RADIAL HEAD	10/1/2005	\$337.61	3	NO
2	24200	REMOVAL OF FOREIGN BODY SUBCUTAN	10/1/2005	\$139.09	3	NO
2	24201	REMOVAL OF FOREIGN BODY; DEEP	10/1/2005	\$389.77	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	24220	INJECTION PROCEDURE FOR ELBOW AR	10/1/2005	\$130.53	3	NO
2	24300	MANIPULATION, ELBOW, UNDER ANEST	10/1/2005	\$261.32	3	NO
2	24301	MUSCLE OR TENDON TRANSFER ANY TY	10/1/2005	\$517.44	3	NO
2	24305	TENDON LENGTHENING SINGLE EACH	10/1/2005	\$396.52	3	NO
2	24310	TENOTOMY OPEN ELBOW TO SHOULDER	10/1/2005	\$324.12	3	NO
2	24320	TENOPLASTY WITH MUSCLE TRANSFER	10/1/2005	\$513.55	3	NO
2	24330	FLEXOR-PLASTY ELBOW (EG STEINDLE	10/1/2005	\$494.35	3	NO
2	24331	FLEXOR-PLASTY ELBOW (EG STEINDLE	10/1/2005	\$546.51	3	NO
2	24332	TENOLYSIS, TRICEPS	10/1/2005	\$400.67	3	NO
2	24340	TENODESIS OF BICEPS TENDON AT EL	10/1/2005	\$420.13	3	NO
2	24341	REPAIR, TENDON OR MUSCLE, UPPER	10/1/2005	\$444.78	3	NO
2	24342	REINSERTION OF RUPTURED BICEPS O	10/1/2005	\$542.36	3	NO
2	24343	REPAIR LATERAL COLLATERAL LIGAME	10/1/2005	\$472.03	3	NO
2	24344	RECONSTRUCTION LATERAL COLLATERA	10/1/2005	\$722.19	3	NO
2	24345	REPAIR MEDIAL COLLATERAL LIGAMEN	10/1/2005	\$468.40	3	NO
2	24346	RECONSTRUCTION MEDIAL COLLATERAL	10/1/2005	\$717.00	3	NO
2	24350	FASCIOTOMY LATERAL OR MEDIAL (EG	10/1/2005	\$303.10	3	NO
2	24351	FASCIOTOMY LATERAL OR MEDIAL (EG	10/1/2005	\$332.68	3	NO
2	24352	FASCIOTOMY LATERAL OR MEDIAL (EG	10/1/2005	\$355.52	3	NO
2	24354	FASCIOTOMY LATERAL OR MEDIAL (EG	10/1/2005	\$355.26	3	NO
2	24356	FASCIOTOMY LATERAL OR MEDIAL (EG	10/1/2005	\$365.12	3	NO
2	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	10/1/2005	\$617.61	3	NO
2	24361	ARTHROPLASTY ELBOW; WITH DISTAL H	10/1/2005	\$695.46	3	NO
2	24362	ARTHROPLASTY ELBOW; WITH IMPLANT	10/1/2005	\$715.96	3	NO
2	24363	ARTHROPLASTY ELBOW; WITH DISTAL	10/1/2005	\$911.62	3	NO
2	24365	ARTHROPLASTY RADIAL HEAD	10/1/2005	\$440.89	3	NO
2	24366	ARTHROPLASTY RADIAL HEAD; WITH I	10/1/2005	\$471.51	3	NO
2	24400	OSTEOTOMY HUMERUS WITH OR WITHOU	10/1/2005	\$564.41	3	NO
2	24410	MULTIPLE OSTEOTOMIES WITH REALIG	10/1/2005	\$717.78	3	NO
2	24420	OSTEOPLASTY HUMERUS (EG SHORTENI	10/1/2005	\$677.55	3	NO
2	24430	REPAIR OF NONUNION OR MALUNION H	10/1/2005	\$640.97	3	NO
2	24435	REPAIR OF NONUNION OR MANUNION H	10/1/2005	\$681.19	3	NO
2	24470	HEMIEPIPHYSEAL ARREST (EG FOR CU	10/1/2005	\$465.28	3	NO
2	24495	DECOMPRESSION FASCIOTOMY FOREARM	10/1/2005	\$467.36	3	NO
2	24498	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$601.52	3	NO
2	24500	CLOSED TREATMENT OF HUMERAL SHAF	10/1/2005	\$221.61	3	NO
2	24505	CLOSED TREATMENT OF HUMERAL SHAF	10/1/2005	\$327.23	3	NO
2	24515	OPEN TREATMENT OF HUMERAL SHAFT	10/1/2005	\$596.59	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	24516	TREATMENT OF HUMERAL SHAFT FRACT	10/1/2005	\$589.84	3	NO
2	24530	CLOSED TREATMENT OF SUPRACONDYLA	10/1/2005	\$239.78	3	NO
2	24535	CLOSED TREATMENT OF SUPRACONDYLA	10/1/2005	\$411.31	3	NO
2	24538	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$510.96	3	NO
2	24545	OPEN TREATMENT OF HUMERAL SUPRAC	10/1/2005	\$536.65	3	NO
2	24546	OPEN TREATMENT OF HUMERAL SUPRAC	10/1/2005	\$769.68	3	NO
2	24560	CLOSED TREATMENT OF HUMERAL EPIC	10/1/2005	\$199.56	3	NO
2	24565	TREATMENT OF CLOSED EPICONDYLAR	10/1/2005	\$338.91	3	NO
2	24566	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$447.12	3	NO
2	24575	OPEN TREATMENT OF HUMERAL EPICON	10/1/2005	\$541.32	3	NO
2	24576	CLOSED TREATMENT OF HUMERAL COND	10/1/2005	\$209.16	3	NO
2	24577	TREATMENT OF CLOSED CONDYLAR FRA	10/1/2005	\$354.22	3	NO
2	24579	OPEN TREATMENT OF HUMERAL CONDYL	10/1/2005	\$581.02	3	NO
2	24582	PERCUTANEOUS SKELETAL FIXATION	10/1/2005	\$496.16	3	NO
2	24586	OPEN TREATMENT OF PERIARTICULAR	10/1/2005	\$752.55	3	NO
2	24587	OPEN TREATMENT OF PERIARTICULAR	10/1/2005	\$743.73	3	NO
2	24600	TREATMENT OF CLOSED ELBOW DISLOC	10/1/2005	\$247.82	3	NO
2	24605	TREATMENT OF CLOSED ELBOW DISLOC	10/1/2005	\$302.06	3	NO
2	24615	OPEN TREATMENT OF ACUTE OR CHRON	10/1/2005	\$488.12	3	NO
2	24620	CLOSED TREATMENT OF MONTEGGIA TY	10/1/2005	\$369.79	3	NO
2	24635	OPEN TREATMENT OF MONTEGGIA TYPE	10/1/2005	\$764.75	3	NO
2	24640	CLOSED TREATMENT OF RADIAL HEAD	10/1/2005	\$82.00	3	NO
2	24650	CLOSED TREATMENT OF RADIAL HEAD	10/1/2005	\$162.71	3	NO
2	24655	TREATMENT OF CLOSED RADIAL HEAD	10/1/2005	\$285.97	3	NO
2	24665	OPEN TREATMENT OF RADIAL HEAD OR	10/1/2005	\$441.67	3	NO
2	24666	OPEN TREATMENT OF RADIAL HEAD OR	10/1/2005	\$496.68	3	NO
2	24670	CLOSED TREATMENT OF ULNAR FRACTU	10/1/2005	\$182.69	3	NO
2	24675	TREATMENT OF CLOSED ULNAR FRACTU	10/1/2005	\$297.91	3	NO
2	24685	OPEN TREATMENT OF ULNAR FRACTURE	10/1/2005	\$462.17	3	NO
2	24800	ARTHRODESIS ELBOW JOINT WITH OR	10/1/2005	\$558.96	3	NO
2	24802	ARTHRODESIS ELBOW JOINT; WITH PR	10/1/2005	\$682.74	3	NO
2	24900	AMPUTATION ARM THROUGH HUMERUS W	10/1/2005	\$470.73	3	NO
2	24920	AMPUTATION ARM THROUGH HUMERUS;	10/1/2005	\$468.40	3	NO
2	24925	AMPUTATION ARM THROUGH HUMERUS;	10/1/2005	\$370.57	3	NO
2	24930	AMPUTATION ARM THROUGH HUMERUS;	10/1/2005	\$495.39	3	NO
2	24931	AMPUTATION ARM THROUGH HUMERUS;	10/1/2005	\$526.79	3	NO
2	24935	STUMP ELONGATION	10/1/2005	\$666.40	3	NO
2	24940	CINEPLASTY UPPER EXTREMITY COMPL	10/1/2000	\$871.55	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	24999	UNLISTED PROCEDURE HUMERUS OR EL	4/1/1982	\$0.01	5	NO
2	25000	TENDON SHEATH INCISION; AT RADIA	10/1/2005	\$279.48	3	NO
2	25001	INCISION, FLEXOR TENDON SHEATH,	10/1/2005	\$210.71	3	NO
2	25020	DECOMPRESSION FASCIOTOMY, FOREAR	10/1/2005	\$425.58	3	NO
2	25023	DECOMPRESSION FASIOTOMY FLEXOR A	10/1/2005	\$774.35	3	NO
2	25024	DECOMPRESSION FASCIOTOMY, FOREAR	10/1/2005	\$474.11	3	NO
2	25025	DECOMPRESSION FASCIOTOMY, FOREAR	10/1/2005	\$732.05	3	NO
2	25028	INCISION AND DRAINAGE DEEP ABSCE	10/1/2005	\$367.71	3	NO
2	25031	INCISION AND DRAINAGE; INFECTED	10/1/2005	\$328.27	3	NO
2	25035	INCISION DEEP WITH OPENING OF CO	10/1/2005	\$574.53	3	NO
2	25040	ARTHROTOMY, RADIOCARPAL OR MIDCA	10/1/2005	\$404.82	3	NO
2	25065	BIOPSY SOFT TISSUES SUPERFICIAL	10/1/2005	\$139.35	3	NO
2	25066	BIOPSY SOFT TISSUES; DEEP	10/1/2005	\$306.21	3	NO
2	25075	EXCISION, TUMOR, SOFT TISSUE OF	10/1/2005	\$262.87	3	NO
2	25076	EXCISION BENIGN TUMOR; DEEP SUBF	10/1/2005	\$393.92	3	NO
2	25077	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$601.78	3	NO
2	25085	CAPSULOTOMY WRIST (EG FOR CONTRA	10/1/2005	\$348.77	3	NO
2	25100	ARTHROTOMY, WRIST JOINT; WITH BI	10/1/2005	\$252.75	3	NO
2	25101	ARTHROTOMY, WRIST JOINT; W/JOINT	10/1/2005	\$293.75	3	NO
2	25105	ARTHROTOMY, WRIST JOINT; WITH SY	10/1/2005	\$364.60	3	NO
2	25107	ARTHROTOMY DISTAL RADIOULNAR JOI	10/1/2005	\$408.45	3	NO
2	25110	EXCISION LESION OF TENDON SHEATH	10/1/2005	\$300.24	3	NO
2	25111	EXCISION OF GANGLION WRIST (DORS	10/1/2005	\$223.17	3	NO
2	25112	EXCISION OF GANGLION WRIST (DORS	10/1/2005	\$271.70	3	NO
2	25115	RADICAL EXCISION OF BURSA SYNOVI	10/1/2005	\$626.43	3	NO
2	25116	RADICAL EXCISION OF BURSA SYNOVI	10/1/2005	\$553.77	3	NO
2	25118	SYNOVECTOMY EXTENSOR TENDON SHEA	10/1/2005	\$279.74	3	NO
2	25119	SYNOVECTOMY EXTENSOR TENDON SHEA	10/1/2005	\$377.83	3	NO
2	25120	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$496.94	3	NO
2	25125	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$554.55	3	NO
2	25126	EXCISION OF CURETTAGE OF BONE CY	10/1/2005	\$566.23	3	NO
2	25130	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$323.60	3	NO
2	25135	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$399.11	3	NO
2	25136	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$352.40	3	NO
2	25145	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$503.95	3	NO
2	25150	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$426.62	3	NO
2	25151	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$552.22	3	NO
2	25170	RADICAL RESECTION FOR TUMOR RADI	10/1/2005	\$724.26	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	25210	CARPECTOMY ONE BONE	10/1/2005	\$352.92	3	NO
2	25215	CARPECTOMY; ALL BONES OR PROXIMA	10/1/2005	\$462.43	3	NO
2	25230	RADIAL STYLOIDECTOMY (SEPARATE P	10/1/2005	\$315.03	3	NO
2	25240	EXCISION DISTAL ULNA PARTIAL OR	10/1/2005	\$335.01	3	NO
2	25246	INJECTION PROCEDURE FOR WRIST AR	10/1/2005	\$129.23	3	NO
2	25248	EXPLORATION WITH REMOVAL OF DEEP	10/1/2005	\$372.12	3	NO
2	25250	REMOVAL OF WRIST PROSTHESIS (SEP	10/1/2005	\$354.74	3	NO
2	25251	REMOVAL OF WRIST PROSTHESIS; COM	10/1/2005	\$486.04	3	NO
2	25259	MANIPULATION, WRIST, UNDER ANEST	10/1/2005	\$261.06	3	NO
2	25260	REPAIR TENDON OR MUSCLE FLEXOR P	10/1/2005	\$577.91	3	NO
2	25263	REPAIR TENDON OR MUSCLE FLEXOR;	10/1/2005	\$576.35	3	NO
2	25265	REPAIR TENDON OR MUSCLE FLEXOR;	10/1/2005	\$665.62	3	NO
2	25270	REPAIR TENDON OR MUSCLE EXTENSOR	10/1/2005	\$491.75	3	NO
2	25272	REPAIR TENDON OR MUSCLE EXTENSOR	10/1/2005	\$542.61	3	NO
2	25274	REPAIR, TENDON OR MUSCLE, EXTENS	10/1/2005	\$615.02	3	NO
2	25275	REPAIR, TENDON SHEATH, EXTENSOR,	10/1/2005	\$451.01	3	NO
2	25280	LENGTHENING OR SHORTENING OF FLE	10/1/2005	\$542.36	3	NO
2	25290	TENOTOMY OPEN SINGLE FLEXOR EXTE	10/1/2005	\$547.03	3	NO
2	25295	TENOLYSIS SINGLE FLEXOR OR EXTEN	10/1/2005	\$510.96	3	NO
2	25300	TENODESIS AT WRIST FLEXORS OF FI	10/1/2005	\$480.08	3	NO
2	25301	TENODESIS AT WRIST; EXTENSORS OF	10/1/2005	\$459.83	3	NO
2	25310	TENDON TRANSPLANTATION OR TRANSF	10/1/2005	\$580.50	3	NO
2	25312	TENDON TRANSPLANTATION OR TRANSF	10/1/2005	\$646.41	3	NO
2	25315	FLEXOR ORIGIN SLIDE (EG, FOR CER	10/1/2005	\$678.33	3	NO
2	25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL	10/1/2005	\$785.25	3	NO
2	25320	CAPSULORRHAPHY OR RECONSTRUCTION	10/1/2005	\$615.53	3	NO
2	25332	ARTHROPLASTY, WRIST, WITH OR WIT	10/1/2005	\$580.50	3	NO
2	25335	CENTRALIZATION OF WRIST ON ULNA	10/1/2005	\$683.78	3	NO
2	25337	RECONSTRUCTION FOR STABILIZATION	10/1/2005	\$591.92	3	NO
2	25350	OSTEOTOMY RADIUS DISTAL THIRD	10/1/2005	\$627.21	3	NO
2	25355	OSTOTOMY RADIUS; MIDDLE OR PROXI	10/1/2005	\$687.16	3	NO
2	25360	OSTEOTOMY ULNA	10/1/2005	\$614.76	3	NO
2	25365	OSTEOTOMY; RADIUS AND ULNA	10/1/2005	\$782.39	3	NO
2	25370	MULTIPLE OSTEOTOMIES WITH REALIG	10/1/2005	\$822.10	3	NO
2	25375	MULTIPLE OSTEOTOMIES WITH REALIG	10/1/2005	\$822.10	3	NO
2	25390	OSTEOPLASTY RADIUS OR ULNA SHORT	10/1/2005	\$690.01	3	NO
2	25391	OSTEOPLASTY RADIUS OR ULNA; LENG	10/1/2005	\$840.26	3	NO
2	25392	OSTEOPLASTY RADIUS OR ULNA SHORT	10/1/2005	\$829.88	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	25393	OSTEOPOLASTY RADIUS AND ULNA; LE	10/1/2005	\$938.35	3	NO
2	25394	OSTEOPLASTY, CARPAL BONE, SHORTE	10/1/2005	\$519.52	3	NO
2	25400	REPAIR OF NONUNION OR MALUNION R	10/1/2005	\$723.49	3	NO
2	25405	REPAIR OF NONUNION OR MALUNION,	10/1/2005	\$879.96	3	NO
2	25415	REPAIR OF NONUNION OR MALUNION R	10/1/2005	\$829.88	3	NO
2	25420	REPAIR OF NONUNION OR MALUNION,	10/1/2005	\$964.56	3	NO
2	25425	REPAIR OF DEFECT WITH AUTOGENOUS	10/1/2005	\$944.06	3	NO
2	25426	REPAIR OF DEFECT WITH AUTOGENOUS	10/1/2005	\$904.88	3	NO
2	25430	INSERTION OF VASCULAR PEDICLE IN	10/1/2005	\$462.95	3	NO
2	25431	REPAIR OF NONUNION OF CARPAL BON	10/1/2005	\$537.42	3	NO
2	25440	REPAIR OF NONUNION, SCAPHOID CAR	10/1/2005	\$555.85	3	NO
2	25441	ARTHROPLASTY WITH PROSTHETIC REP	10/1/2005	\$645.90	3	NO
2	25442	ARTHROPLASTY WITH PROSTHETIC REP	10/1/2005	\$551.18	3	NO
2	25443	ARTHROPLASTY WITH PROSTHETIC REP	10/1/2005	\$531.98	3	NO
2	25444	ARTHROPLASTY WITH PROSTHETIC REP	10/1/2005	\$567.01	3	NO
2	25445	ARTHROPLASTY WITH PROSTHETIC REP	10/1/2005	\$498.50	3	NO
2	25446	ARTHROPLASTY WITH PROSTHETIC REP	10/1/2005	\$801.86	3	NO
2	25447	INTERPOSITION ARTHROPLASTY INTER	10/1/2005	\$534.31	3	NO
2	25449	REVISION OF ARTHROPLASTY INCLUDI	10/1/2005	\$708.69	3	NO
2	25450	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$503.43	3	NO
2	25455	EPIPHYSEAL ARREST BY EPIPHSIODES	10/1/2005	\$552.48	3	NO
2	25490	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$640.71	3	NO
2	25491	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$674.44	3	NO
2	25492	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$771.49	3	NO
2	25500	CLOSED TREATMENT OF RADIAL SHAFT	10/1/2005	\$164.78	3	NO
2	25505	TREATMENT OF CLOSED RADIAL SHAFT	10/1/2005	\$325.67	3	NO
2	25515	OPEN TREATMENT OF RADIAL SHAFT F	10/1/2005	\$471.77	3	NO
2	25520	CLOSED TREATMENT OF RADIAL SHAFT	10/1/2005	\$366.67	3	NO
2	25525	OPEN TREATMENT OF RADIAL SHAFT F	10/1/2005	\$628.25	3	NO
2	25526	OPEN TREATMENT OF RADIAL SHAFT F	10/1/2005	\$741.91	3	NO
2	25530	CLOSED TREATMENT OF ULNAR SHAFT	10/1/2005	\$160.11	3	NO
2	25535	TREATMENT OF CLOSED ULNAR SHAFT	10/1/2005	\$310.88	3	NO
2	25545	OPEN TREATMENT OF ULNAR SHAFT FR	10/1/2005	\$468.14	3	NO
2	25560	CLOSED TREATMENT OF RADIAL AND U	10/1/2005	\$167.64	3	NO
2	25565	TREATMENT OF CLOSED RADIAL AND U	10/1/2005	\$342.80	3	NO
2	25574	OPEN TREATMENT OF RADIAL AND ULN	10/1/2005	\$399.63	3	NO
2	25575	OPEN TREATMENT OF RADIAL AND ULN	10/1/2005	\$563.12	3	NO
2	25600	CLOSED TREATMENT OF DISTAL RADIA	10/1/2005	\$184.76	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	25605	TREATMENT OF CLOSED DISTAL RADIA	10/1/2005	\$362.78	3	NO
2	25611	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$468.14	3	NO
2	25620	OPEN TREATMENT OF DISTAL RADIAL	10/1/2005	\$446.60	3	NO
2	25622	CLOSED TREATMENT OF CARPAL SCAPH	10/1/2005	\$188.66	3	NO
2	25624	TREATMENT OF CLOSED CARPAL SCAPH	10/1/2005	\$299.72	3	NO
2	25628	OPEN TREATMENT OF CARPAL SCAPHOI	10/1/2005	\$456.72	3	NO
2	25630	CLOSED TREATMENT OF CARPAL BONE	10/1/2005	\$194.37	3	NO
2	25635	TREATMENT OF CLOSED CARPAL BONE	10/1/2005	\$286.23	3	NO
2	25645	OPEN TREATMENT OF CARPAL BONE FR	10/1/2005	\$390.81	3	NO
2	25650	CLOSED TREATMENT OF ULNAR STYLOI	10/1/2005	\$202.15	3	NO
2	25651	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$302.32	3	NO
2	25652	OPEN TREATMENT OF ULNAR STYLOID	10/1/2005	\$409.75	3	NO
2	25660	CLOSED TREATMENT OF RADIOCARPAL	10/1/2005	\$260.28	3	NO
2	25670	OPEN TREATMENT OF RADIOCARPAL OR	10/1/2005	\$419.35	3	NO
2	25671	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$340.46	3	NO
2	25675	CLOSED TREATMENT OF DISTAL RADIO	10/1/2005	\$282.60	3	NO
2	25676	OPEN TREATMENT OF DISTAL RADIOUL	10/1/2005	\$432.33	3	NO
2	25680	CLOSED TREATMENT OF TRANS-SCAPHO	10/1/2005	\$297.39	3	NO
2	25685	OPEN TREATMENT OF TRANS-SCAPHOPE	10/1/2005	\$496.42	3	NO
2	25690	CLOSED TREATMENT OF LUNATE DISLO	10/1/2005	\$307.51	3	NO
2	25695	OPEN TREATMENT OF LUNATE DISLOCA	10/1/2005	\$434.40	3	NO
2	25800	ARTHRODESIS, WRIST JOINT (INCLUD	10/1/2005	\$528.86	3	NO
2	25805	ARTHRODESIS WRIST JOINT (INCLUDI	10/1/2005	\$604.38	3	NO
2	25810	ARTHRODESIS WRIST JOINT (INCLUDI	10/1/2005	\$573.24	3	NO
2	25820	INTERCARPAL FUSION WITHOUT BONE	10/1/2005	\$428.18	3	NO
2	25825	INTERCARPAL FUSION WITH AUTOGENO	10/1/2005	\$516.15	3	NO
2	25830	DISTAL RADIOULNAR JOINT ARTHRODE	10/1/2005	\$674.44	3	NO
2	25900	AMPUTATION FOREARM THROUGH RADIU	10/1/2005	\$592.70	3	NO
2	25905	AMPUTATION FOREARM THROUGH RADIU	10/1/2005	\$591.14	3	NO
2	25907	AMPUTATION FOREARM THROUGH RADIU	10/1/2005	\$535.87	3	NO
2	25909	AMPUTATION FOREARM THROUGH RADIU	10/1/2005	\$586.47	3	NO
2	25915	KRUKENBERG PROCEDURE	10/1/2005	\$1,007.90	3	NO
2	25920	DISARTICULATION THROUGH WRIST	10/1/2005	\$463.47	3	NO
2	25922	DISARTICULATION THROUGH WRIST; S	10/1/2005	\$404.30	3	NO
2	25924	DISARTICULATION THROUGH WRIST; R	10/1/2005	\$463.47	3	NO
2	25927	TRANSMETACARPAL AMPUTATION	10/1/2005	\$563.89	3	NO
2	25929	TRANSMETACARPAL AMPUTATION; SECO	10/1/2005	\$378.61	3	NO
2	25931	TRANSMETACARPAL AMPUTATION; REAM	10/1/2005	\$529.64	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	25999	UNLISTED PROCEDURE FOREARM OR WR	2/1/1994	\$0.01	5	NO
2	26010	DRAINAGE OF FINGER ABSCESS SIMPL	10/1/2005	\$188.66	3	NO
2	26011	DRAINAGE OF FINGER ABSCESS; COMP	10/1/2005	\$293.75	3	NO
2	26020	DRAINAGE OF TENDON SHEATH ONE DI	10/1/2005	\$278.44	3	NO
2	26025	DRAINAGE OF PALMAR BURSA SINGLE	10/1/2005	\$277.15	3	NO
2	26030	DRAINAGE OF PALMAR BURSA; MULTIP	10/1/2005	\$325.67	3	NO
2	26034	INCISION DEEP WITH OPENING OF CO	10/1/2005	\$351.36	3	NO
2	26035	DECOMPRESSION FINGERS AND OR HAN	10/1/2005	\$487.60	3	NO
2	26037	DECOMPRESSIVE FASCIOTOMY, HAND (	10/1/2005	\$380.95	3	NO
2	26040	FASCIOTOMY, PALMAR, FOR DUPUYTRE	10/1/2005	\$205.26	3	NO
2	26045	FASCIOTOMY PALMAR FOR DUPUYTREN'	10/1/2005	\$314.25	3	NO
2	26055	TENDON SHEATH INCISION (EG, FOR	10/1/2005	\$453.35	3	NO
2	26060	TENOTOMY, PERCUTANEOUS, SINGLE,	10/1/2005	\$175.42	3	NO
2	26070	ARTHROTOMY, WITH EXPLORATION, DR	10/1/2005	\$194.63	3	NO
2	26075	ARTHROTOMY FOR INFECTION WITH EX	10/1/2005	\$209.42	3	NO
2	26080	ARTHROTOMY FOR INFECTION WITH EX	10/1/2005	\$252.23	3	NO
2	26100	ARTHROTOMY WITH SYNOVIAL BIOPSY;	10/1/2005	\$215.13	3	NO
2	26105	ARTHROTOMY FOR SYNOVIAL BIOPSY;	10/1/2005	\$220.83	3	NO
2	26110	ARTHROTOMY WITH SYNOVIAL BIOPSY;	10/1/2005	\$209.94	3	NO
2	26115	EXCISION, TUMOR OR VASCULAR MALF	10/1/2005	\$454.64	3	NO
2	26116	EXCISION, TUMOR OR VASCULAR MALF	10/1/2005	\$320.48	3	NO
2	26117	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$437.00	3	NO
2	26121	FASCIECTOMY, PALM ONLY, WITH OR	10/1/2005	\$406.12	3	NO
2	26123	FASCIECTOMY, PARTIAL PALMAR WITH	10/1/2005	\$507.32	3	NO
2	26125	FASCIECTOMY, PARTIAL PALMAR WITH	10/1/2005	\$200.85	3	NO
2	26130	SYNOVECTOMY CARPOMETARCARPAL JOI	10/1/2005	\$303.36	3	NO
2	26135	SYNOVECTOMY METACARPOPHALANGEAL	10/1/2005	\$375.50	3	NO
2	26140	SYNOVECTOMY PROXIMAL INTERPHALAN	10/1/2005	\$340.20	3	NO
2	26145	SYNOVECTOMY TENDON SHEATH RADICA	10/1/2005	\$345.65	3	NO
2	26160	EXCISION OF LESION OF TENDON SHE	10/1/2005	\$415.20	3	NO
2	26170	EXCISION OF TENDON PALM FLEXOR S	10/1/2005	\$269.88	3	NO
2	26180	EXCISION OF TENDON FINGER FLEXOR	10/1/2005	\$294.79	3	NO
2	26185	SESAMOIDECTOMY, THUMB OR FINGER	10/1/2005	\$312.96	3	NO
2	26200	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$303.62	3	NO
2	26205	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$409.23	3	NO
2	26210	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$294.01	3	NO
2	26215	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$372.90	3	NO
2	26230	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$343.06	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	26235	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$335.53	3	NO
2	26236	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$296.35	3	NO
2	26250	RADICAL RESECTION (OSTECTOMY) FO	10/1/2005	\$390.29	3	NO
2	26255	RADICAL RESECTION (OSTECTOMY) FO	10/1/2005	\$608.27	3	NO
2	26260	RADICAL RESECTION (OSTECTOMY) FO	10/1/2005	\$367.97	3	NO
2	26261	RADICAL RESECTION (OSTECTOMY) FO	10/1/2005	\$425.06	3	NO
2	26262	RADICAL RESECTION (OSTECTOMY) FO	10/1/2005	\$308.03	3	NO
2	26320	REMOVAL OF IMPLANT FROM FINGER O	10/1/2005	\$229.92	3	NO
2	26340	MANIPULATION, FINGER JOINT, UNDE	10/1/2005	\$201.37	3	NO
2	26350	REPAIR OR ADVANCEMENT, FLEXOR TE	10/1/2005	\$557.93	3	NO
2	26352	FLEXOR TENDON REPAIR OR ADVANCEM	10/1/2005	\$626.69	3	NO
2	26356	REPAIR OR ADVANCEMENT, FLEXOR TE	10/1/2005	\$717.00	3	NO
2	26357	SECONDARY, EACH TENDON	10/1/2005	\$662.24	3	NO
2	26358	FLEXOR TENDON REPAIR OR ADVANCEM	10/1/2005	\$704.28	3	NO
2	26370	PROFUNDUS TENDON REPAIR OR ADVAN	10/1/2005	\$604.89	3	NO
2	26372	PROFUNDUS TENDON REPAIR OR ADVAN	10/1/2005	\$692.09	3	NO
2	26373	PROFUNDUS TENDON REPAIR OR ADVAN	10/1/2005	\$659.65	3	NO
2	26390	EXCISION FLEXOR TENDON, W/IMPLAN	10/1/2005	\$618.91	3	NO
2	26392	REMOVAL OF SYNTHETIC ROD AND INS	10/1/2005	\$739.06	3	NO
2	26410	EXTENSOR TENDON REPAIR DORSUM OF	10/1/2005	\$448.16	3	NO
2	26412	EXTENSOR TENDON REPAIR DORSUM OF	10/1/2005	\$532.75	3	NO
2	26415	EXCISION OF EXTENSOR TENDON, W/I	10/1/2005	\$547.03	3	NO
2	26416	REMOVAL OF SYNTHETIC ROD AND INS	10/1/2005	\$642.00	3	NO
2	26418	EXTENSOR TENDON REPAIR DORSUM OF	10/1/2005	\$446.34	3	NO
2	26420	EXTENSOR TENDON REPAIR DORSUM OF	10/1/2005	\$556.63	3	NO
2	26426	REPAIR OF EXTENSOR TENDON, CENTR	10/1/2005	\$524.97	3	NO
2	26428	REPAIR OF EXTENSOR TENDON, CENTR	10/1/2005	\$574.53	3	NO
2	26432	EXTENSOR TENDON REPAIR DISTAL IN	10/1/2005	\$386.40	3	NO
2	26433	EXTENSOR TENDON REPAIR, DISTAL I	10/1/2005	\$416.50	3	NO
2	26434	EXTENSOR TENDON REPAIR OPEN PRIM	10/1/2005	\$481.37	3	NO
2	26437	EXTENSOR TENDON REALIGNMENT, HAN	10/1/2005	\$474.11	3	NO
2	26440	TENOLYSIS SIMPLE FLEXOR TENDON P	10/1/2005	\$497.72	3	NO
2	26442	TENOLYSIS SIMPLE FLEXOR TENDON P	10/1/2005	\$655.76	3	NO
2	26445	TENOLYSIS, EXTENSOR TENDON, HAND	10/1/2005	\$469.18	3	NO
2	26449	TENOLYSIS COMPLEX EXTENSOR TENDO	10/1/2005	\$617.87	3	NO
2	26450	TENOTOMY FLEXOR SINGLE PALM OPEN	10/1/2005	\$300.24	3	NO
2	26455	TENOTOMY FLEXOR SINGLE FINGER OP	10/1/2005	\$297.91	3	NO
2	26460	TENOTOMY, EXTENSOR, HAND OR FING	10/1/2005	\$288.82	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	26471	TENODESIS FOR PROXIMAL INTERPHAL	10/1/2005	\$462.69	3	NO
2	26474	TENDODISIS FOR DISTAL JOINT STAB	10/1/2005	\$452.83	3	NO
2	26476	TENDON LENGTHENING EXTENSOR SING	10/1/2005	\$437.78	3	NO
2	26477	TENDON SHORTENING EXTENSOR SINGL	10/1/2005	\$441.15	3	NO
2	26478	TENDON LENGTHENING, FLEXOR, HAND	10/1/2005	\$480.59	3	NO
2	26479	TENDON SHORTENING, FLEXOR, HAND	10/1/2005	\$472.29	3	NO
2	26480	TENDON TRANSFER OR TRANSPLANT CA	10/1/2005	\$589.84	3	NO
2	26483	TENDON TRANSFER OR TRANSPLANT CA	10/1/2005	\$649.79	3	NO
2	26485	TENDON TRANSFER OR TRANSPLANT PA	10/1/2005	\$627.47	3	NO
2	26489	TENDON TRANSFER OR TRANSPLANT PA	10/1/2005	\$591.40	3	NO
2	26490	OPPONENS PLASTY SUBLIMIS TENDON	10/1/2005	\$581.80	3	NO
2	26492	OPPONENS PLASTY; TENDON TRANSFER	10/1/2005	\$638.63	3	NO
2	26494	OPPONENS PLASTY HYPOTHENAR MUSCL	10/1/2005	\$589.32	3	NO
2	26496	OPPONENS PLASTY; OTHER METHODS	10/1/2005	\$629.29	3	NO
2	26497	TENDON TRANSFER TO RESTORE INTRI	10/1/2005	\$636.29	3	NO
2	26498	TENDON TRANSFER TO RESTORE INTRI	10/1/2005	\$836.37	3	NO
2	26499	CORRECTION CLAW FINGER OTHER MET	10/1/2005	\$605.93	3	NO
2	26500	TENDON PULLEY RECONSTRUCTION WIT	10/1/2005	\$474.37	3	NO
2	26502	TENDON PULLEY RECONSTRUCTION WIT	10/1/2005	\$526.01	3	NO
2	26504	TENDON PULLEY RECONSTRUCTION; WI	10/1/2005	\$552.22	3	NO
2	26508	THENAR MUSCLE RELEASE FOR THUMB	10/1/2005	\$483.71	3	NO
2	26510	CROSS INTRINSIC TRANSFER, EACH T	10/1/2005	\$455.42	3	NO
2	26516	CAPSULODESIS FOR M-P JOINT STABI	10/1/2005	\$530.68	3	NO
2	26517	CAPSULODESIS FOR M-P JOINT STABI	10/1/2005	\$615.53	3	NO
2	26518	CAPSULODESIS FOR M-P JOINT STABI	10/1/2005	\$615.27	3	NO
2	26520	CAPSULECTOMY OR CAPSULOTOMY FOR	10/1/2005	\$518.22	3	NO
2	26525	CAPSULECTOMY FOR CONTRACTURE; IN	10/1/2005	\$521.34	3	NO
2	26530	ARTHROPLASTY METACARPOPHALANGEAL	10/1/2005	\$359.41	3	NO
2	26531	ARTHROPLASTY METACARPOPHALANGEAL	10/1/2005	\$420.13	3	NO
2	26535	ARTHROPLASTY INTERPHALANGEAL JOI	10/1/2005	\$251.20	3	NO
2	26536	ARTHROPLASTY INTERPHALANGEAL JOI	10/1/2005	\$439.85	3	NO
2	26540	REPAIR OF COLLATERAL LIGAMENT, M	10/1/2005	\$500.06	3	NO
2	26541	RECONSTRUCTION, COLLATERAL LIGAM	10/1/2005	\$603.86	3	NO
2	26542	PRIMARY REPAIR OF COLLATERAL LIG	10/1/2005	\$514.33	3	NO
2	26545	RECONSTRUCTION COLLATERAL LIGAME	10/1/2005	\$521.08	3	NO
2	26546	REPAIR NON-UNION, METACARPAL OR	10/1/2005	\$658.35	3	NO
2	26548	REPAIR AND RECONSTRUCTION, FINGE	10/1/2005	\$572.20	3	NO
2	26550	POLLICIZATION OF A DIGIT	10/1/2005	\$1,069.66	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	26551	TOE-TO-HAND TRANSFER WITH MICROV	10/1/2005	\$2,254.28	3	NO
2	26553	TOE-TO-HAND TRANSFER WITH MICROV	10/1/2005	\$1,849.72	3	NO
2	26554	TOE-TO-HAND TRANSFER WITH MICROV	10/1/2005	\$2,640.67	3	NO
2	26555	POSITIONAL CHANGE OF OTHER FINGE	10/1/2005	\$966.64	3	NO
2	26556	FREE TOE JOINT TRANSFER WITH MIC	10/1/2005	\$2,155.41	3	NO
2	26560	REPAIR OF SYNDACTYLY (WEB FINGER	10/1/2005	\$415.46	3	YES
2	26561	REPAIR OF SYNDACTYLY (WEB FINGER	10/1/2005	\$640.71	3	YES
2	26562	REPAIR OF SYNDACTYLY (WEB FINGER	10/1/2005	\$891.12	3	YES
2	26565	OSTEOTOMY FOR CORRECTION OF DEFO	10/1/2005	\$511.99	3	NO
2	26567	OSTEOTOMY FOR CORRECTION OF DEFO	10/1/2005	\$513.55	3	NO
2	26568	OSTEOPLASTY FOR LENGTHENING OF M	10/1/2005	\$674.44	3	NO
2	26580	REPAIR CLEFT HAND	10/1/2005	\$883.86	3	NO
2	26585	REPAIR BIFID DIGIT	4/1/2002	INVALID	N	NO
2	26587	RECONSTRUCTION OF POLYDACTYLOUS	10/1/2005	\$642.52	3	NO
2	26590	REPAIR MACRODACTYLIA, EACH DIGIT	10/1/2005	\$898.13	3	NO
2	26591	REPAIR, INTRINSIC MUSCLES OF HAN	10/1/2005	\$346.17	3	NO
2	26593	RELEASE, INTRINSIC MUSCLES OF HA	10/1/2005	\$446.60	3	NO
2	26596	EXCISION OF CONSTRICTING RING WI	10/1/2005	\$496.68	3	NO
2	26597	RELEASE OF SCAR CONTRACTURE FLEX	4/1/2002	INVALID	N	NO
2	26600	CLOSED TREATMENT OF METACARPAL F	10/1/2005	\$152.07	3	NO
2	26605	TREATMENT OF CLOSED METACARPAL F	10/1/2005	\$203.97	3	NO
2	26607	CLOSED TREATMENT OF METACARPAL F	10/1/2005	\$323.60	3	NO
2	26608	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$323.60	3	NO
2	26615	OPEN TREATMENT OF METACARPAL FRA	10/1/2005	\$297.65	3	NO
2	26641	CLOSED TREATMENT OF CARPOMETACAR	10/1/2005	\$230.96	3	NO
2	26645	CLOSED TREATMENT OF CARPOMETACAR	10/1/2005	\$264.69	3	NO
2	26650	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$345.91	3	NO
2	26665	OPEN TREATMENT OF CARPOMETACARPA	10/1/2005	\$391.33	3	NO
2	26670	CLOSED TREATMENT OF CARPOMETACAR	10/1/2005	\$215.90	3	NO
2	26675	TREATMENT OF CLOSED CARPOMETACAR	10/1/2005	\$281.56	3	NO
2	26676	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$339.43	3	NO
2	26685	OPEN TREATMENT OF CARPOMETACARPA	10/1/2005	\$367.97	3	NO
2	26686	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$416.76	3	NO
2	26700	CLOSED TREATMENT OF METACARPOPHA	10/1/2005	\$202.15	3	NO
2	26705	TREATMENT OF CLOSED METACARPOPHA	10/1/2005	\$262.61	3	NO
2	26706	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$284.93	3	NO
2	26715	OPEN TREATMENT OF METACARPOPHALA	10/1/2005	\$315.29	3	NO
2	26720	CLOSED TREATMENT OF PHALANGEAL S	10/1/2005	\$120.93	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	26725	CLOSED TREATMENT OF PHALANGEAL S	10/1/2005	\$222.91	3	NO
2	26727	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$318.67	3	NO
2	26735	OPEN TREATMENT OF PHALANGEAL SHA	10/1/2005	\$323.08	3	NO
2	26740	CLOSED TX OF ARTICULAR FX, INVOL	10/1/2005	\$139.09	3	NO
2	26742	TREATMENT OF CLOSED ARTICULAR FR	10/1/2005	\$243.67	3	NO
2	26746	OPEN TX OF ARTICULAR FX, INVOLVI	10/1/2005	\$318.15	3	NO
2	26750	CLOSED TREATMENT OF DISTAL PHALA	10/1/2005	\$113.92	3	NO
2	26755	TREATMENT OF CLOSED DISTAL PHALA	10/1/2005	\$205.52	3	NO
2	26756	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$280.26	3	NO
2	26765	OPEN TREATMENT OF DISTAL PHALANG	10/1/2005	\$238.22	3	NO
2	26770	CLOSED TREATMENT OF INTERPHALANG	10/1/2005	\$174.64	3	NO
2	26775	TREATMENT OF CLOSED INTERPHALANG	10/1/2005	\$244.19	3	NO
2	26776	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$299.72	3	NO
2	26785	OPEN TREATMENT OF INTERPHALANGEA	10/1/2005	\$243.41	3	NO
2	26820	FUSION IN OPPOSITION THUMB WITH	10/1/2005	\$590.62	3	NO
2	26841	ARTHRODESIS CARPOMETACARPAL JOIN	10/1/2005	\$558.44	3	NO
2	26842	ARTHRODESIS CARPOMETACARPAL JOIN	10/1/2005	\$594.77	3	NO
2	26843	ARTHRODESIS, CARPOMETACARPAL JOI	10/1/2005	\$547.55	3	NO
2	26844	ARTHRODESIS CARPOMETACARPAL JOIN	10/1/2005	\$607.23	3	NO
2	26850	ARTHRODESIS METACARPOPHALANGEAL	10/1/2005	\$524.45	3	NO
2	26852	ARTHRODESIS METACARPOPHALANGEAL	10/1/2005	\$585.17	3	NO
2	26860	ARTHRODESIS INTERPHALANGEAL JOIN	10/1/2005	\$430.51	3	NO
2	26861	ARTHRODESIS INTERPHALANGEAL JOIN	10/1/2005	\$76.03	3	NO
2	26862	ARTHRODESIS INTERPHALANGEAL JOIN	10/1/2005	\$539.50	3	NO
2	26863	ARTHRODESIS INTERPHALANGEAL JOIN	10/1/2005	\$170.23	3	NO
2	26910	AMPUTATION METACARPAL WITH FINGE	10/1/2005	\$517.96	3	NO
2	26951	AMPUTATION FINGER OR THUMB PRIMA	10/1/2005	\$400.41	3	NO
2	26952	AMPUTATION FINGER/THUMB PRIMARY/	10/1/2005	\$490.20	3	NO
2	26989	UNLISTED PROCEDURE HANDS OR FING	2/1/1994	\$0.01	5	NO
2	26990	INCISION AND DRAINAGE, PELVIS OR	10/1/2005	\$411.31	3	NO
2	26991	INCISION AND DRAINAGE; INFECTED	10/1/2005	\$490.71	3	NO
2	26992	INCISION DEEP WITH OPENING OF BO	10/1/2005	\$661.98	3	NO
2	27000	TENOTOMY ADDUCTOR SUBCUTANEOUS C	10/1/2005	\$307.51	3	NO
2	27001	TENOTOMY, ADDUCTOR OF HIP, SUBCU	10/1/2005	\$369.53	3	NO
2	27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS	10/1/2005	\$386.91	3	NO
2	27005	TENOTOMY ILIOPSOAS OPEN (SEPARAT	10/1/2005	\$496.42	3	NO
2	27006	TENOTOMY ABDUCTORS OPEN (SEPARAT	10/1/2005	\$501.35	3	NO
2	27025	FASCIOTOMY, HIP OR THIGH, ANY TY	10/1/2005	\$557.41	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	27030	ARTHROTOMY HIP FOR INFECTION WIT	10/1/2005	\$644.86	3	NO
2	27033	ARTHROTOMY, HIP, WITH EXPLORATIO	10/1/2005	\$663.80	3	NO
2	27035	HIP JOINT DENERVATION INTRAPELVI	10/1/2005	\$778.24	3	NO
2	27036	CAPSULECTOMY OR CAPSULOTOMY OF H	10/1/2005	\$650.57	3	NO
2	27040	BIOPSY SOFT TISSUES SUPERFICIAL	10/1/2005	\$217.20	3	NO
2	27041	BIOPSY SOFT TISSUES; DEEP	10/1/2005	\$462.43	3	NO
2	27047	EXCISION, TUMOR, PELVIS AND HIP	10/1/2005	\$403.52	3	NO
2	27048	EXCISION, TUMOR, PELVIS AND HIP	10/1/2005	\$309.84	3	NO
2	27049	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$624.10	3	NO
2	27050	ARTHROTOMY, WITH BIOPSY; SACROIL	10/1/2005	\$243.15	3	NO
2	27052	ARTHROTOMY FOR BIOPSY; HIP JOINT	10/1/2005	\$341.24	3	NO
2	27054	ARTHROTOMY WITH SYNOVECTOMY, HIP	10/1/2005	\$449.71	3	NO
2	27060	EXCISION ISCHIAL BURSA	10/1/2005	\$274.55	3	NO
2	27062	EXCISION; TROCHANTERIC BURSA OR	10/1/2005	\$297.65	3	NO
2	27065	EXCISION OF BONE CYST OR BENIGN	10/1/2005	\$318.67	3	NO
2	27066	EXCISION OF BONE CYST OR BENIGN	10/1/2005	\$531.46	3	NO
2	27067	EXCISION OF BONE CYST OR BENIGN	10/1/2005	\$682.23	3	NO
2	27070	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$558.96	3	NO
2	27071	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$608.53	3	NO
2	27075	RADICAL RESECTION OF TUMOR OR IN	10/1/2005	\$1,547.92	3	NO
2	27076	RADICAL RESECTION FOR TUMOR OR I	10/1/2005	\$1,042.93	3	NO
2	27077	RADICAL RESECTION FOR TUMOR OR I	10/1/2005	\$1,781.99	3	NO
2	27078	RADICAL RESECTION FOR TUMOR OR I	10/1/2005	\$663.28	3	NO
2	27079	RADICAL RESECTION FOR TUMOR OR I	10/1/2005	\$652.90	3	NO
2	27080	COCCYGECTOMY PRIMARY	10/1/2005	\$314.77	3	NO
2	27086	REMOVAL OF FOREIGN BODY SUBCUTAN	10/1/2005	\$172.57	3	NO
2	27087	REMOVAL OF FOREIGN BODY; DEEP	10/1/2005	\$427.92	3	NO
2	27090	REMOVAL OF HIP PROSTHESIS (SEPAR	10/1/2005	\$566.23	3	NO
2	27091	REMOVAL OF HIP PROSTHESIS; COMPL	10/1/2005	\$1,034.89	3	NO
2	27093	INJECTION PROCEDURE FOR HIP ARTH	10/1/2005	\$152.59	3	NO
2	27095	INJECTION PROCEDURE FOR HIP ARTH	10/1/2005	\$190.99	3	NO
2	27096	INJECTION PROCEDURE FOR SACROILI	10/1/2005	\$151.81	3	NO
2	27097	HAMSTRING RESECESSION PROXIMAL	10/1/2005	\$434.66	3	NO
2	27098	ADDUCTOR TRANSFER TO ISCHIUM	10/1/2005	\$435.70	3	NO
2	27100	TRANSFER EXTERNAL OBLIQUE MUSCLE	10/1/2005	\$557.93	3	NO
2	27105	TRANSFER PARASPINAL MUSCLE TO HI	10/1/2005	\$586.73	3	NO
2	27110	TRANSFER ILIOPSOAS; TO GREATER T	10/1/2005	\$633.96	3	NO
2	27111	TRANSFER ILIOPSOAS; TO FEMORAL N	10/1/2005	\$601.52	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	27120	ACETABULOPLASTY; (EG,WHITMAN,COL	10/1/2005	\$850.90	3	NO
2	27122	ACETABULOPLASTY; RESECTION FEMOR	10/1/2005	\$741.13	3	NO
2	27125	PARTIAL HIP REPLACEMENT, PROSTHE	10/1/2005	\$721.15	3	NO
2	27130	ARTHROPLASTY, ACETABULAR & PROXI	10/1/2005	\$956.00	3	NO
2	27132	CONVERSION OF PREVIOUS HIP SURGE	10/1/2005	\$1,113.00	3	NO
2	27134	REVISION OF TOTAL HIP ARTHROPLAST	10/1/2005	\$1,327.34	3	NO
2	27137	REVISION OF TOTAL HIP ATHROPLAST	10/1/2005	\$1,004.27	3	NO
2	27138	REVISION OF TOTAL HIP ATHROPLAST	10/1/2005	\$1,046.30	3	NO
2	27140	OSTEOTOMY AND TRANSFER OF GREATE	10/1/2005	\$614.50	3	NO
2	27146	OSTEOTOMY ILIAC ACETABULAR OR IN	10/1/2005	\$842.86	3	NO
2	27147	OSTEOTOMY ILIAC ACETABULAR OR IN	10/1/2005	\$968.97	3	NO
2	27151	OSTEOTOMY ILIAC ACETABULAR OR IN	10/1/2005	\$890.34	3	NO
2	27156	OSTEOTOMY ILIAC ACETABULAR OR IN	10/1/2005	\$1,161.52	3	NO
2	27158	OSTEOTOMY, PELVIS, BILATERAL (EG	10/1/2005	\$877.37	3	NO
2	27161	OSTEOTOMY FEMORAL NECK (SEPARATE	10/1/2005	\$821.32	3	NO
2	27165	OSTEOTOMY INTERTROCHANTERIC OR S	10/1/2005	\$878.67	3	NO
2	27170	BONE GRAFT, FEMORAL HEAD, NECK,	10/1/2005	\$781.35	3	NO
2	27175	TREATMENT OF SLIPPED FEMORAL EPI	10/1/2005	\$430.25	3	NO
2	27176	TREATMENT OF SLIPPED FEMORAL EPI	10/1/2005	\$603.08	3	NO
2	27177	OPEN TREATMENT OF SLIPPED FEMORA	10/1/2005	\$740.87	3	NO
2	27178	OPEN TREATMENT OF SLIPPED FEMORA	10/1/2005	\$582.58	3	NO
2	27179	OPEN TREATMENT OF SLIPPED FEMORA	10/1/2005	\$653.42	3	NO
2	27181	OPEN TREATMENT OF SLIPPED FEMORA	10/1/2005	\$685.60	3	NO
2	27185	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$494.61	3	NO
2	27187	PROPHYLACTIC TREATMENT WITH WITH	10/1/2005	\$679.37	3	NO
2	27193	CLOSED TREATMENT OF PELVIC RING	10/1/2005	\$300.24	3	NO
2	27194	CLOSED TREATMENT OF PELVIC RING	10/1/2005	\$490.71	3	NO
2	27200	CLOSED TREATMENT OF COCCYGEAL FR	10/1/2005	\$112.10	3	NO
2	27202	OPEN TREATMENT OF COCCYGEAL FRAC	10/1/2005	\$647.45	3	NO
2	27215	OPEN TREATMENT OF ILIAC SPINE, T	10/1/2005	\$494.09	3	NO
2	27216	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$711.55	3	NO
2	27217	OPEN TREATMENT OF ANTERIOR RING	10/1/2005	\$689.75	3	NO
2	27218	OPEN TREATMENT OF POSTERIOR RING	10/1/2005	\$907.47	3	NO
2	27220	CLOSED TREATMENT OF ACETABULUM (	10/1/2005	\$335.53	3	NO
2	27222	TREATMENT OF CLOSED ACETABULUM (	10/1/2005	\$642.26	3	NO
2	27226	OPEN TREATMENT OF POSTERIOR OR A	10/1/2005	\$652.64	3	NO
2	27227	OPEN TREATMENT OF ACETABULAR FRA	10/1/2005	\$1,110.40	3	NO
2	27228	OPEN TREATMENT OF ACETABULAR FRA	10/1/2005	\$1,280.63	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	27230	CLOSED TREATMENT OF FEMORAL FRAC	10/1/2005	\$308.81	3	NO
2	27232	CLOSED TREATMENT OF FEMORAL FRAC	10/1/2005	\$506.28	3	NO
2	27235	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$614.24	3	NO
2	27236	OPEN TREATMENT OF FEMORAL FRACTU	10/1/2005	\$760.08	3	NO
2	27238	CLOSED TREATMENT OF INTERTROCHAN	10/1/2005	\$298.94	3	NO
2	27240	CLOSED TREATMENT OF INTERTROCHAN	10/1/2005	\$623.06	3	NO
2	27244	TREATMENT OF INTERTROCHANTERIC,	10/1/2005	\$776.94	3	NO
2	27245	OPEN TREATMENT OF INTERTROCHANTE	10/1/2005	\$972.87	3	NO
2	27246	CLOSED TREATMENT OF GREATER TROC	10/1/2005	\$258.46	3	NO
2	27248	OPEN TREATMENT OF GREATER TROCHA	10/1/2005	\$529.90	3	NO
2	27250	CLOSED TREATMENT OF HIP DISLOCAT	10/1/2005	\$315.81	3	NO
2	27252	TREATMENT OF CLOSED HIP DISLOCAT	10/1/2005	\$503.43	3	NO
2	27253	OPEN TREATMENT OF HIP DISLOCATIO	10/1/2005	\$645.64	3	NO
2	27254	OPEN TREATMENT OF HIP DISLOCATIO	10/1/2005	\$865.17	3	NO
2	27256	TREATMENT OF SPONTANEOUS HIP DIS	10/1/2005	\$209.42	3	NO
2	27257	TREATMENT OF CONGENITAL HIP DISL	10/1/2005	\$225.77	3	NO
2	27258	OPEN TREATMENT OF SPONTANEOUS HI	10/1/2005	\$749.18	3	NO
2	27259	OPEN TREATMENT OF CONGENITAL HIP	10/1/2005	\$1,021.13	3	NO
2	27265	CLOSED TREATMENT OF POST HIP ART	10/1/2005	\$270.92	3	NO
2	27266	CLOSED TREATMENT OF POST HIP ART	10/1/2005	\$391.59	3	NO
2	27275	MANIPULATION HIP JOINT REQUIRING	10/1/2005	\$123.26	3	NO
2	27280	ARTHRODESIS SACROILIAC JOINT (IN	10/1/2005	\$674.96	3	NO
2	27282	ARTHRODESIS SYMPHYSIS PUBIS (INC	10/1/2005	\$549.36	3	NO
2	27284	ARTHRODESIS HIP JOINT (INCLUDES	10/1/2005	\$1,091.46	3	NO
2	27286	ARTHRODESIS HIP JOINT (INCLUDES	10/1/2005	\$1,097.43	3	NO
2	27290	INTERPELVIABDOMINAL AMPUTATION (	10/1/2005	\$1,054.35	3	NO
2	27295	DISARTICULATION OF HIP	10/1/2005	\$851.42	3	NO
2	27299	UNLISTED PROCEDURE PELVIS OR HIP	2/1/1994	\$0.01	5	NO
2	27301	INCISION AND DRAINAGE OF DEEP AB	10/1/2005	\$455.42	3	NO
2	27303	INCISION DEEP WITH OPENING OF BO	10/1/2005	\$432.07	3	NO
2	27305	FASCIOTOMY ILIOTIBIAL (TENOTOMY)	10/1/2005	\$313.22	3	NO
2	27306	TENOTOMY SUBCUTANEOUS CLOSED ADD	10/1/2005	\$263.65	3	NO
2	27307	TENOTOMY SUBCUTANEOUS CLOSED ADD	10/1/2005	\$316.59	3	NO
2	27310	ARTHROTOMY KNEE FOR INFECTION WI	10/1/2005	\$478.00	3	NO
2	27315	NEURECTOMY HAMSTRING MUSCLE	10/1/2005	\$337.35	3	NO
2	27320	NEURECTOMY POPITEAL (GASTROCNEMI	10/1/2005	\$326.19	3	NO
2	27323	BIOPSY SOFT TISSUES SUPERFICIAL	10/1/2005	\$156.48	3	NO
2	27324	BIOPSY SOFT TISSUES; DEEP	10/1/2005	\$254.31	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	27327	EXCISION, TUMOR, THIGH OR KNEE A	10/1/2005	\$287.27	3	NO
2	27328	EXCISION, TUMOR, THIGH OR KNEE A	10/1/2005	\$279.22	3	NO
2	27329	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$654.72	3	NO
2	27330	ARTHROTOMY, KNEE; WITH SYNOVIAL	10/1/2005	\$268.58	3	NO
2	27331	ARTHROTOMY, KNEE; W/JOINT EXPLOR	10/1/2005	\$321.52	3	NO
2	27332	ARTHROTOMY, KNEE, WITH EXCISION	10/1/2005	\$435.96	3	NO
2	27333	ARTHROTOMY KNEE FOR EXCISION OF	10/1/2005	\$394.96	3	NO
2	27334	ARTHROTOMY, KNEE, WITH SYNOVECTO	10/1/2005	\$456.46	3	NO
2	27335	ARTHROTOMY KNEE FOR SYNOVECTOMY;	10/1/2005	\$517.18	3	NO
2	27340	EXCISION PREPATELLAR BURSA	10/1/2005	\$244.97	3	NO
2	27345	EXCISION OF SYNOVIAL CYST OF POP	10/1/2005	\$324.89	3	NO
2	27347	EXCISION OF LESION OF MENISCUS O	10/1/2005	\$315.55	3	NO
2	27350	PATELLECTOMY OR HEMIPATELLECTOMY	10/1/2005	\$435.96	3	NO
2	27355	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$407.93	3	NO
2	27356	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$490.97	3	NO
2	27357	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$548.32	3	NO
2	27358	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$209.42	3	NO
2	27360	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$565.19	3	NO
2	27365	RADICAL RESECTION OF TUMOR, BONE	10/1/2005	\$795.63	3	NO
2	27370	INJECTION PROCEDURE FOR KNEE ART	10/1/2005	\$123.52	3	NO
2	27372	REMOVAL FOREIGN BODY DEEP	10/1/2005	\$412.61	3	NO
2	27380	SUTURE OF INFRAPATELLAR TENDON P	10/1/2005	\$406.38	3	NO
2	27381	SUTURE OF INFRAPATELLAR TENDON S	10/1/2005	\$549.36	3	NO
2	27385	SUTURE OF QUADRICEPS OR HAMSTRIN	10/1/2005	\$433.88	3	NO
2	27386	SUTURE OF QUADRICEPS OR HAMSTRIN	10/1/2005	\$567.27	3	NO
2	27390	TENOTOMY OPEN HAMSTRING KNEE TO	10/1/2005	\$294.27	3	NO
2	27391	TENOTOMY OPEN HAMSTRING KNEE TO	10/1/2005	\$387.95	3	NO
2	27392	TENOTOMY OPEN HAMSTRING KNEE TO	10/1/2005	\$475.92	3	NO
2	27393	LENGTHENING OF HAMSTRING TENDON	10/1/2005	\$344.36	3	NO
2	27394	LENGTHENING OF HAMSTRING TENDON;	10/1/2005	\$445.30	3	NO
2	27395	LENGTHENING OF HAMSTRING TENDON;	10/1/2005	\$598.15	3	NO
2	27396	TRANSPORT HAMSTRING TENDON TO PA	10/1/2005	\$419.61	3	NO
2	27397	TRANSPLANT HAMSTRING TENDON TO P	10/1/2005	\$573.75	3	NO
2	27400	TENDON OR MUSCLE TRANSFER HAMSTR	10/1/2005	\$455.94	3	NO
2	27403	ARTHROTOMY WITH OPEN MENISCUS RE	10/1/2005	\$439.33	3	NO
2	27405	REPAIR PRIMARY TORN LIGAMENT AND	10/1/2005	\$457.24	3	NO
2	27407	REPAIR PRIMARY TORN LIGAMENT AND	10/1/2005	\$526.53	3	NO
2	27409	REPAIR PRIMARY TORN LIGAMENT AND	10/1/2005	\$650.05	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	27412	AUTOLOGOUS CHONDROCYTE IMPLANTAT	1/1/2005	NC	9	NO
2	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, O	1/1/2005	NC	9	NO
2	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (	10/1/2005	\$560.52	3	NO
2	27420	RECONSTRUCTION FOR RECURRENT DIS	10/1/2005	\$508.62	3	NO
2	27422	RECONSTRUCTION FOR RECURRENT DIS	10/1/2005	\$507.84	3	NO
2	27424	RECONSTRUCTION FOR RECURRENT DIS	10/1/2005	\$507.84	3	NO
2	27425	LATERAL RETINACULAR RELEASE OPEN	10/1/2005	\$301.80	3	NO
2	27427	RECONSTRUCTION (AUGMENTATION) KN	10/1/2005	\$486.04	3	NO
2	27428	RECONSTRUCTION (AUGMENTATION) KN	10/1/2005	\$716.22	3	NO
2	27429	RECONSTRUCTION (AUGMENTATION) KN	10/1/2005	\$793.55	3	NO
2	27430	QUADRICEPS PLASTY (BENNETT OR TH	10/1/2005	\$501.35	3	NO
2	27435	CAPSULOTOMY KNEE POSTERIOR CAPSU	10/1/2005	\$509.40	3	NO
2	27437	ARTHROPLASTY PATELLA WITHOUT PRO	10/1/2005	\$445.56	3	NO
2	27438	ARTHROPLASTY PATELLA; WITH PROSTH	10/1/2005	\$562.60	3	NO
2	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	10/1/2005	\$472.29	3	NO
2	27441	ARTHROPLASTY KNEE TIBIAL PLATEAU	10/1/2005	\$502.13	3	NO
2	27442	ARTHROPLASTY KNEE FEMORAL CONDYL	10/1/2005	\$592.96	3	NO
2	27443	ARTHROPLASTY KNEE FEMORAL CONDYL	10/1/2005	\$557.93	3	NO
2	27445	ARTHROPLASTY KNEE CONSTRAINED PR	10/1/2005	\$857.65	3	NO
2	27446	ARTHROPLASTY KNEE TOTAL CONDYLE	10/1/2005	\$774.61	3	NO
2	27447	ARTHROPLASTY, KNEE, CONDYLE & PL	10/1/2005	\$1,032.55	3	YES
2	27448	OSTEOTOMY FEMUR SHAFT OR SUPRACO	10/1/2005	\$558.96	3	NO
2	27450	OSTEOTOMY FEMUR SHAFT OR SUPRACO	10/1/2005	\$698.57	3	NO
2	27454	OSTEOTOMY MULTIPLE FEMORAL SHAFT	10/1/2005	\$858.43	3	NO
2	27455	OSTEOTOMY PROXIMAL TIBIA INCLUDI	10/1/2005	\$646.16	3	NO
2	27457	OSTEOTOMY PROXIMAL TIBIA INCLUDI	10/1/2005	\$666.14	3	NO
2	27465	OSTEOPLASTY FEMUR SHORTENING (EX	10/1/2005	\$688.19	3	NO
2	27466	OSTEOPLASTY FEMUR; LENGTHENING	10/1/2005	\$801.34	3	NO
2	27468	OSTEOPLASTY FEMUR; COMBINED LENG	10/1/2005	\$896.83	3	NO
2	27470	REPAIR NONUNION OR MALUNION FEMU	10/1/2005	\$793.55	3	NO
2	27472	REPAIR NONUNION OR MALUNION FEMU	10/1/2005	\$866.47	3	NO
2	27475	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$446.34	3	NO
2	27477	TIBIA AND FIBULA PROXIMAL	10/1/2005	\$500.32	3	NO
2	27479	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$653.16	3	NO
2	27485	ARREST HEMIEPIPHYSEAL DISTAL FEM	10/1/2005	\$460.61	3	NO
2	27486	REVISION OF TOTAL KNEE ATHROPLAS	10/1/2005	\$935.50	3	NO
2	27487	REVISION OF TOTAL KNEE ARTHROPLA	10/1/2005	\$1,196.55	3	NO
2	27488	REMOVAL OF KNEE PROSTHESIS, INCL	10/1/2005	\$781.61	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	27495	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$768.12	3	NO
2	27496	DECOMPRESSION FASCIOTOMY, THIGH	10/1/2005	\$328.79	3	NO
2	27497	DECOMPRESSION FASCIOTOMY, THIGH	10/1/2005	\$356.29	3	NO
2	27498	DECOMPRESSION FASCIOTOMY, THIGH	10/1/2005	\$393.66	3	NO
2	27499	DECOMPRESSION FASCIOTOMY, THIGH	10/1/2005	\$448.16	3	NO
2	27500	CLOSED TREATMENT OF FEMORAL SHAF	10/1/2005	\$337.09	3	NO
2	27501	CLOSED TREATMENT OF SUPRACONDYLA	10/1/2005	\$329.82	3	NO
2	27502	CLOSED TREATMENT OF FEMORAL SHAF	10/1/2005	\$529.12	3	NO
2	27503	CLOSED TREATMENT OF SUPRACONDYLA	10/1/2005	\$535.87	3	NO
2	27506	OPEN TREATMENT OF FEMORAL SHAFT	10/1/2005	\$860.24	3	NO
2	27507	OPEN TREATMENT OF FEMORAL SHAFT	10/1/2005	\$679.11	3	NO
2	27508	CLOSED TREATMENT OF FEMORAL FRAC	10/1/2005	\$343.32	3	NO
2	27509	PERCUTANEOUS SKELETAL FIX OF FEM	10/1/2005	\$440.89	3	NO
2	27510	CLOSED TREATMENT OF FEMORAL FRAC	10/1/2005	\$465.54	3	NO
2	27511	OPEN TREATMENT OF FEMORAL SUPRAC	10/1/2005	\$704.54	3	NO
2	27513	OPEN TREATMENT OF FEMORAL SUPRAC	10/1/2005	\$904.10	3	NO
2	27514	OPEN TREATMENT OF FEMORAL FRACTU	10/1/2005	\$871.14	3	NO
2	27516	CLOSED TREATMENT OF DISTAL FEMOR	10/1/2005	\$324.12	3	NO
2	27517	CLOSED TREATMENT OF DISTAL FEMOR	10/1/2005	\$452.31	3	NO
2	27519	OPEN TREATMENT OF DISTAL FEMORAL	10/1/2005	\$755.66	3	NO
2	27520	CLOSED TREATMENT OF PATELLAR FRA	10/1/2005	\$203.71	3	NO
2	27524	OPEN TREATMENT OF PATELLAR FRACT	10/1/2005	\$517.18	3	NO
2	27530	CLOSED TREATMENT OF TIBIAL FRACT	10/1/2005	\$251.72	3	NO
2	27532	CLOSED TREATMENT OF TIBIAL FRACT	10/1/2005	\$412.35	3	NO
2	27535	OPEN TREATMENT OF TIBIAL FRACTUR	10/1/2005	\$611.38	3	NO
2	27536	OPEN TREATMENT OF TIBIAL FRACTUR	10/1/2005	\$776.42	3	NO
2	27538	CLOSED TREATMENT OF INTERCONDYLA	10/1/2005	\$306.21	3	NO
2	27540	OPEN TREATMENT OF INTERCONDYLAR	10/1/2005	\$643.82	3	NO
2	27550	CLOSED TREATMENT OF KNEE DISLOCA	10/1/2005	\$323.86	3	NO
2	27552	TREATMENT OF CLOSED KNEE DISLOCA	10/1/2005	\$419.61	3	NO
2	27556	OPEN TREATMENT OF KNEE DISLOCATI	10/1/2005	\$739.58	3	NO
2	27557	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$849.86	3	NO
2	27558	OPEN TREATMENT OF KNEE DISLOCATI	10/1/2005	\$876.59	3	NO
2	27560	CLOSED TREATMENT OF PATELLAR DIS	10/1/2005	\$234.85	3	NO
2	27562	TREATMENT OF CLOSED PATELLAR DIS	10/1/2005	\$297.65	3	NO
2	27566	OPEN TREATMENT OF PATELLAR DISLO	10/1/2005	\$613.20	3	NO
2	27570	MANIPULATION OF KNEE JOINT UNDER	10/1/2005	\$98.87	3	NO
2	27580	FUSION OF KNEE ANY TECHNIQUE	10/1/2005	\$970.79	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	27590	AMPUTATION THIGH THROUGH FEMUR A	10/1/2005	\$529.38	3	NO
2	27591	AMPUTATION THIGH THROUGH FEMUR A	10/1/2005	\$603.34	3	NO
2	27592	AMPUTATION THIGH THROUGH FEMUR A	10/1/2005	\$456.98	3	NO
2	27594	AMPUTATION THIGH THROUGH FEMUR A	10/1/2005	\$339.69	3	NO
2	27596	AMPUTATION THIGH THROUGH FEMUR A	10/1/2005	\$491.49	3	NO
2	27598	DISARTICULATION AT KNEE	10/1/2005	\$496.68	3	NO
2	27599	UNLISTED PROCEDURE FEMUR OR KNEE	2/1/1994	\$0.01	5	NO
2	27600	DECOMPRESSION FASCIOTOMY, LEG; A	10/1/2005	\$285.71	3	NO
2	27601	DECOMPRESSION FASCIOTOMY, LEG; P	10/1/2005	\$292.72	3	NO
2	27602	DECOMPRESSION FASCIOTOMY, LEG; A	10/1/2005	\$351.62	3	NO
2	27603	INCISION AND DRAINAGE DEEP ABSCE	10/1/2005	\$340.72	3	NO
2	27604	INCISION AND DRAINAGE; INFECTED	10/1/2005	\$291.16	3	NO
2	27605	TENOTOMY ACHILLES TENDON SUBCUTA	10/1/2005	\$284.41	3	NO
2	27606	TENOTOMY ACHILLES TENDON SUBCUTA	10/1/2005	\$212.01	3	NO
2	27607	INCISION DEEP WITH OPENING OF BO	10/1/2005	\$400.15	3	NO
2	27610	ARTHROTOMY, ANKLE, FOR INFECTION	10/1/2005	\$433.37	3	NO
2	27612	ARTHROTOMY ANKLE POSTERIOR CAPSU	10/1/2005	\$377.05	3	NO
2	27613	BIOPSY SOFT TISSUES SUPERFICIAL	10/1/2005	\$145.58	3	NO
2	27614	BIOPSY SOFT TISSUES; DEEP	10/1/2005	\$351.62	3	NO
2	27615	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$615.02	3	NO
2	27618	EXCISION, TUMOR, LEG OR ANKLE AR	10/1/2005	\$305.69	3	NO
2	27619	EXCISION, TUMOR, LEG OR ANKLE AR	10/1/2005	\$496.42	3	NO
2	27620	ARTHROTOMY, ANKLE, W/JOINT EXPLO	10/1/2005	\$321.26	3	NO
2	27625	ARTHROTOMY, ANKLE, WITH SYNOVECT	10/1/2005	\$415.98	3	NO
2	27626	ARTHROTOMY ANKLE FOR SYNOVECTOMY	10/1/2005	\$448.68	3	NO
2	27630	EXCISION OF LESION OF TENDON SHE	10/1/2005	\$339.43	3	NO
2	27635	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$410.01	3	NO
2	27637	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$513.03	3	NO
2	27638	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$535.35	3	NO
2	27640	PART EXCISION(CRATERIZATION,SAUC	10/1/2005	\$609.83	3	NO
2	27641	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$493.57	3	NO
2	27645	RADICAL RESECTION OF TUMOR, BONE	10/1/2005	\$740.87	3	NO
2	27646	RESECTION FOR TUMOR RADICAL; FIB	10/1/2005	\$666.40	3	NO
2	27647	RADICAL RESECTION OF TUMOR, BONE	10/1/2005	\$559.74	3	NO
2	27648	INJECTION PROCEDURE FOR ANKLE AR	10/1/2005	\$118.33	3	NO
2	27650	REPAIR PRIMARY OPEN OR PERCUTANE	10/1/2005	\$486.82	3	NO
2	27652	SUTURE PRIMARY RUPTURED ACHILLES	10/1/2005	\$519.52	3	NO
2	27654	REPAIR SECONDARY RUPTURED ACHILL	10/1/2005	\$485.27	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	27656	REPAIR FASCIAL DEFECT OF LEG	10/1/2005	\$356.29	3	NO
2	27658	REPAIR OR SUTURE OF FLEXOR TENDO	10/1/2005	\$267.54	3	NO
2	27659	REPAIR OR SUTURE OF FLEXOR TENDO	10/1/2005	\$350.84	3	NO
2	27664	REPAIR OR SUTURE OF EXTENSOR TEN	10/1/2005	\$256.39	3	NO
2	27665	REPAIR OR SUTURE OF EXTENSOR TEN	10/1/2005	\$291.68	3	NO
2	27675	REPAIR FOR DISLOCATING PERONEAL	10/1/2005	\$363.56	3	NO
2	27676	REPAIR FOR DISLOCATING PERONEAL	10/1/2005	\$428.95	3	NO
2	27680	TENOLYSIS INCLUDING TIBIA FIBULA	10/1/2005	\$305.43	3	NO
2	27681	TENOLYSIS INCLUDING TIBIA FIBULA	10/1/2005	\$359.67	3	NO
2	27685	LENGTHENING OR SHORTENING OF TEN	10/1/2005	\$382.76	3	NO
2	27686	LENGTHENING OR SHORTENING OF TEN	10/1/2005	\$393.92	3	NO
2	27687	GASTROCNEMIUS RECESSION (EG STRA	10/1/2005	\$325.41	3	NO
2	27690	TRANSFER OR TRANSPLANT OF SINGLE	10/1/2005	\$424.80	3	NO
2	27691	TRANSFER OR TRANSPLANT OF SINGLE	10/1/2005	\$501.87	3	NO
2	27692	TRANSFER OR TRANSPLANT OF SINGLE	10/1/2005	\$80.96	3	NO
2	27695	SUTURE PRIMARY TORN RUPTURED OR	10/1/2005	\$347.99	3	NO
2	27696	SUTURE PRIMARY TORN RUPTURED OR	10/1/2005	\$414.42	3	NO
2	27698	SUTURE SECONDARY REPAIR TORN RUP	10/1/2005	\$460.87	3	NO
2	27700	ARTHROPLASTY ANKLE	10/1/2005	\$422.21	3	NO
2	27702	ARTHROPLASTY ANKLE; WITH IMPLANT	10/1/2005	\$686.64	3	NO
2	27703	ARTHOPLASTY ANKLE SECONDARY RECO	10/1/2005	\$773.31	3	NO
2	27704	REMOVAL OF ANKLE IMPLANT	10/1/2005	\$375.24	3	NO
2	27705	OSTEOTOMY TIBIA	10/1/2005	\$526.01	3	NO
2	27707	OSTEOTOMY; FIBULA	10/1/2005	\$260.54	3	NO
2	27709	OSTEOTOMY; TIBIA AND FIBULA	10/1/2005	\$512.77	3	NO
2	27712	OSTEOTOMY; MULTIPLE WITH REALIGN	10/1/2005	\$711.55	3	NO
2	27715	OSTEOPLASTY TIBIA AND FIBULA LEN	10/1/2005	\$715.70	3	NO
2	27720	REPAIR OF NONUNION OR MALUNION T	10/1/2005	\$601.52	3	NO
2	27722	REPAIR OF NONUNION OR MALUNION T	10/1/2005	\$595.03	3	NO
2	27724	REPAIR OF NONUNION OR MALUNION T	10/1/2005	\$873.22	3	NO
2	27725	REPAIR OF NONUNION OR MALUNION T	10/1/2005	\$781.10	3	NO
2	27727	REPAIR OF CONGENITAL PSEUDARTHRO	10/1/2005	\$693.90	3	NO
2	27730	ARREST, EPIPHYSEAL (EPIPHYSIODES	10/1/2005	\$402.74	3	NO
2	27732	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$285.71	3	NO
2	27734	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$417.80	3	NO
2	27740	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$489.94	3	NO
2	27742	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$456.98	3	NO
2	27745	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$516.92	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	27750	CLOSED TREATMENT OF TIBIAL SHAFT	10/1/2005	\$219.54	3	NO
2	27752	CLOSED TREATMENT OF TIBIAL SHAFT	10/1/2005	\$349.29	3	NO
2	27756	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$373.16	3	NO
2	27758	OPEN TREATMENT OF TIBIAL SHAFT F	10/1/2005	\$592.44	3	NO
2	27759	TREATMENT OF TIBIAL SHAFT FRACTU	10/1/2005	\$685.08	3	NO
2	27760	CLOSED TREATMENT OF MEDIAL MALLE	10/1/2005	\$211.23	3	NO
2	27762	CLOSED TREATMENT OF MEDIAL MALLE	10/1/2005	\$321.26	3	NO
2	27766	OPEN TREATMENT OF MEDIAL MALLEOL	10/1/2005	\$440.89	3	NO
2	27780	CLOSED TREATMENT OF PROXIMAL FIB	10/1/2005	\$187.62	3	NO
2	27781	TREATMENT OF CLOSED PROXIMAL FIB	10/1/2005	\$274.81	3	NO
2	27784	OPEN TREATMENT OF PROXIMAL FIBUL	10/1/2005	\$383.54	3	NO
2	27786	CLOSED TREATMENT OF DISTAL FIBUL	10/1/2005	\$200.59	3	NO
2	27788	TREATMENT OF CLOSED DISTAL FIBUL	10/1/2005	\$280.00	3	NO
2	27792	OPEN TREATMENT OF DISTAL FIBULAR	10/1/2005	\$412.86	3	NO
2	27808	CLOSED TREATMENT OF BIMALLEOLAR	10/1/2005	\$209.68	3	NO
2	27810	TREATMENT OF CLOSED BIMALLEOLAR	10/1/2005	\$315.55	3	NO
2	27814	OPEN TREATMENT OF BIMALLEOLAR AN	10/1/2005	\$545.99	3	NO
2	27816	CLOSED TREATMENT OF TRIMALLEOLAR	10/1/2005	\$199.30	3	NO
2	27818	TREATMENT OF CLOSED TRIMALLEOLAR	10/1/2005	\$328.27	3	NO
2	27822	OPEN TREATMENT OF TRIMALLEOLAR A	10/1/2005	\$609.83	3	NO
2	27823	OPEN TREATMENT OF TRIMALLEOLAR A	10/1/2005	\$691.83	3	NO
2	27824	CLOSED TREATMENT OF FRACTURE OF	10/1/2005	\$191.51	3	NO
2	27825	CLOSED TREATMENT OF FRACTURE OF	10/1/2005	\$357.59	3	NO
2	27826	OPEN TREATMENT OF FRACTURE OF WE	10/1/2005	\$488.12	3	NO
2	27827	OPEN TREATMENT OF FRACTURE OF WE	10/1/2005	\$757.48	3	NO
2	27828	OPEN TREATMENT OF FRACTURE OF WE	10/1/2005	\$853.76	3	NO
2	27829	OPEN TREATMENT OF DISTAL TIBIOFI	10/1/2005	\$342.54	3	NO
2	27830	CLOSED TREATMENT OF PROXIMAL TIB	10/1/2005	\$225.51	3	NO
2	27831	TREATMENT OF PROXIMAL TIBIOFIBUL	10/1/2005	\$252.75	3	NO
2	27832	OPEN TREATMENT OF PROXIMAL TIBIO	10/1/2005	\$353.44	3	NO
2	27840	CLOSED TREATMENT OF ANKLE DISLOC	10/1/2005	\$227.84	3	NO
2	27842	CLOSED TREATMENT OF ANKLE DISLOC	10/1/2005	\$318.93	3	NO
2	27846	OPEN TREATMENT OF ANKLE DISLOCAT	10/1/2005	\$501.87	3	NO
2	27848	OPEN TREATMENT OF ANKLE DISLOCAT	10/1/2005	\$590.88	3	NO
2	27860	MANIPULATION OF ANKLE UNDER GENE	10/1/2005	\$121.97	3	NO
2	27870	ARTHRODESIS, ANKLE, OPEN	10/1/2005	\$694.16	3	NO
2	27871	ARTHRODESIS TIBIOFIBULAR JOINT P	10/1/2005	\$474.89	3	NO
2	27880	AMPUTATION LEG THROUGH TIBIA AND	10/1/2005	\$536.91	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	27881	AMPUTATION LEG THROUGH TIBIA AND	10/1/2005	\$599.70	3	NO
2	27882	AMPUTATION LEG THROUGH TIBIA AND	10/1/2005	\$433.11	3	NO
2	27884	AMPUTATION LEG THROUGH TIBIA AND	10/1/2005	\$393.14	3	NO
2	27886	AMPUTATION LEG THROUGH TIBIA AND	10/1/2005	\$446.34	3	NO
2	27888	AMPUTATION ANKLE THROUGH MALLEOL	10/1/2005	\$484.23	3	NO
2	27889	ANKLE DISARTICULATION	10/1/2005	\$463.99	3	NO
2	27892	DECOMPRESSION FASCIOTOMY, LEG; A	10/1/2005	\$364.60	3	NO
2	27893	DECOMPRESSION FASCIOTOMY, LEG; P	10/1/2005	\$360.45	3	NO
2	27894	DECOMPRESSION FASCIOTOMY, LEG; A	10/1/2005	\$515.11	3	NO
2	27899	UNLISTED PROCEDURE LEG OR ANKLE	4/1/1982	\$0.01	5	NO
2	28001	INCISION AND DRAINAGE INFECTED B	10/1/2005	\$157.00	3	NO
2	28002	DEEP INFECTION BELOW FASCIA REQU	10/1/2005	\$265.21	3	NO
2	28003	DEEP INFECTION BELOW FASCIA REQU	10/1/2005	\$408.97	3	NO
2	28005	INCISION DEEP WITH OPENING OF BO	10/1/2005	\$412.09	3	NO
2	28008	FASCIOTOMY, FOOT AND/OR TOE	10/1/2005	\$248.34	3	NO
2	28010	TENOTOMY SUBCUTANEOUS TOE SINGLE	10/1/2005	\$144.80	3	NO
2	28011	TENOTOMY SUBCUTANEOUS TOE; MULTI	10/1/2005	\$208.12	3	NO
2	28020	ARTHROTOMY WITH EXPLORATION DRAI	10/1/2005	\$304.39	3	NO
2	28022	ARTHROTOMY WITH EXPLORATION DRAI	10/1/2005	\$271.96	3	NO
2	28024	ARTHROTOMY WITH EXPLORATION DRAI	10/1/2005	\$263.39	3	NO
2	28030	NEURECTOMY OF INTRINSIC MUSCULAT	10/1/2005	\$273.77	3	NO
2	28035	TARSAL TUNNEL RELEASE (POSTERIOR	10/1/2005	\$301.80	3	NO
2	28043	EXCISION, TUMOR, FOOT; SUBCUTANE	10/1/2005	\$202.41	3	NO
2	28045	EXCISION, TUMOR, FOOT; DEEP, SUB	10/1/2005	\$277.92	3	NO
2	28046	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$526.01	3	NO
2	28050	ARTHROTOMY FOR SYNOVIAL BIOPSY I	10/1/2005	\$252.49	3	NO
2	28052	ARTHROTOMY FOR SYNOVIAL BIOSY; M	10/1/2005	\$243.15	3	NO
2	28054	ARTHROTOMY FOR SYNOVIAL BIOPSY;	10/1/2005	\$223.69	3	NO
2	28060	FASCIECTOMY EXCISION OF PLANTAR	10/1/2005	\$295.57	3	NO
2	28062	FASCIECTOMY EXCISION OF PLANTAR	10/1/2005	\$359.67	3	NO
2	28070	SYNOVECTOMY INTERTARSAL OR TARSO	10/1/2005	\$286.23	3	NO
2	28072	SYNOVECTOMY; METATARSOPHALANGEAL	10/1/2005	\$279.22	3	NO
2	28080	EXCISION OF INTERDIGITAL (MORTON	10/1/2005	\$237.44	3	NO
2	28086	SYNOVECTOMY TENDON SHEATH FLEXOR	10/1/2005	\$350.33	3	NO
2	28088	SYNOVECTOMY TENDON SHEATH; EXTEN	10/1/2005	\$264.69	3	NO
2	28090	EXCISION OF LESION OF TENDON OR	10/1/2005	\$262.87	3	NO
2	28092	EXCISION OF LESION OF TENDON/FIB	10/1/2005	\$242.11	3	NO
2	28100	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$373.94	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	28102	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$384.32	3	NO
2	28103	EXCISION OF CURETTAGE OF BONE CY	10/1/2005	\$311.66	3	NO
2	28104	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$292.98	3	NO
2	28106	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$325.67	3	NO
2	28107	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$332.42	3	NO
2	28108	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$240.56	3	NO
2	28110	OSTECTOMY PARTIAL EXCISION FIFTH	10/1/2005	\$254.83	3	NO
2	28111	OSTECTOMY COMPLETE EXCISION FIRS	10/1/2005	\$310.10	3	NO
2	28112	OSTECTOMY COMPLETE EXCISION; OTH	10/1/2005	\$282.86	3	NO
2	28113	OSTECTOMY COMPLETE EXCISION; FIF	10/1/2005	\$297.39	3	NO
2	28114	OSTECTOMY, COMP EXCISION; ALL ME	10/1/2005	\$592.44	3	NO
2	28116	OSTECTOMY EXCISION OF TARSAL COA	10/1/2005	\$404.04	3	NO
2	28118	OSTECTOMY, CALCANEUS	10/1/2005	\$338.13	3	NO
2	28119	OSTECTOMY CALCANEUS; FOR SPUR WI	10/1/2005	\$298.43	3	NO
2	28120	PART EXCISION(CRATERIZATION,SAUC	10/1/2005	\$348.77	3	NO
2	28122	PART EXCISION(CRATERIZATION,SAUC	10/1/2005	\$391.59	3	NO
2	28124	PARTIAL EXCISION (CRATERIZATION,	10/1/2005	\$269.62	3	NO
2	28126	RESECTION, PARTIAL OR COMPLETE,	10/1/2005	\$212.01	3	NO
2	28130	TALECTOMY (ASTRAGALECTOMY)	10/1/2005	\$416.76	3	NO
2	28140	METATARSECTOMY	10/1/2005	\$390.29	3	NO
2	28150	PHALANGECTOMY SINGLE EACH	10/1/2005	\$244.97	3	NO
2	28153	RESECTION HEAD OF PHALANX	10/1/2005	\$218.76	3	NO
2	28160	HEMIPHALANGECTOMY OR INTERPHALAN	10/1/2005	\$227.84	3	NO
2	28171	RADICAL RESECTION OF TUMOR, BONE	10/1/2005	\$424.02	3	NO
2	28173	RADICAL RESECTION OF TUMOR, BONE	10/1/2005	\$454.38	3	NO
2	28175	RADICAL RESECTION OF TUMOR, BONE	10/1/2005	\$323.86	3	NO
2	28190	REMOVE FOREIGN BODY SUBCUTANEOUS	10/1/2005	\$144.54	3	NO
2	28192	REMOVE FOREIGN BODY; DEEP	10/1/2005	\$277.41	3	NO
2	28193	REMOVE FOREIGN BODY; COMPLICATED	10/1/2005	\$312.44	3	NO
2	28200	REPAIR OR SUTURE OF TENDON FOOT	10/1/2005	\$267.03	3	NO
2	28202	REPAIR OR SUTURE OF TENDON FOOT	10/1/2005	\$387.95	3	NO
2	28208	REPAIR OR SUTURE OF TENDON FOOT	10/1/2005	\$253.01	3	NO
2	28210	REPAIR OR SUTURE OF TENDON FOOT	10/1/2005	\$346.95	3	NO
2	28220	TENOLYSIS FLEXOR SINGLE	10/1/2005	\$253.27	3	NO
2	28222	TENOLYSIS FLEXOR; MULTIPLE (THRO	10/1/2005	\$299.46	3	NO
2	28225	TENOLYSIS EXTENSOR SINGLE	10/1/2005	\$217.98	3	NO
2	28226	TENOLYSIS EXTENSOR; MULTIPLE (TH	10/1/2005	\$256.65	3	NO
2	28230	TENOTOMY OPEN FLEXOR FOOT SINGLE	10/1/2005	\$245.49	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	28232	TENOTOMY OPEN FLEXOR; TOE SINGLE	10/1/2005	\$216.68	3	NO
2	28234	TENOTOMY OPEN EXTENSOR FOOT OR T	10/1/2005	\$219.80	3	NO
2	28238	RECONSTRUCTION, POSTERIOR TIBIAL	10/1/2005	\$415.72	3	NO
2	28240	TENOTOMY LENGTHENING, OR RELEASE	10/1/2005	\$248.08	3	NO
2	28250	DIVISION OF PLANTAR FASCIA AND M	10/1/2005	\$320.74	3	NO
2	28260	CAPSULOTOMY MIDFOOT MEDIAL RELEA	10/1/2005	\$399.89	3	NO
2	28261	CAPSULOTOMY MIDFOOT; WITH TENDON	10/1/2005	\$568.05	3	NO
2	28262	CAPSULOTOMY,MIDFOOT;EXTEN,INCL P	10/1/2005	\$828.58	3	NO
2	28264	CAPSULOTOMY MIDTARSAL(HEYMAN TYP	10/1/2005	\$508.62	3	NO
2	28270	CAPSULOTOMY; METATARSOPHALANGEAL	10/1/2005	\$266.25	3	NO
2	28272	CAPSULOTOMY FOR CONTRACTURE INTE	10/1/2005	\$219.02	3	NO
2	28280	WEBBING OPERATION (CREATE SYNDAC	10/1/2005	\$315.29	3	NO
2	28285	HAMMERTOES OPERATION; ONE TOE (EG	10/1/2005	\$260.54	3	NO
2	28286	HAMMERTOES OPERATION, ONE TOE (EG	10/1/2005	\$257.42	3	NO
2	28288	OSTECTOMY, PARTIAL, EXOSTECTOMY	10/1/2005	\$293.49	3	NO
2	28289	HALLUX RIGIDUS CORRECTION WITH C	10/1/2005	\$415.98	3	NO
2	28290	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$330.08	3	NO
2	28292	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2003	NC	9	NO
2	28293	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$545.47	3	NO
2	28294	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$443.23	3	NO
2	28296	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$480.59	3	NO
2	28297	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$504.21	3	NO
2	28298	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$420.13	3	NO
2	28299	CORRECTION, HALLUX VALGUS (BUNIO	10/1/2005	\$537.17	3	NO
2	28300	OSTEOTOMY CALCANEUS (DWYER OR CH	10/1/2005	\$469.44	3	NO
2	28302	OSTEOTOMY; TALUS	10/1/2005	\$462.95	3	NO
2	28304	OSTEOTOMY MIDTARSAL BONES OTHER	10/1/2005	\$476.44	3	NO
2	28305	OSTEOTOMY MIDTARSAL BONES OTHER	10/1/2005	\$479.30	3	NO
2	28306	OSTEOTOMY, METATARSAL, BASE/SHAF	10/1/2005	\$350.84	3	NO
2	28307	OSTEOTOMY,METATARSAL,BASE/SHAFT,	10/1/2005	\$473.59	3	NO
2	28308	OSTEOTOMY METATARSAL BASE OR SHA	10/1/2005	\$304.13	3	NO
2	28309	OSTEOTOMY METATARSALS MULTIPLE F	10/1/2005	\$589.84	3	NO
2	28310	OSTEOTOMY FOR SHORTENING ANGULAR	10/1/2005	\$307.77	3	NO
2	28312	OSTEOTOMY FOR SHORTENING ANGULAR	10/1/2005	\$275.07	3	NO
2	28313	RECONSTRUCTION, ANGULAR DEFORMIT	10/1/2005	\$285.45	3	NO
2	28315	SESAMOIDECTOMY FIRST TOE (SEPARA	10/1/2005	\$269.10	3	NO
2	28320	REPAIR OF NONUNION OR MALUNION T	10/1/2005	\$448.94	3	NO
2	28322	REPAIR OF NONUNION OR MALUNION M	10/1/2005	\$486.82	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	28340	RECONSTRUCTION, TOE, MACRODUCTYL	10/1/2005	\$370.05	3	YES
2	28341	RECONSTRUCTION, TOE, MACRODUCTYL	10/1/2005	\$425.06	3	YES
2	28344	RECONSTRUCTION, TOE(S); POLYDUCT	10/1/2005	\$272.73	3	YES
2	28345	RECONSTRUCTION, TOE(S); SYNDACTY	10/1/2005	\$335.01	3	YES
2	28360	RECONSTRUCTION, CLEFT FOOT	10/1/2005	\$676.78	3	NO
2	28400	CLOSED TREATMENT OF CALCANEAL FR	10/1/2005	\$158.81	3	NO
2	28405	CLOSED TREATMENT OF CALCANEAL FR	10/1/2005	\$262.35	3	NO
2	28406	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$367.97	3	NO
2	28415	OPEN TREATMENT OF CALCANEAL FRAC	10/1/2005	\$826.77	3	NO
2	28420	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$837.67	3	NO
2	28430	CLOSED TREATMENT OF TALUS FRACTU	10/1/2005	\$149.99	3	NO
2	28435	TREATMENT OF CLOSED TALUS FRACTU	10/1/2005	\$202.41	3	NO
2	28436	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$295.57	3	NO
2	28445	OPEN TREATMENT OF TALUS FRACTURE	10/1/2005	\$757.22	3	NO
2	28450	TREATMENT OF TARSAL BONE FRACTUR	10/1/2005	\$137.28	3	NO
2	28455	TREATMENT OF CLOSED TARSAL BONE	10/1/2005	\$180.09	3	NO
2	28456	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$188.66	3	NO
2	28465	OPEN TREATMENT OF TARSAL BONE FR	10/1/2005	\$373.42	3	NO
2	28470	CLOSED TREATMENT OF METATARSAL F	10/1/2005	\$140.13	3	NO
2	28475	TREATMENT OF CLOSED METATARSAL F	10/1/2005	\$174.64	3	NO
2	28476	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$230.70	3	NO
2	28485	OPEN TREATMENT OF METATARSAL FRA	10/1/2005	\$310.62	3	NO
2	28490	CLOSED TREATMENT OF FRACTURE GRE	10/1/2005	\$84.08	3	NO
2	28495	TREATMENT OF CLOSED FRACTURE GRE	10/1/2005	\$102.50	3	NO
2	28496	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$283.89	3	NO
2	28505	OPEN TREATMENT OF FRACTURE GREAT	10/1/2005	\$323.08	3	NO
2	28510	CLOSED TREATMENT OF FRACTURE, PH	10/1/2005	\$71.36	3	NO
2	28515	TREATMENT OF CLOSED FRACTURE PHA	10/1/2005	\$91.60	3	NO
2	28525	OPEN TREATMENT OF FRACTURE, PHAL	10/1/2005	\$293.24	3	NO
2	28530	CLOSED TREATMENT OF SESAMOID FRA	10/1/2005	\$68.51	3	NO
2	28531	OPEN TREATMENT OF SESAMOID FRACT	10/1/2005	\$258.20	3	NO
2	28540	CLOSED TREATMENT OF TARSAL BONE	10/1/2005	\$121.71	3	NO
2	28545	TREATMENT OF CLOSED TARSAL BONE	10/1/2005	\$133.90	3	NO
2	28546	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$275.85	3	NO
2	28555	OPEN TREATMENT OF TARSAL BONE DI	10/1/2005	\$447.12	3	NO
2	28570	CLOSED TREATMENT OF TALOTARSAL J	10/1/2005	\$111.59	3	NO
2	28575	TREATMENT OF CLOSED TALOTARSAL J	10/1/2005	\$196.96	3	NO
2	28576	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$234.07	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	28585	OPEN TREATMENT OF TALOTARSAL JOI	10/1/2005	\$428.95	3	NO
2	28600	CLOSED TREATMENT OF TARSOMETATAR	10/1/2005	\$128.97	3	NO
2	28605	TREATMENT OF CLOSED TARSOMETATAR	10/1/2005	\$161.67	3	NO
2	28606	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$269.88	3	NO
2	28615	OPEN TREATMENT OF TARSOMETATARSA	10/1/2005	\$443.49	3	NO
2	28630	CLOSED TREATMENT OF METATARSOPHA	10/1/2005	\$89.79	3	NO
2	28635	TREATMENT OF CLOSED METATARSOPHA	10/1/2005	\$108.73	3	NO
2	28636	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$183.47	3	NO
2	28645	OPEN TREATMENT OF METATARSOPHALA	10/1/2005	\$252.75	3	NO
2	28660	CLOSED TREATMENT OF INTERPHALANG	10/1/2005	\$67.99	3	NO
2	28665	TREATMENT OF CLOSED INTERPHALANG	10/1/2005	\$93.42	3	NO
2	28666	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$232.77	3	NO
2	28675	OPEN TREATMENT OF INTERPHALANGEA	10/1/2005	\$272.73	3	NO
2	28705	PANTALAR ARTHRODESIS	10/1/2005	\$888.79	3	NO
2	28715	TRIPLE ARTHRODESIS	10/1/2005	\$647.97	3	NO
2	28725	SUBTALAR ARTHRODESIS	10/1/2005	\$562.60	3	NO
2	28730	ARTHRODESIS MIDTARSAL OR TARSOMET	10/1/2005	\$542.36	3	NO
2	28735	ARTHRODESIS MIDTARSAL OR TARSOME	10/1/2005	\$527.30	3	NO
2	28737	ARTHRODESIS, WITH TENDON LENGTHE	10/1/2005	\$464.25	3	NO
2	28740	ARTHRODESIS MIDTARSAL OR TARSOME	10/1/2005	\$521.34	3	NO
2	28750	ARTHRODESIS GREAT TOE METARSOPHA	10/1/2005	\$527.04	3	NO
2	28755	ARTHRODESIS GREAT TOE; INTERPHAL	10/1/2005	\$297.91	3	NO
2	28760	ARTHRODESIS GREAT TOE INTERPHALA	10/1/2005	\$435.18	3	NO
2	28800	AMPUTATION FOOT MIDTARSAL (CHOPA	10/1/2005	\$392.88	3	NO
2	28805	AMPUTATION FOOT; TRANSMETATARSAL	10/1/2005	\$394.18	3	NO
2	28810	AMPUTATION METATARSAL WITH TOE S	10/1/2005	\$299.20	3	NO
2	28820	AMPUTATION TOE METATARSOPHALANGE	10/1/2005	\$325.93	3	NO
2	28825	AMPUTATION TOE; INTERPHALANGEA	10/1/2005	\$287.27	3	NO
2	28890	EXTRACORPOREAL SHOCK WAVE, HIGH	1/1/2006	NC	9	NO
2	28899	UNLISTED PROCEDURE FOOT OR TOES	2/1/1994	\$0.01	5	NO
2	29000	APPLICATION OF HALO TYPE BODY CA	10/1/2005	\$145.58	3	NO
2	29010	APPLICATION OF RISSER JACKET LOC	10/1/2005	\$150.25	3	NO
2	29015	APPLICATION OF RISSER JACKET LOC	10/1/2005	\$147.14	3	NO
2	29020	APPLICATION OF TURNBUCKLE JACKET	10/1/2005	\$144.54	3	NO
2	29025	APPLICATION OF TURNBUCKLE JACKET	10/1/2005	\$155.18	3	NO
2	29035	APPLICATION OF BODY CAST SHOULDE	10/1/2005	\$146.88	3	NO
2	29040	APPLICATION OF BODY CAST SHOULDE	10/1/2005	\$130.79	3	NO
2	29044	APPLICATION OF BODY CAST SHOULDE	10/1/2005	\$167.12	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	29046	APPLICATION OF BODY CAST SHOULDE	10/1/2005	\$157.00	3	NO
2	29049	APPLICATION, CAST; FIGURE-OF-EIG	10/1/2005	\$59.94	3	NO
2	29055	APPLICATION; SHOULDER SPICA	10/1/2005	\$130.79	3	NO
2	29058	APPLICATION; PLASTER VELPEAU	10/1/2005	\$78.63	3	NO
2	29065	APPLICATION; SHOULDER TO HAND (L	10/1/2005	\$60.72	3	NO
2	29075	APPLICATION; ELBOW TO FINGER (SH	10/1/2005	\$55.79	3	NO
2	29085	APPLICATION; HAND AND LOWER FORE	10/1/2005	\$59.17	3	NO
2	29086	APPLICATION, CAST; FINGER (EG, C	10/1/2005	\$42.82	3	NO
2	29105	APPLICATION OF LONG ARM SPLINT (	10/1/2005	\$57.61	3	NO
2	29125	APPLICATION OF SHORT ARM SPLINT	10/1/2005	\$43.60	3	NO
2	29126	APPLICATION OF SHORT ARM SPLINT	10/1/2005	\$52.94	3	NO
2	29130	APPLICATION OF FINGER SPLINT STA	10/1/2005	\$26.73	3	NO
2	29131	APPLICATION OF FINGER SPLINT; DY	10/1/2005	\$34.51	3	NO
2	29200	STRAPPING THORAX	10/1/2005	\$36.59	3	NO
2	29220	STRAPPING; LOW BACK	10/1/2005	\$36.33	3	NO
2	29240	STRAPPING; SHOULDER (EG VELPEAU)	10/1/2005	\$41.78	3	NO
2	29260	STRAPPING; ELBOW OR WRIST	10/1/2005	\$34.77	3	NO
2	29280	STRAPPING; HAND OR FINGER	10/1/2005	\$34.77	3	NO
2	29305	APPLICATION OF HIP SPICA CAST; O	10/1/2005	\$147.92	3	NO
2	29325	APPLICATION OF HIP SPICA CAST; O	10/1/2005	\$161.67	3	NO
2	29345	APPLICATION OF LONG LEG CAST (TH	10/1/2005	\$87.97	3	NO
2	29355	APPLICATION OF LONG LEG CAST (TH	10/1/2005	\$90.31	3	NO
2	29358	APPLICATION OF LONG LEG CAST BRA	10/1/2005	\$96.79	3	NO
2	29365	APPLICATION OF CYLINDER CAST (TH	10/1/2005	\$78.89	3	NO
2	29405	APPLICATION OF SHORT LEG CAST (B	10/1/2005	\$57.61	3	NO
2	29425	APPLICATION OF SHORT LEG CAST (B	10/1/2005	\$62.02	3	NO
2	29435	APPLICATION OF PATELLAR TENDON B	10/1/2005	\$76.29	3	NO
2	29440	ADDING WALKER TO PREVIOUSLY APPL	10/1/2005	\$34.77	3	NO
2	29445	APPLICATION OF RIGID TOTAL CONTA	10/1/2005	\$99.65	3	NO
2	29450	APPLICATION OF CLUBFOOT CAST WIT	10/1/2005	\$99.13	3	NO
2	29505	APPLICATION OF LONG LEG SPLINT (	10/1/2005	\$50.34	3	NO
2	29515	APPLICATION OF SHORT LEG SPLINT	10/1/2005	\$43.86	3	NO
2	29520	STRAPPING HIP	10/1/2005	\$36.85	3	NO
2	29530	STRAPPING; KNEE	10/1/2005	\$36.33	3	NO
2	29540	STRAPPING; ANKLE AND/OR FOOT	10/1/2005	\$25.69	3	NO
2	29550	STRAPPING; TOES	10/1/2005	\$24.65	3	NO
2	29580	STRAPPING; UNNA BOOT	10/1/2005	\$33.48	3	NO
2	29590	DENIS-BROWNE SPLINT STRAPPING	10/1/2005	\$35.29	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	29700	REMOVAL OR BIVALVING GAUNTLET BO	10/1/2005	\$39.70	3	NO
2	29705	REMOVAL OF BIVALVING; FULL ARM O	10/1/2005	\$44.12	3	NO
2	29710	REMOVAL OR BIVALVING; SHOULDER O	10/1/2005	\$79.41	3	NO
2	29715	REMOVAL OR BIVALVING; TURNBUCKLE	10/1/2005	\$57.35	3	NO
2	29720	REPAIR OF SPICA BODY CAST OR JAC	10/1/2005	\$50.60	3	NO
2	29730	WINDOWING OF CAST	10/1/2005	\$43.60	3	NO
2	29740	WEDGING OF CAST (EXCEPT CLUBFOOT	10/1/2005	\$63.32	3	NO
2	29750	WEDGING OF CLUBFOOT CAST	10/1/2005	\$65.39	3	NO
2	29799	UNLISTED PROCEDURE CASTING OR ST	4/1/1982	\$0.01	5	NO
2	29800	ARTHROSCOPY, TEMPOROMANDIBULAR J	10/1/2005	\$372.90	3	YES
2	29804	ARTHROSCOPY, TEMPOROMANDIBULAR J	10/1/2005	\$444.52	3	NO
2	29805	ARTHROSCOPY, SHOULDER, DIAGNOSTI	10/1/2005	\$325.67	3	NO
2	29806	ARTHROSCOPY, SHOULDER, SURGICAL;	10/1/2005	\$725.56	3	NO
2	29807	ARTHROSCOPY, SHOULDER, SURGICAL;	10/1/2005	\$706.62	3	NO
2	29815	ARTHROSCOPY SHOULDER DIAGNOSTIC	4/1/2002	INVALID	N	NO
2	29819	ARTHROSCOPY SHOULDER SURGICAL; W	10/1/2005	\$407.16	3	NO
2	29820	ARTHROSCOPY SHOULDER SURGICAL; S	10/1/2005	\$375.76	3	NO
2	29821	ARTHROSCOPY SHOULDER SURGICAL; S	10/1/2005	\$410.27	3	NO
2	29822	ARTHROSCOPY SHOULDER SURGICAL; D	10/1/2005	\$399.11	3	NO
2	29823	ARTHROSCOPY SHOULDER SURGICAL; D	10/1/2005	\$435.18	3	NO
2	29824	ARTHROSCOPY, SHOULDER, SURGICAL;	10/1/2005	\$445.82	3	NO
2	29825	ARTHROSCOPY SHOULDER SURGICAL WI	10/1/2005	\$406.38	3	NO
2	29826	ARTHROSCOPY, SHOULDER, SURGICAL;	10/1/2005	\$468.40	3	NO
2	29827	ARTHROSCOPY, SHOULDER, SURGICAL;	10/1/2005	\$765.53	3	NO
2	29830	ARTHROSCOPY ELBOW DIAGNOSTIC WIT	10/1/2005	\$312.70	3	NO
2	29834	ARTHROSCOPY ELBOW SURGICAL; WITH	10/1/2005	\$341.50	3	NO
2	29835	ARTHROSCOPY ELBOW SURGICAL; SYNO	10/1/2005	\$349.29	3	NO
2	29836	ARTHROSCOPY ELBOW SURGICAL; SYNO	10/1/2005	\$403.26	3	NO
2	29837	ARTHROSCOPY ELBOW SURGICAL; DEBR	10/1/2005	\$367.71	3	NO
2	29838	ARTHROSCOPY ELBOW SURGICAL; DEBR	10/1/2005	\$411.57	3	NO
2	29840	ARTHROSCOPY, WRIST, DIAGNOSTIC,	10/1/2005	\$303.10	3	NO
2	29843	ARTHROSCOPY, WRIST, SURGICAL; FO	10/1/2005	\$325.41	3	NO
2	29844	ARTHROSCOPY, WRIST, SURGICAL; SY	10/1/2005	\$343.06	3	NO
2	29845	ARTHROSCOPY, WRIST, SURGICAL; SY	10/1/2005	\$388.47	3	NO
2	29846	ARTHROSCOPY, WRIST, SURGICAL; EX	10/1/2005	\$359.41	3	NO
2	29847	ARTHROSCOPY, WRIST, SURGICAL; IN	10/1/2005	\$372.12	3	NO
2	29848	ARTHROSCOPY, WRIST, SURGICAL; W/	10/1/2005	\$308.81	3	NO
2	29850	ARTHROSCOPICALLY AIDED TREATMENT	10/1/2005	\$373.42	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	29851	ARTHROSCOPICALLY AIDED TREATMENT	10/1/2005	\$653.68	3	NO
2	29855	ARTHROSCOPICALLY AIDED TREATMENT	10/1/2005	\$549.62	3	NO
2	29856	ARTHROSCOPICALLY AIDED TREATMENT	10/1/2005	\$705.06	3	NO
2	29860	ARTHROSCOPY, HIP, DIAGNOSTIC WIT	10/1/2005	\$424.02	3	NO
2	29861	ARTHROSCOPY, HIP, SURGICAL; WITH	10/1/2005	\$467.88	3	NO
2	29862	ARTHROSCOPY, HIP, SURGICAL; WITH	10/1/2005	\$520.56	3	NO
2	29863	ARTHROSCOPY, HIP, SURGICAL; WITH	10/1/2005	\$514.33	3	NO
2	29866	ARTHROSCOPY, KNEE, SURGICAL; OST	1/1/2005	NC	9	NO
2	29867	ARTHROSCOPY, KNEE, SURGICAL; OST	1/1/2005	NC	9	NO
2	29868	ARTHROSCOPY, KNEE, SURGICAL; MEN	1/1/2005	NC	9	NO
2	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, W	10/1/2005	\$279.74	3	NO
2	29871	ARTHROSCOPY, KNEE, SURGICAL; FOR	10/1/2005	\$351.10	3	NO
2	29873	ARTHROSCOPY, KNEE, SURGICAL; WIT	10/1/2005	\$352.66	3	NO
2	29874	ARTHROSCOPY KNEE SURGICAL FOR RE	10/1/2005	\$367.97	3	NO
2	29875	ARTHROSCOPY, KNEE, SURGICAL; SYN	10/1/2005	\$343.32	3	NO
2	29876	ARTHROSCOPY KNEE SURGICAL SYNOVE	10/1/2005	\$422.73	3	NO
2	29877	ARTHROSCOPY KNEE SURGICAL; DEBRI	10/1/2005	\$398.07	3	NO
2	29879	ARTHROSCOPY KNEE SURGICAL ABRASI	10/1/2005	\$428.95	3	NO
2	29880	ARTHROSCOPY, KNEE, SURGICAL; WIT	10/1/2005	\$449.19	3	NO
2	29881	ARTHROSCOPY KNEE SURGICAL WITH M	10/1/2005	\$416.24	3	NO
2	29882	ARTHROSCOPY KNEE SURGICAL; WITH	10/1/2005	\$450.49	3	NO
2	29883	ARTHROSCOPY, KNEE, SURGICAL; WIT	10/1/2005	\$570.38	3	NO
2	29884	ARTHROSCOPY KNEE SURGICAL WITH L	10/1/2005	\$396.52	3	NO
2	29885	ARTHROSCOPY, KNEE, SURG; DRILL FOR	10/1/2005	\$482.93	3	NO
2	29886	ARTHROSCOPY KNEE SURGICAL; DRILL	10/1/2005	\$406.64	3	NO
2	29887	ARTHROSCOPY KNEE SURGICAL DRILLI	10/1/2005	\$480.33	3	NO
2	29888	ARTHROSCOPICALLY AIDED ANTERIOR	10/1/2005	\$686.64	3	NO
2	29889	ARTHROSCOPICALLY AIDED POSTERIOR	10/1/2005	\$808.08	3	NO
2	29891	ARTHROSCOPY, ANKLE, SURGICAL; EX	10/1/2005	\$448.42	3	NO
2	29892	ARTHROSCOPICALLY AIDED REPAIR OF	10/1/2005	\$470.73	3	NO
2	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	10/1/2005	\$315.03	3	NO
2	29894	ARTHROSCOPY, ANKLE (TIBIOTALAR &	10/1/2005	\$358.37	3	NO
2	29895	ARTHROSCOPY, ANKLE (TIBIOTALAR A	10/1/2005	\$351.62	3	NO
2	29897	ARTHROSCOPY, ANKLE (TIBIOTALAR A	10/1/2005	\$369.01	3	NO
2	29898	ARTHROSCOPY, ANKLE (TIBIOTALAR A	10/1/2005	\$409.23	3	NO
2	29899	ARTHROSCOPY, ANKLE, SURGICAL; WI	10/1/2005	\$695.20	3	NO
2	29900	ARTHROSCOPY, METACARPOPHALANGEAL	10/1/2005	\$316.59	3	NO
2	29901	ARTHROSCOPY, METACARPOPHALANGEAL	10/1/2005	\$348.77	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	29902	ARTHROSCOPY, METACARPOPHALANGEAL	10/1/2005	\$372.38	3	NO
2	29909	UNLISTED PROCEDURE ARTHROSCOPY	4/1/2002	INVALID	N	NO
2	29999	UNLISTED PROCEDURE, ARTHROSCOPY	1/1/2002	\$0.01	5	NO
2	30000	DRAINAGE ABSCESS OR HEMATOMA NAS	10/1/2005	\$145.84	3	NO
2	30020	DRAINAGE ABSCESS OR HEMATOMA NAS	10/1/2005	\$125.08	3	NO
2	30100	BIOPSY INTRANASAL	10/1/2005	\$77.33	3	NO
2	30110	EXCISION, NASAL POLYP(S), SIMPLE	10/1/2005	\$130.01	3	NO
2	30115	EXCISION, NASAL POLYP(S), EXTENS	10/1/2005	\$272.73	3	NO
2	30117	EXCISION OR DESTRUCTION (EG, LAS	10/1/2005	\$429.73	3	NO
2	30118	EXCISION INTRANASAL LESION; EXTE	10/1/2005	\$510.96	3	NO
2	30120	EXCISION OR SURGICAL PLANING OF	4/1/1982	NC	9	NO
2	30124	EXCISION DERMOID CYST NOSE SIMPL	10/1/2005	\$180.61	3	NO
2	30125	EXCISION DERMOID CYST NOSE; COMP	10/1/2005	\$418.31	3	NO
2	30130	EXCISION INFERIOR TURBINATE, PAR	10/1/2005	\$240.82	3	NO
2	30140	SUBMUCOUS RESECTION INFERIOR TUR	10/1/2005	\$258.72	3	NO
2	30150	RHINECTOMY PARTIAL	10/1/2005	\$545.99	3	NO
2	30160	RHINECTOMY; TOTAL	10/1/2005	\$536.91	3	NO
2	30200	INJECTION INTO TURBINATES THERAP	10/1/2005	\$63.84	3	NO
2	30210	DISPLACEMENT THERAPY (PROETZ TYP	10/1/2005	\$84.86	3	NO
2	30220	INSERTION NASAL SEPTAL PROSTHESI	10/1/2005	\$153.11	3	NO
2	30300	REMOVAL FOREIGN BODY INTRANASAL	10/1/2005	\$149.21	3	NO
2	30310	REMOVAL FOREIGN BODY INTRANASAL;	10/1/2005	\$135.72	3	NO
2	30320	REMOVAL FOREIGN BODY INTRANASAL;	10/1/2005	\$309.84	3	NO
2	30400	RHINOPLASTY PRIMARY LATERAL AND	10/1/2005	\$683.52	3	YES
2	30410	RHINOPLASTY PRIMARY COMPLETE EXT	10/1/2005	\$849.60	3	YES
2	30420	RHINOPLASTY PRIMARY; INCLUDING M	10/1/2005	\$914.22	3	YES
2	30430	RHINOPLASTY SECONDARY MINOR REVI	10/1/2005	\$622.28	3	YES
2	30435	RHINOPLASTY SECONDARY; INTERMEDI	10/1/2005	\$836.37	3	YES
2	30450	RHINOPLASTY SECONDARY; MAJOR REV	10/1/2005	\$1,101.32	3	YES
2	30460	RHINOPLASTY FOR NASAL DEFORMITY	10/1/2005	\$542.87	3	YES
2	30462	RHINOPLASTY FOR NASAL DEFORMITY	10/1/2005	\$1,097.43	3	YES
2	30465	REPAIR OF NASAL VESTIBULAR STENO	10/1/2005	\$639.41	3	NO
2	30520	SEPTOPLASTY OR SUBMUCOUS RESECTI	10/1/2005	\$332.68	3	NO
2	30540	REPAIR CHOANAL ATRESIA INTRANASA	10/1/2005	\$459.06	3	NO
2	30545	REPAIR CHOANAL ARTESIA; TRANSPAL	10/1/2005	\$647.19	3	NO
2	30560	LYSIS INTRANASAL SYNECHIA	10/1/2005	\$159.07	3	NO
2	30580	REPAIR FISTULA OROMAXILLARY (COM	10/1/2005	\$398.07	3	NO
2	30600	REPAIR FISTULA; ORONASAL	10/1/2005	\$368.75	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	30620	SEPTAL OR OTHER INTRANASAL DERMA	10/1/2005	\$398.59	3	NO
2	30630	REPAIR NASAL SEPTAL PERFORATIONS	10/1/2005	\$406.64	3	NO
2	30801	CAUTERY AND/OR ABLATION, MUCOSA	10/1/2005	\$137.79	3	NO
2	30802	CAUTERIZATION AND/OR ABLATION, M	10/1/2005	\$176.72	3	NO
2	30901	CONTROL NASAL HEMORRHAGE, ANTERIO	10/1/2005	\$69.55	3	NO
2	30903	CONTROL NASAL HEMORRHAGE, ANTERIO	10/1/2005	\$113.66	3	NO
2	30905	CONTROL NASAL HEMORRHAGE, POSTER	10/1/2005	\$146.62	3	NO
2	30906	CONTROL NASAL HEMORRHAGE POSTERI	10/1/2005	\$169.71	3	NO
2	30915	LIGATION ARTERIES ETHMOIDAL	10/1/2005	\$375.50	3	NO
2	30920	LIGATION ARTERIES; INTERNAL MAXI	10/1/2005	\$508.36	3	NO
2	30930	FRACTURE NASAL INFERIOR TURBINAT	10/1/2005	\$77.85	3	NO
2	30999	UNLISTED PROCEDURE NOSE	4/1/1982	\$0.01	5	NO
2	31000	LAVAGE BY CANNULATION; MAXILLARY	10/1/2005	\$105.88	3	NO
2	31002	LAVAGE BY CANNULATION; SPHENOID	10/1/2005	\$137.79	3	NO
2	31020	SINUSOTOMY, MAXILLARY (ANTROTOMY	10/1/2005	\$305.17	3	NO
2	31030	SINUSOTOMY, MAXILLARY (ANTROTOMY	10/1/2005	\$466.84	3	NO
2	31032	SINUSOTOMY, MAXILLARY (ANTROTOMY	10/1/2005	\$373.42	3	NO
2	31040	PTERYGOMAXILLARY FOSSA SURGERY,	10/1/2005	\$521.08	3	NO
2	31050	SINUSOTOMY, SPHENOID, WITH OR WI	10/1/2005	\$315.29	3	NO
2	31051	SINUSOTOMY, SPHENOID, WITH OR WI	10/1/2005	\$414.68	3	NO
2	31070	SINUSOTOMY FRONTAL EXTERNAL SIMP	10/1/2005	\$275.07	3	NO
2	31075	SINUSOTOMY FRONTAL TRANSORBITAL	10/1/2005	\$510.70	3	NO
2	31080	SINUSOTOMY FRONTAL OBLITERATIVE	10/1/2005	\$676.78	3	NO
2	31081	SINUSOTOMY FRONTAL OBLITERATIVE	10/1/2005	\$756.96	3	NO
2	31084	SINUSOTOMY FRONTAL OBLITERATIVE	10/1/2005	\$732.83	3	NO
2	31085	SINUSOTOMY FRONTAL OBLITERATIVE	10/1/2005	\$773.83	3	NO
2	31086	SINUSOTOMY FRONTAL NONOBLITERATI	10/1/2005	\$706.10	3	NO
2	31087	SINUSTOMY FRONTAL NONOBLITERATIV	10/1/2005	\$703.25	3	NO
2	31090	SINUSOTOMY COMBINED THREE OR MOR	10/1/2005	\$596.85	3	NO
2	31200	ETHMOIDECTOMY INTRANASAL ANTERIO	10/1/2005	\$375.50	3	NO
2	31201	ETHMOIDECTOMY; INTRANASAL TOTAL	10/1/2005	\$476.18	3	NO
2	31205	ETHMOIDECTOMY; EXTRANASAL TOTAL	10/1/2005	\$591.14	3	NO
2	31225	MAXILLECTOMY WITHOUT ORBITAL EXE	10/1/2005	\$1,004.52	3	NO
2	31230	MAXILLECTOMY; WITH ORBITAL EXENT	10/1/2005	\$1,117.93	3	NO
2	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNI	10/1/2005	\$118.59	3	NO
2	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTI	10/1/2005	\$173.35	3	NO
2	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTI	10/1/2005	\$202.67	3	NO
2	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	10/1/2005	\$219.28	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	10/1/2005	\$227.32	3	NO
2	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	10/1/2005	\$449.19	3	NO
2	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	10/1/2005	\$118.85	3	NO
2	31254	NASAL ENDOSCOPY, SURGICAL; WITH	10/1/2005	\$206.04	3	NO
2	31255	NASAL ENDOSCOPY, SURGICAL; WITH	10/1/2005	\$305.95	3	NO
2	31256	NASAL ENDOSCOPY, SURGICAL; WITH	10/1/2005	\$148.95	3	NO
2	31267	MAXILLARY SINUS ENDOSCOPY, SURGI	10/1/2005	\$241.08	3	NO
2	31276	NASAL/SINUS ENDOSCOPY, SURGICAL	10/1/2005	\$385.88	3	NO
2	31287	NASAL/SINUS ENDOSCOPY, SURGICAL,	10/1/2005	\$175.16	3	NO
2	31288	NASAL/SINUS ENDOSCOPY, SURGICAL,	10/1/2005	\$203.45	3	NO
2	31290	NASAL/SINUS ENDOSCOPY, SURGICAL,	10/1/2005	\$797.96	3	NO
2	31291	NASAL/SINUS ENDOSCOPY, SURGICAL,	10/1/2005	\$838.19	3	NO
2	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	10/1/2005	\$689.23	3	NO
2	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	10/1/2005	\$749.44	3	NO
2	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	10/1/2005	\$867.25	3	NO
2	31299	UNLISTED PROCEDURE ACCESSORY SIN	4/1/1982	\$0.01	5	NO
2	31300	LARYNGOTOMY (THYROTOMY LARYNGOFI	10/1/2005	\$789.66	3	NO
2	31320	LARYNOTOMY (THYROTOMY LARYNOGOFI	10/1/2005	\$415.46	3	NO
2	31360	LARYNGECTOMY TOTAL WITHOUT RADIC	10/1/2005	\$912.66	3	NO
2	31365	LARYNGECTOMY; TOTAL WITH RADICAL	10/1/2005	\$1,206.68	3	NO
2	31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOT	10/1/2005	\$1,181.50	3	NO
2	31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOT	10/1/2005	\$1,421.28	3	NO
2	31370	PARTIAL LARYNGECTOMY (HEMILARYNG	10/1/2005	\$1,178.65	3	NO
2	31375	PARTIAL LARYNGECTOMY (HEMILARYNG	10/1/2005	\$1,094.31	3	NO
2	31380	PARTIAL LARYNGECTOMY (HEMILARYNG	10/1/2005	\$1,102.10	3	NO
2	31382	PARTIAL LARYNGECTOMY (HEMILARYNG	10/1/2005	\$1,136.87	3	NO
2	31390	PHARYNGOLARYNGECTOMY WITH RADICA	10/1/2005	\$1,407.01	3	NO
2	31395	PHARYNOGLARYNGECTOMY WITH RADICA	10/1/2005	\$1,605.27	3	NO
2	31400	ARYTENOIDECTOMY OR ARYTENOIDOPEX	10/1/2005	\$646.41	3	NO
2	31420	EPIGLOTTIDECTOMY	10/1/2005	\$534.05	3	NO
2	31500	INTUBATION ENDOTRACHEAL EMERGENC	10/1/2005	\$79.67	3	NO
2	31502	TRACHEOTOMY TUBE CHANGE PRIOR TO	10/1/2005	\$26.21	3	NO
2	31505	LARYNGOSCOPY INDIRECT (SEPARATE	10/1/2005	\$54.75	3	NO
2	31510	LARYNGOSCOPY INDIRECT (SEPARATE	10/1/2005	\$139.61	3	NO
2	31511	LARYNGOSCOPY INDIRECT (SEPARATE	10/1/2005	\$141.95	3	NO
2	31512	LARYNGOSCOPY INDIRECT (SEPARATE	10/1/2005	\$141.43	3	NO
2	31513	LARYNGOSCOPY INDIRECT (SEPARATE	10/1/2005	\$96.79	3	NO
2	31515	LARYNGOSCOPY DIRECT, WITH OR WIT	10/1/2005	\$142.21	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	31520	LARYNGOSCOPY DIRECT; DIAGNOSTIC	10/1/2005	\$112.10	3	NO
2	31525	LAYNGOSCOPY DIRECT; DIAGNOSTIC E	10/1/2005	\$168.16	3	NO
2	31526	LARYNGOSCOPY DIRECT; W/OR W/OUT	10/1/2005	\$116.78	3	NO
2	31527	LARYNGOSCOPY DIRECT; WITH INSERT	10/1/2005	\$140.13	3	NO
2	31528	LARYNGOSCOPY DIRECT, WITH OR WIT	10/1/2005	\$104.58	3	NO
2	31529	LARYNGOSCOPY DIRECT, WITH OR WIT	10/1/2005	\$119.63	3	NO
2	31530	LARYNGOSCOPY DIRECT OPERATIVE WI	10/1/2005	\$145.84	3	NO
2	31531	LARYNGOSCOPY, DIRECT, OPERATIVE,	10/1/2005	\$159.33	3	NO
2	31535	LARYNGOSCOPY DIRECT OPERATIVE WI	10/1/2005	\$140.39	3	NO
2	31536	LARYNGOSCOPY, DIRECT, OPERATIVE,	10/1/2005	\$158.04	3	NO
2	31540	LARYNGOSCOPY DIRECT OPERATIVE WI	10/1/2005	\$181.65	3	NO
2	31541	LARYNGOSCOPY, DIRECT, OPERATIVE,	10/1/2005	\$199.04	3	NO
2	31545	LARYNGOSCOPY, DIRECT, OPERATIVE,	10/1/2005	\$263.13	3	NO
2	31546	LARYNGOSCOPY, DIRECT, OPERATIVE,	10/1/2005	\$401.71	3	NO
2	31560	LARYNGOSCOPY DIRECT OPERATIVE WI	10/1/2005	\$234.33	3	NO
2	31561	LARYNGOSCOPY, DIRECT, OPERATIVE,	10/1/2005	\$255.35	3	NO
2	31570	LARYNGOSCOPY DIRECT WITH INJECTI	10/1/2005	\$255.35	3	NO
2	31571	LARYNGOSCOPY, DIRECT, W/INJECTIO	10/1/2005	\$186.84	3	NO
2	31575	LARYNGOSCOPY FLEXIBLE FIBERSCOPI	10/1/2005	\$80.19	3	NO
2	31576	LARYNGOSCOPY FLEXIBLE FIBERSCOPI	10/1/2005	\$149.99	3	NO
2	31577	LARYNGOSCOPY FLEXIBLE FIBERSCOPI	10/1/2005	\$167.12	3	NO
2	31578	LARYNGOSCOPY FLEXIBLE FIBERSCOPI	10/1/2005	\$190.73	3	NO
2	31579	LARYNGOSCOPY, FLEXIBLE OR RIGID	10/1/2005	\$161.67	3	NO
2	31580	LARYNGOPLASTY FOR LARYNAGEAL WEB	10/1/2005	\$760.08	3	NO
2	31582	LARYNGOPLASTY; FOR LARYNGEAL STE	10/1/2005	\$1,274.92	3	NO
2	31584	LARYNGOPLASTY; WITH OPEN REDUCTI	10/1/2005	\$1,023.99	3	NO
2	31585	TREATMENT OF CLOSED LARYNGEAL FR	1/1/2006	INVALID	N	NO
2	31586	TREATMENT OF CLOSED LARYNGEAL FR	1/1/2006	INVALID	N	NO
2	31587	LARYNGOPLASTY, CRICOID SPLIT	10/1/2005	\$577.65	3	NO
2	31588	LARYNGOPLASTY, NOT OTHERWISE SPE	10/1/2005	\$720.37	3	NO
2	31590	LARYNGEAL REINNERVATION BY NEURO	10/1/2005	\$604.38	3	NO
2	31595	SECTION RECURRENT LARYNGEAL NERV	10/1/2005	\$507.84	3	NO
2	31599	UNLISTED PROCEDURE LARYNX	4/1/1982	\$0.01	5	NO
2	31600	TRACHEOSTOMY PLANNED (SEPARATE P	10/1/2005	\$289.60	3	NO
2	31601	TRACHEOSTOMY PLANNED (SEPARATE P	10/1/2005	\$187.88	3	NO
2	31603	TRACHEOSTOMY EMERGENCY PROCEDURE	10/1/2005	\$163.23	3	NO
2	31605	TRACHEOSTOMY EMERGENCY PROCEDURE	10/1/2005	\$133.38	3	NO
2	31610	TRACHEOSTOMY FENESTRATION PROCED	10/1/2005	\$462.17	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	31611	CONSTRUCTION OF TRACHEOESOPHAGEA	10/1/2005	\$341.50	3	NO
2	31612	TRACHEAL PUNCTURE, PERCUTANEOUS	10/1/2005	\$54.24	3	NO
2	31613	TRACHEOSTOMA REVISION SIMPLE WIT	10/1/2005	\$285.71	3	NO
2	31614	TRACHEOSTOMA REVISION; COMPLEX W	10/1/2005	\$426.62	3	NO
2	31615	TRACHEOBRONCHOSCOPY THROUGH ESTA	10/1/2005	\$125.86	3	NO
2	31620	ENDOBONCHIAL ULTRASOUND (EBUS)	10/1/2005	\$185.54	3	NO
2	31622	BRONCHOSCOPY, RIGID OR FLEX, W/O	10/1/2005	\$223.95	3	NO
2	31623	BRONCHOSCOPY, RIGID OR FLEX, W/O	10/1/2005	\$245.49	3	NO
2	31624	BRONCHOSCOPY, RIGID OR FLEX, W/O	10/1/2005	\$228.62	3	NO
2	31625	BRONCHOSCOPY, RIGID OR FLEX, W/O	10/1/2005	\$243.15	3	NO
2	31628	BRONCHOSCOPY, RIGID OR FLEX, W/O	10/1/2005	\$285.71	3	NO
2	31629	BRONCHOSCOPY, RIGID OR FLEX, W/O	10/1/2005	\$480.33	3	NO
2	31630	BRONCHOSCOPY, RIGID OR FLEX, W/O	10/1/2005	\$152.33	3	NO
2	31631	BRONCHOSCOPY, RIGID OR FLEX, W/O	10/1/2005	\$168.16	3	NO
2	31632	BRONCHOSCOPY, RIGID OR FLEX, W/O	10/1/2005	\$52.68	3	NO
2	31633	BRONCHOSCOPY, RIGID OR FLEX, W/O	10/1/2005	\$62.54	3	NO
2	31635	BRONCHOSCOPY, RIGID OR FLEX, W/O	10/1/2005	\$260.54	3	NO
2	31636	BRONCHOSCOPY, RIGID OR FLEX, W/O	10/1/2005	\$165.30	3	NO
2	31637	BRONCHOSCOPY, RIGID OR FLEX, W/O	10/1/2005	\$58.91	3	NO
2	31638	BRONCHOSCOPY, RIGID OR FLEX, W/O	10/1/2005	\$183.47	3	NO
2	31640	BRONCHOSCOPY, RIGID OR FLEX, W/O	10/1/2005	\$193.59	3	NO
2	31641	BRONCHOSCOPY, (RIGID OR FLEXIBLE	10/1/2005	\$188.92	3	NO
2	31643	BRONCHOSCOPY; WITH PLACEMENT OF	10/1/2005	\$127.67	3	NO
2	31645	BRONCHOSCOPY; WITH THERAPEUTIC A	10/1/2005	\$220.32	3	NO
2	31646	BRONCHOSCOPY; WITH THERAPEUTIC A	10/1/2005	\$200.85	3	NO
2	31656	BRONCHOSCOPY; WITH INJECTION OF	10/1/2005	\$82.00	3	NO
2	31700	CATHETERIZATION TRANSGLOTIC (SEP	10/1/2005	\$93.16	3	NO
2	31708	INSTILLATION OF CONTRAST MATERIA	10/1/2005	\$91.08	3	NO
2	31710	CATHETERIZATION FOR BRONCHOGRAPH	10/1/2005	\$47.75	3	NO
2	31715	TRANSTRACHEAL INJECTION FOR BRON	10/1/2005	\$39.44	3	NO
2	31717	CATHETERIZATION WITH BRONCHIAL B	10/1/2005	\$272.73	3	NO
2	31720	CATHETER ASPIRATION (SEPARATE PR	10/1/2005	\$37.89	3	NO
2	31725	CATHETER ASPIRATION (SEPARATE PR	10/1/2005	\$71.62	3	NO
2	31730	TRANSTRACHEAL INTRODUCTION OF NE	10/1/2005	\$136.76	3	NO
2	31750	TRACHEOPLASTY; CERVICAL	10/1/2005	\$821.84	3	NO
2	31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL	10/1/2005	\$1,083.15	3	NO
2	31760	TRACHEOPLASTY; INTRATHORACIC	10/1/2005	\$929.27	3	NO
2	31766	CARINAL RECONSTRUCTION	10/1/2005	\$1,259.09	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	31770	BRONCHOPLASTY GRAFT REPAIR	10/1/2005	\$921.74	3	NO
2	31775	BRONCHOPLASTY; EXCISION STENOSIS	10/1/2005	\$993.11	3	NO
2	31780	EXCISION TRACHEAL STENOSIS AND A	10/1/2005	\$788.62	3	NO
2	31781	EXCISION TRACHEAL STENOSIS AND A	10/1/2005	\$981.43	3	NO
2	31785	EXCISION OF TRACHEAL TUMOR OR CA	10/1/2005	\$751.77	3	NO
2	31786	EXCISION OF TRACHEAL TUMOR OR CA	10/1/2005	\$1,045.53	3	NO
2	31800	SUTURE OF TRACHEAL WOUND OR INJU	10/1/2005	\$452.57	3	NO
2	31805	SUTURE OF EXTERNAL TRACHEAL WOUN	10/1/2005	\$574.27	3	NO
2	31820	SURGICAL CLOSURE TRACHEOSTOMY OR	10/1/2005	\$273.25	3	NO
2	31825	SURGICAL CLOSURE TRACHEOSTOMY OF	10/1/2005	\$389.77	3	NO
2	31830	REVISION OF TRACHEOSTOMY SCAR	10/1/2005	\$277.41	3	NO
2	31899	UNLISTED PROCEDURE TRACHEA BRONC	4/1/1982	\$0.01	5	NO
2	32000	THORACENTESIS PUNCTURE OF PLEURA	10/1/2005	\$121.45	3	NO
2	32002	THORACENTESIS WITH INSERTION OF	10/1/2005	\$143.76	3	NO
2	32005	CHEMICAL PLEURODESIS (EG FOR REC	10/1/2005	\$229.92	3	NO
2	32019	INSERTION OF INDWELLING TUNNELED	10/1/2005	\$637.07	3	NO
2	32020	TUBE THORACOSTOMY W/WO WATER SEA	10/1/2005	\$148.95	3	NO
2	32035	THORACOSTOMY WITH RIB RESECTION	10/1/2005	\$408.19	3	NO
2	32036	THORACOSTOMY; WITH OPEN FLAP DRA	10/1/2005	\$453.61	3	NO
2	32095	THORACOTOMY LIMITED FOR BIOPSY O	10/1/2005	\$386.14	3	NO
2	32100	THORACOTOMY MAJOR WITH EXPLORATI	10/1/2005	\$653.94	3	NO
2	32110	THORACOTOMY MAJOR; WITH CONTROL	10/1/2005	\$955.74	3	NO
2	32120	THORACOTOMY MAJOR; FOR POSTOPERA	10/1/2005	\$524.19	3	NO
2	32124	THORACOTOMY MAJOR; WITH OPEN INT	10/1/2005	\$564.67	3	NO
2	32140	THORACOTOMY MAJOR; WITH CYST(S)	10/1/2005	\$610.86	3	NO
2	32141	THORACOTOMY MAJOR; WITH EXCISION	10/1/2005	\$610.08	3	NO
2	32150	THORACOTOMY MAJOR; WITH REMOVAL	10/1/2005	\$614.76	3	NO
2	32151	THORACOTOMY MAJOR; WITH REMOVAL	10/1/2005	\$625.65	3	NO
2	32160	THORACOTOMY MAJOR; WITH CARDIAC	10/1/2005	\$410.01	3	NO
2	32200	PNEUMONOSTOMY WITH OPEN DRAINAGE	10/1/2005	\$669.77	3	NO
2	32201	PNEUMONOSTOMY; WITH PERCUTANEOUS	10/1/2005	\$646.93	3	NO
2	32215	PLEURAL SCARIFICATION FOR REPEAT	10/1/2005	\$513.03	3	NO
2	32220	DECORTICATION PULMONARY (SEPARAT	10/1/2005	\$1,046.30	3	NO
2	32225	DECORTICATION PULMONARY (SEPARAT	10/1/2005	\$611.38	3	NO
2	32310	PLEURECTOMY, PARIETAL (SEPARATE	10/1/2005	\$589.84	3	NO
2	32320	DECORTICATION AND PARIETAL PLEUR	10/1/2005	\$1,025.03	3	NO
2	32400	BIOPSY, PLEURA; PERCUTANEOUS NEE	10/1/2005	\$103.28	3	NO
2	32402	BIOPSY PLEURA; OPEN	10/1/2005	\$355.52	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	32405	BIOPSY, LUNG OR MEDIASTINUM, PER	10/1/2005	\$70.43	3	NO
2	32420	PNEUMONOCENTESIS, PUNCTURE OF LU	10/1/2005	\$77.85	3	NO
2	32440	REMOVAL OF LUNG, TOTAL PNEUMONEC	10/1/2005	\$1,074.59	3	NO
2	32442	REMOVAL OF LUNG, TOTAL PNEUMONEC	10/1/2005	\$1,161.78	3	NO
2	32445	REMOVAL OF LUNG, TOTAL PNEUMONEC	10/1/2005	\$1,108.84	3	NO
2	32480	REMOVAL OF LUNG, OTHER THAN TOTA	10/1/2005	\$1,015.94	3	NO
2	32482	REMOVAL OF LUNG, OTHER THAN TOTA	10/1/2005	\$1,074.33	3	NO
2	32484	REMOVAL OF LUNG, OTHER THAN TOTA	10/1/2005	\$907.73	3	NO
2	32486	REMOVAL OF LUNG, OTHER THAN TOTA	10/1/2005	\$1,053.57	3	NO
2	32488	REMOVAL OF LUNG, OTHER THAN TOTA	10/1/2005	\$1,118.70	3	NO
2	32491	REMOVAL OF LUNG, OTHER THAN TOTA	1/1/1997	NC	9	NO
2	32500	REMOVAL OF LUNG, OTHER THAN TOTA	10/1/2005	\$972.09	3	NO
2	32501	RESECTION AND REPAIR OF PORTION	10/1/2005	\$178.28	3	NO
2	32503	RESECTION OF APICAL LUNG TUMOR,	1/1/2006	\$1,284.01	3	NO
2	32504	RESECTION OF APICAL LUNG TUMOR,	1/1/2006	\$1,468.51	3	NO
2	32520	RESECTION OF LUNG WITH RESECTION	1/1/2006	INVALID	N	NO
2	32522	RESECTION OF LUNG; WITH RECONSTR	1/1/2006	INVALID	N	NO
2	32525	RESECTION OF LUNG; WITH MAJOR RE	1/1/2006	INVALID	N	NO
2	32540	EXTRAPLEURAL ENUCLEATION OF EMPY	10/1/2005	\$682.23	3	NO
2	32601	THORACOSCOPY, DIAGNOSTIC (SEP PR	10/1/2005	\$222.65	3	NO
2	32602	THORACOSCOPY, DIAGNOSTIC (SEP PR	10/1/2005	\$241.59	3	NO
2	32603	THORACOSCOPY, DIAGNOSTIC (SEP PR	10/1/2005	\$309.84	3	NO
2	32604	THORACOSCOPY, DIAGNOSTIC (SEP PR	10/1/2005	\$349.03	3	NO
2	32605	THORACOSCOPY, DIAGNOSTIC (SEP PR	10/1/2005	\$280.00	3	NO
2	32606	THORACOSCOPY, DIAGNOSTIC (SEP PR	10/1/2005	\$335.27	3	NO
2	32650	THORACOSCOPY, SURGICAL; WITH PLE	10/1/2005	\$492.79	3	NO
2	32651	THORACOSCOPY, SURGICAL; WITH PAR	10/1/2005	\$569.34	3	NO
2	32652	THORACOSCOPY, SURGICAL; WITH TOT	10/1/2005	\$814.05	3	NO
2	32653	THORACOSCOPY, SURGICAL; WITH REM	10/1/2005	\$560.78	3	NO
2	32654	THORACOSCOPY, SURGICAL; WITH CON	10/1/2005	\$559.74	3	NO
2	32655	THORACOSCOPY, SURGICAL; WITH EXC	10/1/2005	\$574.53	3	NO
2	32656	THORACOSCOPY, SURGICAL; WITH PAR	10/1/2005	\$587.77	3	NO
2	32657	THORACOSCOPY, SURGICAL; WITH WED	10/1/2005	\$603.34	3	NO
2	32658	THORACOSCOPY, SURGICAL; WITH REM	10/1/2005	\$534.05	3	NO
2	32659	THORACOSCOPY, SURGICAL; WITH CRE	10/1/2005	\$535.35	3	NO
2	32660	THORACOSCOPY, SURGICAL; WITH TOT	10/1/2005	\$750.99	3	NO
2	32661	THORACOSCOPY, SURGICAL; WITH EXC	10/1/2005	\$592.70	3	NO
2	32662	THORACOSCOPY, SURGICAL; WITH EXC	10/1/2005	\$711.03	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	32663	THORACOSCOPY, SURGICAL; WITH LOB	10/1/2005	\$826.77	3	NO
2	32664	THORACOSCOPY, SURGICAL; WITH THO	10/1/2005	\$626.43	3	NO
2	32665	THORACOSCOPY, SURGICAL; WITH ESO	10/1/2005	\$668.99	3	NO
2	32800	REPAIR LUNG HERNIA THROUGH CHEST	10/1/2005	\$595.29	3	NO
2	32810	CLOSURE OF CHEST WALL FOLLOWING	10/1/2005	\$581.80	3	NO
2	32815	OPEN CLOSURE OF MAJOR BRONCHIAL	10/1/2005	\$968.45	3	NO
2	32820	MAJOR RECONSTRUCTION CHEST WALL	10/1/2005	\$937.31	3	NO
2	32850	DONOR PNEUMONECTOMY (INCL COLD P	2/1/1994	NC	9	NO
2	32851	LUNG TRANSPLANT, SINGLE; WITHOUT	10/1/2005	\$1,857.50	3	YES
2	32852	LUNG TRANSPLANT, SINGLE; WITH CA	10/1/2005	\$2,098.32	3	YES
2	32853	LUNG TRANSPLANT, DOUBLE (BILATER	10/1/2005	\$2,240.52	3	YES
2	32854	LUNG TRANSPLANT, DOUBLE (BILATER	10/1/2005	\$2,407.90	3	YES
2	32855	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
2	32856	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
2	32900	RESECTION OF RIBS EXTRAPLEURAL A	10/1/2005	\$856.61	3	NO
2	32905	THORACOPLASTY SCHEDE TYPE OR EXT	10/1/2005	\$879.19	3	NO
2	32906	THORACOPLASTY SCHEDE TYPE OR EXT	10/1/2005	\$1,105.73	3	NO
2	32940	PNEUMONOLYSIS EXTRAPERIOSTEAL IN	10/1/2005	\$820.54	3	NO
2	32960	PNEUMOTHORAX THERAPEUTIC INTRAPL	10/1/2005	\$96.79	3	NO
2	32997	TOTAL LUNG LAVAGE (UNILATERAL)	10/1/2005	\$219.02	3	NO
2	32999	UNLISTED PROCEDURE LUNGS AND PLE	2/1/1994	\$0.01	5	NO
2	33010	PERICARDIOCENTESIS INITIAL	10/1/2005	\$82.26	3	NO
2	33011	PERICARDIOCENTESIS; SUBSEQUENT	10/1/2005	\$83.56	3	NO
2	33015	TUBE PERICARDIOSTOMY	10/1/2005	\$321.26	3	NO
2	33020	PERICARDIOTOMY FOR REMOVAL OF CL	10/1/2005	\$547.80	3	NO
2	33025	CREATION OF PERICARDIAL WINDOW O	10/1/2005	\$522.63	3	NO
2	33030	PERICARDIECTOMY, SUBTOTAL OR COM	10/1/2005	\$802.63	3	NO
2	33031	PERICARDIECTOMY, SUBTOTAL OR COM	10/1/2005	\$905.40	3	NO
2	33050	EXCISION OF PERICARDIAL CYST OR	10/1/2005	\$629.55	3	NO
2	33120	EXCISION OF INTRACARDIAC TUMOR R	10/1/2005	\$1,029.44	3	NO
2	33130	RESECTION OF EXTERNAL CARDIAC TU	10/1/2005	\$891.12	3	NO
2	33140	TRANSMYOCARDIAL LASER REVASCULAR	10/1/2005	\$873.48	3	NO
2	33141	TRANSMYOCARDIAL LASER REVASCULAR	10/1/2005	\$184.25	3	NO
2	33200	INSERTION OF PERMANENT PACEMAKER	10/1/2005	\$544.17	3	NO
2	33201	INSERTION OF PERMANENT PACEMAKER	10/1/2005	\$469.18	3	NO
2	33206	INSERTION OR REPLACEMENT OF PERM	10/1/2005	\$302.06	3	NO
2	33207	INSERTION OF PERMANENT PACEMAKER	10/1/2005	\$345.14	3	NO
2	33208	INSERTION OR REPLACEMENT OF PERM	10/1/2005	\$349.81	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	33210	INSERTION OR REPLACEMENT OF TEMP	10/1/2005	\$123.00	3	NO
2	33211	INSERTION OR REPLACEMENT OF TEMP	10/1/2005	\$127.93	3	NO
2	33212	INSERTION OR REPLACEMENT OF PACE	10/1/2005	\$242.11	3	NO
2	33213	INSERTION OR REPLACEMENT OF PACE	10/1/2005	\$274.03	3	NO
2	33214	UPGRADE OF IMPLANTED PACEMAKER S	10/1/2005	\$342.80	3	NO
2	33215	REPOSITIONING OF PREVIOUSLY IMPL	10/1/2005	\$215.39	3	NO
2	33216	INSERTION OF A TRANSVENOUS ELECT	10/1/2005	\$269.10	3	NO
2	33217	INSERTION, REPLACEMENT OR REPOSI	10/1/2005	\$269.36	3	NO
2	33218	REPAIR OF PACEMAKER ELECTRODE(S)	10/1/2005	\$262.61	3	NO
2	33220	REPAIR OF PACEMAKER ELECTRODE(S)	10/1/2005	\$263.91	3	NO
2	33222	REVISION OR RELACATION OF SKIN P	10/1/2005	\$250.68	3	NO
2	33223	REVISION OR RELOCATION OF SKIN P	10/1/2005	\$298.17	3	NO
2	33224	INSERTION OF PACING ELECTRODE, C	10/1/2005	\$353.18	3	NO
2	33225	INSERTION OF PACING ELECTRODE, C	10/1/2005	\$312.96	3	NO
2	33226	REPOSITIONING OF PREVIOUSLY IMPL	10/1/2005	\$340.20	3	NO
2	33233	REMOVAL OF PERMANENT PACEMAKER P	10/1/2005	\$176.20	3	NO
2	33234	REMOVAL OF TRANSVENOUS PACEMAKER	10/1/2005	\$345.14	3	NO
2	33235	REMOVAL OF TRANSVENOUS PACEMAKER	10/1/2005	\$439.85	3	NO
2	33236	REMOVAL OF PERMANENT EPICARDIAL	10/1/2005	\$562.34	3	NO
2	33237	REMOVAL OF PERMANENT EPICARDIAL	10/1/2005	\$597.63	3	NO
2	33238	REMOVAL OF PERMANENT TRANSVENOUS	10/1/2005	\$657.83	3	NO
2	33240	INSERTION OR REPLACEMENT OF IMPL	10/1/2005	\$328.27	3	NO
2	33241	REMOVAL OF IMPLANTABLE CARDIOVER	10/1/2005	\$166.34	3	NO
2	33243	REMOVAL OF IMPLANTABLE CARDIOVER	10/1/2005	\$938.61	3	NO
2	33244	REMOVAL OF IMPLANTABLE CARDIOVER	10/1/2005	\$613.20	3	NO
2	33245	IMPLANTATION OR REPLACEMENT OF I	10/1/2005	\$626.95	3	NO
2	33246	IMPLANT/REPLACE. OF IMPLANT. CAR	10/1/2005	\$870.62	3	NO
2	33249	INSERTION OR REPLACEMENT OF IMPL	10/1/2005	\$607.23	3	NO
2	33250	OPER ABLATION OF SUPRAVENTRICULA	10/1/2005	\$931.61	3	NO
2	33251	OPER ABLATION OF SUPRAVENTRICULA	10/1/2005	\$1,037.74	3	NO
2	33253	OPERATIVE INCISIONS AND RECONSTR	10/1/2005	\$1,278.82	3	NO
2	33261	OPERATIVE ABLATION OF VENTRICULA	10/1/2005	\$1,037.74	3	NO
2	33282	IMPLANTATION OF PATIENT-ACTIVATE	10/1/2005	\$218.76	3	NO
2	33284	REMOVAL OF AN IMPLANTABLE, PATIE	10/1/2005	\$160.37	3	NO
2	33300	REPAIR OF CARDIAC WOUND WITHOUT	10/1/2005	\$770.20	3	NO
2	33305	REPAIR OF CARDIAC WOUND; WITH CA	10/1/2005	\$910.59	3	NO
2	33310	CARDIOTOMY EXPLORATORY (INCLUDES	10/1/2005	\$794.59	3	NO
2	33315	CARDIOTOMY EXPLORATORY (INCLUDES	10/1/2005	\$945.88	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	33320	SUTURE REPAIR OF AORTA OR GREAT	10/1/2005	\$700.91	3	NO
2	33321	SUTURE REPAIR OF AORTA OR GREAT	10/1/2005	\$851.68	3	NO
2	33322	SUTURE REPAIR OF AORTA OR GREAT	10/1/2005	\$875.81	3	NO
2	33330	INSERTION OF GRAFT, AORTA OR GRE	10/1/2005	\$892.42	3	NO
2	33332	INSERTION OF GRAFT, AORTA OR GRE	10/1/2005	\$971.05	3	NO
2	33335	INSERTION OF GRAFT; WITH CARDIOP	10/1/2005	\$1,232.11	3	NO
2	33400	VALVULOPLASTY, AORTIC VALVE, OPE	10/1/2005	\$1,249.75	3	NO
2	33401	VALVULOPLASTY, AORTIC VALVE; OPE	10/1/2005	\$1,061.36	3	NO
2	33403	VALVULOPLASTY, AORTIC VALVE; USI	10/1/2005	\$1,107.03	3	NO
2	33404	CONSTRUCTION OF APICAL-AORTIC CO	10/1/2005	\$1,228.21	3	NO
2	33405	REPLACEMENT, AORTIC VALVE, WITH	10/1/2005	\$1,513.66	3	NO
2	33406	REPLACEMENT, AORTIC VALVE, WITH	10/1/2005	\$1,607.34	3	NO
2	33410	REPLACEMENT, AORTIC VALVE, W/CAR	10/1/2005	\$1,390.92	3	NO
2	33411	REPLACEMENT AORTIC VALVE WITH AO	10/1/2005	\$1,562.97	3	NO
2	33412	REPLACEMENT AORTIC VALVE WITH TR	10/1/2005	\$1,780.95	3	NO
2	33413	REPLACEMENT, AORTIC VALVE; BY TR	10/1/2005	\$1,834.67	3	NO
2	33414	REPAIR OF LEFT VENTRICULAR OUTFL	10/1/2005	\$1,268.44	3	NO
2	33415	RESECTION OR INCISION OF SUBVALV	10/1/2005	\$1,114.03	3	NO
2	33416	VENTRICULOMYOTOMY (-MYECTOMY) FO	10/1/2005	\$1,252.35	3	NO
2	33417	AORTOPLASTY (GUSSET) FOR SUPRAVA	10/1/2005	\$1,197.59	3	NO
2	33420	VALVOTOMY MITRAL VALVE; CLOSED H	10/1/2005	\$883.60	3	NO
2	33422	VALVOTOMY MITRAL VALVE; OPEN HEA	10/1/2005	\$1,123.89	3	NO
2	33425	VALVULOPLASTY, MITRAL VALVE, WIT	10/1/2005	\$1,139.72	3	NO
2	33426	VALVULOPLASTY, MITRAL VALVE, WIT	10/1/2005	\$1,423.36	3	NO
2	33427	VALVULOPLASTY, MITRAL VALVE, WIT	10/1/2005	\$1,689.86	3	NO
2	33430	REPLACEMENT, MITRAL VALVE, WITH	10/1/2005	\$1,442.56	3	NO
2	33460	VALVECTOMY, TRICUSPID VALVE, WIT	10/1/2005	\$992.59	3	NO
2	33463	VALVULOPLASTY, TRICUSPID VALVE;	10/1/2005	\$1,095.09	3	NO
2	33464	VALVULOPLASTY, TRICUSPID VALVE;	10/1/2005	\$1,161.78	3	NO
2	33465	REPLACEMENT, TRICUSPID VALVE, WI	10/1/2005	\$1,190.85	3	NO
2	33468	TRICUSPID VALVE REPOSITIONING AN	10/1/2005	\$1,239.11	3	NO
2	33470	VALVOTOMY, PULMONARY VALVE, CLOS	10/1/2005	\$843.38	3	NO
2	33471	VALVOTOMY, PULMONARY VALVE, CLOS	10/1/2005	\$916.55	3	NO
2	33472	VALVOTOMY, PULMONARY VALVE, OPEN	10/1/2005	\$975.72	3	NO
2	33474	VALVOTOMY PULMONARY VALVE (COMMI	10/1/2005	\$961.97	3	NO
2	33475	REPLACEMENT, PULMONARY VALVE	10/1/2005	\$1,377.43	3	NO
2	33476	RIGHT VENTRICULAR RESECTION FOR	10/1/2005	\$1,040.08	3	NO
2	33478	OUTFLOW TRACT AUGMENTATION (GUSS	10/1/2005	\$1,131.42	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	33496	REPAIR OF NON-STRUCTURAL PROSTHE	10/1/2005	\$1,140.76	3	NO
2	33500	REPAIR OF CORONARY ARTERIOVENOUS	10/1/2005	\$1,054.35	3	NO
2	33501	REPAIR OF CORONARY ARTERIOVENOUS	10/1/2005	\$723.23	3	NO
2	33502	REPAIR OF ANOMALOUS CORONARY ART	10/1/2005	\$909.29	3	NO
2	33503	ANOMALOUS CORONARY ARTERY; GRAFT	10/1/2005	\$865.17	3	NO
2	33504	ANOMALOUS CORONARY ARTERY; GRAFT	10/1/2005	\$1,031.51	3	NO
2	33505	REPAIR OF ANOMALOUS CORONARY ART	10/1/2005	\$1,086.53	3	NO
2	33506	REPAIR OF ANOMALOUS CORONARY ART	10/1/2005	\$1,417.65	3	NO
2	33507	REPAIR OF ANOMALOUS AORTIC ORIGI	1/1/2006	\$1,238.59	3	NO
2	33508	ENDOSCOPY, SURGICAL, INCLUDING V	10/1/2005	\$11.68	3	NO
2	33510	CORONARY ARTERY BYPASS, VEIN ONL	10/1/2005	\$1,284.01	3	NO
2	33511	CORONARY ARTERY BYPASS, VEIN ONL	10/1/2005	\$1,333.57	3	NO
2	33512	CORONARY ARTERY BYPASS, VEIN ONL	10/1/2005	\$1,399.74	3	NO
2	33513	CORONARY ARTERY BYPASS, VEIN ONL	10/1/2005	\$1,410.64	3	NO
2	33514	CORONARY ARTERY BYPASS, VEIN ONL	10/1/2005	\$1,438.41	3	NO
2	33516	CORONARY ARTERY BYPASS, VEIN ONL	10/1/2005	\$1,525.08	3	NO
2	33517	CORONARY ARTERY BYPASS, USING VE	10/1/2005	\$98.09	3	NO
2	33518	CORONARY ARTERY BYPASS, USING VE	10/1/2005	\$184.76	3	NO
2	33519	CORONARY ARTERY BYPASS, USING VE	10/1/2005	\$271.44	3	NO
2	33521	CORONARY ARTERY BYPASS, USING VE	10/1/2005	\$358.37	3	NO
2	33522	CORONARY ARTERY BYPASS, USING VE	10/1/2005	\$445.04	3	NO
2	33523	CORONARY ARTERY BYPASS, USING VE	10/1/2005	\$532.49	3	NO
2	33530	REOPERATION, CORONARY ARTERY BYP	10/1/2005	\$223.43	3	NO
2	33533	CORONARY ARTERY BYPASS, USING AR	10/1/2005	\$1,316.96	3	NO
2	33534	CORONARY ARTERY BYPASS, USING AR	10/1/2005	\$1,411.42	3	NO
2	33535	CORONARY ARTERY BYPASS, USING AR	10/1/2005	\$1,492.64	3	NO
2	33536	CORONARY ARTERY BYPASS, USING AR	10/1/2005	\$1,582.95	3	NO
2	33542	MYOCARDIAL RESECTION (EG VENTRIC	10/1/2005	\$1,193.18	3	NO
2	33545	REPAIR OF POSTINFARCTION VENTRIC	10/1/2005	\$1,491.35	3	NO
2	33548	SURGICAL VENTRICULAR RESTORATION	1/1/2006	\$1,630.44	3	NO
2	33572	CORONARY ENDARTERECTOMY, OPEN, A	10/1/2005	\$169.45	3	NO
2	33600	CLOSURE OF ATRIOVENTRICULAR VALV	10/1/2005	\$1,203.04	3	NO
2	33602	CLOSURE OF SEMILUNAR VALVE (AORT	10/1/2005	\$1,160.48	3	NO
2	33606	ANASTOMOSIS OF PULMONARY ARTERY	10/1/2005	\$1,264.54	3	NO
2	33608	REPAIR OF COMPLEX CARDIAC ANOMAL	10/1/2005	\$1,293.09	3	NO
2	33610	REPAIR OF COMPLEX CARDIAC ANOMAL	10/1/2005	\$1,263.25	3	NO
2	33611	REPAIR OF DOUBLE OUTLET RIGHT VE	10/1/2005	\$1,360.04	3	NO
2	33612	REPAIR OF DOUBLE OUTLET RIGHT VE	10/1/2005	\$1,435.81	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	33615	REPAIR OF COMPLEX CARDIAC ANOMAL	10/1/2005	\$1,332.53	3	NO
2	33617	REPAIR OF COMPLEX CARDIAC ANOMAL	10/1/2005	\$1,518.59	3	NO
2	33619	REPAIR OF SINGLE VENTRICLE WITH	10/1/2005	\$1,871.51	3	NO
2	33641	REPAIR ATRIAL SEPTAL DEFECT, SEC	10/1/2005	\$883.08	3	NO
2	33645	DIRECT OR PATCH CLOSURE SINUS VE	10/1/2005	\$1,042.67	3	NO
2	33647	REPAIR OF ATRIAL SEPTAL DEFECT A	10/1/2005	\$1,185.40	3	NO
2	33660	REPAIR OF INCOMPLETE OR PARTIAL	10/1/2005	\$1,242.75	3	NO
2	33665	REPAIR OF INTERMEDIATE OR TRANSI	10/1/2005	\$1,202.78	3	NO
2	33670	REPAIR OF COMPLETE ATRIOVENTRICU	10/1/2005	\$1,368.34	3	NO
2	33681	CLOSURE OF VENTRICULAR SEPTAL DE	10/1/2005	\$1,287.90	3	NO
2	33684	CLOSURE VENTRICULAR SEPTAL DEFEC	10/1/2005	\$1,211.61	3	NO
2	33688	CLOSURE VENTRICULAR SEPTAL DEFEC	10/1/2005	\$1,186.69	3	NO
2	33690	BANDING OF PULMONARY ARTERY	10/1/2005	\$820.54	3	NO
2	33692	COMPLETE REPAIR TETRALOGY OF FAL	10/1/2005	\$1,275.96	3	NO
2	33694	COMPLETE REPAIR TETRALOGY OF FAL	10/1/2005	\$1,385.21	3	NO
2	33697	COMPLETE REPAIR TETRALOGY OF FAL	10/1/2005	\$1,423.88	3	NO
2	33702	REPAIR SINUS OF VALSALVA FISTULA	10/1/2005	\$1,108.07	3	NO
2	33710	REPAIR SINUS OF VALSALVA FISTULA	10/1/2005	\$1,245.86	3	NO
2	33720	REPAIR SINUS OF VALSALVA ANEURYS	10/1/2005	\$1,104.43	3	NO
2	33722	CLOSURE OF AORTICO-LEFT VENTRICU	10/1/2005	\$1,129.34	3	NO
2	33730	COMPLETE REPAIR OF ANOMALOUS VEN	10/1/2005	\$1,382.62	3	NO
2	33732	REPAIR OF COR TRIATIATUM OR SUP	10/1/2005	\$1,171.38	3	NO
2	33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	10/1/2005	\$835.59	3	NO
2	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	10/1/2005	\$995.96	3	NO
2	33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	10/1/2005	\$930.83	3	NO
2	33750	SHUNT SUBCLAVIAN TO PULMONARY AR	10/1/2005	\$849.86	3	NO
2	33755	SHUNT; ASCENDING AORTA TO PULMON	10/1/2005	\$876.59	3	NO
2	33762	SHUNT; DESCENDING AORTA TO PULMO	10/1/2005	\$908.51	3	NO
2	33764	SHUNT CENTRAL WITH PROSTHETIC GR	10/1/2005	\$906.95	3	NO
2	33766	SHUNT; SUPERIOR VENA CAVA TO PUL	10/1/2005	\$987.92	3	NO
2	33767	SHUNT; SUPERIOR VENA CAVA TO PUL	10/1/2005	\$1,037.22	3	NO
2	33768	ANASTOMOSIS, CAVOPULMONARY, SECO	1/1/2006	\$307.77	3	NO
2	33770	REPAIR OF TRANSPOSITION OF THE G	10/1/2005	\$1,486.68	3	NO
2	33771	REPAIR OF TRANSPOSITION OF THE G	10/1/2005	\$1,365.23	3	NO
2	33774	REPAIR OF TRANSPOSITION OF THE G	10/1/2005	\$1,306.32	3	NO
2	33775	REP OF TRANSPOSITION OF THE GREA	10/1/2005	\$1,351.48	3	NO
2	33776	REP OF TRANSPOSITION OF THE GREA	10/1/2005	\$1,422.32	3	NO
2	33777	REP OF TRANSPOSITION OF THE GREA	10/1/2005	\$1,413.24	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	33778	REPAIR OF TRANSPOSITION OF THE G	10/1/2005	\$1,633.81	3	NO
2	33779	REP OF TRANSPOSITION OF THE GREA	10/1/2005	\$1,412.20	3	NO
2	33780	REP OF TRANSPOSITION OF THE GREA	10/1/2005	\$1,671.44	3	NO
2	33781	REP OF TRANSPOSITION OF THE GREA	10/1/2005	\$1,444.12	3	NO
2	33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	10/1/2005	\$1,590.99	3	NO
2	33788	REIMPLANTATION OF AN ANOMALOUS P	10/1/2005	\$1,103.65	3	NO
2	33800	AORTIC SUSPENSION FOR TRACHEAL D	10/1/2005	\$694.42	3	NO
2	33802	DIVISION OF ABERRANT VESSEL (VAS	10/1/2005	\$754.89	3	NO
2	33803	DIVISION OF ABERRANT VESSEL (VAS	10/1/2005	\$843.38	3	NO
2	33813	OBLITERATION OF AORTOPULMONARY S	10/1/2005	\$898.39	3	NO
2	33814	OBLITERATION OF AORTOPULMONARY S	10/1/2005	\$1,094.31	3	NO
2	33820	REPAIR OF PATENT DUCTUS ARTERIOS	10/1/2005	\$700.91	3	NO
2	33822	PATENT DUCTUS ARTERIOSUS; DIVISI	10/1/2005	\$749.96	3	NO
2	33824	PATENT DUCTUS ARTERIOSUS; DIVISI	10/1/2005	\$838.96	3	NO
2	33840	EXCISION OF COARCTATION OF AORTA	10/1/2005	\$857.13	3	NO
2	33845	EXCISION OF COARCTATION OF AORTA	10/1/2005	\$950.29	3	NO
2	33851	EXCIS OF COARCTATION OF AORTA,W/	10/1/2005	\$909.81	3	NO
2	33852	REPAIR OF HYPOPLASTIC OR INTERRU	10/1/2005	\$964.30	3	NO
2	33853	REPAIR OF HYPOPLASTIC OR INTERRU	10/1/2005	\$1,321.11	3	NO
2	33860	ASCENDING AORTA GRAFT, W/CARDIOP	10/1/2005	\$1,554.92	3	NO
2	33861	ASCENDING AORTA GRAFT, WITH CORO	10/1/2005	\$1,705.43	3	NO
2	33863	ASCENDING AORTA GRAFT, WITH AORT	10/1/2005	\$1,818.84	3	NO
2	33870	TRANSVERSE ARCH GRAFT, WITH CARD	10/1/2005	\$1,779.91	3	NO
2	33875	DESCENDING THORACIC AORTA GRAFT	10/1/2005	\$1,344.99	3	NO
2	33877	REPAIR OF THORACOABDOMINAL AORTI	10/1/2005	\$1,676.89	3	NO
2	33880	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	\$1,278.04	3	NO
2	33881	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	\$1,097.94	3	NO
2	33883	PLACEMENT OF PROXIMAL EXTENSION	1/1/2006	\$812.49	3	NO
2	33884	PLACEMENT OF PROXIMAL EXTENSION	1/1/2006	\$302.06	3	NO
2	33886	PLACEMENT OF DISTAL EXTENSION PR	1/1/2006	\$701.69	3	NO
2	33889	OPEN SUBCLAVIAN TO CAROTID ARTER	1/1/2006	\$604.12	3	NO
2	33891	BYPASS GRAFT, W/OTHER THAN VEIN,	1/1/2006	\$770.72	3	NO
2	33910	PULMONARY ARTERY EMBOLECTOMY; WI	10/1/2005	\$1,027.62	3	NO
2	33915	PULMONARY ARTERY EMBOLECTOMY; WI	10/1/2005	\$837.67	3	NO
2	33916	PULMONARY ENDARTERECTOMY WITH OR	10/1/2005	\$1,057.98	3	NO
2	33917	REPAIR OF PULMONARY ARTERY STENO	10/1/2005	\$1,045.79	3	NO
2	33918	REPAIR OF PULMONARY ATRESIA WITH	1/1/2006	INVALID	N	NO
2	33919	REPAIR OF PULMONARY ATRESIA WITH	1/1/2006	INVALID	N	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	33920	REPAIR OF PULMONARY ATRESIA WITH	10/1/2005	\$1,299.32	3	NO
2	33922	TRANSECTION OF PULMONARY ARTERY	10/1/2005	\$971.57	3	NO
2	33924	LIGATION AND TAKEDOWN OF A SYSTE	10/1/2005	\$211.49	3	NO
2	33925	REPAIR OF PULMONARY ARTERY ARBOR	1/1/2006	\$1,266.36	3	NO
2	33926	REPAIR OF PULMONARY ARTERY ARBOR	1/1/2006	\$1,710.88	3	NO
2	33930	DONOR CARDIECTOMY-PNEUMONECTOMY	8/1/1986	NC	9	NO
2	33933	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
2	33935	HEART LUNG TRANSPLANT WITH RECIP	10/1/2005	\$2,558.41	3	YES
2	33940	DONOR CARDIECTOMY (INCLUDING COL	7/17/1987	NC	9	NO
2	33944	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
2	33945	HEART TRANSPLANT WITH OR WITHOUT	10/1/2005	\$1,803.78	3	YES
2	33960	PROLONGED EXTRACORPOREAL CIRCULA	10/1/2005	\$696.50	3	NO
2	33961	PROLONGED EXTRACORPOREAL CIRCULA	10/1/2005	\$400.15	3	NO
2	33967	INSERTION OF INTRA-AORTIC BALLOO	10/1/2005	\$182.43	3	NO
2	33968	REMOVAL OF INTRA-AORTIC BALLOON	10/1/2005	\$24.39	3	NO
2	33970	INSERTION OF INTRA-AORTIC BALLOO	10/1/2005	\$255.35	3	NO
2	33971	REMOVAL OF INTRA-AORTIC BALLOON	10/1/2005	\$438.30	3	NO
2	33973	INSERTION OF INTRA-AORTIC BALLOO	10/1/2005	\$370.57	3	NO
2	33974	REMOVAL OF INTRA-AORTIC BALLOON	10/1/2005	\$621.50	3	NO
2	33975	INSERTION OF VENTRICULAR ASSIST	10/1/2005	\$784.73	3	NO
2	33976	INSERTION OF VENTRICULAR ASSIST	10/1/2005	\$875.03	3	NO
2	33977	REMOVAL OF VENTRICULAR ASSIST DE	10/1/2005	\$858.95	3	NO
2	33978	REMOVAL OF VENTRICULAR ASSIST DE	10/1/2005	\$951.07	3	NO
2	33979	INSERTION OF VENTRICULAR ASSIST	10/1/2005	\$1,755.52	3	YES
2	33980	REMOVAL OF VENTRICULAR ASSIST DE	10/1/2005	\$2,329.27	3	NO
2	33999	UNLISTED PROCEDURE CARDIAC SURGE	4/1/1982	\$0.01	5	NO
2	34001	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$554.55	3	NO
2	34051	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$652.64	3	NO
2	34101	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$433.88	3	NO
2	34111	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$433.11	3	NO
2	34151	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$1,007.64	3	NO
2	34201	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$437.00	3	NO
2	34203	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$696.76	3	NO
2	34401	THROMBECTOMY DIRECT OR WITH CATH	10/1/2005	\$1,000.63	3	NO
2	34421	THROMBECTOMY DIRECT OR WITH CATH	10/1/2005	\$514.07	3	NO
2	34451	THROMBECTOMY DIRECT OR WITH CATH	10/1/2005	\$1,092.50	3	NO
2	34471	THROMBECTOMY DIRECT OR WITH CATH	10/1/2005	\$430.77	3	NO
2	34490	THROMBECTOY DIRECT OR WITH CATHE	10/1/2005	\$430.77	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	34501	VALVULOPLASTY FEMORAL VEIN	10/1/2005	\$691.83	3	NO
2	34502	RECONSTRUCTION OF VENA CAVA, ANY	10/1/2005	\$1,109.88	3	NO
2	34510	VENOUS VALVE TRANSPOSITION ANY V	10/1/2005	\$794.07	3	NO
2	34520	CROSS-OVER VEIN GRAFT TO VENOUS	10/1/2005	\$740.87	3	NO
2	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSI	10/1/2005	\$699.09	3	NO
2	34800	ENDOVASCULAR REPAIR OF INTRARENA	10/1/2005	\$835.07	3	NO
2	34802	ENDOVASCULAR REPAIR OF INTRARENA	10/1/2005	\$908.25	3	NO
2	34803	ENDOVASCULAR REPAIR OF INFRARENA	10/1/2005	\$939.39	3	NO
2	34804	ENDOVASCULAR REPAIR OF INTRARENA	10/1/2005	\$908.25	3	NO
2	34805	ENDOVASCULAR REPAIR OF INFRARENA	10/1/2005	\$868.81	3	NO
2	34808	ENDOVASCULAR PLACEMENT OF ILIAC	10/1/2005	\$156.22	3	NO
2	34812	OPEN FEMORAL ARTERY EXPOSURE FOR	10/1/2005	\$262.61	3	NO
2	34813	PLACEMENT OF FEMORAL-FEMORAL PRO	10/1/2005	\$181.65	3	NO
2	34820	OPEN ILIAC ARTERY EXPOSURE FOR D	10/1/2005	\$373.16	3	NO
2	34825	PLACEMENT OF PROXIMAL OR DISTAL	10/1/2005	\$502.91	3	NO
2	34826	PLACEMENT OF PROXIMAL OR DISTAL	10/1/2005	\$153.62	3	NO
2	34830	OPEN REPAIR OF INFRARENAL AORTIC	10/1/2005	\$1,316.96	3	NO
2	34831	OPEN REPAIR OF INFRARENAL AORTIC	10/1/2005	\$1,339.28	3	NO
2	34832	OPEN REPAIR OF INFRARENAL AORTIC	10/1/2005	\$1,416.87	3	NO
2	34833	OPEN ILIAC ARTERY EXPOSURE W/CRE	10/1/2005	\$468.14	3	NO
2	34834	OPEN BRACHIAL ARTERY EXPOSURE TO	10/1/2005	\$214.87	3	NO
2	34900	ENDOVASCULAR GRAFT REPLACEMENT F	10/1/2005	\$670.55	3	NO
2	35001	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$827.55	3	NO
2	35002	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$873.48	3	NO
2	35005	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$744.25	3	NO
2	35011	DIRECT REPAIR OF ANEURYSM, FALSE	10/1/2005	\$737.76	3	NO
2	35013	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$899.95	3	NO
2	35021	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$824.95	3	NO
2	35022	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$937.57	3	NO
2	35045	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$712.33	3	NO
2	35081	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$1,124.67	3	NO
2	35082	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$1,532.35	3	NO
2	35091	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$1,400.00	3	NO
2	35092	DIR. REPAIR OF ANEURYSM/EXCISION	10/1/2005	\$1,784.84	3	NO
2	35102	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$1,231.33	3	NO
2	35103	DIR. REPAIR OF ANEURYSM/EXCISION	10/1/2005	\$1,608.12	3	NO
2	35111	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$1,006.34	3	NO
2	35112	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$1,192.66	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	35121	DIRECT REPAIR OF ANEURYSM, PSEU	10/1/2005	\$1,207.45	3	NO
2	35122	DIRECT REPAIR OF ANEURYSM/EXCISI	10/1/2005	\$1,386.77	3	NO
2	35131	DIRECT REPAIR OF ANEURYSM, PSEU	10/1/2005	\$1,022.43	3	NO
2	35132	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$1,209.27	3	NO
2	35141	DIRECT REPAIR OF ANEURYSM, PSEU	10/1/2005	\$822.62	3	NO
2	35142	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$957.81	3	NO
2	35151	DIRECT REPAIR OF ANEURYSM, PSEU	10/1/2005	\$928.23	3	NO
2	35152	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$1,050.98	3	NO
2	35161	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2005	INVALID	N	NO
2	35162	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2005	INVALID	N	NO
2	35180	REPAIR CONGENITAL ARTERIOVENOUS	10/1/2005	\$558.96	3	NO
2	35182	REPAIR CONGENITAL ARTERIOVENOUS	10/1/2005	\$1,221.21	3	NO
2	35184	REPAIR CONGENITAL ARTERIOVENOUS	10/1/2005	\$746.06	3	NO
2	35188	REPAIR ACQUIRED OR TRAUMATIC ART	10/1/2005	\$623.32	3	NO
2	35189	REPAIR ACQUIRED OR TRAUMATIC ART	10/1/2005	\$1,137.39	3	NO
2	35190	REPAIR ACQUIRED OR TRAUMATIC ART	10/1/2005	\$543.91	3	NO
2	35201	REPAIR BLOOD VESSEL DIRECT NECK	10/1/2005	\$684.30	3	NO
2	35206	REPAIR BLOOD VESSELS OR A-V FIST	10/1/2005	\$561.04	3	NO
2	35207	REPAIR BLOOD VESSELS OR A-V FIST	10/1/2005	\$490.97	3	NO
2	35211	REPAIR BLOOD VESSELS OR A-V FIST	10/1/2005	\$930.31	3	NO
2	35216	REPAIR BLOOD VESSELS OR A-V FIST	10/1/2005	\$786.29	3	NO
2	35221	REPAIR BLOOD VESSELS OR A-V FIST	10/1/2005	\$974.42	3	NO
2	35226	REPAIR BLOOD VESSELS OR A-V FIST	10/1/2005	\$619.95	3	NO
2	35231	REPAIR BLOOD VESSEL WITH VEIN GR	10/1/2005	\$843.63	3	NO
2	35236	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$709.99	3	NO
2	35241	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$977.54	3	NO
2	35246	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$1,077.44	3	NO
2	35251	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$1,193.44	3	NO
2	35256	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$759.56	3	NO
2	35261	REPAIR BLOOD VESSEL WITH GRAFT O	10/1/2005	\$734.90	3	NO
2	35266	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$621.24	3	NO
2	35271	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$926.93	3	NO
2	35276	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$1,006.08	3	NO
2	35281	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$1,130.12	3	NO
2	35286	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$687.42	3	NO
2	35301	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$772.79	3	NO
2	35311	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$1,091.98	3	NO
2	35321	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$663.80	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	35331	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$1,066.80	3	NO
2	35341	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$1,028.66	3	NO
2	35351	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$930.57	3	NO
2	35355	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$757.22	3	NO
2	35361	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$1,137.13	3	NO
2	35363	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$1,219.65	3	NO
2	35371	THROMBOENDARTERECTOMY, WITH OR W	10/1/2005	\$615.79	3	NO
2	35372	THROMBOENDARTERECTOMY, WITH OR W	10/1/2005	\$742.17	3	NO
2	35381	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$668.99	3	NO
2	35390	REOPERATION, CAROTID, THROMBOEND	10/1/2005	\$121.97	3	NO
2	35400	ANGIOSCOPY (NON-CORONARY VESSELS	10/1/2005	\$117.55	3	NO
2	35450	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$385.36	3	NO
2	35452	TRANSLUMINAL ANGIOPLASTY, INTRAO	10/1/2005	\$269.88	3	NO
2	35454	TRANSLUMINAL ANGIOPLASTY, INTRAO	10/1/2005	\$238.22	3	NO
2	35456	TRANSLUMINAL ANGIOPLASTY, INTRAO	10/1/2005	\$288.30	3	NO
2	35458	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$367.97	3	NO
2	35459	TRANSLUMINAL ANGIOPLASTY, OPEN;	10/1/2005	\$336.31	3	NO
2	35460	TRANSLUMINAL ANGIOPLASTY, OPEN;	10/1/2005	\$236.66	3	NO
2	35470	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$329.31	3	NO
2	35471	TRANSLUMINAL ANGIOPLASTY, PERCUT	10/1/2005	\$381.72	3	NO
2	35472	TRANSLUMINAL ANGIOPLASTY, PERCUT	10/1/2005	\$265.73	3	NO
2	35473	TRANSLUMINAL ANGIOPLASTY, PERCUT	10/1/2005	\$232.77	3	NO
2	35474	TRANSLUMINAL ANGIOPLASTY, PERCUT	10/1/2005	\$281.04	3	NO
2	35475	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$355.26	3	NO
2	35476	TRANSLUMINAL ANGIOPLASTY, PERCUT	10/1/2005	\$227.58	3	NO
2	35480	TRANSLUMINAL PERIPHERAL ATHERECT	10/1/2005	\$425.06	3	NO
2	35481	TRANSLUMINAL PERIPHERAL ATHERECT	10/1/2005	\$300.24	3	NO
2	35482	TRANSLUMINAL PERIPHERAL ATHERECT	10/1/2005	\$261.84	3	NO
2	35483	TRANSLUMINAL PERIPHERAL ATHERECT	10/1/2005	\$317.11	3	NO
2	35484	TRANSLUMINAL PERIPHERAL ATHERECT	10/1/2005	\$401.45	3	NO
2	35485	TRANSLUMINAL PERIPHERAL ATHERECT	10/1/2005	\$371.60	3	NO
2	35490	TRANSLUMINAL PERIPHERAL ATHERECT	10/1/2005	\$428.69	3	NO
2	35491	TRANSLUMINAL PERIPHERAL ATHERECT	10/1/2005	\$301.80	3	NO
2	35492	TRANSLUMINAL PERIPHERAL ATHERECT	10/1/2005	\$267.54	3	NO
2	35493	TRANSLUMINAL PERIPHERAL ATHERECT	10/1/2005	\$323.60	3	NO
2	35494	TRANSLUMINAL PERIPHERAL ATHERECT	10/1/2005	\$404.82	3	NO
2	35495	TRANSLUMINAL PERIPHERAL ATHERECT	10/1/2005	\$378.35	3	NO
2	35500	HARVEST OF UPPER EXTREMITY VEIN,	10/1/2005	\$242.89	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	35501	BYPASS GRAFT VEIN CAROTID	10/1/2005	\$787.06	3	NO
2	35506	BYPASS GRAFT VEIN; CAROTID-SUBCL	10/1/2005	\$827.29	3	NO
2	35507	BYPASS GRAFT VEIN; SUBCLAVIAN-CA	10/1/2005	\$827.55	3	NO
2	35508	BYPASS GRAFT WITH VEIN CAROTID-V	10/1/2005	\$801.60	3	NO
2	35509	BYPASS GRAFT VEIN; CAROTID-CAROT	10/1/2005	\$763.19	3	NO
2	35510	BYPASS GRAFT, WITH VEIN; CAROTID	10/1/2005	\$914.48	3	NO
2	35511	BYPASS GRAFT VEIN; SUBCLAVIAN-SU	10/1/2005	\$864.65	3	NO
2	35512	BYPASS GRAFT, WITH VEIN; SUBCLAV	10/1/2005	\$897.09	3	NO
2	35515	BYPASS GRAFT WITH VEIN SUBCLAVIA	10/1/2005	\$795.11	3	NO
2	35516	BYPASS GRAFT VEIN; SUBCLAVIAN-AX	10/1/2005	\$659.65	3	NO
2	35518	BYPASS GRAFT WITH VEIN AXILLARY-	10/1/2005	\$858.69	3	NO
2	35521	BYPASS GRAFT VEIN; AXILLARY-FEMO	10/1/2005	\$909.03	3	NO
2	35522	BYPASS GRAFT, WITH VEIN; AXILLAR	10/1/2005	\$871.40	3	NO
2	35525	BYPASS GRAFT, WITH VEIN; BRACHIA	10/1/2005	\$832.22	3	NO
2	35526	BYPASS GRAFT VEIN; AORTOSUBCLAVI	10/1/2005	\$1,193.70	3	NO
2	35531	BYPASS GRAFT WITH VEIN AORTOCELI	10/1/2005	\$1,443.86	3	NO
2	35533	BYPASS GRAFT WITH VEIN AXILLARY-	10/1/2005	\$1,125.71	3	NO
2	35536	BYPASS GRAFT VEIN; SPLENORENAL	10/1/2005	\$1,272.59	3	NO
2	35541	BYPASS GRAFT, WITH VEIN; AORTOIL	10/1/2005	\$1,052.79	3	NO
2	35546	BYPASS GRAFT WITH VEIN AORTOFEMO	10/1/2005	\$1,037.22	3	NO
2	35548	BYPASS GRAFT VEIN; AORTOILIOFEMO	10/1/2005	\$879.71	3	NO
2	35549	BYPASS GRAFT VEIN; AORTOILIOFEMO	10/1/2005	\$958.59	3	NO
2	35551	BYPASS GRAFT VEIN; AORTOFEMORAL-	10/1/2005	\$1,081.08	3	NO
2	35556	BYPASS GRAFT VEIN; FEMORAL-POPLI	10/1/2005	\$895.02	3	NO
2	35558	BYPASS GRAFT VEIN; FEMORAL-FEMOR	10/1/2005	\$872.70	3	NO
2	35560	BYPASS GRAFT WITH VEIN AORTORENA	10/1/2005	\$1,295.42	3	NO
2	35563	BYPASS GRAFT VEIN; ILIOLIAC	10/1/2005	\$988.18	3	NO
2	35565	BYPASS GRAFT VEIN; ILIOFEMORAL	10/1/2005	\$948.21	3	NO
2	35566	BYPASS GRAFT, W/VEIN;FEMORAL-ANT	10/1/2005	\$1,090.94	3	NO
2	35571	BYPASS GRAFT, W/VEIN; POPLITEAL-	10/1/2005	\$992.59	3	NO
2	35572	HARVEST OF FEMOROPOPLITEAL VEIN,	10/1/2005	\$260.28	3	NO
2	35582	IN-SITU VEIN BYPASS; AORTOFEMORA	1/1/2005	INVALID	N	NO
2	35583	IN-SITU VEIN BYPASS; FEMORAL POP	10/1/2005	\$924.34	3	NO
2	35585	IN-SITU VEIN BYPASS; FEMORAL-ANT	10/1/2005	\$1,155.55	3	NO
2	35587	IN-SITU VEIN BYPASS POPLITEAL-TI	10/1/2005	\$1,028.14	3	NO
2	35600	HARVEST OF UPPER EXTREMITY ARTER	10/1/2005	\$188.92	3	NO
2	35601	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$742.43	3	NO
2	35606	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$786.80	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	35612	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$665.62	3	NO
2	35616	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$672.36	3	NO
2	35621	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$817.43	3	NO
2	35623	BYPASS GRAFT, WITH OTHER THAN VE	10/1/2005	\$982.99	3	NO
2	35626	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$1,131.94	3	NO
2	35631	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$1,366.01	3	NO
2	35636	BYPASS GRAFT, WITH OTHER THAN VE	10/1/2005	\$1,188.77	3	NO
2	35641	BYPASS GRAFT, WITH OTHER THAN VE	10/1/2005	\$1,013.09	3	NO
2	35642	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$749.44	3	NO
2	35645	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$731.27	3	NO
2	35646	BYPASS GRAFT, WITH OTHER THAN VE	10/1/2005	\$1,255.98	3	NO
2	35647	BYPASS GRAFT, WITH OTHER THAN VE	10/1/2005	\$1,132.46	3	NO
2	35650	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$778.24	3	NO
2	35651	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$1,010.49	3	NO
2	35654	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$1,014.39	3	NO
2	35656	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$800.04	3	NO
2	35661	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$792.77	3	NO
2	35663	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$908.25	3	NO
2	35665	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$865.95	3	NO
2	35666	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$931.86	3	NO
2	35671	BYPASS GRAFT, WITH OTHER THAN VE	10/1/2005	\$814.31	3	NO
2	35681	BYPASS GRAFT COMPOSITE	10/1/2005	\$60.98	3	NO
2	35682	BYPASS GRAFT; AUTOGENOUS COMPOSI	10/1/2005	\$274.81	3	NO
2	35683	BYPASS GRAFT; AUTOGENOUS COMPOSI	10/1/2005	\$324.63	3	NO
2	35685	PLACEMENT OF VEIN PATCH OR CUFF	10/1/2005	\$154.92	3	NO
2	35686	CREATION OF DISTAL ARTERIOVENOUS	10/1/2005	\$128.19	3	NO
2	35691	TRANSPOSITION AND/OR REIMPLANTAT	10/1/2005	\$753.07	3	NO
2	35693	TRANSPOSITION AND/OR REIMPLANTAT	10/1/2005	\$655.50	3	NO
2	35694	TRANSPOSITION AND/OR REIMPLANTAT	10/1/2005	\$788.88	3	NO
2	35695	TRANSPOSITION AND/OR REIMPLANTAT	10/1/2005	\$788.62	3	NO
2	35697	REIMPLANTATION, VISCERAL ARTERY	10/1/2005	\$114.96	3	NO
2	35700	REOPERATION, FEMORAL-POPLITEAL O	10/1/2005	\$117.55	3	NO
2	35701	EXPLORATION (NOT FOLL BY SURG RE	10/1/2005	\$382.76	3	NO
2	35721	EXPLORATION; FEMORAL ARTERY	10/1/2005	\$327.49	3	NO
2	35741	EXPLORATION; POPLITEAL ARTERY	10/1/2005	\$356.55	3	NO
2	35761	EXPLORATION; OTHER VESSELS	10/1/2005	\$262.35	3	NO
2	35800	EXPLORATION FOR POSTOPERATIVE HE	10/1/2005	\$327.23	3	NO
2	35820	EXPLORATION FOR POSTOPERATIVE HE	10/1/2005	\$568.82	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	35840	EXPLORATION FOR POSTOPERATIVE HE	10/1/2005	\$424.28	3	NO
2	35860	EXPLORATION FOR POSTOPERATIVE HE	10/1/2005	\$268.32	3	NO
2	35870	REPAIR OF GRAFT-ENTERIC FISTULA	10/1/2005	\$903.58	3	NO
2	35875	THROMBECTOMY OF ARTERIAL OR VENO	10/1/2005	\$432.59	3	NO
2	35876	THROMBECTOMY OF ARTERIAL OR VENO	10/1/2005	\$696.50	3	NO
2	35879	REVISION, LOWER EXTREMITY ARTERI	10/1/2005	\$672.88	3	NO
2	35881	REVISION, LOWER EXTREMITY ARTERI	10/1/2005	\$756.70	3	NO
2	35901	EXCISION OF INFECTED GRAFT; NECK	10/1/2005	\$379.39	3	NO
2	35903	EXCISION OF INFECTED GRAFT; EXTR	10/1/2005	\$436.48	3	NO
2	35905	EXCISION OF INFECTED GRAFT; THOR	10/1/2005	\$1,265.06	3	NO
2	35907	EXCISION OF INFECTED GRAFT; ABDO	10/1/2005	\$1,400.00	3	NO
2	36000	INTRODUCTION OF NEEDLE OR INTRAC	10/1/2005	\$19.72	3	NO
2	36002	INJECTION PROCEDURES (EG, THROMB	10/1/2005	\$129.49	3	NO
2	36005	INJECTION PROCEDURE FOR EXTREMIT	10/1/2005	\$224.73	3	NO
2	36010	INTRODUCTION OF CATHETER, SUPERI	10/1/2005	\$88.49	3	NO
2	36011	SELECTIVE CATHETER PLACEMENT, VE	10/1/2005	\$116.26	3	NO
2	36012	SELECTIVE CATHETER PLACEMENT, VE	10/1/2005	\$128.19	3	NO
2	36013	INTRODUCTION OF CATHETER, RIGHT	10/1/2005	\$89.27	3	NO
2	36014	SELECTIVE CATHETER PLACEMENT, LE	10/1/2005	\$110.03	3	NO
2	36015	SELECTIVE CATHETER PLACEMENT, EA	10/1/2005	\$127.67	3	NO
2	36100	INTRODUCTION OF NEEDLE OR INTRAC	10/1/2005	\$114.18	3	NO
2	36120	INTRODUCTION OF NEEDLE OR INTRAC	10/1/2005	\$72.92	3	NO
2	36140	INTRODUCTION OF NEEDLE OR INTRAC	10/1/2005	\$72.92	3	NO
2	36145	INTRO OF NEEDLE/INTRACATHETER AR	10/1/2005	\$72.66	3	NO
2	36160	INTRODUCTION OF NEEDLE OR INTRAC	10/1/2005	\$93.68	3	NO
2	36200	INTRODUCTION OF CATHETER, AORTA	10/1/2005	\$111.07	3	NO
2	36215	SELECTIVE CATHETER PLACEMENT,ART	10/1/2005	\$171.27	3	NO
2	36216	SELECTIVE CATHETER PLACEMENT, AR	10/1/2005	\$192.81	3	NO
2	36217	SELECTIVE CATHETER PLACEMENT, AR	10/1/2005	\$231.47	3	NO
2	36218	SELECTIVE CATHETER ORDER, THIRD	10/1/2005	\$37.11	3	NO
2	36245	SELECTIVE CATHETER PLACEMENT, AR	10/1/2005	\$173.35	3	NO
2	36246	SELECTIVE CATHETER PLACEMENT, AR	10/1/2005	\$194.11	3	NO
2	36247	SELECTIVE CATHETER PLACEMENT, AR	10/1/2005	\$231.21	3	NO
2	36248	SELECTIVE CATHETER PLACEMENT, AR	10/1/2005	\$37.11	3	NO
2	36260	INSERTION OF IMPLANTABLE INFUSIO	10/1/2005	\$411.57	3	NO
2	36261	REVISION OF IMPLANTED INFUSION P	10/1/2005	\$254.31	3	NO
2	36262	REMOVAL OF IMPLANTED INFUSION PU	10/1/2005	\$188.92	3	NO
2	36299	UNLISTED PROCEDURE VASCULAR INJE	2/1/1989	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	36400	VENIPUNCTURE, UNDER AGE 3 YEARS;	10/1/2005	\$17.91	3	NO
2	36405	VENIPUNCTURE UNDER AGE 3 YEARS;	10/1/2005	\$15.57	3	NO
2	36406	VENIPUNCTURE UNDER AGE 3 YEARS O	10/1/2005	\$12.20	3	NO
2	36410	VENIPUNCTURE CHILD OVER AGE 3 YE	10/1/2005	\$12.46	3	NO
2	36415	COLLECTION OF VENOUS BLOOD BY VE	2/13/2003	\$3.00	3	NO
2	36416	COLLECTION OF CAPILLARY BLOOD SP	1/1/2003	\$3.00	3	NO
2	36420	VENIPUNCTURE CUTDOWN UNDER AGE 1	10/1/2005	\$36.85	3	NO
2	36425	VENIPUNCTURE CUTDOWN; AGE 1 OR O	10/1/2005	\$26.99	3	NO
2	36430	TRANSFUSION, BLOOD OR BLOOD COMP	10/1/2005	\$27.77	3	NO
2	36440	PUSH TRANSFUSION BLOOD 2 YEARS O	10/1/2005	\$36.85	3	NO
2	36450	EXCHANGE TRANSFUSION BLOOD NEWBO	10/1/2005	\$81.74	3	NO
2	36455	EXCHANGE TRANSFUSION BLOOD; OTHE	10/1/2005	\$93.42	3	NO
2	36460	TRANSFUSION INTRAUTERINE FETAL	10/1/2005	\$249.38	3	NO
2	36468	SINGLE OR MULTIPLE INJECTIONS OF	3/1/1987	NC	9	NO
2	36469	SINGLE OR MULTIPLE INJECTIONS OF	3/1/1987	NC	9	NO
2	36470	INJECTION OF SCLEROSING SOLUTION	2/1/1993	NC	9	NO
2	36471	INJECTION OF SCLEROSING SOLUTION	2/1/1993	NC	9	NO
2	36475	ENDOVENOUS ABLATION THERAPY OF I	10/1/2005	\$1,517.56	3	NO
2	36476	ENDOVENOUS ABLATION THERAPY OF I	10/1/2005	\$296.87	3	NO
2	36478	ENDOVENOUS ABLATION THERAPY OF I	10/1/2005	\$1,397.67	3	NO
2	36479	ENDOVENOUS ABLATION THERAPY OF I	10/1/2005	\$299.72	3	NO
2	36481	PERCUTANEOUS PORTAL VEIN CATHETE	10/1/2005	\$343.84	3	NO
2	36488	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
2	36489	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
2	36490	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
2	36491	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
2	36493	REPOSITIONING OF PREVIOUSLY PLAC	4/1/2004	INVALID	N	NO
2	36500	VENOUS CATHETERIZATION FOR SELEC	10/1/2005	\$132.60	3	NO
2	36510	CATHETERIZATION OF UMBILICAL VEI	10/1/2005	\$131.83	3	NO
2	36511	THERAPEUTIC APHERESIS; FOR WHITE	1/1/2003	NC	9	NO
2	36512	THERAPEUTIC APHERESIS; FOR RED B	1/1/2003	NC	9	NO
2	36513	THERAPEUTIC APHERESIS; FOR PLATE	1/1/2003	NC	9	NO
2	36514	THERAPEUTIC APHERESIS; FOR PLASM	1/1/2003	NC	9	NO
2	36515	THERAPEUTIC APHERESIS; WITH EXTR	1/1/2003	NC	9	NO
2	36516	THERAPEUTIC APHERESIS; WITH EXTR	1/1/2003	NC	9	NO
2	36520	THERAPEUTIC APHERESIS (PLASMA AN	7/1/2003	INVALID	N	NO
2	36521	THERAPEUTIC APHERESIS; W/EXTRACO	7/1/2003	INVALID	N	NO
2	36522	PHOTOPHERESIS, EXTRACORPOREAL	10/1/2005	\$886.71	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	36530	INSERTION OF IMPLANTABLE INTRAVE	4/1/2004	INVALID	N	NO
2	36531	REVISION OF IMPLANTABLE INTRAVEN	4/1/2004	INVALID	N	NO
2	36532	REMOVAL OF IMPLANTABLE INTRAVENO	4/1/2004	INVALID	N	NO
2	36533	INSERTION OF IMPLANTABLE VENOUS	4/1/2004	INVALID	N	NO
2	36534	REVISION OF IMPLANTABLE VENOUS A	4/1/2004	INVALID	N	NO
2	36535	REMOVAL OF IMPLANTABLE VENOUS AC	4/1/2004	INVALID	N	NO
2	36536	MECHANICAL REMOVAL OF PERICATHET	4/1/2004	INVALID	N	NO
2	36537	MECHANICAL REMOVAL OF INTRALUMIN	4/1/2004	INVALID	N	NO
2	36540	COLLECTION OF BLOOD SPECIMEN FRO	10/1/2002	\$17.91	3	NO
2	36550	DECLOTTING BY THROMBOLYTIC AGENT	10/1/2005	\$19.72	3	NO
2	36555	INSERTION OF NON-TUNNELED CENTRA	10/1/2005	\$221.87	3	NO
2	36556	INSERTION OF NON-TUNNELED CENTRA	10/1/2005	\$215.64	3	NO
2	36557	INSERTION OF TUNNELED CENTRALLY	10/1/2005	\$695.46	3	NO
2	36558	INSERTION OF TUNNELED CENTRALLY	10/1/2005	\$685.08	3	NO
2	36560	INSERTION OF TUNNELED CENTRALLY	10/1/2005	\$946.66	3	NO
2	36561	INSERTION OF TUNNELED CENTRALLY	10/1/2005	\$937.83	3	NO
2	36563	INSERTION OF TUNNELED CENTRALLY	10/1/2005	\$876.07	3	NO
2	36565	INSERTION OF TUNNELED CENTRALLY	10/1/2005	\$811.20	3	NO
2	36566	INSERTION OF TUNNELED CENTRALLY	10/1/2005	\$844.93	3	NO
2	36568	INSERTION OF PERIPHERALLY INSERT	10/1/2005	\$248.34	3	NO
2	36569	INSERTION OF PERIPHERALLY INSERT	10/1/2005	\$242.63	3	NO
2	36570	INSERTION OF PERIPHERALLY INSERT	10/1/2005	\$1,013.35	3	NO
2	36571	INSERTION OF PERIPHERALLY INSERT	10/1/2005	\$1,014.65	3	NO
2	36575	REPAIR OF TUNNELED OR NON-TUNNEL	10/1/2005	\$127.93	3	NO
2	36576	REPAIR OF CENTRAL VENOUS ACCESS	10/1/2005	\$268.06	3	NO
2	36578	REPLACEMENT, CATHETER ONLY, OF C	10/1/2005	\$384.58	3	NO
2	36580	REPLACEMENT, COMPLETE, OF A NON-	10/1/2005	\$219.02	3	NO
2	36581	REPLACEMENT, COMPLETE, OF A TUNN	10/1/2005	\$599.96	3	NO
2	36582	REPLACEMENT, COMPLETE, OF A TUNN	10/1/2005	\$814.83	3	NO
2	36583	REPLACEMENT, COMPLETE, OF A TUNN	10/1/2005	\$816.65	3	NO
2	36584	REPLACEMENT, COMPLETE, OF A PERI	10/1/2005	\$216.94	3	NO
2	36585	REPLACEMENT, COMPLETE, OF A PERI	10/1/2005	\$851.42	3	NO
2	36589	REMOVAL OF TUNNELED CENTRAL VENO	10/1/2005	\$123.26	3	NO
2	36590	REMOVAL OF TUNNELED CENTRAL VENO	10/1/2005	\$184.25	3	NO
2	36595	MECHANICAL REMOVAL OF PERICATHET	10/1/2005	\$547.03	3	NO
2	36596	MECHANICAL REMOVAL OF INTRALUMIN	10/1/2005	\$116.52	3	NO
2	36597	REPOSITIONING OF PREVIOUSLY PLAC	10/1/2005	\$95.76	3	NO
2	36598	CONTRAST INJECTION(S) FOR RADIOL	1/1/2006	\$89.27	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	36600	ARTERIAL PUNCTURE WITHDRAWAL OF	10/1/2005	\$21.54	3	NO
2	36620	ARTERIAL CATHETERIZATION OR CANN	10/1/2005	\$37.89	3	NO
2	36625	ARTERIAL CATHETERIZATION OR CANN	10/1/2005	\$75.00	3	NO
2	36640	ARTERIAL CATHETERIZATION FOR PRO	10/1/2005	\$86.93	3	NO
2	36660	CATHETERIZATION UMBILICAL ARTERY	10/1/2005	\$51.38	3	NO
2	36680	PLACEMENT OF NEEDLE FOR INTRAOSS	10/1/2005	\$46.71	3	NO
2	36800	INSERTION OF CANNULA FOR HEMODIA	10/1/2005	\$116.00	3	NO
2	36810	INSERTION OF CANNULA FOR HEMODIA	10/1/2005	\$157.78	3	NO
2	36815	INSERTION OF CANNULA FOR HEMODIA	10/1/2005	\$107.17	3	NO
2	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN;	10/1/2005	\$504.21	3	NO
2	36819	ARTERIOVENOUS ANASTOMOSIS, OPEN;	10/1/2005	\$577.91	3	NO
2	36820	ARTERIOVENOUS ANASTOMOSIS, OPEN;	10/1/2005	\$578.17	3	NO
2	36821	ARTERIOVENOUS ANASTOMOSIS, DIREC	10/1/2005	\$383.54	3	NO
2	36822	INSERTION OF CANNULA(S) FOR PROL	10/1/2005	\$273.25	3	NO
2	36823	INSERTION OF ARTERIAL AND VENOUS	10/1/2005	\$860.50	3	NO
2	36825	CREATION OF ARTERIOVENOUS FISTUL	10/1/2005	\$420.65	3	NO
2	36830	CREATION OF ARTERIOVENOUS FISTUL	10/1/2005	\$489.16	3	NO
2	36831	THROMBECTOMY, OPEN, ARTERIOVENOU	10/1/2005	\$337.61	3	NO
2	36832	REVISION, OPEN, ARTERIOVENOUS FI	10/1/2005	\$431.55	3	NO
2	36833	REVISION, ARTERIOVENOUS FISTULA;	10/1/2005	\$487.08	3	NO
2	36834	PLASTIC REPAIR OF ARTERIOVENOUS	10/1/2005	\$417.02	3	NO
2	36835	INSERTION OF THOMAS SHUNT (SEP P	10/1/2005	\$322.82	3	NO
2	36838	DISTAL REVASCULARIZATION AND INT	10/1/2005	\$855.57	3	NO
2	36860	CANNULA DECLOTTING (SEP PROC); W	10/1/2005	\$101.72	3	NO
2	36861	CANNULA DECLOTTING; WITH BALLOON	10/1/2005	\$110.81	3	NO
2	36870	THROMBECTOMY, PERCUTANEOUS, ARTE	10/1/2005	\$1,518.33	3	NO
2	37140	VENOUS ANASTOMOSIS, OPEN; PORTOC	10/1/2005	\$934.98	3	NO
2	37145	VENOUS ANASTOMOSIS; RENOPORTAL	10/1/2005	\$1,002.97	3	NO
2	37160	VENOUS ANASTOMOSIS; CAVAL-MESENT	10/1/2005	\$871.92	3	NO
2	37180	VENOUS ANASTOMOSIS; SPLENORENAL,	10/1/2005	\$990.51	3	NO
2	37181	ANASTOMOSIS SPLENORENAL DISTAL (	10/1/2005	\$1,064.21	3	NO
2	37182	INSERTION OF TRANSVENOUS INTRAHE	10/1/2005	\$623.58	3	NO
2	37183	REVISION OF TRANSVENOUS INTRAHEP	10/1/2005	\$297.91	3	NO
2	37184	PRIMARY PERCUTANEOUS TRANSLUMINA	1/1/2006	\$2,104.80	3	NO
2	37185	PRIMARY PERCUTANEOUS TRANSLUMINA	1/1/2006	\$686.12	3	NO
2	37186	SECONDARY PERCUTANEOUS TRANSLUMI	1/1/2006	\$1,421.28	3	NO
2	37187	PERCUTANEOUS TRANSLUMINAL MECHAN	1/1/2006	\$2,047.97	3	NO
2	37188	PERCUTANEOUS TRANSLUMINAL MECH T	1/1/2006	\$1,770.57	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	37195	THROMBOLYSIS, CEREBRAL, BY INTRA	10/1/2004	\$221.61	3	NO
2	37200	TRANSCATHETER BIOPSY	10/1/2005	\$164.00	3	NO
2	37201	TRANSCATHETER THERAPY, INFUSION	10/1/2005	\$204.75	3	NO
2	37202	TRANSCATHETER THERAPY, INFUSION	10/1/2005	\$237.70	3	NO
2	37203	TRANSCATHETER RETRIEVAL, PERCUTA	10/1/2005	\$992.33	3	NO
2	37204	TRANSCATHETER OCCLUSION OR EMBOL	10/1/2005	\$662.24	3	NO
2	37205	TRANSCATHETER PLACEMENT OF AN IN	10/1/2005	\$327.75	3	NO
2	37206	TRANSCATHETER PLACEMENT OF AN IN	10/1/2005	\$152.33	3	NO
2	37207	TRANSCATHETER PLACEMENT OF AN IN	10/1/2005	\$325.93	3	NO
2	37208	TRANSCATHETER PLACEMENT OF AN IN	10/1/2005	\$157.52	3	NO
2	37209	EXCHANGE OF A PREVIOUSLY PLACED	10/1/2005	\$82.26	3	NO
2	37215	TRANSCATHETER PLACEMENT OF INTRA	10/1/2005	\$749.70	3	NO
2	37216	TRANSCATHETER PLACEMENT OF INTRA	10/1/2005	\$722.19	3	NO
2	37250	INTRASVASCULAR ULTRASOUND (NON-C	10/1/2005	\$79.41	3	NO
2	37251	INTRASVASCULAR ULTRASOUND (NON-C	10/1/2005	\$60.72	3	NO
2	37500	VASCULAR ENDOSCOPY, SURGICAL, WI	10/1/2005	\$502.39	3	NO
2	37501	UNLISTED VASCULAR ENDOSCOPY PROC	1/1/2003	\$0.01	5	NO
2	37565	LIGATION, INTERNAL JUGULAR VEIN	10/1/2005	\$462.17	3	NO
2	37600	LIGATION EXTERNAL CAROTID ARTERY	10/1/2005	\$500.06	3	NO
2	37605	LIGATION; INTERNAL OR COMMON CAR	10/1/2005	\$569.08	3	NO
2	37606	LIGATION INTERNAL OR COMMON CARO	10/1/2005	\$312.96	3	NO
2	37607	LIGATION OR BANDING OF ANGIOACCE	10/1/2005	\$273.51	3	NO
2	37609	LIGATION OR BIOPSY TEMPORAL ARTE	10/1/2005	\$204.23	3	NO
2	37615	LIGATION MAJOR ARTERY (EG POST-T	10/1/2005	\$273.25	3	NO
2	37616	LIGATION MAJOR ARTERY (EG POST-T	10/1/2005	\$696.50	3	NO
2	37617	LIGATION MAJOR ARTERY (EG POST-T	10/1/2005	\$885.67	3	NO
2	37618	LIGATION MAJOR ARTERY (EG POST-T	10/1/2005	\$236.15	3	NO
2	37620	INTERRUPTION, PARTIAL OR COMPLET	10/1/2005	\$445.82	3	NO
2	37650	LIGATION OF FEMORAL VEIN	10/1/2005	\$349.03	3	NO
2	37660	LIGATION OF COMMON ILIAC VEIN	10/1/2005	\$842.86	3	NO
2	37700	LIGATION AND DIVISION OF LONG SA	10/1/2005	\$182.43	3	NO
2	37718	LIGATION, DIVISION, AND STRIPPIN	1/1/2006	\$284.67	3	NO
2	37720	LIGATION AND DIVISION AND COMPLE	1/1/2006	INVALID	N	NO
2	37722	LIGATION, DIVISION, AND STRIPPIN	1/1/2006	\$339.17	3	NO
2	37730	LIGATION AND DIVISION AND COMPLE	1/1/2006	INVALID	N	NO
2	37735	LIGATION & DIV & COMP STRIP OF L	10/1/2005	\$453.87	3	NO
2	37760	LIGATION OF PERFORATOR VEINS, SU	10/1/2005	\$445.82	3	NO
2	37765	STAB PHLEBECTOMY OF VARICOSE VEI	10/1/2005	\$322.82	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	37766	STAB PHLEBECTOMY OF VERICOSE VEI	10/1/2005	\$391.59	3	NO
2	37780	LIGATION AND DIVISION OF SHORT S	10/1/2005	\$187.10	3	NO
2	37785	LIGATION, DIVISION, AND/OR EXCIS	10/1/2005	\$247.30	3	NO
2	37788	PENILE REVASCULARIZATION, ARTERY	3/1/1992	NC	9	NO
2	37790	PENILE VENOUS OCCLUSIVE PROCEDUR	1/1/1994	NC	9	NO
2	37799	UNLISTED PROCEDURE VASCULAR SURG	2/1/1989	\$0.01	5	NO
2	38100	SPLENECTOMY; TOTAL	10/1/2005	\$584.65	3	NO
2	38101	SPLENECTOMY (SEPARATE PROCEDURE)	10/1/2005	\$616.83	3	NO
2	38102	SPLENECTOMY; TOTAL, EN BLOC FOR	10/1/2005	\$182.95	3	NO
2	38115	REPAIR OF RUPTURED SPLEEN (SPLEN	10/1/2005	\$634.22	3	NO
2	38120	LAPAROSCOPY, SURGICAL, SPLENECTO	10/1/2005	\$689.23	3	NO
2	38129	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	38200	INJECTION PROCEDURE FOR SPLENOPO	10/1/2005	\$96.02	3	NO
2	38204	MANAGEMENT OF RECIPIENT HEMATOPO	1/1/2003	\$0.01	5	NO
2	38205	BLOOD-DERIVED HEMATOPOIETIC PROG	10/1/2005	\$58.13	3	NO
2	38206	BLOOD-DERIVED HEMATOPOIETIC PROG	10/1/2005	\$58.13	3	NO
2	38207	TRANSPLANT PREPARATION OF HEMATO	1/1/2003	\$0.01	5	NO
2	38208	TRANSPLANT PREPARATION OF HEMATO	1/1/2003	\$0.01	5	NO
2	38209	TRANSPLANT PREPARATION OF HEMATO	1/1/2003	\$0.01	5	NO
2	38210	TRANSPLANT PREPARATION OF HEMATO	1/1/2003	\$0.01	5	NO
2	38211	TRANSPLANT PREPARATION OF HEMATO	1/1/2003	\$0.01	5	NO
2	38212	TRANSPLANT PREPARATION OF HEMATO	1/1/2003	\$0.01	5	NO
2	38213	TRANSPLANT PREPARATION OF HEMATO	1/1/2003	\$0.01	5	NO
2	38214	TRANSPLANT PREPARATION OF HEMATO	1/1/2003	\$0.01	5	NO
2	38215	TRANSPLANT PREPARATION OF HEMATO	1/1/2003	\$0.01	5	NO
2	38220	BONE MARROW; ASPIRATION ONLY	10/1/2005	\$126.12	3	NO
2	38221	BONE MARROW; BIOPSY, NEEDLE OR T	10/1/2005	\$139.35	3	NO
2	38230	BONE MARROW HARVESTING FOR TRANS	10/1/2005	\$213.31	3	YES
2	38231	BLOOD-DERIVED PERIPHERAL STEM CE	7/1/2003	INVALID	N	NO
2	38240	BONE MARROW OR BLOOD-DERIVED PER	10/1/2005	\$87.97	3	YES
2	38241	BONE MARROW TRANSPLANTATION; AUT	10/1/2005	\$88.75	3	YES
2	38242	BONE MARROW OR BLOOD-DERIVED PER	10/1/2005	\$67.21	3	NO
2	38300	DRAINAGE OF LYMPH NODE ABSCESS O	10/1/2005	\$169.45	3	NO
2	38305	DRAINAGE OF LYMPH NODE ABSCESS O	10/1/2005	\$292.72	3	NO
2	38308	LYMPHAGIOTOMY OR OTHER OPERATION	10/1/2005	\$286.23	3	NO
2	38380	SUTURE AND/OR LIGATION OF THORAC	10/1/2005	\$361.48	3	NO
2	38381	SUTURE AND/OR LIGATION OF THORAC	10/1/2005	\$559.74	3	NO
2	38382	SUTURE AND/OR LIGATION OF THORAC	10/1/2005	\$445.82	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	38500	BIOPSY OR EXCISION OF LYMPH NODE	10/1/2005	\$205.26	3	NO
2	38505	BIOPSY OR EXCISION OF LYMPH NODE	10/1/2005	\$85.12	3	NO
2	38510	BIOPSY OR EXCISION OF LYMPH NODE	10/1/2005	\$329.57	3	NO
2	38520	BIOPSY OR EXCISION OF LYMPH NODE	10/1/2005	\$299.72	3	NO
2	38525	BIOPSY OR EXCISION OF LYMPH NODE	10/1/2005	\$263.39	3	NO
2	38530	BIOPSY OR EXCISION OF LYMPH NODE	10/1/2005	\$349.29	3	NO
2	38542	DISSECTION DEEP JUGULAR NODE(S)	10/1/2005	\$285.45	3	NO
2	38550	EXCISION OF CYSTIC HYGROMA, AXIL	10/1/2005	\$303.36	3	NO
2	38555	EXCISION OF CYSTIC HYGROMA, AXIL	10/1/2005	\$633.96	3	NO
2	38562	LIMITED LYMPHADENECTOMY FOR STAG	10/1/2005	\$452.83	3	NO
2	38564	LIMITED LYMPHADENECTOMY FOR STAG	10/1/2005	\$450.75	3	NO
2	38570	LAPAROSCOPY, SURGICAL; W/RETROPE	10/1/2005	\$372.12	3	NO
2	38571	LAPAROSCOPY, SURGICAL; WITH BILA	10/1/2005	\$556.89	3	NO
2	38572	LAPAROSCOPY, SURGICAL; W/BILATER	10/1/2005	\$662.50	3	NO
2	38589	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	38700	SUPRAHYOID LYMPHADENECTOMY	10/1/2005	\$394.96	3	NO
2	38720	CERVICAL LYMPHADENECTOMY (COMPLE	10/1/2005	\$627.73	3	NO
2	38724	CERVICAL LYMPHADENECTOMY (MODIFI	10/1/2005	\$665.88	3	NO
2	38740	AXILLARY LYMPHADENECTOMY SUPERFI	10/1/2005	\$421.95	3	NO
2	38745	AXILLARY LYMPHADENECTOMY; COMPLE	10/1/2005	\$541.32	3	NO
2	38746	THORACIC LYMPHADENECTOMY, REGION	10/1/2005	\$186.58	3	NO
2	38747	ABDOMINAL LYMPHADENECTOMY, REGIO	10/1/2005	\$186.32	3	NO
2	38760	INGUINOFEMORAL LYMPHADENECTOMY,	10/1/2005	\$537.94	3	NO
2	38765	INGUINOFEMORAL LYMPHADENECTOMY,S	10/1/2005	\$809.90	3	NO
2	38770	PELVIC LYMPHADENECTOMY, INCLUDIN	10/1/2005	\$528.34	3	NO
2	38780	RETROPERITONEAL TRANSABDOMINAL L	10/1/2005	\$691.31	3	NO
2	38790	INJECTION PROCEDURE FOR LYMPHANG	10/1/2005	\$227.58	3	NO
2	38792	INJECTION PROCEDURE; FOR IDENTIF	10/1/2005	\$26.47	3	NO
2	38794	CANNULATION THORACIC DUCT	10/1/2005	\$160.89	3	NO
2	38999	UNLISTED PROCEDURE HEMIC OR LYMP	2/1/1989	\$0.01	5	NO
2	39000	MEDIASTINOTOMY WITH EXPLORATION,	10/1/2005	\$300.76	3	NO
2	39010	MEDIASTINOTOMY WITH EXPLORATION,	10/1/2005	\$544.43	3	NO
2	39200	EXCISION OF MEDIASTINAL CYST	10/1/2005	\$597.89	3	NO
2	39220	EXCISION OF MEDIASTINAL TUMOR	10/1/2005	\$755.92	3	NO
2	39400	MEDIASTINOSCOPY WITH OR WITHOUT	10/1/2005	\$291.94	3	NO
2	39499	UNLISTED PROCEDURE MEDIASTINUM	2/1/1994	\$0.01	5	NO
2	39501	REPAIR, LACERATION OF DIAPHRAGM,	10/1/2005	\$554.03	3	NO
2	39502	REPAIR PARAESOPHAGEAL HIATUS HER	10/1/2005	\$664.06	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	39503	REPAIR, NEONATAL DIAPHRAGMATIC H	10/1/2005	\$3,609.65	3	NO
2	39520	REPAIR DIAPHRAGMATIC HERNIA (ESO	10/1/2005	\$683.00	3	NO
2	39530	REPAIR DIAPHRAGMATIC HERNIA (ESO	10/1/2005	\$638.37	3	NO
2	39531	REPAIR DIAPHRAGMATIC HERNIA (ESO	10/1/2005	\$673.92	3	NO
2	39540	REPAIR DIAPHRAGMATIC HERNIA (OTH	10/1/2005	\$551.96	3	NO
2	39541	REPAIR DIAPHRAGMATIC HERNIA (OTH	10/1/2005	\$593.48	3	NO
2	39545	IMBRICATION OF DIAPHRAGM FOR EVE	10/1/2005	\$589.07	3	NO
2	39560	RESECTION, DIAPHRAGM; WITH SIMPL	10/1/2005	\$514.07	3	NO
2	39561	RESECTION, DIAPHRAGM; WITH COMPL	10/1/2005	\$756.70	3	NO
2	39599	UNLISTED PROCEDURE DIAPHRAGM	2/1/1994	\$0.01	5	NO
2	40490	BIOPSY LIP	10/1/2005	\$75.51	3	NO
2	40500	VERMILIONECTOMY (LIP SHAVE) WITH	10/1/2005	\$299.72	3	NO
2	40510	EXCISION LIP TRANSVERSE WEDGE EX	10/1/2005	\$305.69	3	NO
2	40520	EXCISION LIP; V-EXCISION WITH PR	10/1/2005	\$330.08	3	NO
2	40525	EXCISION LIP; FULL THICKNESS REC	10/1/2005	\$381.21	3	NO
2	40527	EXCISION LIP; FULL THICKNESS REC	10/1/2005	\$453.09	3	NO
2	40530	RESECTION LIP MORE THAN ONE-FOUR	10/1/2005	\$356.81	3	NO
2	40650	REPAIR LIP FULL THICKNESS VERMIL	10/1/2005	\$280.26	3	NO
2	40652	REPAIR LIP FULL THICKNESS; UP TO	10/1/2005	\$324.12	3	NO
2	40654	REPAIR LIP FULL THICKNESS; OVER	10/1/2005	\$376.28	3	NO
2	40700	PLASTIC REPAIR OF CLEFT LIP/NASA	10/1/2005	\$591.40	3	NO
2	40701	PLASTIC REPAIR OF CLEFT LIP; PRI	10/1/2005	\$747.36	3	NO
2	40702	PLASTIC REPAIR OF CLEFT LIP; PRI	10/1/2005	\$584.13	3	NO
2	40720	PLASTIC REPAIR OF CLEFT LIP; SEC	10/1/2005	\$653.94	3	NO
2	40761	PLASTIC REPAIR OF CLEFT LIP WITH	10/1/2005	\$697.54	3	NO
2	40799	UNLISTED PROCEDURE LIPS	4/1/1982	\$0.01	5	NO
2	40800	DRAINAGE OF ABSCESS CYST HEMATOM	10/1/2005	\$110.29	3	NO
2	40801	DRAINAGE OF ABSCESS CYST HEMATOM	10/1/2005	\$178.02	3	NO
2	40804	REMOVAL OF EMBEDDED FOREIGN BODY	10/1/2005	\$123.00	3	NO
2	40805	REMOVAL OF EMBEDDED FOREIGN BODY	10/1/2005	\$194.11	3	NO
2	40806	INCISION OF LABIAL FRENUM(FRENOT	10/1/2005	\$56.57	3	NO
2	40808	BIOPSY VESTIBULE OF MOUTH	10/1/2005	\$96.27	3	NO
2	40810	EXCISION OF LESION OF MUCOSA AND	10/1/2005	\$112.10	3	NO
2	40812	EXCISION OF LESION OF MUCOSA AND	10/1/2005	\$163.74	3	NO
2	40814	EXCISION OF LESION OF MUCOSA AND	10/1/2005	\$227.32	3	NO
2	40816	EXCISION OF LESION OF MUCOSA SUB	10/1/2005	\$239.78	3	NO
2	40818	EXCISION OF MUCOSA AS DONOR GRAF	10/1/2005	\$202.15	3	NO
2	40819	EXCISION OF FRENUM LABIAL OR BUC	10/1/2005	\$175.42	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	40820	DESTRUCTION OF LESION OR SCAR BY	10/1/2005	\$138.05	3	NO
2	40830	CLOSURE OF LACERATION 2.5 CM OR	10/1/2005	\$147.14	3	NO
2	40831	CLOSURE OF LACERATION, VESTIBULE	10/1/2005	\$192.29	3	NO
2	40840	VESTIBULOPLASTY ANTERIOR	10/1/2005	\$507.32	3	YES
2	40842	VESTIBULOPLASTY; POSTERIOR UNILA	10/1/2005	\$515.37	3	YES
2	40843	VESTIBULOPLASTY; POSTERIOR BILAT	10/1/2005	\$659.39	3	YES
2	40844	VESTIBULOPLASTY; ENTIRE ARCH	10/1/2005	\$875.03	3	YES
2	40845	VESTIBULOPLASTY; COMPLEX (INCLUD	10/1/2005	\$975.72	3	YES
2	40899	UNLISTED PROCEDURE VESTIBULE OF	8/19/2002	\$0.01	5	NO
2	41000	INTRAORAL INCISION AND DRAINAGE	10/1/2005	\$96.79	3	NO
2	41005	INCISION AND DRAINAGE OF INTRAOR	10/1/2005	\$122.22	3	NO
2	41006	INCISION AND DRAINAGE OF INTRAOR	10/1/2005	\$217.46	3	NO
2	41007	INCISION AND DRAINAGE OF INTRAOR	10/1/2005	\$221.87	3	NO
2	41008	INCISION AND DRAINAGE OF INTRAOR	10/1/2005	\$219.54	3	NO
2	41009	INCISION AND DRAINAGE OF INTRAOR	10/1/2005	\$233.81	3	NO
2	41010	INCISION OF LINGUAL FRENUM (FREN	10/1/2005	\$118.33	3	NO
2	41015	EXTRAORAL INCISION AND DRAINAGE	10/1/2005	\$254.57	3	NO
2	41016	INCISION AND DRAINAGE OF EXTRAOR	10/1/2005	\$264.43	3	NO
2	41017	INCISION AND DRAINAGE OF EXTRAOR	10/1/2005	\$265.21	3	NO
2	41018	INCISION AND DRAINAGE OF EXTRAOR	10/1/2005	\$308.29	3	NO
2	41100	BIOPSY TONGUE ANTERIOR TWO-THIRD	10/1/2005	\$108.99	3	NO
2	41105	BIOPSY TONGUE; POSTERIOR ONE-THI	10/1/2005	\$99.91	3	NO
2	41108	BIOPSY FLOOR OF MOUTH	10/1/2005	\$83.56	3	NO
2	41110	EXCISION LESION OF TONGUE WITHOU	10/1/2005	\$119.89	3	NO
2	41112	EXCISION OF LESION OF TONGUE WIT	10/1/2005	\$194.37	3	NO
2	41113	EXCISION OF LESION OF TONGUE WIT	10/1/2005	\$214.61	3	NO
2	41114	EXCISION OF LESION OF TONGUE WIT	10/1/2005	\$427.66	3	NO
2	41115	EXCISION OF LINGUAL FRENUM (FREN	10/1/2005	\$135.20	3	NO
2	41116	EXCISION LESION OF FLOOR OF MOUT	10/1/2005	\$182.17	3	NO
2	41120	GLOSSECTOMY LESS THAN ONE-HALF T	10/1/2005	\$672.11	3	NO
2	41130	GLOSSECTOMY; HEMIGLOSSECTOMY	10/1/2005	\$734.13	3	NO
2	41135	GLOSSECTOMY; PARTIAL WITH UNILAT	10/1/2005	\$1,252.09	3	NO
2	41140	GLOSSECTOMY COMPLETE OR TOTAL WI	10/1/2005	\$1,410.90	3	NO
2	41145	GLOSSECTOMY COMPLETE OR TOTAL WI	10/1/2005	\$1,638.22	3	NO
2	41150	GLOSSECTOMY COMPOSITE PROCEDURE	10/1/2005	\$1,290.49	3	NO
2	41153	GLOSSECTOMY COMPOSITE PROCEDURE	10/1/2005	\$1,318.78	3	NO
2	41155	GLOSSECTOMY COMPOSITE PRODEDURE	10/1/2005	\$1,476.56	3	NO
2	41250	REPAIR LACERATION 2.5 CM OR LESS	10/1/2005	\$125.60	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	41251	REPAIR LACERATION UP TO 2 CM; PO	10/1/2005	\$149.47	3	NO
2	41252	REPAIR LACERATION OF TONGUE FLOO	10/1/2005	\$185.54	3	NO
2	41500	FIXATION TONGUE MECHANICAL OTHER	10/1/2005	\$297.13	3	NO
2	41510	SUTURE TONGUE TO LIP FOR MICROGN	10/1/2005	\$299.46	3	NO
2	41520	FRENOPLASTY (SURGICAL REVISION O	10/1/2005	\$197.74	3	NO
2	41599	UNLISTED PROCEDURE TONGUE FLOOR	2/1/1989	\$0.01	5	NO
2	41800	DRAINAGE ABSCESS CYST HEMATOMA	10/1/2005	\$100.69	3	NO
2	41805	REMOVAL EMBEDDED FOREIGN BODY FR	10/1/2005	\$104.84	3	NO
2	41806	REMOVAL EMBEDDED FOREIGN BODY; F	10/1/2005	\$172.05	3	NO
2	41820	GINGIVECTOMY EXCISION GINGIVA EA	10/1/2000	\$87.61	3	NO
2	41821	OPERCULECTOMY EXCISION PERICORON	10/1/2000	\$26.27	3	NO
2	41822	EXCISION FIBROUS TUBEROSITIES	10/1/2005	\$168.93	3	NO
2	41823	EXCISION OSSEOUS TUBEROSITIES	10/1/2005	\$241.85	3	NO
2	41825	EXCISION OF LESION OR TUMOR (EXC	10/1/2005	\$117.29	3	NO
2	41826	EXCISION OF LESION OR TUMOR (EXC	10/1/2005	\$130.79	3	NO
2	41827	EXCISION OF LESION OR TUMOR (EXC	10/1/2005	\$240.56	3	NO
2	41828	EXCISION OF HYPERPLASTIC ALVEOLA	10/1/2005	\$190.21	3	NO
2	41830	ALVEOLECTOMY INCLUDING CURETTAGE	10/1/2005	\$226.80	3	NO
2	41850	DESTRUCTION OF LESION (EXCEPT EX	10/1/2000	\$17.51	3	NO
2	41870	PERIODONTAL MUCOSAL GRAFTING	2/1/1994	NC	9	NO
2	41872	GINGIVOPLASTY, EACH QUADRANT (SP	2/1/1994	NC	9	NO
2	41874	ALVEOLOPLASTY, EACH QUADRANT (SP	2/1/1993	NC	9	NO
2	41899	UNLISTED PROCEDURE DENTOALVEOJAR	9/20/1993	\$0.01	5	NO
2	42000	DRAINAGE OF ABSCESS OF PALATE UV	10/1/2005	\$101.46	3	NO
2	42100	BIOPSY OF PALATE UVULA	10/1/2005	\$91.34	3	NO
2	42104	EXCISION LESION OF PALATE UVULA	10/1/2005	\$112.62	3	NO
2	42106	EXCISION LESION OF PALATE UVULA;	10/1/2005	\$144.54	3	NO
2	42107	EXCISION LESION OF PALATE UVULA;	10/1/2005	\$274.81	3	NO
2	42120	RESECTION PALATE OR EXTENSIVE RE	10/1/2005	\$479.30	3	NO
2	42140	UVULECTOMY EXCISION OF UVULA	10/1/2005	\$141.95	3	NO
2	42145	PALATOPHARYNGOPLASTY (EG UVULOPA	10/1/2005	\$419.87	3	NO
2	42160	DESTRUCTION OF LESION PALATE OR	10/1/2005	\$161.41	3	NO
2	42180	REPAIR LACERATION OF PALATE UP T	10/1/2005	\$149.99	3	NO
2	42182	REPAIR LACERATION OF PALATE; OVE	10/1/2005	\$209.94	3	NO
2	42200	PALATOPLASTY FOR CLEFT PALATE SO	10/1/2005	\$608.79	3	NO
2	42205	PALATOPLASTY FOR CLEFT PALATE WI	10/1/2005	\$646.16	3	NO
2	42210	PALATOPLASTY FOR CLEFT PALATE WI	10/1/2005	\$728.68	3	NO
2	42215	PALATOPLASTY FOR CLEFT PALATE MA	10/1/2005	\$497.72	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	42220	PALATOPLASTY FOR CLEFT PALATE; S	10/1/2005	\$376.53	3	NO
2	42225	PALATOPLASTY FOR CLEFT PALATE; A	10/1/2005	\$713.11	3	NO
2	42226	LENGTHENING OF PALATE, AND PHARY	10/1/2005	\$666.92	3	NO
2	42227	LENGTHENING OF PALATE, WITH ISLA	10/1/2005	\$675.48	3	NO
2	42235	REPAIR ANTERIOR PALATE INCLUDING	10/1/2005	\$530.42	3	NO
2	42260	REPAIR NASOLABIAL FISTULA	10/1/2005	\$550.92	3	NO
2	42280	MAXILLARY IMPRESSION FOR PALATAL	10/1/2005	\$95.76	3	NO
2	42281	INSERTION OF PIN-RETAINED PALATA	10/1/2005	\$122.74	3	NO
2	42299	UNLISTED PROCEDURE PALATE UVULA	4/1/1982	\$0.01	5	NO
2	42300	DRAINAGE ABSCESS PAROTID SIMPLE	10/1/2005	\$127.41	3	NO
2	42305	DRAINAGE ABSCESS; PAROTID COMPLI	10/1/2005	\$293.49	3	NO
2	42310	SUBMAXILLARY OR SUBLINGUAL INTRA	10/1/2005	\$102.50	3	NO
2	42320	DRAINAGE ABSCESS; SUBMAXILLARY E	10/1/2005	\$151.29	3	NO
2	42325	FISTULIZATION SUBLINGUAL SALIVAR	1/1/2006	INVALID	N	NO
2	42326	FISTULIZATION SUBLINGUAL SALIVAR	1/1/2006	INVALID	N	NO
2	42330	SIALOLITHOTOMY SUBMANDIBULAR (SU	10/1/2005	\$143.76	3	NO
2	42335	SIALOLITHOTOMY SUBMANDIBULAR (SU	10/1/2005	\$220.83	3	NO
2	42340	SIALOLITHOTOMY; PAROTID EXTRAORA	10/1/2005	\$287.01	3	NO
2	42400	BIOPSY SALIVARY GLAND NEEDLE	10/1/2005	\$64.62	3	NO
2	42405	BIOPSY SALIVARY GLAND; INCISIONA	10/1/2005	\$196.44	3	NO
2	42408	EXCISION SUBLINGUAL SALIVARY CYS	10/1/2005	\$282.60	3	NO
2	42409	MARSUPIALIZATION SUBLINGUAL SALI	10/1/2005	\$197.22	3	NO
2	42410	EXCISION PAROTID TUMOR OR PAROTI	10/1/2005	\$427.14	3	NO
2	42415	EXCISION PAROTID TUMOR OR PAROTI	10/1/2005	\$757.22	3	NO
2	42420	EXCISION PAROTID TUMOR OR PAROTI	10/1/2005	\$871.92	3	NO
2	42425	EXCISION PAROTID TUMOR OR PAROTI	10/1/2005	\$590.10	3	NO
2	42426	EXCISION PAROTID TUMOR OR PAROTI	10/1/2005	\$936.54	3	NO
2	42440	EXCISION SUBMANDIBULAR (SUBMAXIL	10/1/2005	\$320.48	3	NO
2	42450	EXCISION SUBLINGUAL GLAND	10/1/2005	\$283.63	3	NO
2	42500	PLASTIC REPAIR SALIVARY DUCT SIA	10/1/2005	\$269.36	3	NO
2	42505	PLASTIC REPAIR SALIVARY DUCT SIA	10/1/2005	\$359.41	3	NO
2	42507	PAROTID DUCT DIVERSION BILATERAL	10/1/2005	\$340.46	3	NO
2	42508	PAROTID DUCT DIVERSION BILATERAL	10/1/2005	\$479.30	3	NO
2	42509	PAROTID DUCT DIVERSION BILATERAL	10/1/2005	\$587.51	3	NO
2	42510	PAROTID DUCT DIVERSION BILATERAL	10/1/2005	\$430.51	3	NO
2	42550	INJECTION PROCEDURE FOR SIALOGRA	10/1/2005	\$117.55	3	NO
2	42600	CLOSURE SALIVARY FISTULA	10/1/2005	\$306.73	3	NO
2	42650	DILATION SALIVARY DUCT	10/1/2005	\$50.34	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	42660	DILATION AND CATHETERIZATION OF	10/1/2005	\$66.69	3	NO
2	42665	LIGATION SALIVARY DUCT INTRAORAL	10/1/2005	\$179.83	3	NO
2	42699	UNLISTED PROCEDURE SALIVARY GLAN	4/1/1982	\$0.01	5	NO
2	42700	INCISION AND DRAINAGE ABSCESS PE	10/1/2005	\$114.18	3	NO
2	42720	INCISION AND DRAINAGE ABSCESS RE	10/1/2005	\$277.92	3	NO
2	42725	INCISION AND DRAINAGE ABSCESS RE	10/1/2005	\$515.89	3	NO
2	42800	BIOPSY OROPHARYNX	10/1/2005	\$95.50	3	NO
2	42802	BIOPSY; HYPOPHARYNX	10/1/2005	\$166.86	3	NO
2	42804	BIOPSY; NASOPHARYNX VISIBLE LESI	10/1/2005	\$131.83	3	NO
2	42806	BIOPSY; NASOPHARYNX SURVEY FOR U	10/1/2005	\$149.99	3	NO
2	42808	EXCISION OR DESTRUCTION OF LESIO	10/1/2005	\$144.80	3	NO
2	42809	REMOVAL OF FOREIGN BODY FROM PHA	10/1/2005	\$111.59	3	NO
2	42810	EXCISION BRANCHIAL CLEFT CYST OR	10/1/2005	\$240.30	3	NO
2	42815	EXCISION BRANCHIAL CLEFT CYST, V	10/1/2005	\$365.64	3	NO
2	42820	TONSILLECTOMY AND ADENOIDECTOMY	10/1/2005	\$194.63	3	NO
2	42821	TONSILLECTOMY AND ADENOIDECTOMY;	10/1/2005	\$210.97	3	NO
2	42825	TONSILLECTOMY PRIMARY OR SECONDA	10/1/2005	\$177.24	3	NO
2	42826	TONSILLECTOMY PRIMARY OR SECONDA	10/1/2005	\$173.35	3	NO
2	42830	ADENOIDECTOMY PRIMARY UNDER AGE	10/1/2005	\$138.31	3	NO
2	42831	ADENOIDECTOMY PRIMARY; AGE 12 OR	10/1/2005	\$149.73	3	NO
2	42835	ADENOIDECTOMY SECONDARY UNDER AG	10/1/2005	\$128.97	3	NO
2	42836	ADENOIDECTOMY SECONDARY; AGE 12	10/1/2005	\$166.08	3	NO
2	42842	RADICAL RESECTION OF TONSIL, TON	10/1/2005	\$530.94	3	NO
2	42844	RADICAL RESECTION OF TONSIL TONS	10/1/2005	\$822.87	3	NO
2	42845	RADICAL RESECTION OF TONSIL TONS	10/1/2005	\$1,284.27	3	NO
2	42860	EXCISION OF TONSIL TAGS	10/1/2005	\$124.56	3	YES
2	42870	EXCISION OR DESTRUCTION LINGUAL	10/1/2005	\$373.68	3	NO
2	42890	LIMITED PHARYNGECTOMY WITHOUT RA	10/1/2005	\$730.75	3	NO
2	42892	RESECTION OF LATERAL PHARYNGEAL	10/1/2005	\$890.86	3	NO
2	42894	RESECTION OF PHARYNGEAL WALL REQ	10/1/2005	\$1,213.94	3	NO
2	42900	SUTURE PHARYNX FOR WOUND OR INJU	10/1/2005	\$244.71	3	NO
2	42950	PHARYNGOPLASTY (PLASTIC OR RECON	10/1/2005	\$536.65	3	NO
2	42953	PHARYNGOESOPHAGEAL REPAIR	10/1/2005	\$705.32	3	NO
2	42955	PHARYNGOSTOMY (FISTULIZATION OF	10/1/2005	\$489.16	3	NO
2	42960	CONTROL OROPHARYNEAL HEMORRHAGE	10/1/2005	\$116.52	3	NO
2	42961	CONTROL OROPHARYNGEAL HEMORRHAGE	10/1/2005	\$285.45	3	NO
2	42962	CONTROL OROPHARYNGEAL HEMORRHAGE	10/1/2005	\$353.70	3	NO
2	42970	CONTROL OF NASOPHARYNGEAL HEMORR	10/1/2005	\$259.24	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	42971	CONTROL OF NASOPHARYNGEAL HEMORR	10/1/2005	\$306.99	3	NO
2	42972	CONTROL OF NASOPHARYNGEAL HEMORR	10/1/2005	\$350.58	3	NO
2	42999	UNLISTED PROCEDURE PHARYNX ADENO	4/1/1982	\$0.01	5	NO
2	43020	ESOPHAGOTOMY CERVICAL APPROACH;	10/1/2005	\$372.90	3	NO
2	43030	CRICOPHARYNGEAL MYOTOMY	10/1/2005	\$359.93	3	NO
2	43045	ESOPHAGOTOMY, THORACIC APPROACH,	10/1/2005	\$865.43	3	NO
2	43100	EXCISION OF LESION, ESOPHAGUS, W	10/1/2005	\$423.50	3	NO
2	43101	EXCISION OF LESION, ESOPHAGUS, W	10/1/2005	\$683.26	3	NO
2	43107	TOTAL OR NEAR TOTAL ESOPHAGECTOM	10/1/2005	\$1,640.56	3	NO
2	43108	TOTAL OR NEAR TOTAL ESOPHAGECTOM	10/1/2005	\$1,356.93	3	NO
2	43112	TOTAL OR NEAR TOTAL ESOPHAGECTOM	10/1/2005	\$1,776.28	3	NO
2	43113	TOTAL OR NEAR TOTAL ESOPHAGECTOM	10/1/2005	\$1,419.72	3	NO
2	43116	PARTIAL ESOPHAGECTOMY, CERVICAL,	10/1/2005	\$1,320.34	3	NO
2	43117	PARTIAL ESOPHAGECTOMY, DISTAL TW	10/1/2005	\$1,616.17	3	NO
2	43118	PARTIAL ESOPHAGECTOMY, DISTAL TW	10/1/2005	\$1,323.45	3	NO
2	43121	PARTIAL ESOPHAGECTOMY, DISTAL TW	10/1/2005	\$1,211.35	3	NO
2	43122	PARTIAL ESOPHAGECTOMY, THORACOAB	10/1/2005	\$1,623.95	3	NO
2	43123	PARTIAL ESOPHAGECTOMY, THORACOAB	10/1/2005	\$1,334.09	3	NO
2	43124	TOTAL OR PARTIAL ESOPHAGECTOMY,	10/1/2005	\$1,142.58	3	NO
2	43130	DIVERTICULECTOMY HYPOPHARYNX OR	10/1/2005	\$531.20	3	NO
2	43135	DIVERTICULECTOMY HYPOPHARYNX OR	10/1/2005	\$686.12	3	NO
2	43200	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	10/1/2005	\$151.81	3	NO
2	43201	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	10/1/2005	\$178.54	3	NO
2	43202	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	10/1/2005	\$196.96	3	NO
2	43204	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	10/1/2005	\$144.80	3	NO
2	43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	10/1/2005	\$144.80	3	NO
2	43215	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	10/1/2005	\$104.58	3	NO
2	43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	10/1/2005	\$94.98	3	NO
2	43217	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	10/1/2005	\$262.35	3	NO
2	43219	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	10/1/2005	\$113.92	3	NO
2	43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	10/1/2005	\$84.08	3	NO
2	43226	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	10/1/2005	\$92.38	3	NO
2	43227	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	10/1/2005	\$138.05	3	NO
2	43228	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	10/1/2005	\$146.62	3	NO
2	43231	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	10/1/2005	\$123.00	3	NO
2	43232	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	10/1/2005	\$171.79	3	NO
2	43234	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$194.88	3	NO
2	43235	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$201.11	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	43236	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$247.56	3	NO
2	43237	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$155.96	3	NO
2	43238	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$192.55	3	NO
2	43239	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$228.36	3	NO
2	43240	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$259.76	3	NO
2	43241	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$101.21	3	NO
2	43242	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$274.03	3	NO
2	43243	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$173.87	3	NO
2	43244	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$191.25	3	NO
2	43245	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$123.00	3	NO
2	43246	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$164.78	3	NO
2	43247	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$130.27	3	NO
2	43248	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$121.97	3	NO
2	43249	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$112.36	3	NO
2	43250	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$123.78	3	NO
2	43251	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$141.69	3	NO
2	43255	UGI ENDOSCOPY INCLUDING ESOPHAGU	10/1/2005	\$182.95	3	NO
2	43256	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$165.82	3	NO
2	43257	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2005	NC	9	NO
2	43258	UGI ENDOSCOPY INCLUDING ESOPHAGU	10/1/2005	\$172.83	3	NO
2	43259	UPPER GASTROINTESTINAL ENDOSCOPY	10/1/2005	\$195.66	3	NO
2	43260	ENDOSCOPIC RETROGRADE CHOLANGIOP	10/1/2005	\$224.99	3	NO
2	43261	ENDOSCOPIC RETROGRADE CHOLANGIOP	10/1/2005	\$236.40	3	NO
2	43262	ENDOSCOPIC RETROGRADE CHOLANGIOP	10/1/2005	\$277.67	3	NO
2	43263	ENDOSCOPIC RETROGRADE CHOLANGIOP	10/1/2005	\$274.55	3	NO
2	43264	ENDOSCOPIC RETROGRADE CHOLANGIOP	10/1/2005	\$333.46	3	NO
2	43265	ERCP; WITH ENDOSCOPIC RETROGRADE	10/1/2005	\$374.20	3	NO
2	43267	ENDOSCOPIC RETROGRADE CHOLANGIOP	10/1/2005	\$277.92	3	NO
2	43268	ENDOSCOPIC RETROGRADE CHOLANGIOP	10/1/2005	\$280.26	3	NO
2	43269	ERCP, W/ENDOSCOPIC RETROGRADE REM	10/1/2005	\$308.29	3	NO
2	43271	ERCP; W/ENDOSCOPIC RETROGRADE BA	10/1/2005	\$277.67	3	NO
2	43272	ERCP; W/ABLATION OF TUMOR(S), PO	10/1/2005	\$277.92	3	NO
2	43280	LAPAROSCOPY, SURGICAL, ESOPHAGOG	10/1/2005	\$693.90	3	NO
2	43289	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	43300	ESOPHAGOPLASTY (PLASTIC REPAIR O	10/1/2005	\$429.99	3	NO
2	43305	ESOPHAGOPLASTY (PLASTIC REPAIR O	10/1/2005	\$768.90	3	NO
2	43310	ESOPHAGOPLASTY (PLASTIC REPAIR O	10/1/2005	\$1,032.81	3	NO
2	43312	ESOPHAGOPLASTY (PLASTIC REPAIR O	10/1/2005	\$1,147.77	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	43313	ESOPHAGOPLASTY FOR CONGENITAL DE	10/1/2005	\$1,801.45	3	NO
2	43314	ESOPHAGOPLASTY FOR CONGENITAL DE	10/1/2005	\$1,970.90	3	NO
2	43320	ESOPHAGOGASTROSTOMY (CARDIOPLAST	10/1/2005	\$820.80	3	NO
2	43324	ESOPHAGOGASTRIC FUNDOPLASTY (EG	10/1/2005	\$830.92	3	NO
2	43325	ESOPHAGOGASTRIC FUNDOPLASTY WITH	10/1/2005	\$814.83	3	NO
2	43326	ESOPHAGOGASTRIC FUNDOPLASTY; WIT	10/1/2005	\$824.69	3	NO
2	43330	ESOPHAGOMYOTOMY (HELLER TYPE); AB	10/1/2005	\$800.56	3	NO
2	43331	ESOPHAGOMYOTOMY ((HELLER TYPE) W	10/1/2005	\$848.82	3	NO
2	43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOT	10/1/2005	\$804.19	3	NO
2	43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOT	10/1/2005	\$874.77	3	NO
2	43350	ESOPHAGOSTOMY FISTULIZATION OF E	10/1/2005	\$664.58	3	NO
2	43351	ESOPHAGOSTOMY FISTULIZATION OF E	10/1/2005	\$792.77	3	NO
2	43352	ESOPHAGOSTOMY FISTULIZATION OF E	10/1/2005	\$664.06	3	NO
2	43360	GASTROINTESTINAL RECONSTRUCTION	10/1/2005	\$1,441.52	3	NO
2	43361	GASTROINTESTINAL RECONSTRUCTION	10/1/2005	\$1,602.41	3	NO
2	43400	LIGATION DIRECT ESOPHAGEAL VARIC	10/1/2005	\$843.63	3	NO
2	43401	TRANSECTION OF ESOPHAGUS WITH RE	10/1/2005	\$896.57	3	NO
2	43405	LIGATION OR STAPLING AT GASTROES	10/1/2005	\$838.70	3	NO
2	43410	SUTURE ESOPHAGEAL WOUND OR INJUR	10/1/2005	\$592.44	3	NO
2	43415	SUTURE OF ESOPHAGEAL WOUND OR IN	10/1/2005	\$1,040.34	3	NO
2	43420	CLOSURE ESOPHAGOSTOMY OR FISTULA	10/1/2005	\$601.26	3	NO
2	43425	CLOSURE OF ESOPHAGOSTOMY OR FIST	10/1/2005	\$879.45	3	NO
2	43450	DILATION ESOPHAGUS, BY UNGUIDED	10/1/2005	\$106.91	3	NO
2	43453	DILATION ESOPHAGUS OVER GUIDE WI	10/1/2005	\$199.30	3	NO
2	43456	DILATION ESOPHAGUS BY BALLOON OR	10/1/2005	\$428.43	3	NO
2	43458	DILATION OF ESOPHAGUS WITH BALLO	10/1/2005	\$258.20	3	NO
2	43460	ESOPHAGOGASTRIC TAMPONADE WITH B	10/1/2005	\$145.32	3	NO
2	43496	FREE JEJUNUM TRANSFER WITH MICRO	1/1/1997	\$0.01	5	NO
2	43499	UNLISTED PROCEDURE ESOPHAGUS	4/1/1982	\$0.01	5	NO
2	43500	GASTROTOMY WITH EXPLORATION OR F	10/1/2005	\$451.79	3	NO
2	43501	GASTROTOMY; WITH SUTURE REPAIR O	10/1/2005	\$802.63	3	NO
2	43502	GASTROTOMY; WITH SUTURE REPAIR O	10/1/2005	\$924.08	3	NO
2	43510	GASTROTOMY; WITH ESOPHAGEAL DILA	10/1/2005	\$547.55	3	NO
2	43520	PYLOROMYOTOMY CUTTING OF PYLORIC	10/1/2005	\$429.47	3	NO
2	43600	BIOPSY OF STOMACH BY CAPSULE TUB	10/1/2005	\$70.32	3	NO
2	43605	BIOPSY OF STOMACH; BY LAPAROTOMY	10/1/2005	\$488.12	3	NO
2	43610	EXCISION, LOCAL; ULCER OR BENIGN	10/1/2005	\$586.99	3	NO
2	43611	EXCISION, LOCAL; MALIGNANT TUMOR	10/1/2005	\$718.56	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	43620	GASTRECTOMY, TOTAL; WITH ESOPHAG	10/1/2005	\$1,185.66	3	NO
2	43621	GASTRECTOMY, TOTAL; WITH ROUX-EN	10/1/2005	\$1,210.57	3	NO
2	43622	GASTRECTOMY, TOTAL; WITH FORMATI	10/1/2005	\$1,279.59	3	NO
2	43631	GASTRECTOMY, PARTIAL, DISTAL; WI	10/1/2005	\$899.17	3	YES
2	43632	GASTRECTOMY, PARTIAL, DISTAL; WI	10/1/2005	\$899.17	3	YES
2	43633	GASTRECTOMY, PARTIAL, DISTAL; WI	10/1/2005	\$918.89	3	YES
2	43634	GASTRECTOMY, PARTIAL, DISTAL; WI	10/1/2005	\$998.04	3	YES
2	43635	VAGOTOMY W/PARTIAL DISTAL GASTRE	10/1/2005	\$78.63	3	NO
2	43638	GASTRECTOMY, PARTIAL, PROXIMAL,	1/1/2006	INVALID	N	NO
2	43639	GASTRECTOMY, PARTIAL, PROXIMAL;	1/1/2006	INVALID	N	NO
2	43640	VAGOTOMY INCLUDING PYLOROPLASTY	10/1/2005	\$686.64	3	NO
2	43641	VAGOTOMY INCLUDING PYLOROPLASTY	10/1/2005	\$694.94	3	NO
2	43644	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2005	NC	9	NO
2	43645	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2005	NC	9	NO
2	43651	LAPAROSCOPY, SURGICAL; TRANSECTI	10/1/2005	\$420.91	3	NO
2	43652	LAPAROSCOPY, SURGICAL; TRANSECTI	10/1/2005	\$503.95	3	NO
2	43653	LAPAROSCOPY, SURGICAL; GASTROSTO	10/1/2005	\$334.76	3	NO
2	43659	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	43750	PERCUTANEOUS PLACEMENT OF GASTRO	10/1/2005	\$184.25	3	NO
2	43752	NASO- OR ORO-GASTRIC TUBE PLACEM	10/1/2005	\$28.80	3	NO
2	43760	CHANGE OF GASTROSTOMY TUBE	10/1/2005	\$84.86	3	NO
2	43761	REPOSITIONING OF THE GASTRIC FEE	10/1/2005	\$86.15	3	NO
2	43770	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2006	NC	9	NO
2	43771	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2006	NC	9	NO
2	43772	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2006	NC	9	NO
2	43773	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2006	NC	9	NO
2	43774	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2006	NC	9	NO
2	43800	PYLOROPLASTY	10/1/2005	\$553.77	3	NO
2	43810	GASTRODUODENOSTOMY	10/1/2005	\$589.32	3	NO
2	43820	GASTROJEJUNOSTOMY; WITHOUT VAGOT	10/1/2005	\$616.31	3	NO
2	43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY	10/1/2005	\$771.23	3	NO
2	43830	GASTROSTOMY TEMPORARY (TUBE RUBB	10/1/2005	\$403.78	3	NO
2	43831	GASTROSTOMY TEMPORARY (TUBE RUBB	10/1/2005	\$345.91	3	NO
2	43832	GASTROSTOMY PERMANENT WITH CONST	10/1/2005	\$631.88	3	NO
2	43840	GASTRORRHAPHY SUTURE OF PERFORAT	10/1/2005	\$631.10	3	NO
2	43842	GASTRIC RESTRICTIVE PROCEDURE, W	10/1/2005	\$743.47	3	NO
2	43843	GASTRIC RESTRICTIVE PROC, W/OUT	10/1/2005	\$747.62	3	NO
2	43845	GASTRIC RESTRICTIVE PROC W/PARTI	1/1/2005	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	43846	GASTRIC RESTRICTIVE PROC, W/GAST	10/1/2005	\$964.30	3	NO
2	43847	GASTRIC RESTRICTIVE PROCEDURE, W	1/1/1994	NC	9	NO
2	43848	REVISION, OPEN, OF GASTRIC RESTR	1/1/1995	NC	9	NO
2	43850	REVISION OF GASTRODUODENAL ANAST	10/1/2005	\$977.54	3	NO
2	43855	REVISION OF GASTRODUODENAL ANAST	10/1/2005	\$1,034.63	3	NO
2	43860	REVISION OF GASTROJEJUNAL ANASTO	10/1/2005	\$990.51	3	NO
2	43865	REVISION OF GASTROJEJUNAL ANASTO	10/1/2005	\$1,048.90	3	NO
2	43870	CLOSURE OF GASTROSTOMY SURGICAL	10/1/2005	\$400.15	3	NO
2	43880	CLOSURE OF GASTROCOLIC FISTULA	10/1/2005	\$977.80	3	NO
2	43886	GASTRIC RESTRICTIVE PROC, OPEN;	1/1/2006	NC	9	NO
2	43887	GASTRIC RESTRICTIVE PROCEDURE, O	1/1/2006	NC	9	NO
2	43888	GASTRIC RESTRICTIVE PROC, OPEN;	1/1/2006	NC	9	NO
2	43999	UNLISTED PROCEDURE STOMACH	2/1/1994	\$0.01	5	NO
2	44005	ENTEROLYSIS (FREEING OF INTESTIN	10/1/2005	\$648.75	3	NO
2	44010	DUODENOTOMY, FOR EXPLORATION, BI	10/1/2005	\$507.06	3	NO
2	44015	TUBE OR NEEDLE CATHETER JEJUNOST	10/1/2005	\$99.65	3	NO
2	44020	ENTEROTOMY, SMALL INTESTINE, OTH	10/1/2005	\$562.86	3	NO
2	44021	ENTEROTOMY SMALL BOWELL OTHER TH	10/1/2005	\$565.97	3	NO
2	44025	COLOTOMY, FOR EXPLORATION, BIOPS	10/1/2005	\$572.72	3	NO
2	44050	REDUCTION OF VOLVULUS INTUSSUSCE	10/1/2005	\$564.93	3	NO
2	44055	CORRECTION OF MALROTATION BY LYS	10/1/2005	\$869.33	3	NO
2	44100	BIOPSY OF INTESTINE BY CAPSULE T	10/1/2005	\$75.00	3	NO
2	44110	EXCISION OF ONE OR MORE LESIONS	10/1/2005	\$480.59	3	NO
2	44111	EXCISION OF ONE OR MORE LESIONS	10/1/2005	\$576.09	3	NO
2	44120	ENTERECTOMY, RESECTION OF SMALL	10/1/2005	\$680.67	3	NO
2	44121	ENTERECTOMY, RESECTION OF SMALL	10/1/2005	\$169.45	3	NO
2	44125	ENTERECTOMY, RESECTION OF SMALL	10/1/2005	\$700.39	3	NO
2	44126	ENTERECTOMY, RESECTION OF SMALL	10/1/2005	\$1,407.01	3	NO
2	44127	ENTERECTOMY, RESECTION OF SMALL	10/1/2005	\$1,617.98	3	NO
2	44128	ENTERECTOMY, RESECTION OF SMALL	10/1/2005	\$170.75	3	NO
2	44130	ENTEROENTEROSTOMY, ANASTOMOSIS O	10/1/2005	\$584.39	3	NO
2	44132	DONOR ENTERECTOMY (INCLUDING COL	10/1/2005	NC	9	NO
2	44133	DONOR ENTERECTOMY (INCLUDING COL	10/1/2005	NC	9	NO
2	44135	INTESTINAL ALLOTRANSPLANTATION;	1/1/2005	\$0.01	5	YES
2	44136	INTESTINAL ALLOTRANSPLANTATION;	10/1/2005	NC	9	NO
2	44137	REMOVAL OF TRANSPLANTED INTESTIN	1/1/2005	\$0.01	5	NO
2	44139	MOBILIZATION (TAKE-DOWN) OF SPLE	10/1/2005	\$84.86	3	NO
2	44140	COLECTOMY PARTIAL WITH ANASTOMOS	10/1/2005	\$837.67	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	44141	COLECTOMY PARTIAL; WITH SKIN LE	10/1/2005	\$830.66	3	NO
2	44143	COLECTOMY PARTIAL; WITH END COLO	10/1/2005	\$949.51	3	NO
2	44144	COLECTOMY PARTIAL; WITH RESECTIO	10/1/2005	\$879.19	3	NO
2	44145	COLECTOMY PARTIAL; WITH COLOPROC	10/1/2005	\$1,048.90	3	NO
2	44146	COLECTOMY PARTIAL; WITH COLOPROC	10/1/2005	\$1,134.53	3	NO
2	44147	COLECTOMY PARTIAL ABDOMINAL AND	10/1/2005	\$827.03	3	NO
2	44150	COLECTOMY TOTAL ABDOMINAL WITHOU	10/1/2005	\$1,010.23	3	NO
2	44151	COLECTOMY TOTAL ABDOMINAL WITHOU	10/1/2005	\$1,133.24	3	NO
2	44152	COLECTOMY,TOTAL,ABDOMINAL,W/O PR	10/1/2005	\$1,111.96	3	NO
2	44153	COLECTOMY,TOTAL,ABDOM,W/O PROCTE	10/1/2005	\$1,256.76	3	NO
2	44155	COLECTOMY TOTAL ABDOMINAL WITH P	10/1/2005	\$1,151.14	3	NO
2	44156	COLECTOMY TOTAL ABDOMINAL WITH P	10/1/2005	\$1,289.97	3	NO
2	44160	COLECTOMY, PARTIAL, WITH REMOVAL	10/1/2005	\$743.73	3	NO
2	44180	LAPAROSCOPY, SURGICAL,ENTEROLYSI	1/1/2006	\$584.39	3	NO
2	44186	LAPAROSCOPY, SURGICAL; JEJUNOSTO	1/1/2006	\$411.05	3	NO
2	44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY	1/1/2006	\$679.11	3	NO
2	44188	LAPAROSCOPY, SURGICAL, COLOSTOMY	1/1/2006	\$745.02	3	NO
2	44200	LAPAROSCOPY, SURGICAL; ENTEROLYS	1/1/2006	INVALID	N	NO
2	44201	LAPAROSCOPY, SURGICAL; JEJUNOSTO	1/1/2006	INVALID	N	NO
2	44202	LAPAROSCOPY, SURGICAL; ENTERECTO	10/1/2005	\$875.55	3	NO
2	44203	LAPAROSCOPY, SURGICAL; EACH ADDI	10/1/2005	\$168.93	3	NO
2	44204	LAPAROSCOPY, SURGICAL; COLECTOMY	10/1/2005	\$987.66	3	NO
2	44205	LAPAROSCOPY, SURGICAL; COLECTOMY	10/1/2005	\$875.81	3	NO
2	44206	LAPAROSCOPY, SURGICAL; COLECTOMY	10/1/2005	\$1,080.04	3	NO
2	44207	LAPAROSCOPY, SURGICAL; COLECTOMY	10/1/2005	\$1,169.57	3	NO
2	44208	LAPAROSCOPY, SURGICAL; COLECTOMY	10/1/2005	\$1,269.47	3	NO
2	44209	UNLISTED LAPAROSCOPY PROCEDURE,	7/1/2003	INVALID	N	NO
2	44210	LAPAROSCOPY, SURGICAL; COLECTOMY	10/1/2005	\$1,121.56	3	NO
2	44211	LAPAROSCOPY,SURGICAL; COLECTOMY,	10/1/2005	\$1,395.07	3	NO
2	44212	LAPAROSCOPY, SURGICAL; COLECTOMY	10/1/2005	\$1,292.05	3	NO
2	44213	LAPAROSCOPY, SURGICAL, MOBILIZAT	1/1/2006	\$133.90	3	NO
2	44227	LAPAROSCOPY, SURGICAL, CLOSURE O	1/1/2006	\$1,051.49	3	NO
2	44238	UNLISTED LAPAROSCOPY PROCEDURE,	1/1/2003	\$0.01	5	NO
2	44239	UNLISTED LAPAROSCOPY PROCEDURE,	1/1/2006	INVALID	N	NO
2	44300	ENTEROSTOMY OR CECOSTOMY, TUBE (	10/1/2005	\$496.42	3	NO
2	44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TU	10/1/2005	\$637.59	3	NO
2	44312	REVISION OF ILEOSTOMY;SIMPLE (RE	10/1/2005	\$335.53	3	NO
2	44314	REVISION OF ILEOSTOMY;COMPLICATE	10/1/2005	\$604.89	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	44316	CONTINENT ILEOSTOMY (KOCK PROCED	10/1/2005	\$829.36	3	NO
2	44320	COLOSTOMY OR SKIN LEVEL CECOSTOM	10/1/2005	\$713.37	3	NO
2	44322	COLOSTOMY OR SKIN LEVEL CECOSTOM	10/1/2005	\$572.46	3	NO
2	44340	REVISION OF COLOSTOMY;SIMPLE (RE	10/1/2005	\$336.05	3	NO
2	44345	REVISION OF COLOSTOMY;COMPLICATE	10/1/2005	\$628.77	3	NO
2	44346	REVISION OF COLOSTOMY;W/REPAIR O	10/1/2005	\$685.86	3	NO
2	44360	SM INTESTINAL ENDOSCOPY, ENTEROS	10/1/2005	\$100.69	3	NO
2	44361	SM INTESTINAL ENDOSCOPY, ENTEROS	10/1/2005	\$111.07	3	NO
2	44363	SMALL INTESTINAL ENDOSCOPY, ENTE	10/1/2005	\$133.38	3	NO
2	44364	SM INTESTINAL ENDOSCOPY ENTEROSC	10/1/2005	\$142.47	3	NO
2	44365	SMALL INTESTINAL ENDOSCOPY, WITH	10/1/2005	\$127.41	3	NO
2	44366	SMALL INTESTINAL ENDOSCOPY, ENTE	10/1/2005	\$167.38	3	NO
2	44369	SM INTESTINAL ENDOSCOPY ENTEROSC	10/1/2005	\$170.49	3	NO
2	44370	SMALL INTESTINAL ENDOSCOPY, ENTE	10/1/2005	\$185.02	3	NO
2	44372	SMALL INTESTINAL ENDOSCOPY, ENTE	10/1/2005	\$168.16	3	NO
2	44373	SM INTEST ENDOSCOPY,ENTEROSCOPY	10/1/2005	\$134.42	3	NO
2	44376	SMALL INTESTINAL ENDOSCOPY, ENTE	10/1/2005	\$199.82	3	NO
2	44377	SMALL INTESTINAL ENDOSCOPY, WITH	10/1/2005	\$208.90	3	NO
2	44378	SMALL INTESTINAL ENDOSCOPY, ENTE	10/1/2005	\$268.32	3	NO
2	44379	SMALL INTESTINAL ENDOSCOPY, ENTE	10/1/2005	\$285.19	3	NO
2	44380	ILEOSCOPY, THROUGH STOMA; DIAGNO	10/1/2005	\$43.60	3	NO
2	44382	ILEOSCOPY, THROUGH STOMA; WITH B	10/1/2005	\$52.42	3	NO
2	44383	ILEOSCOPY, THROUGH STOMA; WITH T	10/1/2005	\$114.96	3	NO
2	44385	ENDOSCOPIC EVALUATION OF SM INTE	10/1/2005	\$138.05	3	NO
2	44386	ENDOSCOPIC EVALUATION OF SM INTE	10/1/2005	\$232.25	3	NO
2	44388	COLONOSCOPY THROUGH STOMA; DIAGN	10/1/2005	\$211.75	3	NO
2	44389	COLONOSCOPY THROUGH STOMA; WITH	10/1/2005	\$260.02	3	NO
2	44390	FIBEROPTIC COLONOSCOPY THROUGH C	10/1/2005	\$291.94	3	NO
2	44391	COLONOSCOPY THRU STOMA; W/CONTRO	10/1/2005	\$346.95	3	NO
2	44392	COLONOSCOPY THROUGH STOMA; W/REM	10/1/2005	\$278.44	3	NO
2	44393	COLONOSCOPY THROUGH STOMA;W/ABLA	10/1/2005	\$315.29	3	NO
2	44394	COLONOSCOPY THROUGH STOMA; WITH	10/1/2005	\$327.23	3	NO
2	44397	COLONOSCOPY THROUGH STOMA; WITH	10/1/2005	\$178.54	3	NO
2	44500	INTRODUCTION OF LONG GASTROINTES	10/1/2005	\$17.65	3	NO
2	44602	SUTURE OF SMALL INTESTINE (ENTER	10/1/2005	\$634.48	3	NO
2	44603	SUTURE OF SMALL INTESTINE (ENTER	10/1/2005	\$733.87	3	NO
2	44604	SUTURE OF LARGE INTESTINE (COLOR	10/1/2005	\$635.78	3	NO
2	44605	SUTURE OF INTESTINE (ENTERORRHAP	10/1/2005	\$788.10	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	44615	INTESTINAL STRICTUROPLASTY (ENTE	10/1/2005	\$638.11	3	NO
2	44620	CLOSURE OF ENTEROSTOMY LARGE OR	10/1/2005	\$493.31	3	NO
2	44625	CLOSURE OF ENTEROSTOMY LARGE OR	10/1/2005	\$601.00	3	NO
2	44626	CLOSURE OF ENTEROSTOMY, LARGE OR	10/1/2005	\$995.18	3	NO
2	44640	CLOSURE OF INTESTINAL CUTANEOUS	10/1/2005	\$854.01	3	NO
2	44650	CLOSURE OF ENTEROENTERIC OR ENTE	10/1/2005	\$889.05	3	NO
2	44660	CLOSURE OF ENTEROVESICAL FISTULA	10/1/2005	\$824.95	3	NO
2	44661	CLOSURE OF ENTEROVESICAL FISTULA	10/1/2005	\$963.00	3	NO
2	44680	INTESTINAL PLICATION (SEPARATE P	10/1/2005	\$615.27	3	NO
2	44700	EXCLUSION OF SMALL INTESTINE FRO	10/1/2005	\$637.07	3	NO
2	44701	INTRAOPERATIVE COLONIC LAVAGE (L	10/1/2005	\$117.55	3	NO
2	44715	BACKBENCH STANDARD PREP OF CADA	10/1/2005	\$0.01	5	YES
2	44720	BACKBENCH RECONSTRUCTION OF CADA	10/1/2005	\$183.73	3	YES
2	44721	BACKBENCH RECONSTRUCTION OF CADA	10/1/2005	\$268.84	3	YES
2	44799	UNLISTED PROCEDURE INTESTINE	4/1/1982	\$0.01	5	NO
2	44800	EXCISION OF MECKELS DIVERTICULUM	10/1/2005	\$467.36	3	NO
2	44820	EXCISION OF LESION OF MESENTERY	10/1/2005	\$495.13	3	NO
2	44850	SUTURE OF MESENTERY (SEPARATE PR	10/1/2005	\$443.49	3	NO
2	44899	UNLISTED PROCEDURE MECKELS DIVER	2/1/1989	\$0.01	5	NO
2	44900	INCISION AND DRAINAGE OF APPENDI	10/1/2005	\$417.80	3	NO
2	44901	INCISION AND DRAINAGE OF APPENDI	10/1/2005	\$122.22	3	NO
2	44950	APPENDECTOMY	10/1/2005	\$404.82	3	NO
2	44955	APPENDECTOMY WHEN DONE FOR INDIC	10/1/2005	\$58.65	3	NO
2	44960	APPENDECTOMY FOR RUPTURED APPEND	10/1/2005	\$499.80	3	NO
2	44970	LAPAROSCOPY, SURGICAL; APPENDECT	10/1/2005	\$360.71	3	NO
2	44979	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	45000	TRANSRECTAL DRAINAGE OF PELVIC A	10/1/2005	\$207.08	3	NO
2	45005	INCISION AND DRAINAGE OF SUBMUCO	10/1/2005	\$162.97	3	NO
2	45020	INCISION AND DRAINAGE OF DEEP SU	10/1/2005	\$221.09	3	NO
2	45100	BIOPSY OF ANORECTAL WALL ANAL AP	10/1/2005	\$167.38	3	NO
2	45108	ANORECTAL MYOMECTIONY	10/1/2005	\$210.20	3	NO
2	45110	PROCTECTOMY; COMPLETE, COMBINED	10/1/2005	\$1,133.24	3	NO
2	45111	PROCTECTOMY; PARTIAL RESECTION O	10/1/2005	\$665.88	3	NO
2	45112	PROCTECTOMY, COMBINED ABDOMINOPE	10/1/2005	\$1,184.10	3	NO
2	45113	PROCTECTOMY, PARTIAL, WITH RECTA	10/1/2005	\$1,206.42	3	NO
2	45114	PROCTECTOMY, PARTIAL, WITH ANAST	10/1/2005	\$1,075.89	3	NO
2	45116	PROCTECTOMY PARTIAL WITH ANASTOM	10/1/2005	\$972.35	3	NO
2	45119	PROCTECTOMY, COMBINED ABDOMINOPE	10/1/2005	\$1,207.97	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	45120	PROCTECTOMY, COMPLETE, ABDOMINAL	10/1/2005	\$974.16	3	NO
2	45121	PROCTECTOMY, COMPLETE, ABDOMINAL	10/1/2005	\$1,071.99	3	NO
2	45123	PROCTECTOMY, PARTIAL, WITHOUT AN	10/1/2005	\$658.09	3	NO
2	45126	PELVIC EXENTERATION FOR COLORECT	10/1/2005	\$1,779.13	3	NO
2	45130	EXCISION OF RECTAL PROCIDENTIA W	10/1/2005	\$647.19	3	NO
2	45135	EXCISION OF RECTAL PROCIDENTIA W	10/1/2005	\$778.50	3	NO
2	45136	EXCISION OF ILEOANAL RESERVOIR W	10/1/2005	\$1,102.36	3	NO
2	45150	DIVISION OF STRICTURE OF RECTUM	10/1/2005	\$239.00	3	NO
2	45160	EXCISION OF RECTAL TUMOR BY PROC	10/1/2005	\$612.42	3	NO
2	45170	EXCISION OF RECTAL TUMOR, TRANSA	10/1/2005	\$468.14	3	NO
2	45190	DESTRUCTION OF RECTAL TUMOR, TRA	10/1/2005	\$400.67	3	NO
2	45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAG	10/1/2005	\$50.60	3	NO
2	45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH	10/1/2005	\$497.46	3	NO
2	45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH	10/1/2005	\$97.31	3	NO
2	45307	PROCTOSIGMOIDOSCOPY; WITH REMOVA	10/1/2005	\$105.88	3	NO
2	45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH	10/1/2005	\$75.51	3	NO
2	45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH	10/1/2005	\$130.79	3	NO
2	45315	PROCTOSIGMOIDOSCOPY, RIGID; W/RE	10/1/2005	\$114.44	3	NO
2	45317	PROCTOSIGMOIDOSCOPY, RIGID; W/CO	10/1/2005	\$105.88	3	NO
2	45320	PROCTOSIGMOIDOSCOPY, RIGID; W/AB	10/1/2005	\$120.67	3	NO
2	45321	PROCTOSIGMOIDOSCOPY; WITH DECOMP	10/1/2005	\$48.27	3	NO
2	45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH	10/1/2005	\$64.88	3	NO
2	45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOS	10/1/2005	\$85.89	3	NO
2	45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BI	10/1/2005	\$111.84	3	NO
2	45332	SIGMOIDOSCOPY, FLEXIBLE FIBEROPT	10/1/2005	\$180.35	3	NO
2	45333	SIGMOIDOSCOPY, FLEXIBLE; W/REMOV	10/1/2005	\$176.72	3	NO
2	45334	SIGMOIDOSCOPY, FLEXIBLE; W/CONTR	10/1/2005	\$105.88	3	NO
2	45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DI	10/1/2005	\$124.04	3	NO
2	45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DE	10/1/2005	\$92.64	3	NO
2	45338	SIGMOIDOSCOPY, FLEXIBLE; WITH RE	10/1/2005	\$200.85	3	NO
2	45339	SIGMOIDOSCOPY, FLEXIBLE; WITH AB	10/1/2005	\$178.02	3	NO
2	45340	SIGMOIDOSCOPY, FLEXIBLE; WITH DI	10/1/2005	\$213.05	3	NO
2	45341	SIGMOIDOSCOPY, FLEXIBLE; WITH EN	10/1/2005	\$100.43	3	NO
2	45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TR	10/1/2005	\$152.85	3	NO
2	45345	SIGMOIDOSCOPY, FLEXIBLE; WITH TR	10/1/2005	\$111.84	3	NO
2	45355	COLONOSCOPY, RIGID OR FLEXIBLE,	10/1/2005	\$135.98	3	NO
2	45378	COLONOSCOPY, FLEXIBLE, PROXIMAL	10/1/2005	\$262.87	3	NO
2	45379	COLONOSCOPY, FLEXIBLE, PROXIMAL	10/1/2005	\$330.34	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	45380	COLONOSCOPY, FLEXIBLE, PROXIMAL	10/1/2005	\$310.62	3	NO
2	45381	COLONOSCOPY, FLEXIBLE, PROXIMAL	10/1/2005	\$301.54	3	NO
2	45382	COLONOSCOPY, FLEXIBLE, PROXIMAL	10/1/2005	\$416.50	3	NO
2	45383	COLONOSCOPY, FLEXIBLE, PROXIMAL	10/1/2005	\$370.05	3	NO
2	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL	10/1/2005	\$308.03	3	NO
2	45385	COLONOSCOPY, FLEXIBLE, PROXIMAL	10/1/2005	\$350.84	3	NO
2	45386	COLONOSCOPY, FLEXIBLE, PROXIMAL	10/1/2005	\$450.49	3	NO
2	45387	COLONOSCOPY, FLEXIBLE, PROXIMAL	10/1/2005	\$226.02	3	NO
2	45391	COLONOSCOPY, FLEXIBLE, PROXIMAL	1/1/2005	NC	9	NO
2	45392	COLONOSCOPY, FLEXIBLE, PROXIMAL	1/1/2005	NC	9	NO
2	45395	LAPAROSCOPY, SURGICAL; PROCTECTO	1/1/2006	\$1,241.19	3	NO
2	45397	LAPAROSCOPY, SURGICAL; PROCTECTO	1/1/2006	\$1,348.36	3	NO
2	45400	LAPAROSCOPY, SURGICAL; PROCTOPEX	1/1/2006	\$724.78	3	NO
2	45402	LAPAROSCOPY, SURGICAL; PROCTOPEX	1/1/2006	\$982.47	3	NO
2	45499	UNLISTED LAPAROSCOPY PROCEDURE,	1/1/2006	\$0.01	5	NO
2	45500	PROCTOPLASTY FOR STENOSIS	10/1/2005	\$299.46	3	NO
2	45505	PROCTOPLASTY; FOR PROLAPSE OF MU	10/1/2005	\$318.41	3	NO
2	45520	PERIRECTAL INJECTION OF SCLEROSI	10/1/2005	\$58.13	3	NO
2	45540	PROCTOPEXY (EG, FOR PROLAPSE); A	10/1/2005	\$645.12	3	NO
2	45541	PROCTOPEXY FOR PROLAPSE; PERINEA	10/1/2005	\$541.58	3	NO
2	45550	PROCTOPEXY (EG, FOR PROLAPSE); W	10/1/2005	\$902.02	3	NO
2	45560	REPAIR OF RECTOCELE (SEPARATE PR	10/1/2005	\$434.40	3	NO
2	45562	EXPLORATION, REPAIR, AND PRESACR	10/1/2005	\$626.69	3	NO
2	45563	EXPLORATION, REPAIR, AND PRESACR	10/1/2005	\$959.63	3	NO
2	45800	CLOSURE OF RECTOVESICAL FISTULA	10/1/2005	\$700.39	3	NO
2	45805	CLOSURE OF RECTOVESICAL FISTULA;	10/1/2005	\$838.44	3	NO
2	45820	CLOSURE OF RECTOURETHRAL FISTULA	10/1/2005	\$717.78	3	NO
2	45825	CLOSURE OF RECTOURETHRAL FISTULA	10/1/2005	\$864.65	3	NO
2	45900	REDUCTION OF PROCIDENTIA (SEPARA	10/1/2005	\$114.44	3	NO
2	45905	DILATION OF ANAL SPHINCTER (SEPA	10/1/2005	\$103.80	3	NO
2	45910	DILATION OF RECTAL STRICTURE (SE	10/1/2005	\$123.26	3	NO
2	45915	REMOVAL OF FECAL IMPACTION OR FO	10/1/2005	\$201.37	3	NO
2	45990	ANORECTAL EXAM, SURGICAL, REQUIR	1/1/2006	\$0.01	5	NO
2	45999	UNLISTED PROCEDURE RECTUM	2/1/1989	\$0.01	5	NO
2	46020	PLACEMENT OF SETON	10/1/2005	\$143.76	3	NO
2	46030	REMOVAL OF SETON OTHER MARKER	10/1/2005	\$70.32	3	NO
2	46040	INCISION AND DRAINAGE OF ISCHIOR	10/1/2005	\$286.49	3	NO
2	46045	INCISION AND DRAINAGE OF INTRAMU	10/1/2005	\$200.59	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	46050	INCISION AND DRAINAGE PERIANAL A	10/1/2005	\$100.17	3	NO
2	46060	INCISION & DRAINAGE OF ISCHIOREC	10/1/2005	\$248.60	3	NO
2	46070	INCISION ANAL SEPTUM (INFANT)	10/1/2005	\$126.90	3	NO
2	46080	SPHINCTEROTOMY ANAL DIVISION OF	10/1/2005	\$133.64	3	NO
2	46083	INCISION OF THROMBOSED HEMORRHOI	10/1/2005	\$105.62	3	NO
2	46200	FISSURECTOMY WITH OR WITHOUT SPH	10/1/2005	\$198.26	3	NO
2	46210	CRYPECTOMY SINGLE	10/1/2005	\$209.94	3	NO
2	46211	CRYPTECTOMY; MULTIPLE (SEPARATE	10/1/2005	\$262.35	3	NO
2	46220	PAPILLECTOMY OR EXCISION OF SING	10/1/2005	\$104.32	3	NO
2	46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	10/1/2005	\$127.16	3	NO
2	46230	EXCISION OF EXTERNAL HEMORRHOID	10/1/2005	\$153.88	3	NO
2	46250	HEMORRHOIDECTOMY EXTERNAL COMPLE	10/1/2005	\$250.42	3	NO
2	46255	HEMORRHOIDECTOMY INTERNAL AND EX	10/1/2005	\$284.93	3	NO
2	46257	HEMORRHOIDECTOMY INTERNAL AND EX	10/1/2005	\$230.70	3	NO
2	46258	HEMORRHOIDECTOMY INTERNAL AND EX	10/1/2005	\$250.94	3	NO
2	46260	HEMORRHOIDECTOMY INTERNAL AND EX	10/1/2005	\$267.03	3	NO
2	46261	HEMORRHOIDECTOMY INTERNAL AND EX	10/1/2005	\$297.39	3	NO
2	46262	HEMORRHOIDECTOMY INTERNAL AND EX	10/1/2005	\$312.44	3	NO
2	46270	SURGICAL TREATMENT OF ANAL FISTU	10/1/2005	\$237.70	3	NO
2	46275	FISTULECTOMY; SUBMUSCULAR	10/1/2005	\$251.72	3	NO
2	46280	SURGICAL TREATMENT OF ANAL FISTU	10/1/2005	\$256.39	3	NO
2	46285	FISTULECTOMY; SECOND STAGE	10/1/2005	\$214.61	3	NO
2	46288	CLOSURE OF ANAL FISTULA WITH REC	10/1/2005	\$300.50	3	NO
2	46320	ENUCLEATION OR EXCISION OF EXTER	10/1/2005	\$101.46	3	NO
2	46500	INJECTION OF SCLEROSING SOLUTION	10/1/2005	\$100.69	3	NO
2	46505	CHEMODENERVATION OF INTERNAL ANA	1/1/2006	\$157.00	3	NO
2	46600	ANOSCOPY; DIAGNOSTIC, W/WO COLLE	10/1/2005	\$54.75	3	NO
2	46604	ANOSCOPY; WITH DILATION (EG, BAL	10/1/2005	\$273.77	3	NO
2	46606	ANOSCOPY; WITH BIOPSY, SINGLE OR	10/1/2005	\$121.45	3	NO
2	46608	ANOSCOPY; WITH REMOVAL OF FOREIG	10/1/2005	\$157.52	3	NO
2	46610	ANOSCOPY; W/REMOVAL OF SINGLE TU	10/1/2005	\$142.73	3	NO
2	46611	ANOSCOPY; WITH REMOVAL OF SINGLE	10/1/2005	\$138.31	3	NO
2	46612	ANOSCOPY; W/REMOVAL OF MULTIPLE	10/1/2005	\$202.15	3	NO
2	46614	ANOSCOPY; W/CONTROL OF BLEEDING	10/1/2005	\$117.55	3	NO
2	46615	ANOSCOPY; WITH ABLATION OF TUMOR	10/1/2005	\$142.21	3	NO
2	46700	ANOPLASTY PLASTIC OPERATION FOR	10/1/2005	\$369.79	3	NO
2	46705	ANOPLASTY PLASTIC OPERATION FOR	10/1/2005	\$297.65	3	NO
2	46706	REPAIR OF ANAL FISTULA WITH FIBR	10/1/2005	\$101.46	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	46710	REPAIR OF ILEONAL POUCH FISTULA/	1/1/2006	\$652.64	3	NO
2	46712	REPAIR OF ILEONAL POUCH FISTULA/	1/1/2006	\$1,368.60	3	NO
2	46715	REPAIR OF LOW IMPERFORATE ANUS;	10/1/2005	\$303.10	3	NO
2	46716	REPAIR OF LOW IMPERFORATE ANUS;	10/1/2005	\$638.11	3	NO
2	46730	REPAIR OF HIGH IMPERFORATE ANUS	10/1/2005	\$1,068.62	3	NO
2	46735	REPAIR OF HIGH IMPERFORATE ANUS	10/1/2005	\$1,267.40	3	NO
2	46740	CONSTRUCTION OF ANUS FOR CONGENI	10/1/2005	\$1,182.80	3	NO
2	46742	REPAIR OF HIGH IMPERFORATE ANUS,	10/1/2005	\$1,460.99	3	NO
2	46744	REPAIR OF CLOACAL ANOMALY BY ANO	10/1/2005	\$2,075.74	3	NO
2	46746	REPAIR OF CLOACAL ANOMALY BY ANO	10/1/2005	\$2,358.60	3	NO
2	46748	REPAIR OF CLOACAL ANOMALY, WITH	10/1/2005	\$2,363.53	3	NO
2	46750	SPHINCTEROPLASTY ANAL FOR INCONT	10/1/2005	\$424.80	3	NO
2	46751	SPHINCTEROPLASTY ANAL FOR INCONT	10/1/2005	\$392.10	3	NO
2	46753	GRAFT (THIERSCH OPERATION) FOR R	10/1/2005	\$338.91	3	NO
2	46754	REMOVAL OF THIERSCH WIRE OR SUTU	10/1/2005	\$155.18	3	NO
2	46760	SPHINCTEROPLASTY ANAL FOR INCONT	10/1/2005	\$598.15	3	NO
2	46761	SPHINCTEROPLASTY, ANAL, FOR INCO	10/1/2005	\$550.92	3	NO
2	46762	SPHINCTEROPLASTY, ANAL, FOR INCO	10/1/2005	\$504.21	3	NO
2	46900	DESTRUCTION OF LESION(S) ANUS (E	10/1/2005	\$120.93	3	NO
2	46910	DESTRUCTION OF LESION(S) ANUS SI	10/1/2005	\$128.19	3	NO
2	46916	DESTRUCTION OF LESION(S) ANUS SI	10/1/2005	\$132.86	3	NO
2	46917	DESTRUCTION OF LESION(S) ANUS SI	10/1/2005	\$290.38	3	NO
2	46922	DESTRUCTION OF LESION(S) ANUS SI	10/1/2005	\$138.57	3	NO
2	46924	DESTRUCTION OF LESION(S), ANUS (	10/1/2005	\$303.62	3	NO
2	46934	DESTRUCTION OF HEMORRHOIDS ANY M	10/1/2005	\$230.44	3	NO
2	46935	CRYOSURGERY OF HEMORRHOIDS; EXTE	10/1/2005	\$158.81	3	NO
2	46936	CRYOSURGERY OF HEMORRHOIDS; INTE	10/1/2005	\$230.70	3	NO
2	46937	CRYOSURGERY OF RECTAL TUMOR BENI	10/1/2005	\$145.32	3	NO
2	46938	CRYOSURGERY OF RECTAL TUMOR; MAL	10/1/2005	\$239.26	3	NO
2	46940	CURRETAGE OR CAUTERY OF ANAL FIS	10/1/2005	\$117.55	3	NO
2	46942	CURETTAGE OR CAUTERIZATION AF AN	10/1/2005	\$105.36	3	NO
2	46945	LIGATION OF INTERNAL HEMORRHOIDS	10/1/2005	\$137.28	3	NO
2	46946	LIGATION OF INTERNAL HEMORRHOIDS	10/1/2005	\$170.23	3	NO
2	46947	HEMORRHOIDOPEXY (EG, FOR PROLAPS	10/1/2005	\$224.73	3	NO
2	46999	UNLISTED PROCEDURE ANUS	2/1/1994	\$0.01	5	NO
2	47000	BIOPSY OF LIVER, NEEDLE; PERCUTA	10/1/2005	\$132.09	3	NO
2	47001	BIOPSY OF LIVER, NEEDLE; WHEN DO	10/1/2005	\$72.40	3	NO
2	47010	HEPATOTOMY FOR DRAINAGE OF ABSCE	10/1/2005	\$678.59	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	47011	HEPATOTOMY; FOR PERCUTANEOUS DRA	10/1/2005	\$132.86	3	NO
2	47015	LAPAROTOMY, WITH ASPIRATION AND/	10/1/2005	\$632.14	3	NO
2	47100	BIOPSY OF LIVER, WEDGE	10/1/2005	\$497.72	3	NO
2	47120	HEPATECTOMY RESECTION OF LIVER P	10/1/2005	\$1,430.62	3	NO
2	47122	HEPATECTOMY, RESECTION OF LIVER;	10/1/2005	\$2,169.16	3	NO
2	47125	HEPATECTOMY RESECTION OF LIVER;	10/1/2005	\$1,940.80	3	NO
2	47130	HEPATECTOMY RESECTION OF LIVER;	10/1/2005	\$2,101.69	3	NO
2	47133	DONOR HEPATECTOMY (INCLUDING COL	7/17/1987	NC	9	NO
2	47134	DONOR HEPATECTOMY, WITH PREPARAT	4/1/2004	INVALID	N	NO
2	47135	LIVER ALLOTRANSPLANTATION; ORTHO	10/1/2005	\$3,180.17	3	YES
2	47136	LIVER ALLOTRANSPLANTATION; HETER	10/1/2005	\$2,695.43	3	YES
2	47140	DONOR HEPATECTOMY (INCLUDING COL	10/1/2005	\$2,136.20	3	YES
2	47141	DONOR HEPATECTOMY (INCLUDING COL	10/1/2005	\$2,580.21	3	YES
2	47142	DONOR HEPATECTOMY (INCLUDING COL	10/1/2005	\$2,841.01	3	YES
2	47143	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
2	47144	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
2	47145	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
2	47146	BACKBENCH RECONSTRUCTION OF CADA	10/1/2005	\$230.44	3	YES
2	47147	BACKBENCH RECONSTRUCTION OF CADA	10/1/2005	\$268.84	3	YES
2	47300	MARSUPIALIZATION OF CYST OR ABSC	10/1/2005	\$627.99	3	NO
2	47350	MANAGEMENT OF LIVER HEMORRHAGE;	10/1/2005	\$801.86	3	NO
2	47360	MANAGEMENT OF LIVER HEMORRHAGE;	10/1/2005	\$1,083.67	3	NO
2	47361	MANAGEMENT OF LIVER HEMORRHAGE;	10/1/2005	\$1,851.53	3	NO
2	47362	MANAGEMENT OF LIVER HEMORRHAGE;	10/1/2005	\$767.60	3	NO
2	47370	LAPAROSSOPY, SURGICAL, ABLATION	10/1/2005	\$784.99	3	NO
2	47371	LAPAROSCOPY, SURGICAL, ABLATION	10/1/2005	\$788.36	3	NO
2	47379	UNLISTED LAPAROSCOPIC PROCEDURE,	8/19/2002	\$0.01	5	NO
2	47380	ABLATION, OPEN, OF ONE OR MORE L	10/1/2005	\$910.85	3	NO
2	47381	ABLATION, OPEN, OF ONE OR MORE L	10/1/2005	\$924.60	3	NO
2	47382	ABLATION, ONE OR MORE LIVER TUMO	10/1/2005	\$576.35	3	NO
2	47399	UNLISTED PROCEDURE LIVER	2/1/1994	\$0.01	5	NO
2	47400	HEPATICOTOMY OR HEPATICOSTOMY WI	10/1/2005	\$1,271.03	3	NO
2	47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOM	10/1/2005	\$809.38	3	NO
2	47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOM	10/1/2005	\$808.86	3	NO
2	47460	TRANSDUODENAL SPHINCTEROTOMY OR	10/1/2005	\$738.80	3	NO
2	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOM	10/1/2005	\$469.44	3	NO
2	47490	PERCUTANEOUS CHOLECYSTOSOMY	10/1/2005	\$343.06	3	NO
2	47500	INJECTION PROCEDURE FOR PERCUTAN	10/1/2005	\$70.58	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	47505	INJECTION PROCEDURE FOR CHOLANGI	10/1/2005	\$27.51	3	NO
2	47510	INTRODUCTION OF PERCUTANEOUS TRA	10/1/2005	\$345.39	3	NO
2	47511	INTRODUCTION OF PERCUTANEOUS TRA	10/1/2005	\$420.13	3	NO
2	47525	CHANGE OF PERCUTANEOUS BILIARY D	10/1/2005	\$543.91	3	NO
2	47530	REVISION AND/OR REINSERTION OF T	10/1/2005	\$257.42	3	NO
2	47550	BILIARY ENDOSCOPY, INTRAOPERATIV	10/1/2005	\$114.96	3	NO
2	47552	BILIARY ENDOSCOPY, PERCUTANEOUS	10/1/2005	\$229.14	3	NO
2	47553	BILIARY ENDOSCOPY, PERCUTANEOUS	10/1/2005	\$228.36	3	NO
2	47554	BILIARY ENDOSCOPY, PERCUTANEOUS	10/1/2005	\$346.43	3	NO
2	47555	BILIARY ENDOSCOPY,PERCUTANEOUS V	10/1/2005	\$271.44	3	NO
2	47556	BILIARY ENDOSCOPY PERCUTANEOUS V	10/1/2005	\$307.25	3	NO
2	47560	LAPAROSCOPY, SURGICAL; WITH GUID	10/1/2005	\$186.58	3	NO
2	47561	LAPAROSCOPY, SURGICAL; WITH GUID	10/1/2005	\$200.33	3	NO
2	47562	LAPAROSCOPY, SURGICAL; CHOLECYST	10/1/2005	\$453.87	3	NO
2	47563	LAPAROSCOPY, SURGICAL; CHOLECYST	10/1/2005	\$487.08	3	NO
2	47564	LAPAROSCOPY, SURGICAL; CHOLECYST	10/1/2005	\$571.16	3	NO
2	47570	LAPAROSCOPY, SURGICAL; CHOLECYST	10/1/2005	\$507.32	3	NO
2	47579	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	47600	CHOLECYSTECTOMY	10/1/2005	\$556.63	3	NO
2	47605	CHOLECYSTECTOMY; WITH CHOLANGIOG	10/1/2005	\$598.93	3	NO
2	47610	CHOLECYSTECTOMY WITH EXPLORATION	10/1/2005	\$756.70	3	NO
2	47612	CHOLECYSTECTOMY WITH EXPLORATION	10/1/2005	\$754.63	3	NO
2	47620	CHOLECYSTECTOMY WITH EXPLORATION	10/1/2005	\$825.73	3	NO
2	47630	BILIARY DUCT STONE EXTRACTION PE	10/1/2005	\$379.65	3	NO
2	47700	EXPLORATION FOR CONGENITAL ATRES	10/1/2005	\$649.27	3	NO
2	47701	PORTOENTEROSTOMY (EG, KASAI PROC	10/1/2005	\$1,112.74	3	NO
2	47711	EXCISION OF BILE DUCT TUMOR, WIT	10/1/2005	\$932.12	3	NO
2	47712	EXCISION OF BILE DUCT TUMOR, WIT	10/1/2005	\$1,205.64	3	NO
2	47715	EXCISION OF CHOLEDOCHAL CYST	10/1/2005	\$769.16	3	NO
2	47716	ANASTOMOSIS, CHOLEDOCHAL CYST, W	10/1/2005	\$683.78	3	NO
2	47720	CHOLECYSTOENTEROSTOMY DIRECT	10/1/2005	\$659.91	3	NO
2	47721	CHOLECYSTOENTEROSTOMY; WITH GAST	10/1/2005	\$781.61	3	NO
2	47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	10/1/2005	\$756.70	3	NO
2	47741	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	10/1/2005	\$866.47	3	NO
2	47760	ANASTOMOSIS, OF EXTRAHEPATIC BIL	10/1/2005	\$1,038.26	3	NO
2	47765	ANASTOMOSIS, OF INTRAHEPATIC DUC	10/1/2005	\$1,008.42	3	NO
2	47780	ANASTOMOSIS ROUX-EN-Y OF EXTRAHE	10/1/2005	\$1,066.03	3	NO
2	47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRA	10/1/2005	\$1,245.86	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	47800	RECONSTRUCTION PLASTIC OF EXTRAH	10/1/2005	\$941.73	3	NO
2	47801	PLACEMENT OF CHOLEDOCHAL STENT	10/1/2005	\$634.48	3	NO
2	47802	U-TUBE HEPATICOENTEROSTOMY	10/1/2005	\$882.04	3	NO
2	47900	SUTURE OF EXTRAHEPATIC BILIARY D	10/1/2005	\$813.53	3	NO
2	47999	UNLISTED PROCEDURE BILIARY TRACT	4/1/1982	\$0.01	5	NO
2	48000	PLACEMENT OF DRAINS, PERIPANCREA	10/1/2005	\$1,113.00	3	NO
2	48001	PLACEMENT OF DRAINS, WITH CHOLEC	10/1/2005	\$1,397.67	3	NO
2	48005	RESECTION OR DEBRIDEMENT OF PANC	10/1/2005	\$1,663.40	3	NO
2	48020	REMOVAL OF PANCREATIC CALCULUS	10/1/2005	\$650.57	3	NO
2	48100	BIOPSY OF PANCREAS, OPEN (EG, FI	10/1/2005	\$502.13	3	NO
2	48102	BIOPSY OF PANCREAS, PERCUTANEOUS	10/1/2005	\$335.01	3	NO
2	48120	EXCISION OF LESION OF PANCREAS (	10/1/2005	\$641.74	3	NO
2	48140	PANCREATECTOMY, DISTAL SUBTOTAL,	10/1/2005	\$918.63	3	NO
2	48145	PANCREATECTOMY DISTAL SUBTOTAL W	10/1/2005	\$958.59	3	NO
2	48146	PANCREATECTOMY, DISTAL, NEAR-TOT	10/1/2005	\$1,084.19	3	NO
2	48148	EXCISION OF AMPULLA OF VATER	10/1/2005	\$703.76	3	NO
2	48150	PANCREATECTOMY PROXIMAL SUBTOTAL	10/1/2005	\$1,910.96	3	NO
2	48152	PANCREATECTOMY, PROXIMAL SUBTOTA	10/1/2005	\$1,755.00	3	NO
2	48153	PANCREATECTOMY, PROXIMAL SUBTOTA	10/1/2005	\$1,909.92	3	NO
2	48154	PANCREATECTOMY, PROXIMAL SUBTOTA	10/1/2005	\$1,764.86	3	NO
2	48155	PANCREATECTOMY TOTAL	10/1/2005	\$1,023.73	3	NO
2	48160	PANCREATECTOMY, TOTAL OR SUBTOTA	4/1/1990	\$0.01	5	YES
2	48180	PANCREATICOJEJUNOSTOMY, SIDE-TO-	10/1/2005	\$987.14	3	NO
2	48400	INJECTION PROCEDURE FOR INTRAOPE	10/1/2005	\$71.10	3	NO
2	48500	MARSUPIALIZATION OF PANCREATIC C	10/1/2005	\$637.85	3	NO
2	48510	EXTERNAL DRAINAGE, PSEUDOCYST OF	10/1/2005	\$609.83	3	NO
2	48511	EXTERNAL DRAINAGE, PSEUDOCYST OF	10/1/2005	\$143.76	3	NO
2	48520	INTERNAL ANASTOMOSIS OF PANCREAT	10/1/2005	\$630.07	3	NO
2	48540	INTERNAL ANASTOMOSIS OF PANCREAT	10/1/2005	\$786.80	3	NO
2	48545	PANCREATORRHAPHY FOR INJURY	10/1/2005	\$738.02	3	NO
2	48547	DUODENAL EXCLUSION WITH GASTROJE	10/1/2005	\$1,027.36	3	NO
2	48550	DONOR PANCREATECTOMY (INCLUDING	2/1/1994	NC	9	NO
2	48551	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
2	48552	BACKBENCH RECONSTRUCTION OF CADA	10/1/2005	\$157.52	3	YES
2	48554	TRANSPLANTATION OF PANCREATIC AL	10/1/2005	\$1,466.18	3	YES
2	48556	REMOVAL OF TRANSPLANTED PANCREAT	10/1/2005	\$668.21	3	YES
2	48999	UNLISTED PROCEDURE PANCREAS	4/1/1982	\$0.01	5	NO
2	49000	EXPLORATORY LAPAROTOMY, EXPLORAT	10/1/2005	\$480.33	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	49002	REOPENING OF RECENT LAPAROTOMY	10/1/2005	\$436.48	3	NO
2	49010	EXPLORATION, RETROPERITONEAL ARE	10/1/2005	\$510.18	3	NO
2	49020	DRAINAGE OF PERITONEAL ABSCESS O	10/1/2005	\$927.45	3	NO
2	49021	DRAINAGE OF PERITONEAL ABSCESS O	10/1/2005	\$121.45	3	NO
2	49040	DRAINAGE OF SUBDIAPHRAGMATIC OR	10/1/2005	\$559.48	3	NO
2	49041	DRAINAGE OF SUBDIAPHRAGMATIC OR	10/1/2005	\$143.76	3	NO
2	49060	DRAINAGE OF RETROPERITONEAL ABSC	10/1/2005	\$649.01	3	NO
2	49061	DRAINAGE OF RETROPERITONEAL ABSC	10/1/2005	\$132.86	3	NO
2	49062	DRAINAGE OF EXTRAPERITONEAL LYMP	10/1/2005	\$471.25	3	NO
2	49080	PERITONEOCENTESIS, ABDOMINAL PAR	10/1/2005	\$140.65	3	NO
2	49081	PERITONEOCENTESIS ABDOMINAL PARA	10/1/2005	\$101.98	3	NO
2	49085	REMOVAL OF PERITONEAL FOREIGN BO	10/1/2005	\$497.20	3	NO
2	49180	BIOPSY, ABDOMINAL OR RETROPERITO	10/1/2005	\$128.19	3	NO
2	49200	EXCISION OR DESTRUCTION, OPEN, I	10/1/2005	\$426.88	3	NO
2	49201	EXCISION OR DESTRUCTION BY ANY M	10/1/2005	\$612.68	3	NO
2	49215	EXCISION OF PRESACRAL OR SACROCO	10/1/2005	\$1,342.39	3	NO
2	49220	STAGING LAPAROTOMY FOR HODGKINS	10/1/2005	\$606.19	3	NO
2	49250	UMBILECTOMY OMPHALECTOMY EXCISIO	10/1/2005	\$354.74	3	NO
2	49255	OMENTECTOMY EPIPLOECTOMY RESECTI	10/1/2005	\$470.21	3	NO
2	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM	10/1/2005	\$216.68	3	YES
2	49321	LAPAROSCOPY, SURGICAL; WITH BIOP	10/1/2005	\$226.28	3	NO
2	49322	LAPAROSCOPY, SURGICAL, ABDOMEN,	10/1/2005	\$243.67	3	NO
2	49323	LAPAROSCOPY, SURGICAL, ABDOMEN,	10/1/2005	\$392.88	3	NO
2	49329	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	YES
2	49400	INJECTION OF AIR OR CONTRAST INT	10/1/2005	\$68.77	3	NO
2	49419	INSERTION OF INTRAPERITONEAL CAN	10/1/2005	\$285.45	3	NO
2	49420	INSERTION OF INTRAPERITONEAL CAN	10/1/2005	\$91.34	3	NO
2	49421	INSERTION OF INTRAPERITONEAL CAN	10/1/2005	\$243.41	3	NO
2	49422	REMOVAL OF PERMANENT INTRAPERITO	10/1/2005	\$257.42	3	NO
2	49423	EXCHANGE OF PREVIOUSLY PLACED AB	10/1/2005	\$53.72	3	NO
2	49424	CONTRAST INJECTION FOR ASSESSMEN	10/1/2005	\$28.55	3	NO
2	49425	INSERTION OF PERITONEAL-VENOUS S	10/1/2005	\$478.52	3	NO
2	49426	REVISION OF PERITONEAL-VENOUS SH	10/1/2005	\$405.60	3	NO
2	49427	INJECTION PROCEDURE FOR EVALUATI	10/1/2005	\$32.70	3	NO
2	49428	LIGATION OF PERITONEAL-VENOUS SH	10/1/2005	\$279.48	3	NO
2	49429	REMOVAL OF PERITONEAL-VENOUS SHU	10/1/2005	\$306.47	3	NO
2	49491	REPAIR, INITIAL INGUINAL HERNIA,	10/1/2005	\$455.68	3	NO
2	49492	REPAIR, INITIAL INGUINAL HERNIA,	10/1/2005	\$568.05	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	49495	REPAIR, INITIAL INGUINAL HERNIA,	10/1/2005	\$248.08	3	NO
2	49496	REPAIR INITIAL INGUINAL HERNIA,	10/1/2005	\$366.41	3	NO
2	49500	REPAIR INITIAL INGUINAL HERNIA A	10/1/2005	\$241.08	3	NO
2	49501	REPAIR INITIAL INGUINAL HERNIA,	10/1/2005	\$367.19	3	NO
2	49505	REPAIR INITIAL INGUINAL HERNIA,	10/1/2005	\$320.22	3	NO
2	49507	REPAIR INITIAL INGUINAL HERNIA,	10/1/2005	\$396.00	3	NO
2	49520	REPAIR RECURRENT INGUINAL HERNIA	10/1/2005	\$397.55	3	NO
2	49521	REPAIR RECURRENT INGUINAL HERNIA	10/1/2005	\$486.30	3	NO
2	49525	REPAIR INGUINAL HERNIA, SLIDING,	10/1/2005	\$356.55	3	NO
2	49540	REPAIR LUMBAR HERNIA	10/1/2005	\$427.40	3	NO
2	49550	REPAIR INITIAL FEMORAL HERNIA, A	10/1/2005	\$359.93	3	NO
2	49553	REPAIR INITIAL FEMORAL HERNIA, A	10/1/2005	\$391.07	3	NO
2	49555	REPAIR RECURRENT FEMORAL HERNIA;	10/1/2005	\$375.24	3	NO
2	49557	REPAIR RECURRENT FEMORAL HERNIA;	10/1/2005	\$455.94	3	NO
2	49560	REPAIR INITIAL INCISIONAL HERNIA	10/1/2005	\$472.03	3	NO
2	49561	REPAIR INITIAL INCISIONAL HERNIA	10/1/2005	\$574.27	3	NO
2	49565	REPAIR RECURRENT INCISIONAL HERN	10/1/2005	\$474.11	3	NO
2	49566	REPAIR RECURRENT INCISIONAL HERN	10/1/2005	\$580.50	3	NO
2	49568	IMPLANTATION OF MESH OR OTHER PR	10/1/2005	\$186.58	3	NO
2	49570	REPAIR EPIGASTRIC HERNIA (EG, PR	10/1/2005	\$248.60	3	NO
2	49572	REPAIR EPIGASTRIC HERNIA (EG, PR	10/1/2005	\$287.01	3	NO
2	49580	REPAIR UMBILICAL HERNIA, UNDER A	10/1/2005	\$186.58	3	NO
2	49582	REPAIR UMBILICAL HERNIA, UNDER A	10/1/2005	\$284.93	3	NO
2	49585	REPAIR UMBILICAL HERNIA, AGE 5 Y	10/1/2005	\$267.80	3	NO
2	49587	REPAIR UMBILICAL HERNIA, AGE 5 Y	10/1/2005	\$318.15	3	NO
2	49590	REPAIR SPIGELIAN HERNIA	10/1/2005	\$356.03	3	NO
2	49600	REPAIR OF SMALL OMPHALOCELE, WIT	10/1/2005	\$456.20	3	NO
2	49605	REPAIR OF LARGE OMPHALOCELE OR G	10/1/2005	\$2,950.00	3	NO
2	49606	REPAIR OF OMPHALOCELE WITH STAGE	10/1/2005	\$743.99	3	NO
2	49610	REPAIR OF OMPHALOCELE (GROSS TYP	10/1/2005	\$434.40	3	NO
2	49611	REPAIR OF OMPHALOCELE (GROSS TYP	10/1/2005	\$432.33	3	NO
2	49650	LAPAROSCOPY, SURGICAL; REPAIR IN	10/1/2005	\$269.10	3	NO
2	49651	LAPAROSCOPY, SURGICAL; REPAIR RE	10/1/2005	\$347.73	3	NO
2	49659	UNLISTED LAPAROSCOPY PROCEDURE,	4/1/2002	\$0.01	5	NO
2	49900	SUTURE SECONDARY OF ABDOMINAL WA	10/1/2005	\$519.78	3	NO
2	49904	OMENTAL FLAP, EXTRA-ABDOMINAL (E	10/1/2005	\$981.17	3	NO
2	49905	OMENTAL FLAP, INTRA-ABDOMINAL (L	10/1/2005	\$249.12	3	NO
2	49906	FREE OMENTAL FLAP WITH MICROVASC	1/1/1997	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	49999	UNLISTED PROCEDURE ABDOMEN PERIT	4/1/1982	\$0.01	5	NO
2	50010	RENAL EXPLORATION, NOT NECESSITA	10/1/2005	\$444.00	3	NO
2	50020	DRAINAGE OF PERIRENAL OR RENAL A	10/1/2005	\$613.98	3	NO
2	50021	DRAINAGE OF PERIRENAL OR RENAL A	10/1/2005	\$121.19	3	NO
2	50040	NEPHROSTOMY NEPHROTOMY WITH DRAI	10/1/2005	\$591.40	3	NO
2	50045	NEPHROTOMY WITH EXPLORATION	10/1/2005	\$604.38	3	NO
2	50060	NEPHROLITHOTOMY REMOVAL OF CALCU	10/1/2005	\$738.28	3	NO
2	50065	NEPHROLITHOTOMY; SECONDARY SURGI	10/1/2005	\$737.24	3	NO
2	50070	NEPHROLITHOTOMY; COMPLICATED BY	10/1/2005	\$776.68	3	NO
2	50075	NEPHROLITHOTOMY REMOVAL OF LARGE	10/1/2005	\$959.89	3	NO
2	50080	PERCUTANEOUS NEPHROSTOLITHOTOMY	10/1/2005	\$570.90	3	NO
2	50081	PERCUTANEOUS NEPHROSTOLITHOTOMY	10/1/2005	\$831.96	3	NO
2	50100	TRANSECTION OR REPOSITIONING OF	10/1/2005	\$671.33	3	NO
2	50120	PYELOTOMY WITH EXPLORATION	10/1/2005	\$619.43	3	NO
2	50125	PYELOTOMY; WITH DRAINAGE PYELOST	10/1/2005	\$645.90	3	NO
2	50130	PYELOTOMY WITH REMOVAL OF CALCUL	10/1/2005	\$665.36	3	NO
2	50135	PYELOTOMY COMPLICATED (EG SECOND	10/1/2005	\$734.13	3	NO
2	50200	RENAL BIOPSY PERCUTANEOUS BY TRO	10/1/2005	\$105.88	3	NO
2	50205	RENAL BIOPSY PERCUTANEOUS; BY SU	10/1/2005	\$456.72	3	NO
2	50220	NEPHRECTOMY, INCLUDING PARTIAL U	10/1/2005	\$667.69	3	NO
2	50225	NEPHRECTOMY COMPLICATED BECAUSE	10/1/2005	\$774.35	3	NO
2	50230	NEPHRECTOMY, INCLUDING PARTIAL UR	10/1/2005	\$835.59	3	NO
2	50234	NEPHRECTOMY WITH TOTAL URETERECT	10/1/2005	\$851.16	3	NO
2	50236	NEPHRECTOMY WITH TOTAL URETERECT	10/1/2005	\$955.22	3	NO
2	50240	NEPHRECTOMY PARTIAL	10/1/2005	\$844.93	3	NO
2	50250	ABLATION, OPEN, ONE OR MORE RENA	1/1/2006	NC	9	NO
2	50280	EXCISION OR UNROOFING OF CYSTS O	10/1/2005	\$610.34	3	NO
2	50290	EXCISION OF PERINEPHRIC CYST	10/1/2005	\$585.17	3	NO
2	50300	DONOR NEPHRECTOMY (INCLUDING COL	10/1/2000	\$543.14	3	NO
2	50320	DONOR NEPHRECTOMY (INCLUDING COL	10/1/2005	\$913.18	3	NO
2	50323	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	NO
2	50325	BACKBENCH STANDARD PREP OF LIVIN	1/1/2005	\$0.01	5	NO
2	50327	BACKBENCH RECONSTRUCTION OF CADA	10/1/2005	\$146.36	3	NO
2	50328	BACKBENCH RECONSTRUCTION OF CADA	10/1/2005	\$128.19	3	NO
2	50329	BACKBENCH RECONSTRUCTION OF CADA	10/1/2005	\$122.48	3	NO
2	50340	RECIPIENT NEPHRECTOMY (SEPARATE	10/1/2005	\$525.75	3	NO
2	50360	RENAL ALLOTRANSPLANTATION, IMPLA	10/1/2005	\$1,316.44	3	NO
2	50365	RENAL HOMOTRANSPLANTATION, IMPLA	10/1/2005	\$1,539.61	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	50370	REMOVAL OF TRANSPLANTED RENAL AL	10/1/2005	\$583.62	3	NO
2	50380	RENAL AUTOTRANSPLANTATION REIMPL	10/1/2005	\$912.40	3	NO
2	50382	REMOVAL AND REPLACE OF INTERNAL	1/1/2006	\$1,091.46	3	NO
2	50384	REMOVAL OF INTERNAL DWELLING URE	1/1/2006	\$1,054.35	3	NO
2	50387	REMOVAL AND REPLACE OF EXTERNALL	1/1/2006	\$528.86	3	NO
2	50389	REMOVAL OF NEPHROSTOMY TUBE, REQ	1/1/2006	\$362.00	3	NO
2	50390	ASPIRATION AND/OR INJECTION OF R	10/1/2005	\$70.58	3	NO
2	50391	INSTILLATION(S) OF THERAPEUTIC A	10/1/2005	\$95.50	3	NO
2	50392	INTRODUCTION OF INTRACATHETER OR	10/1/2005	\$132.35	3	NO
2	50393	INTRODUCTION OF URETERAL CATHETE	10/1/2005	\$160.37	3	NO
2	50394	INJECTION PROC FOR PYELOGRAPHY T	10/1/2005	\$90.57	3	NO
2	50395	INTRODUCTION OF GUIDE INTO RENAL	10/1/2005	\$131.83	3	NO
2	50396	MANOMETRIC STUDIES THROUGH NEPHR	10/1/2005	\$85.64	3	NO
2	50398	CHANGE OF NEPHROSTOMY OR PYELOST	10/1/2005	\$53.72	3	NO
2	50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY	10/1/2005	\$745.80	3	NO
2	50405	PYELOPLASTY; COMPLICATED (CONGEN	10/1/2005	\$899.69	3	NO
2	50500	NEPHRORRHAPHY SUTURE OF KIDNEY W	10/1/2005	\$776.42	3	NO
2	50520	CLOSURE OF NEPHROCUTANEOUS OR PY	10/1/2005	\$677.55	3	NO
2	50525	CLOSURE OF NEPHROVISCERAL FISTUL	10/1/2005	\$857.65	3	NO
2	50526	CLOSURE OF NEPHROVISCERAL FISTUL	10/1/2005	\$928.49	3	NO
2	50540	SYMPHYSIOTOMY FOR HORSESHOE KIDN	10/1/2005	\$767.34	3	NO
2	50541	LAPAROSCOPY, SURGICAL; ABLATION	10/1/2005	\$612.68	3	NO
2	50542	LAPAROSCOPY, SURGICAL; ABLATION	10/1/2005	\$765.27	3	NO
2	50543	LAPAROSCOPY, SURGICAL; PARTIAL N	10/1/2005	\$972.87	3	NO
2	50544	LAPAROSCOPY, SURGICAL; PYELOPLAS	10/1/2005	\$842.34	3	NO
2	50545	LAPAROSCOPY, SURGICAL; RADICAL N	10/1/2005	\$905.14	3	NO
2	50546	LAPAROSCOPY, SURGICAL; NEPHRECTO	10/1/2005	\$788.10	3	NO
2	50547	LAPAROSCOPY, SURGICAL; DONOR NEP	10/1/2005	\$1,019.84	3	NO
2	50548	LAPAROSCOPY, SURGICAL; NEPHRECTO	10/1/2005	\$915.26	3	NO
2	50549	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	50551	RENAL ENDOSCOPY THROUGH ESTABLIS	10/1/2005	\$263.13	3	NO
2	50553	RENAL ENDOSCOPY THROUGH EST NEPH	10/1/2005	\$278.44	3	NO
2	50555	RENAL ENDOSCOPY THROUGH ESTABLIS	10/1/2005	\$305.95	3	NO
2	50557	RENAL ENDOSCOPY THROUGH ESTB NEP	10/1/2005	\$302.58	3	NO
2	50559	RENAL ENDOSCOPY THROUGH ESTABLIS	1/1/2005	INVALID	N	NO
2	50561	RENAL ENDOSCOPY THROUGH ESTABLIS	10/1/2005	\$342.54	3	NO
2	50562	RENAL ENDOSCOPY THROUGH ESTABLIS	10/1/2005	\$414.42	3	NO
2	50570	RENAL ENDOSCOPY THROUGH NEPHROTO	10/1/2005	\$348.25	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	50572	RENAL ENDOSCOPY THROUGH NEPHROTO	10/1/2005	\$380.69	3	NO
2	50574	RENAL ENDOSCOPY THROUGH NEPHROTO	10/1/2005	\$403.00	3	NO
2	50575	RENAL ENDOSCOPY WITH ENDOPYELOTO	10/1/2005	\$508.36	3	NO
2	50576	RENAL ENDOSCOPY THROUGH NEPHROTO	10/1/2005	\$399.89	3	NO
2	50578	RENAL ENDOSCOPY THROUGH NEPHROTO	1/1/2005	INVALID	N	NO
2	50580	RENAL ENDOSCOPY THROUGH NEPHROTO	10/1/2005	\$432.85	3	NO
2	50590	LITHOTRIPSY, EXTRACORPOREAL SHOC	10/1/2005	\$574.01	3	NO
2	50592	ABLATION, ONE OR MORE RENAL TUMO	1/1/2006	NC	9	NO
2	50600	URETEROTOMY WITH EXPLORATION OR	10/1/2005	\$614.76	3	NO
2	50605	URETEROTOMY FOR INSERTION OF IND	10/1/2005	\$613.20	3	NO
2	50610	URETEROLITHOTOMY UPPER ONE-THIRD	10/1/2005	\$629.03	3	NO
2	50620	URETEROLITHOTOMY; MIDDLE ONE-THI	10/1/2005	\$585.43	3	NO
2	50630	URETEROLITHOTOMY; LOWER ONE-THIR	10/1/2005	\$578.69	3	NO
2	50650	URETERECTOMY WITH BLADDER CUFF (	10/1/2005	\$671.07	3	NO
2	50660	URETERECTOMY TOTAL ECTOPIC URETE	10/1/2005	\$749.96	3	NO
2	50684	INJECT PROC FOR URETEROGRAPHY OR	10/1/2005	\$149.99	3	NO
2	50686	MANOMETRIC STUDIES THROUGH URETE	10/1/2005	\$131.31	3	NO
2	50688	CHANGE OF URETEROSTOMY TUBE OR E	10/1/2005	\$59.69	3	NO
2	50690	INJECT PROC FOR VISUALIZATION OF	10/1/2005	\$79.15	3	NO
2	50700	URETEROPLASTY PLASTIC OPERATION	10/1/2005	\$611.90	3	NO
2	50715	URETEROLYSIS, WITH OR WITHOUT RE	10/1/2005	\$770.97	3	NO
2	50722	URETEROLYSIS FOR OVARIAN VEIN SY	10/1/2005	\$674.96	3	NO
2	50725	URETEROLYSIS FOR RETROCAVAL URET	10/1/2005	\$726.86	3	NO
2	50727	REVISION OF URINARY-CUTANEOUS AN	10/1/2005	\$338.91	3	NO
2	50728	REVISION OF URINARY-CUTANEOUS AN	10/1/2005	\$481.63	3	NO
2	50740	URETEROPYELOSTOMY ANASTOMOSIS OF	10/1/2005	\$728.68	3	NO
2	50750	URETEROCALYCOSTOMY ANASTOMOSIS O	10/1/2005	\$748.40	3	NO
2	50760	URETEROURETEROSTOMY	10/1/2005	\$717.26	3	NO
2	50770	TRANSURETEROURETEROSTOMY ANASTOM	10/1/2005	\$750.73	3	NO
2	50780	URETERONEOCYSTOSTOMY; ANASTOMOSI	10/1/2005	\$712.07	3	NO
2	50782	URETERONEOCYSTOSTOMY; ANASTOMOSI	10/1/2005	\$774.61	3	NO
2	50783	URETERONEOCYSTOSTOMY; WITH EXTEN	10/1/2005	\$796.67	3	NO
2	50785	URETERONEOCYSTOSTOMY; WITH VESIC	10/1/2005	\$787.32	3	NO
2	50800	URETEROENTEROSTOMY, DIRECT ANAST	10/1/2005	\$575.05	3	NO
2	50810	URETEROSIGMOIDOSTOMY, W/CREATION	10/1/2005	\$814.83	3	NO
2	50815	URETEROCOLON CONDUIT, INCLUDING	10/1/2005	\$776.94	3	NO
2	50820	URETEROILEAL CONDUIT (ILEAL BLAD	10/1/2005	\$840.00	3	NO
2	50825	CONTINENT DIVERSION, INC INTESTI	10/1/2005	\$1,072.77	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	50830	URINARY UNDIVERSION (EG TAKING D	10/1/2005	\$1,186.69	3	NO
2	50840	REPLACEMENT OF ALL OR PART OF UR	10/1/2005	\$775.91	3	NO
2	50845	CUTANEOUS APPENDICO-VESICOSTOMY	10/1/2005	\$811.72	3	NO
2	50860	URETEROSTOMY, TRANSPLANTATION OF	10/1/2005	\$603.34	3	NO
2	50900	URETERORRHAPHY SUTURE OF URETER	10/1/2005	\$542.36	3	NO
2	50920	CLOSURE OF URETEROCUTANEOUS FIST	10/1/2005	\$567.79	3	NO
2	50930	CLOSURE OF URETEROVISCERAL FISTU	10/1/2005	\$724.78	3	NO
2	50940	DELIGATION OF URETER	10/1/2005	\$574.53	3	NO
2	50945	LAPAROSCOPY, SURGICAL, URETEROLI	10/1/2005	\$658.09	3	NO
2	50947	LAPAROSCOPY, SURGICAL; URETERONE	10/1/2005	\$941.47	3	NO
2	50948	LAPAROSCOPY, SURGICAL; URETERONE	10/1/2005	\$852.20	3	NO
2	50949	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	50951	URETERAL ENDOSCOPY THROUGH ESTAB	10/1/2005	\$273.51	3	NO
2	50953	URETERAL ENDOSCOPY THROUGH EST U	10/1/2005	\$287.27	3	NO
2	50955	URETERAL ENDOSCOPY THROUGH ESTAB	10/1/2005	\$353.70	3	NO
2	50957	URETERAL ENDOSCOPY THROUGH ESTAB	10/1/2005	\$306.99	3	NO
2	50959	URETERAL ENDOSCOPY THROUGH ESTAB	1/1/2005	INVALID	N	NO
2	50961	URETERAL ENDOSCOPY THROUGH ESTAB	10/1/2005	\$280.52	3	NO
2	50970	URETERAL ENDOSCOPY THROUGH URETE	10/1/2005	\$262.35	3	NO
2	50972	URETERAL ENDOSCOPY THROUGH URETE	10/1/2005	\$255.35	3	NO
2	50974	URETERAL ENDOSCOPY THROUGH URETE	10/1/2005	\$334.76	3	NO
2	50976	URETERAL ENDOSCOPY THROUGH URETE	10/1/2005	\$330.60	3	NO
2	50978	URETERAL ENDOSCOPY THROUGH URETE	1/1/2005	INVALID	N	NO
2	50980	URETERAL ENDOSCOPY THROUGH URETE	10/1/2005	\$251.97	3	NO
2	51000	ASPIRATION OF BLADDER BY NEEDLE	10/1/2005	\$72.14	3	NO
2	51005	ASPIRATION OF BLADDER BY TROCAR	10/1/2005	\$151.03	3	NO
2	51010	ASPIRATION OF BLADDER; WITH INSE	10/1/2005	\$243.93	3	NO
2	51020	CYSTOTOMY OR CYSTOSTOMY WITH FUL	10/1/2005	\$286.49	3	NO
2	51030	CYSTOTOMY OR CYSTOSTOMY; WITH CR	10/1/2005	\$293.49	3	NO
2	51040	CYSTOSTOMY CYSTOTOMY WITH DRAINA	10/1/2005	\$193.85	3	NO
2	51045	CYSTOTOMY, WITH INSERTION OF URE	10/1/2005	\$291.42	3	NO
2	51050	CYSTOLITHOTOMY CYSTOTOMY WITH RE	10/1/2005	\$286.49	3	NO
2	51060	TRANSVESICAL URETEROLITHOTOMY	10/1/2005	\$362.00	3	NO
2	51065	CYSTOTOMY, W/CALCULUS BASKET EXT	10/1/2005	\$358.89	3	NO
2	51080	DRAINAGE OF PERIVESICAL OR PREVE	10/1/2005	\$257.68	3	NO
2	51500	EXCISION OF URACHAL CYST OR SINU	10/1/2005	\$419.09	3	NO
2	51520	CYSTOTOMY FOR SIMPLE EXCISION OF	10/1/2005	\$379.91	3	NO
2	51525	CYSTOTOMY; FOR EXCISION OF BLADD	10/1/2005	\$547.03	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	51530	CYSTOTOMY; FOR EXCISION OF BLADD	10/1/2005	\$497.20	3	NO
2	51535	CYSTOTOMY FOR EXCISION, INCISION	10/1/2005	\$515.37	3	NO
2	51550	CYSTECTOMY PARTIAL SIMPLE	10/1/2005	\$615.02	3	NO
2	51555	CYSTECTOMY PARTIAL COMPLICATED (	10/1/2005	\$819.24	3	NO
2	51565	CYSTECTOMY PARTIAL WITH REIMPLAN	10/1/2005	\$835.59	3	NO
2	51570	CYSTECTOMY COMPLETE (SEPARATE PR	10/1/2005	\$928.23	3	NO
2	51575	CYSTECTOMY COMPLETE WITH BILATER	10/1/2005	\$1,156.85	3	NO
2	51580	CYSTECTOMY COMPLETE WITH URETERO	10/1/2005	\$1,186.69	3	NO
2	51585	CYSTECTOMY COMPLETE WITH URETERO	10/1/2005	\$1,332.53	3	NO
2	51590	CYSTECTOMY, COMPLETE, W/URETEROI	10/1/2005	\$1,233.40	3	NO
2	51595	CYSTECTOMY COMPLETE WITH URETERO	10/1/2005	\$1,396.63	3	NO
2	51596	CYSTECTOMY, COMPLETE, W/CONTINEN	10/1/2005	\$1,491.09	3	NO
2	51597	PELVIC EXENTERATION COMPLETE FOR	10/1/2005	\$1,451.64	3	NO
2	51600	INJECTION PROCEDURE FOR CYSTOGRA	10/1/2005	\$155.44	3	NO
2	51605	INJECTION PROCEDURE AND PLACEMEN	10/1/2005	\$174.64	3	NO
2	51610	INJECTION PROCEDURE FOR RETROGRA	10/1/2005	\$88.23	3	NO
2	51700	BLADDER IRRIGATION SIMPLE LAVAGE	10/1/2005	\$66.17	3	NO
2	51701	INSERTION OF NON-INDWELLING BLAD	10/1/2005	\$55.01	3	NO
2	51702	INSERTION OF TEMPORARY INDWELLIN	10/1/2005	\$67.99	3	NO
2	51703	INSERTION OF TEMPORARY INDWELLIN	10/1/2005	\$111.84	3	NO
2	51705	CHANGE OF CYSTOSTOMY TUBE SIMPLE	10/1/2005	\$87.19	3	NO
2	51710	CHANGE OF CYSTOSTOMY TUBE; COMPL	10/1/2005	\$127.93	3	NO
2	51715	ENDOSCOPIC INJECTION OF IMPLANT	10/1/2005	\$205.52	3	NO
2	51720	BLADDER INSTILLATION OF ANTICARC	10/1/2005	\$99.65	3	NO
2	51725	SIMPLE CYSTOMETROGRAM (CMG) (EG,	10/1/2005	\$188.40	3	NO
2	51726	COMPLEX CYSTOMETROGRAM (EG, CALI	10/1/2005	\$243.67	3	NO
2	51736	SIMPLE UROFLOWMETRY (UFR) (EG, S	10/1/2005	\$32.44	3	NO
2	51741	COMPLEX UROFLOWMETRY (EG, CALIBR	10/1/2005	\$52.94	3	NO
2	51772	URETHRAL PRESSURE PROFILE STUDIE	10/1/2005	\$191.51	3	NO
2	51784	ELECTROMYOGRAPHY STUDIES (EMG) O	10/1/2005	\$147.14	3	NO
2	51785	NEEDLE ELECTROMYOGRAPHY STUDIES	10/1/2005	\$158.81	3	NO
2	51792	STIMULUS EVOKED RESPONSE (EG MEA	10/1/2005	\$189.18	3	NO
2	51795	VOIDING PRESSURE STUDIES (VP); B	10/1/2005	\$234.59	3	NO
2	51797	VOIDING PRESSURE STUDIES (VP); I	10/1/2005	\$195.92	3	NO
2	51798	MEASUREMENT OF POST-VOIDING RESI	10/1/2005	\$10.90	3	NO
2	51800	CYSTOPLASTY OR CYSTOURETHROPLAST	10/1/2005	\$682.49	3	NO
2	51820	CYSTOURETHROPLASTY WITH UNILATER	10/1/2005	\$723.23	3	NO
2	51840	ANTERIOR VESICourethroPEXY, OR U	10/1/2005	\$449.45	3	YES



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	51841	ANTERIOR VESICOURETHROPEXY OR UR	10/1/2005	\$535.61	3	YES
2	51845	ABDOMINO-VAGINAL VESICAL NECK SU	10/1/2005	\$396.00	3	YES
2	51860	CYSTORRHAPHY SUTURE OF BLADDER W	10/1/2005	\$490.71	3	NO
2	51865	CYSTORRHAPHY SUTURE OF BLADDER W	10/1/2005	\$595.55	3	NO
2	51880	CLOSURE OF CYSTOSTOMY (SEPARATE	10/1/2005	\$319.70	3	NO
2	51900	CLOSURE OF VESICOVAGINAL FISTULA	10/1/2005	\$524.71	3	NO
2	51920	CLOSURE OF VESICOUTERINE FISTULA	10/1/2005	\$482.67	3	NO
2	51925	CLOSURE OF VESICOUTERINE FISTUAL	10/1/2005	\$679.63	3	NO
2	51940	CLOSURE, EXSTROPHY OF BLADDER	10/1/2005	\$1,104.95	3	NO
2	51960	ENTEROCYSTOPLASTY, INCLUDING INT	10/1/2005	\$889.05	3	NO
2	51980	CUTANEOUS VESICOSTOMY	10/1/2005	\$455.94	3	NO
2	51990	LAPAROSCOPY, SURGICAL; URETHRAL	10/1/2005	\$519.52	3	NO
2	51992	LAPAROSCOPY, SURGICAL; SLING OPE	10/1/2005	\$560.26	3	NO
2	51999	UNLISTED LAPAROSCOPY PROCEDURE,	1/1/2006	\$0.01	5	NO
2	52000	CYSTOURETHROSCOPY (SEPARATE PROC	10/1/2005	\$141.43	3	NO
2	52001	CYSTOURETHROSCOPY WITH IRRIGATIO	10/1/2005	\$282.86	3	NO
2	52005	CYSTOURETHROSCOPY WITH URETERAL	10/1/2005	\$210.20	3	NO
2	52007	CYSTOURETHROSCOPY WITH URETERAL	10/1/2005	\$113.92	3	NO
2	52010	CYSTOURETHROSCOPY WITH EJACULATO	10/1/2005	\$113.92	3	NO
2	52204	CYSTOURETHROSCOPY, WITH BIOPSY	10/1/2005	\$89.27	3	NO
2	52214	CYSTOURETHROSCOPY, WITH FULGURAT	10/1/2005	\$137.28	3	NO
2	52224	CYSTOURETHROSCOPY, WITH FULGURAT	10/1/2005	\$117.03	3	NO
2	52234	CYSTOURETHROSCOPY, WITH FULGURAT	10/1/2005	\$171.53	3	NO
2	52235	CYSTOURETHROSCOPY WITH FULGURATI	10/1/2005	\$201.37	3	NO
2	52240	CYSTOURETHROSCOPY WITH FULGURATI	10/1/2005	\$355.52	3	NO
2	52250	CYSTOURETHROSCOPY WITH INSERTION	10/1/2005	\$167.64	3	NO
2	52260	CYSTOURETHROSCOPY WITH DILATION	10/1/2005	\$145.58	3	NO
2	52265	CYSTOURETHROSCOPY WITH DILATION	10/1/2005	\$110.81	3	NO
2	52270	CYSTOURETHROSCOPY WITH INTERNAL	10/1/2005	\$125.60	3	NO
2	52275	CYSTOURETHROSCOPY WITH INTERNAL	10/1/2005	\$173.35	3	NO
2	52276	CYSTOURETHROSCOPY WITH DIRECT VI	10/1/2005	\$184.76	3	NO
2	52277	CYSTOURETHROSCOPY WITH RESECTION	10/1/2005	\$228.88	3	NO
2	52281	CYSTOURETHROSCOPY, WITH CALIBRAT	10/1/2005	\$261.84	3	NO
2	52282	CYSTOURETHROSCOPY, WITH INSERTIO	10/1/2005	\$235.89	3	NO
2	52283	CYSTOURETHROSCOPY, WITH STEROID	10/1/2005	\$205.78	3	NO
2	52285	CYSTOURETHROSCOPY FOR TREATMENT	10/1/2005	\$204.23	3	NO
2	52290	CYSTOURETHROSCOPY WITH URETERAL	10/1/2005	\$169.97	3	NO
2	52300	CYSTOURETHROSCOPY; W/RESECTION O	10/1/2005	\$196.70	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	52301	CYSTOURETHROSCOPY; WITH RESECTIO	10/1/2005	\$206.04	3	NO
2	52305	CYSTOURETHROSCOPY WITH INCISION	10/1/2005	\$195.40	3	NO
2	52310	CYSTOURETHROSCOPY WITH REM OF FO	10/1/2005	\$199.82	3	NO
2	52315	CYSTOURETHROSCOPY WITH REMOVAL O	10/1/2005	\$192.03	3	NO
2	52317	LITHOLAPAXY: CRUSHING OR FRAGMEN	10/1/2005	\$245.75	3	NO
2	52318	LITHOLAPAXY CRUSHING/FRAGMENTATI	10/1/2005	\$335.27	3	NO
2	52320	CYSTOURETHROSCOPY (INCLUDING URE	10/1/2005	\$172.83	3	NO
2	52325	CYSTOURETHROSCOPY (INCLUDING URE	10/1/2005	\$225.77	3	NO
2	52327	CYSTOURETHROSCOPY (INC URETERAL	10/1/2005	\$191.25	3	NO
2	52330	CYSTOURETHROSCOPY (INCLUDING URE	10/1/2005	\$185.28	3	NO
2	52332	CYSTOURETHROSCOPY WITH INSERTION	10/1/2005	\$106.14	3	NO
2	52334	CYSTOURETHROSCOPY WITH INSERTION	10/1/2005	\$178.80	3	NO
2	52341	CYSTOURETHROSCOPY; WITH TREATMEN	10/1/2005	\$223.95	3	NO
2	52342	CYSTOURETHROSCOPY; WITH TREATMEN	10/1/2005	\$241.08	3	NO
2	52343	CYSTOURETHROSCOPY; WITH TREATMEN	10/1/2005	\$267.03	3	NO
2	52344	CYSTOURETHROSCOPY WITH URETEROSC	10/1/2005	\$286.23	3	NO
2	52345	CYSTOURETHROSCOPY WITH URETEROSC	10/1/2005	\$304.13	3	NO
2	52346	CYSTOURETHROSCOPY WITH URETEROSC	10/1/2005	\$341.76	3	NO
2	52347	CYSTOURETHROSCOPY WITH TRANSURET	1/1/2005	INVALID	N	NO
2	52351	CYSTOURETHROSCOPY, WITH URETEROS	10/1/2005	\$218.24	3	NO
2	52352	CYSTOURETHROSCOPY, WITH URETEROS	10/1/2005	\$255.87	3	NO
2	52353	CYSTOURETHROSCOPY, WITH URETEROS	10/1/2005	\$295.31	3	NO
2	52354	CYSTOURETHROSCOPY, WITH URETEROS	10/1/2005	\$272.99	3	NO
2	52355	CYSTOURETHROSCOPY, WITH URETEROS	10/1/2005	\$326.45	3	NO
2	52400	CYSTOURETHROSCOPY WITH INCISION,	10/1/2005	\$365.64	3	NO
2	52402	CYSTOURETHROSCOPY W/TRANSURETHRA	1/1/2005	NC	9	NO
2	52450	TRANSURETHRAL INCISION OF PROSTA	10/1/2005	\$307.25	3	NO
2	52500	TRANSURETHRAL RESECTION OF BLADD	10/1/2005	\$336.83	3	NO
2	52510	TRANSURETHRAL BALLOON DILATION O	10/1/2005	\$267.29	3	NO
2	52601	TRANSURETHRAL ELECTROSURGICAL RE	10/1/2005	\$475.40	3	NO
2	52606	TRANSURETHRAL FULGURATION FOR PO	10/1/2005	\$317.89	3	NO
2	52612	TRANSURETHRAL RESECTION OF PROST	10/1/2005	\$318.41	3	NO
2	52614	TRANSURETHRAL RESECTION OF PROST	10/1/2005	\$276.37	3	NO
2	52620	TRANSURETHRAL RESECTION OF RESID	10/1/2005	\$260.80	3	NO
2	52630	TRANSURETHRAL RESECTION OF REGRO	10/1/2005	\$284.15	3	NO
2	52640	TRANSURETHRAL RESECTION OF POSTO	10/1/2005	\$260.54	3	NO
2	52647	LASER COAGULATION OF PROSTATE, I	10/1/2005	\$2,206.01	3	NO
2	52648	LASER VAPORIZATION OF PROSTATE,	10/1/2005	\$435.18	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	52700	TRANSURETHRAL DRAINAGE OF PROSTA	10/1/2005	\$271.18	3	NO
2	53000	URETHROTOMY OR URETHROSTOMY EXTE	10/1/2005	\$103.28	3	NO
2	53010	URETHROTOMY OR URETHROSTOMY EXTE	10/1/2005	\$176.20	3	NO
2	53020	MEATOTOMY, CUTTING OF MEATUS (SE	10/1/2005	\$127.16	3	NO
2	53025	MEATOTOMY CUTTING OF MEATUS (SEP	10/1/2005	\$128.19	3	NO
2	53040	DRAINAGE OF DEEP PERIURETHRAL AB	10/1/2005	\$267.03	3	NO
2	53060	DRAINAGE OF SKENES GLAND ABSCESS	10/1/2005	\$129.23	3	NO
2	53080	DRAINAGE OF PERINEAL URINARY EXT	10/1/2005	\$330.86	3	NO
2	53085	DRAINAGE OF PERINEAL URINARY EXT	10/1/2005	\$481.63	3	NO
2	53200	BIOPSY OF URETHRA	10/1/2005	\$106.91	3	NO
2	53210	URETHRECTOMY TOTAL INCLUDING CYS	10/1/2005	\$501.09	3	NO
2	53215	URETHRECTOMY TOTAL INCLUDING CYS	10/1/2005	\$604.38	3	NO
2	53220	EXCISION OR FULGURATION OF CARCI	10/1/2005	\$291.42	3	NO
2	53230	EXCISION OF URETHRAL DIVERTICULU	10/1/2005	\$389.51	3	NO
2	53235	EXCISION OF URETHRAL DIVERTICULU	10/1/2005	\$408.71	3	NO
2	53240	MARSUPIALIZATION OF URETHRAL DIV	10/1/2005	\$272.22	3	NO
2	53250	EXCISION OF BULBOURETHRAL GLAND	10/1/2005	\$250.68	3	NO
2	53260	EXCISION OR FULGURATION URETHRAL	10/1/2005	\$142.21	3	NO
2	53265	EXCISION OR FULGURATION URETHRAL	10/1/2005	\$157.52	3	NO
2	53270	EXCISION OR FULGURATION; SKENE'S	10/1/2005	\$145.06	3	NO
2	53275	EXCISION OR FULGURATION; URETHRA	10/1/2005	\$184.25	3	NO
2	53400	URETHROPLASTY FIRST STAGE FOR FI	10/1/2005	\$513.03	3	NO
2	53405	URETHROPLASTY; SECOND STAGE (FOR	10/1/2005	\$567.27	3	NO
2	53410	URETHROPLASTY ONE-STAGE RECONSTR	10/1/2005	\$639.93	3	NO
2	53415	URETHROPLASTY, TRANSPUBIC OR PER	10/1/2005	\$728.94	3	NO
2	53420	URETHROPLASTY TWO-STAGE RECONSTR	10/1/2005	\$554.03	3	NO
2	53425	URETHROPLASTY TWO-STAGE RECONSTR	10/1/2005	\$622.02	3	NO
2	53430	URETHROPLASTY RECONSTRUCTION OF	10/1/2005	\$636.03	3	NO
2	53431	URETHROPLASTY WITH TUBULARIZATIO	10/1/2005	\$761.89	3	NO
2	53440	SLING OPERATION FOR CORRECTION O	10/1/2005	\$533.01	3	NO
2	53442	REMOVAL OR REVISION OF SLING FOR	10/1/2005	\$462.17	3	NO
2	53443	URETHROPLASTY WITH TUBULARIZATIO	4/1/2002	INVALID	N	NO
2	53444	INSERTION OF TANDEM CUFF (DUAL C	10/1/2005	\$523.93	3	NO
2	53445	INSERTION OF INFLATABLE URETHRAL	10/1/2005	\$574.01	3	NO
2	53446	REMOVAL OF INFLATABLE URETHRAL/B	10/1/2005	\$419.09	3	NO
2	53447	REMOVAL AND REPLACEMENT OF INFLA	10/1/2005	\$540.80	3	NO
2	53448	REMOVAL AND REPLACEMENT OF INFLA	10/1/2005	\$822.10	3	NO
2	53449	REPAIR OF INFLATABLE URETHRAL/BL	10/1/2005	\$391.85	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	53450	URETHROMEATOPLASTY, WITH MUCOSAL	10/1/2005	\$255.61	3	NO
2	53460	URETHROMEATOPLASTY, WITH PARTIAL	10/1/2005	\$293.75	3	NO
2	53500	URETHROLYSIS, TRANSVAGINAL, SECO	10/1/2005	\$500.84	3	NO
2	53502	URETHRORRHAPHY SUTURE OF URETHRA	10/1/2005	\$317.37	3	NO
2	53505	URETHRORRHAPHY SUTURE OF URETHRA	10/1/2005	\$311.92	3	NO
2	53510	URETHRORRHAPHY SUTURE OF URETHRA	10/1/2005	\$415.72	3	NO
2	53515	URETHRORRHAPHY SUTURE OF URETHRA	10/1/2005	\$525.75	3	NO
2	53520	CLOSURE OF URETHROSTOMY OR URETH	10/1/2005	\$357.33	3	NO
2	53600	DILATION OF URETHRAL STRICTURE B	10/1/2005	\$63.32	3	NO
2	53601	DILATION OF URETHRAL STRICTURE B	10/1/2005	\$60.20	3	NO
2	53605	DILATION OF URETHRAL STRICTURE O	10/1/2005	\$46.19	3	NO
2	53620	DILATION OF URETHRAL STRICTURE B	10/1/2005	\$96.79	3	NO
2	53621	DILATION OF URETHRAL STRICTURE B	10/1/2005	\$91.34	3	NO
2	53660	DILATION OF FEMALE URETHRA INCLU	10/1/2005	\$53.72	3	NO
2	53661	DILATION OF FEMALE URETHRA INCLU	10/1/2005	\$53.72	3	NO
2	53665	DILATION OF FEMALE URETHRA, GENE	10/1/2005	\$27.77	3	NO
2	53670	CATHETERIZATION, URETHRA; SIMPLE	7/1/2003	INVALID	N	NO
2	53675	CATHETERIZATION; COMPLICATED (MA	7/1/2003	INVALID	N	NO
2	53850	TRANSURETHRAL DESTRUCTION OF PRO	11/1/1998	NC	9	NO
2	53852	TRANSURETHRAL DESTRUCTION OF PRO	10/1/2005	\$2,577.87	3	NO
2	53853	TRANSURETHRAL DESTRUCTION OF PRO	10/1/2005	\$1,581.39	3	NO
2	53899	UNLISTED PROCEDURE URINARY SYSTE	2/1/1994	\$0.01	5	NO
2	54000	SLITTING OF PREPUCE DORSAL OR LA	10/1/2005	\$118.33	3	NO
2	54001	SLITTING OF PREPUCE DORSAL OR LA	10/1/2005	\$143.50	3	NO
2	54015	INCISION AND DRAINAGE OF PENIS D	10/1/2005	\$213.83	3	NO
2	54050	DESTRUCTION OF LESION(S) PENIS (	10/1/2005	\$77.33	3	NO
2	54055	DESTRUCTION OF LESION(S) PENIS S	10/1/2005	\$74.48	3	NO
2	54056	DESTRUCTIN OF LESION(S) PENIS SI	10/1/2005	\$77.59	3	NO
2	54057	DESTRUCTION OF LESION(S) PENIS S	10/1/2005	\$91.86	3	NO
2	54060	DESTRUCTION OF LESION(S) PENIS S	10/1/2005	\$134.16	3	NO
2	54065	DESTRUCTION OF LESION(S), PENIS	10/1/2005	\$134.68	3	NO
2	54100	BIOPSY OF PENIS; CUTANEOUS (SEPA	10/1/2005	\$124.82	3	NO
2	54105	BIOPSY OF PENIS; DEEP STRUCTURES	10/1/2005	\$208.12	3	NO
2	54110	EXCISION OF PENILE PLAQUE (PEYRO	10/1/2005	\$404.82	3	NO
2	54111	EXCISION OF PENILE PLAQUE (PEYRO	10/1/2005	\$526.27	3	NO
2	54112	EXCISION OF PENILE PLAQUE (PEYRO	10/1/2005	\$616.31	3	NO
2	54115	REMOVAL FOREIGN BODY FROM DEEP P	10/1/2005	\$284.41	3	NO
2	54120	AMPUTATION OF PENIS PARTIAL	10/1/2005	\$397.29	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	54125	AMPUTATION OF PENIS; COMPLETE	10/1/2005	\$527.04	3	NO
2	54130	AMPUTATION OF PENIS RADICAL WITH	10/1/2005	\$773.05	3	NO
2	54135	AMPUTATION OF PENIS RADICAL IN C	10/1/2005	\$994.92	3	NO
2	54150	CIRCUMCISION, USING CLAMP OR OTHE	10/1/2005	\$164.00	3	NO
2	54152	CIRCUMCISION CLAMP PROCEDURE; EX	10/1/2005	\$96.02	3	NO
2	54160	CIRCUMCISION, SURGICAL EXCISION	10/1/2005	\$176.72	3	NO
2	54161	CIRCUMCISION SURGICAL EXCISION O	10/1/2005	\$131.57	3	NO
2	54162	LYSIS OR EXCISION OF PENILE POST	10/1/2005	\$204.23	3	NO
2	54163	REPAIR INCOMPLETE CIRCUMCISION	10/1/2005	\$135.46	3	NO
2	54164	FRENULOTOMY OF PENIS	10/1/2005	\$117.29	3	NO
2	54200	INJECTION PROCEDURE FOR PEYRONIE	10/1/2005	\$76.03	3	NO
2	54205	INJECTION PROCEDURE FOR PEYRONIE	10/1/2005	\$341.50	3	NO
2	54220	IRRIGATION OF CORPORA CAVERNOSA	10/1/2005	\$167.12	3	NO
2	54230	INJECTION PROCEDURE FOR CORPORA	10/1/2005	\$65.13	3	NO
2	54231	DYNAMIC CAVERNOSOMETRY, INCLUDIN	10/1/2005	\$92.64	3	NO
2	54235	INJECTION OF CORPORA CAVERNOSA W	10/1/2005	\$58.13	3	NO
2	54240	PENILE PLETHYSMOGRAPHY	10/1/2005	\$64.88	3	NO
2	54250	NOCTURNAL PENILE TUMESCENCE AND/	10/1/2005	\$85.89	3	NO
2	54300	PLASTIC OPERATION OF PENIS FOR S	10/1/2005	\$433.62	3	NO
2	54304	PLASTIC OPERATION ON PENIS FOR C	10/1/2005	\$510.18	3	NO
2	54308	URETHROPLASTY FOR SECOND STAGE H	10/1/2005	\$482.67	3	NO
2	54312	URETHROPLASTY FOR SECOND STAGE H	10/1/2005	\$564.67	3	NO
2	54316	URETHROPLASTY FOR SECOND STAGE H	10/1/2005	\$673.14	3	NO
2	54318	URETHROPLASTY FOR THIRD STAGE HY	10/1/2005	\$477.48	3	NO
2	54322	ONE STAGE DISTAL HYPOSPADIAS REP	10/1/2005	\$528.34	3	NO
2	54324	ONE STAGE DISTAL HYPOSPADIAS REP	10/1/2005	\$658.35	3	NO
2	54326	ONE STAGE DISTAL HYPOSPADIAS REP	10/1/2005	\$637.85	3	NO
2	54328	ONE STAGE DISTAL HYPOSPADIAS REP	10/1/2005	\$618.65	3	NO
2	54332	ONE STAGE PROXIMAL PENILE OR PEN	10/1/2005	\$673.92	3	NO
2	54336	ONE STAGE PERINEAL HYPOSPADIAS R	10/1/2005	\$842.86	3	NO
2	54340	REPAIR OF HYPOSPADIAS COMPLICATI	10/1/2005	\$377.83	3	NO
2	54344	REPAIR OF HYPOSPADIAS COMPLICATI	10/1/2005	\$653.68	3	NO
2	54348	REPAIR OF HYPOSPADIAS COMPLICATI	10/1/2005	\$692.61	3	NO
2	54352	REPAIR OF HYPOSPADIAS CRIPPLE RE	10/1/2005	\$988.44	3	NO
2	54360	PLASTIC OPERATION ON PENIS TO CO	10/1/2005	\$487.34	3	YES
2	54380	PLASTIC OPERATION ON PENIS FOR E	10/1/2005	\$536.91	3	NO
2	54385	PLASTIC OPERATION ON PENIS FOR E	10/1/2005	\$635.26	3	NO
2	54390	PLASTIC OPERATION ON PENIS FOR E	10/1/2005	\$843.89	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	54400	INSERTION OF PENILE PROSTHESIS;	10/1/2005	\$362.26	3	YES
2	54401	INSERTION OF PENILE PROSTHESIS;	10/1/2005	\$433.62	3	YES
2	54402	REMOVAL OR REPLACEMENT OF NON-IN	4/1/2002	INVALID	N	NO
2	54405	INSERTION OF MULTI-COMPONENT, IN	10/1/2005	\$526.01	3	YES
2	54406	REMOVAL OF ALL COMPONENTS OF A M	10/1/2005	\$476.18	3	NO
2	54407	REMOVAL, REPAIR, OR REPLACEMENT	4/1/2002	INVALID	N	NO
2	54408	REPAIR OF COMPONENT(S) OF A MULT	10/1/2005	\$502.39	3	YES
2	54409	SURGICAL CORRECTION OF HYDRAULIC	4/1/2002	INVALID	N	NO
2	54410	REMOVAL AND REPLACEMENT OF ALL C	10/1/2005	\$601.78	3	YES
2	54411	REMOVAL AND REPLACEMENT OF ALL C	10/1/2005	\$626.17	3	YES
2	54415	REMOVAL OF NON-INFLATABLE (SEMI-	10/1/2005	\$336.31	3	NO
2	54416	REMOVAL AND REPLACEMENT OF NON-I	10/1/2005	\$440.63	3	YES
2	54417	REMOVAL AND REPLACEMENT OF NON-I	10/1/2005	\$553.51	3	YES
2	54420	CORPORA CAVERNOSA-SAPHENOUS VEIN	10/1/2005	\$460.87	3	NO
2	54430	CORPORA CAVERNOSA-CORPUS SPONGIO	10/1/2005	\$413.90	3	NO
2	54435	CORPORA CAVERNOSA-GLANS PENIS FI	10/1/2005	\$263.65	3	NO
2	54440	PLASTIC OPERATION OF PENIS FOR I	10/1/2000	\$523.45	3	NO
2	54450	FORESKIN MANIPULATION INCLUDING	10/1/2005	\$55.79	3	NO
2	54500	BIOPSY OF TESTIS NEEDLE (SEPARAT	10/1/2005	\$52.16	3	NO
2	54505	BIOPSY OF TESTIS, INCISIONAL (SE	10/1/2005	\$146.10	3	NO
2	54510	EXCISION OF LOCAL LESION OF TEST	4/1/2002	INVALID	N	NO
2	54512	EXCISION OF EXTRAPARENCHYMAL LES	10/1/2005	\$346.95	3	NO
2	54520	ORCHIECTOMY, SIMPLE (INCLUDING S	10/1/2005	\$220.58	3	NO
2	54522	ORCHIECTOMY, PARTIAL	10/1/2005	\$395.48	3	NO
2	54530	ORCHIECTOMY RADICAL FOR TUMOR IN	10/1/2005	\$349.29	3	NO
2	54535	ORCHIECTOMY RADICAL FOR TUMOR; W	10/1/2005	\$483.97	3	NO
2	54550	EXPLORATION FOR UNDESCENDED TEST	10/1/2005	\$315.55	3	NO
2	54560	EXPLORATION FOR UNDESCENDED TEST	10/1/2005	\$445.30	3	NO
2	54600	REDUCTION OF TORSION OF TESTIS S	10/1/2005	\$287.01	3	NO
2	54620	FIXATION OF CONTRALATERAL TESTIS	10/1/2005	\$199.56	3	NO
2	54640	ORCHIOPEXY, INGUINAL APPROACH, W	10/1/2005	\$291.94	3	NO
2	54650	ORCHIOPEXY, ABDOMINAL APPROACH,	10/1/2005	\$466.32	3	NO
2	54660	INSERTION OF TESTICULAR PROSTHES	4/1/1982	NC	9	NO
2	54670	SUTURE OR REPAIR OF TESTICULAR I	10/1/2005	\$269.62	3	NO
2	54680	TRANSPLANTATION OF TESTIS(ES) TO	10/1/2005	\$517.18	3	NO
2	54690	LAPAROSCOPY, SURGICAL; ORCHIECTO	10/1/2005	\$438.04	3	NO
2	54692	LAPAROSCOPY, SURGICAL; ORCHIOPEX	10/1/2005	\$508.10	3	NO
2	54699	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	54700	INCISION AND DRAINAGE OF EPIDIDY	10/1/2005	\$146.10	3	NO
2	54800	BIOPSY OF EPIDIDYMIS NEEDLE	10/1/2005	\$90.83	3	NO
2	54820	EXPLORATION OF EPIDIDYMIS WITH O	10/1/2005	\$219.54	3	NO
2	54830	EXCISION OF LOCAL LESION OF EPID	10/1/2005	\$228.10	3	NO
2	54840	EXCISION OF SPERMATOCELE WITH OR	10/1/2005	\$216.42	3	NO
2	54860	EPIDIDYMECTOMY UNILATERAL	10/1/2005	\$261.06	3	NO
2	54861	EPIDIDYMECTOMY; BILATERAL	10/1/2005	\$358.63	3	NO
2	54900	EPIDIDYMOVASOSTOMY ANASTOMOSIS O	7/1/1982	NC	9	NO
2	54901	EPIDIDYMOVASOSTOMY ANASTOMOSIS O	7/1/1982	NC	9	NO
2	55000	PUNCTURE ASPIRATION OF HYDROCELE	10/1/2005	\$93.42	3	NO
2	55040	EXCISION OF HYDROCELE UNILATERAL	10/1/2005	\$224.99	3	NO
2	55041	EXCISION OF HYDROCELE; BILATERAL	10/1/2005	\$318.93	3	NO
2	55060	REPAIR OF HYDROCELE (BOTTLE TYPE	10/1/2005	\$234.59	3	NO
2	55100	DRAINAGE OF SCROTAL WALL ABSCESS	10/1/2005	\$154.92	3	NO
2	55110	SCROTAL EXPLORATION	10/1/2005	\$239.78	3	NO
2	55120	REMOVAL OF FOREIGN BODY IN SCROT	10/1/2005	\$218.24	3	NO
2	55150	RESECTION OF SCROTUM	10/1/2005	\$301.28	3	NO
2	55175	SCROTOPLASTY; SIMPLE	10/1/2005	\$223.69	3	NO
2	55180	SCROTOPLASTY; COMPLICATED	10/1/2005	\$439.85	3	NO
2	55200	VASOTOMY CANNULIZATION WITH OR W	10/1/2005	\$437.52	3	NO
2	55250	VASECTOMY UNILATERAL OR BILATERA	10/1/2005	\$389.77	3	NO
2	55300	VASOTOMY FOR VASOGRAMS SEMINAL V	7/1/1982	NC	9	NO
2	55400	VASOVASOSTOMY, VASOVASORRHAPHY	7/1/1982	NC	9	NO
2	55450	LIGATION (PERCUTANEOUS) OF VAS D	10/1/2005	\$295.57	3	NO
2	55500	EXCISION OF HYDROCELE OF SPERMAT	10/1/2005	\$239.26	3	NO
2	55520	EXCISION OF LESION OF SPERMATIC	10/1/2005	\$259.50	3	NO
2	55530	EXCISION OF VARICOCELE OR LIGATI	10/1/2005	\$236.15	3	NO
2	55535	EXCISION OF VARICOCELE OR LIGATI	10/1/2005	\$270.66	3	NO
2	55540	EXCISION OF VARICOCELE OR LIGATI	10/1/2005	\$321.52	3	NO
2	55550	LAPAROSCOPY, SURGICAL, WITH LIGA	10/1/2005	\$270.40	3	NO
2	55559	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	55600	VESICULOTOMY	10/1/2005	\$267.80	3	NO
2	55605	VESICULOTOMY; COMPLICATED	10/1/2005	\$333.98	3	NO
2	55650	VESICULECTOMY, ANY APPROACH	10/1/2005	\$467.10	3	NO
2	55680	EXCISION OF MULLERIAN DUCT CYST	10/1/2005	\$223.43	3	NO
2	55700	BIOPSY PROSTATE NEEDLE OR PUNCH	10/1/2005	\$152.33	3	NO
2	55705	BIOPSY PROSTATE; INCISIONAL ANY	10/1/2005	\$186.32	3	NO
2	55720	PROSTATOTOMY EXTERNAL DRAINAGE O	10/1/2005	\$321.26	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	55725	PROSTATOTOMY EXTERNAL DRAINAGE O	10/1/2005	\$359.41	3	NO
2	55801	PROSTATECTOMY, PERINEAL, SUBTOTA	10/1/2005	\$693.12	3	NO
2	55810	PROSTATECTOMY, PERINEAL RADICAL;	10/1/2005	\$857.91	3	NO
2	55812	PROSTATECTOMY PERINEAL RADICAL;	10/1/2005	\$1,049.94	3	NO
2	55815	PROSTATECTOMY PERINEAL RADICAL W	10/1/2005	\$1,153.22	3	NO
2	55821	PROSTATECTOMY (INCLUDING CONTROL	10/1/2005	\$556.11	3	NO
2	55831	PROSTATECTOMY RETROPUBIC SUBTOTA	10/1/2005	\$605.93	3	NO
2	55840	PROSTATECTOMY, RETROPUBIC RADICA	10/1/2005	\$870.10	3	NO
2	55842	PROSTATECTOMY RETROPUBIC RADICAL	10/1/2005	\$930.57	3	NO
2	55845	PROSTATECTOMY RETROPUBIC RADICAL	10/1/2005	\$1,075.37	3	NO
2	55859	TRANSPERINEAL PLACEMENT OF NEEDL	10/1/2005	\$498.24	3	NO
2	55860	EXPOSURE OF PROSTATE, ANY APPROA	10/1/2005	\$566.75	3	NO
2	55862	EXPOSURE OF PROSTATE ANY APPROAC	10/1/2005	\$718.04	3	NO
2	55865	EXPOSURE OF PROSTATE ANY APPROAC	10/1/2005	\$874.26	3	NO
2	55866	LAPAROSCOPY, SURGICAL PROSTATECT	10/1/2005	\$1,155.81	3	NO
2	55870	ELECTROEJACULATION	3/1/1992	NC	9	NO
2	55873	CRYOSURGICAL ABLATION OF THE PRO	10/1/2005	\$771.75	3	NO
2	55899	UNLISTED PROCEDURE MALE GENITAL	4/1/1982	\$0.01	5	NO
2	55970	INTERSEX SURGERY MALE TO FEMALE	4/1/1982	NC	9	NO
2	55980	INTERSEX SURGERY; FEMALE TO MALE	4/1/1982	NC	9	NO
2	56405	INCISION AND DRAINAGE OF VULVA O	10/1/2005	\$76.29	3	NO
2	56420	INCISION AND DRAINAGE OF BARTHOL	10/1/2005	\$99.13	3	NO
2	56440	MARSUPIALIZATION OF BARTHOLINS G	10/1/2005	\$126.90	3	NO
2	56441	LYSIS OF LABIAL ADHESIONS	10/1/2005	\$103.28	3	NO
2	56501	DESTRUCTION OF LESION(S), VULVA;	10/1/2005	\$90.31	3	NO
2	56515	DESTRUCTION OF LESION(S), VULVA;	10/1/2005	\$145.84	3	NO
2	56605	BIOPSY OF VULVA OR PERINEUM (SEP	10/1/2005	\$59.69	3	NO
2	56606	BIOPSY OF VULVA OR PERINEUM; EAC	10/1/2005	\$28.80	3	NO
2	56620	VULVECTOMY SIMPLE; PARTIAL	10/1/2005	\$340.98	3	NO
2	56625	VULVECTOMY SIMPLE; COMPLETE	10/1/2005	\$381.47	3	NO
2	56630	VULVECTOMY RADICAL WITHOUT SKIN	10/1/2005	\$535.61	3	NO
2	56631	VULVECTOMY, RADICAL, PARTIAL; WI	10/1/2005	\$698.06	3	NO
2	56632	VULVECTOMY, RADICAL, PARTIAL; WI	10/1/2005	\$833.00	3	NO
2	56633	VULVECTOMY, RADICAL, COMPLETE;	10/1/2005	\$699.87	3	NO
2	56634	VULVECTOMY, RADICAL, COMPLETE; W	10/1/2005	\$763.19	3	NO
2	56637	VULVECTOMY, RADICAL, COMPLETE; W	10/1/2005	\$922.26	3	NO
2	56640	VULVECTOMY, RADICAL, COMPLETE, W	10/1/2005	\$922.52	3	NO
2	56700	PARTIAL HYMENECTOMY OR REVISION	10/1/2005	\$120.67	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	56720	HYMENOTOMY SIMPLE INCISION	10/1/2005	\$32.96	3	NO
2	56740	EXCISION OF BARTHOLINS GLAND OR	10/1/2005	\$198.78	3	NO
2	56800	PLASTIC REPAIR OF INTROITUS	10/1/2005	\$168.93	3	NO
2	56805	CLITOROPLASTY FOR INTERSEX STATE	10/1/2005	\$788.10	3	YES
2	56810	PERINEOPLASTY, REPAIR OF PERINEU	10/1/2005	\$178.80	3	NO
2	56820	COLPOSCOPY OF THE VULVA;	10/1/2005	\$77.59	3	NO
2	56821	COLPOSCOPY OF THE VULVA; WITH BI	10/1/2005	\$104.84	3	NO
2	57000	COLPOTOMY WITH EXPLORATION	10/1/2005	\$129.75	3	NO
2	57010	COLPOTOMY; WITH DRAINAGE OF PELV	10/1/2005	\$272.48	3	NO
2	57020	COLPOCENTESIS (SEPARATE PROCEDUR	10/1/2005	\$67.73	3	NO
2	57022	INCISION AND DRAINAGE OF VAGINAL	10/1/2005	\$111.84	3	NO
2	57023	INCISION AND DRAINAGE OF BAGINAL	10/1/2005	\$203.97	3	NO
2	57061	DESTRUCTION OF VAGINAL LESION(S)	10/1/2005	\$79.15	3	NO
2	57065	DESTRUCTION OF VAGINAL LESION(S)	10/1/2005	\$135.20	3	NO
2	57100	BIOPSY OF VAGINAL MUCOSA SIMPLE	10/1/2005	\$62.80	3	NO
2	57105	BIOPSY OF VAGINAL MUCOSA; EXTENS	10/1/2005	\$95.50	3	NO
2	57106	VAGINECTOMY, PARTIAL REMOVAL OF	10/1/2005	\$292.20	3	NO
2	57107	VAGINECTOMY, PARTIAL REMOVAL OF	10/1/2005	\$936.28	3	NO
2	57109	VAGINECTOMY, PARTIAL REMOVAL OF	10/1/2005	\$1,072.77	3	NO
2	57110	COLPECTOMY OBLITERATION OF VAGIN	10/1/2005	\$602.82	3	NO
2	57111	VAGINECTOMY, COMPLETE REMOVAL OF	10/1/2005	\$1,108.84	3	NO
2	57112	VAGINECTOMY, COMPLETE REMOVAL OF	10/1/2005	\$1,144.14	3	NO
2	57120	COLPOCLEISIS (LE FORT TYPE)	10/1/2005	\$333.98	3	NO
2	57130	EXCISION OF VAGINAL SEPTUM	10/1/2005	\$126.38	3	NO
2	57135	EXCISION OF VAGINAL CYST OR TUMO	10/1/2005	\$135.98	3	NO
2	57150	IRRIGATION AND/OR APPLICATION OF	10/1/2005	\$44.37	3	NO
2	57155	INSERTION OF UTERINE TANDEMS AND	10/1/2005	\$291.94	3	NO
2	57160	FITTING AND INSERTION OF PESSARY	10/1/2005	\$51.90	3	NO
2	57170	DIAPHRAGM OR CERVICAL CAP FITTIN	10/1/2005	\$64.88	3	NO
2	57180	INTRODUCTION OF ANY HEMOSTATIC A	10/1/2005	\$101.72	3	NO
2	57200	COLPORRHAPHY SUTURE OF INJURY OF	10/1/2005	\$188.66	3	NO
2	57210	COLPOPERINEORRHAPHY SUTURE OF IN	10/1/2005	\$238.74	3	NO
2	57220	PLASTIC OPERATION ON URETHRAL SP	10/1/2005	\$205.01	3	NO
2	57230	PLASTIC REPAIR OF URETHROCELE	10/1/2005	\$248.60	3	NO
2	57240	ANTERIOR COLPORRHAPHY, REPAIR OF	10/1/2005	\$272.22	3	NO
2	57250	POSTERIOR COLPORRHAPHY, REPAIR O	10/1/2005	\$252.75	3	NO
2	57260	COMBINED ANTEROPOSTERIOR COLPORR	10/1/2005	\$364.86	3	NO
2	57265	COMBINED ANTEROPOSTERIOR COLORRH	10/1/2005	\$484.49	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	57267	INSERTION OF MESH OR OTHER PROST	10/1/2005	\$194.37	3	YES
2	57268	REPAIR OF ENTEROCELE VAGINAL APP	10/1/2005	\$304.13	3	NO
2	57270	REPAIR OF ENTEROCELE ABDOMINAL A	10/1/2005	\$512.25	3	NO
2	57280	COLPOPEXY ABDOMINAL APPROACH	10/1/2005	\$623.84	3	NO
2	57282	COLPOPEXY, VAGINAL; EXTRA-PERITO	10/1/2005	\$321.26	3	NO
2	57283	COLPOPEXY, VAGINAL; INTRA-PERITO	10/1/2005	\$461.13	3	YES
2	57284	PARAVAGINAL DEFECT REPAIR (INCL	10/1/2005	\$550.92	3	YES
2	57287	REMOVAL OR REVISION OF SLING FOR	10/1/2005	\$442.97	3	NO
2	57288	SLING OPERATION FOR STRESS INCON	10/1/2005	\$519.52	3	YES
2	57289	PEREYRA PROCEDURE INCLUDING ANTE	10/1/2005	\$487.86	3	NO
2	57291	CONSTRUCTION OF ARTIFICIAL VAGIN	10/1/2005	\$357.85	3	YES
2	57292	CONSTRUCTION OF ARTIFICIAL VAGIN	10/1/2005	\$559.48	3	YES
2	57295	REVISION (INCLUDING REMOVAL) OF	1/1/2006	\$332.16	3	NO
2	57300	CLOSURE OF RECTOVAGINAL FISTULA;	10/1/2005	\$330.60	3	NO
2	57305	CLOSURE OF RECTOVAGINAL FISTULA;	10/1/2005	\$563.12	3	NO
2	57307	CLOSURE OF RECTOVAGINAL FISTULA;	10/1/2005	\$644.08	3	NO
2	57308	CLOSURE OF RECTOVAGINAL FISTULA;	10/1/2005	\$419.09	3	NO
2	57310	CLOSURE OF URETHROVAGINAL FISTUL	10/1/2005	\$289.08	3	NO
2	57311	CLOSURE OF URETHROVAGINAL FISTUL	10/1/2005	\$330.34	3	NO
2	57320	CLOSURE OF VESICOVAGINAL FISTULA	10/1/2005	\$338.39	3	NO
2	57330	CLOSURE OF VESICOVAGINAL FISTULA	10/1/2005	\$495.39	3	NO
2	57335	VAGINOPLASTY FOR INTERSEX STATE	10/1/2005	\$768.38	3	YES
2	57400	DILATION OF VAGINA UNDER ANESTHE	10/1/2005	\$94.20	3	NO
2	57410	PELVIC EXAMINATION UNDER ANESTHE	10/1/2005	\$101.98	3	NO
2	57415	REMOVAL OF IMPACTED VAGINAL FORE	10/1/2005	\$99.39	3	NO
2	57420	COLPOSCOPY OF THE ENTIRE VAGINA,	10/1/2005	\$81.22	3	NO
2	57421	COLPOSCOPY OF THE ENTIRE VAGINA,	10/1/2005	\$111.59	3	NO
2	57425	LAPAROSCOPY, SURGICAL, COLPOPEXY	10/1/2005	\$625.40	3	NO
2	57452	COLPOSCOPY OF THE CERVIX INCLUDI	10/1/2005	\$76.55	3	NO
2	57454	COLPOSCOPY OF THE CERVIX INCLUDI	10/1/2005	\$110.29	3	NO
2	57455	COLPOSCOPY OF THE CERVIX INCLUDI	10/1/2005	\$102.50	3	NO
2	57456	COLPOSCOPY OF THE CERVIX INCLUDI	10/1/2005	\$96.53	3	NO
2	57460	COLPOSCOPY (VAGINOSCOPY); WITH L	10/1/2005	\$233.81	3	NO
2	57461	COLPOSCOPY OF THE CERVIX INCLUDI	10/1/2005	\$257.94	3	NO
2	57500	BIOPSY SINGLE OR MULTIPLE OR LOC	10/1/2005	\$93.94	3	NO
2	57505	ENDOCERVICAL CURETTAGE (NOT DONE	10/1/2005	\$70.84	3	NO
2	57510	CAUTERY OF CERVIX; ELECTRO OR TH	10/1/2005	\$95.50	3	NO
2	57511	CAUTERIZATION OF CERVIX; CRYOCAU	10/1/2005	\$102.24	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	57513	CAUTERIZATION OF CERVIX; LASER A	10/1/2005	\$99.91	3	NO
2	57520	CONIZATION OF CERVIX, W/OR W/OUT	10/1/2005	\$219.02	3	NO
2	57522	CONIZATION OF CERVIX, W/OR W/OUT	10/1/2005	\$179.06	3	NO
2	57530	TRACHELECTOMY (CERVICECTOMY AMPU	10/1/2005	\$226.80	3	NO
2	57531	RADICAL TRACHELECTOMY, WITH BILA	10/1/2005	\$1,152.96	3	NO
2	57540	EXCISION OF CERVICAL STUMP ABDOM	10/1/2005	\$516.66	3	NO
2	57545	EXCISION OF CERVICAL STUMP ABDOM	10/1/2005	\$549.88	3	NO
2	57550	EXCISION OF CERVICAL STUMP VAGIN	10/1/2005	\$259.50	3	NO
2	57555	EXCISION OF CERVICAL STUMP VAGIN	10/1/2005	\$391.59	3	NO
2	57556	EXCISION OF CERVICAL STUMP VAGIN	10/1/2005	\$366.93	3	NO
2	57700	CERCLAGE OF UTERINE CERVIX, NONO	10/1/2005	\$182.95	3	NO
2	57720	TRACHELORRHAPHY PLASTIC REPAIR O	10/1/2005	\$199.82	3	NO
2	57800	DILATION OF CERVICAL CANAL INSTR	10/1/2005	\$42.04	3	NO
2	57820	DILATION AND CURETTAGE OF CERVIC	10/1/2005	\$86.67	3	NO
2	58100	ENDOMETRIAL SAMPLING, W/OR W/OUT	10/1/2005	\$78.63	3	NO
2	58110	ENDOMETRIAL SAMPLING (BIOPSY) PE	1/1/2006	\$36.59	3	NO
2	58120	DILATION AND CURETTAGE DIAGNOSTI	10/1/2005	\$154.66	3	NO
2	58140	MYOMECTOMY, EXCISION OF FIBROID	10/1/2005	\$608.79	3	NO
2	58145	MYOMECTOMY EXCISION OF FIBROID T	10/1/2005	\$357.59	3	NO
2	58146	MYOMECTOMY, EXCISION OF FIBROID	10/1/2005	\$784.73	3	NO
2	58150	TOTAL ABDOMINAL HYSTERECTOMY(COR	10/1/2005	\$636.03	3	YES
2	58152	TOTAL HYSTERECTOMY (CORPUS & CER	10/1/2005	\$851.94	3	YES
2	58180	SUPRACERVICAL ABDOMINAL HYSTEREC	10/1/2005	\$632.14	3	YES
2	58200	TOTAL ABDOMINAL HYSTERECTOMY, IN	10/1/2005	\$883.34	3	NO
2	58210	RADIACL ABDOMINAL HYSTERECTOMY,	10/1/2005	\$1,175.54	3	NO
2	58240	PELVIC EXENTERATION FOR GYNECOLO	10/1/2005	\$1,559.34	3	NO
2	58260	VAGINAL HYSTERECTOMY, FOR UTERUS	10/1/2005	\$550.14	3	YES
2	58262	VAGINAL HYSTERECTOMY; WITH REMOV	10/1/2005	\$620.21	3	YES
2	58263	VAGINAL HYSTERECTOMY; WITH REMOV	10/1/2005	\$670.55	3	YES
2	58267	VAGINAL HYSTERECTOMY WITH COLPO-	10/1/2005	\$711.55	3	YES
2	58270	VAGINAL HYSTERECTOMY; WITH REPAI	10/1/2005	\$596.85	3	YES
2	58275	VAGINAL HYSTERECTOMY, WITH TOTAL	10/1/2005	\$658.35	3	YES
2	58280	VAGINAL HYSTERECTOMY WITH TOTAL	10/1/2005	\$706.36	3	YES
2	58285	VAGINAL HYSTERECTOMY RADICAL (SC	10/1/2005	\$904.36	3	YES
2	58290	VAGINAL HYSTERECTOMY, FOR UTERUS	10/1/2005	\$788.10	3	YES
2	58291	VAGINAL HYSTERECTOMY, FOR UTERUS	10/1/2005	\$859.20	3	YES
2	58292	VAGINAL HYSTERECTOMY, FOR UTERUS	10/1/2005	\$910.33	3	YES
2	58293	VAGINAL HYSTERECTOMY, FOR UTERUS	10/1/2005	\$945.36	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	58294	VAGINAL HYSTERECTOMY, FOR UTERUS	10/1/2005	\$833.51	3	YES
2	58300	INSERTION OF INTRAUTERINE DEVICE	10/1/2005	\$66.17	3	NO
2	58301	REMOVAL OF INTRAUTERINE DEVICE (	10/1/2005	\$71.10	3	NO
2	58321	ARTIFICIAL IMSEMINATION; INTRA-C	2/1/1994	NC	9	NO
2	58322	ARTIFICIAL INSEMINATION; INTRA-U	2/1/1994	NC	9	NO
2	58323	SPERM WASHING FOR ARTIFICIAL INS	2/1/1994	NC	9	NO
2	58340	INJECTION PROCEDURE FOR HYSTEROS	10/1/2005	\$107.17	3	NO
2	58345	TRANSCERVICAL INTRODUCTION OF FA	1/1/1993	NC	9	NO
2	58346	INSERTION OF HEYMAN CAPSULES FOR	10/1/2005	\$291.68	3	NO
2	58350	CHROMOTUBATION OF OVIDUCT, INCLU	4/1/1982	NC	9	NO
2	58353	ENDOMETRIAL ABLATION, THERMAL, W	10/1/2005	\$156.22	3	NO
2	58356	ENDOMETRIAL CRYOABLATION WITH UL	1/1/2005	NC	9	NO
2	58400	UTERINE SUSPENSION WITH OR WITHO	10/1/2005	\$285.97	3	YES
2	58410	UTERINE SUSPENSION WITH/OUT SHOR	10/1/2005	\$534.31	3	YES
2	58520	HYSTERORRHAPHY REPAIR OF RUPTURE	10/1/2005	\$503.43	3	NO
2	58540	HYSTEROPLASTY REPAIR OF UTERINE	10/1/2005	\$605.41	3	NO
2	58545	LAPAROSCOPY, SURGICAL, MYOMECTOM	10/1/2005	\$610.34	3	NO
2	58546	LAPAROSCOPY, SURGICAL, MYOMECTOM	10/1/2005	\$782.65	3	NO
2	58550	LAPAROSCOPY, SURGICAL, WITH VAGI	10/1/2005	\$601.00	3	YES
2	58551	LAPAROSCOPY, SURGICAL; WITH REMO	7/1/2003	INVALID	N	NO
2	58552	LAPAROSCOPY, SURGICAL, WITH VAGI	10/1/2005	\$666.66	3	YES
2	58553	LAPAROSCOPY, SURGICAL, WITH VAGI	10/1/2005	\$782.91	3	YES
2	58554	LAPAROSCOPY, SURGICAL, WITH VAGI	10/1/2005	\$897.87	3	YES
2	58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARA	10/1/2005	\$153.62	3	NO
2	58558	HYSTEROSCOPY, SURGICAL; WITH SAM	10/1/2005	\$194.11	3	NO
2	58559	HYSTEROSCOPY, SURGICAL; WITH LYS	10/1/2005	\$249.64	3	NO
2	58560	HYSTEROSCOPY, SURGICAL; WITH DIV	10/1/2005	\$282.86	3	NO
2	58561	HYSTEROSCOPY, SURGICAL; WITH REM	10/1/2005	\$401.19	3	NO
2	58562	HYSTEROSCOPY, SURGICAL; WITH REM	10/1/2005	\$212.01	3	NO
2	58563	HYSTEROSCOPY, SURGICAL; W/ENDOME	10/1/2005	\$250.42	3	NO
2	58565	HYSTEROSCOPY, SURGICAL; W/BILATE	4/1/2006	\$1,502.76	3	NO
2	58578	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	58579	UNLISTED HYSTEROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	58600	LIGATION OR TRANSECTION OF FALLO	10/1/2005	\$248.34	3	NO
2	58605	LIGATION OR TRANSECTION OF FALLO	10/1/2005	\$225.51	3	NO
2	58611	LIGATION OR TRANSECTION OF FALLO	10/1/2005	\$56.83	3	NO
2	58615	OCCCLUSION OF FALLOPIAN TUBES BY	10/1/2005	\$183.21	3	NO
2	58660	LAPAROSCOPY, SURGICAL; WITH LYSI	10/1/2005	\$464.51	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	58661	LAPAROSCOPY, SURGICAL; WITH REMO	10/1/2005	\$453.61	3	YES
2	58662	LAPAROSCOPY, SURGICAL; WITH FULG	10/1/2005	\$492.27	3	NO
2	58670	LAPAROSCOPY, SURGICAL; WITH FULG	10/1/2005	\$247.30	3	NO
2	58671	LAPAROSCOPY, SURGICAL; WITH OCCL	10/1/2005	\$247.30	3	NO
2	58672	LAPAROSCOPY, SURGICAL; WITH FIMB	10/1/2005	\$535.09	3	YES
2	58673	LAPAROSCOPY, SURGICAL; WITH SALP	10/1/2005	\$569.60	3	YES
2	58679	UNLISTED LAPAROSCOPY PROCEDURE,	1/1/2000	\$0.01	5	NO
2	58700	SALPINGECTOMY COMPLETE OR PARTIA	10/1/2005	\$506.28	3	NO
2	58720	SALPINGO-OOPHORECTOMY COMPLETE O	10/1/2005	\$479.56	3	YES
2	58740	LYSIS OF ADHESIIONS (SALPINGOLYS	4/1/1982	NC	9	NO
2	58750	TUBOTUBAL ANASTOMOSIS	4/1/1982	NC	9	NO
2	58752	TUBOUTERINE IMPLANTATION	10/1/1984	NC	9	NO
2	58760	FIMBRIOPLASTY	4/1/1982	NC	9	NO
2	58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	10/1/1984	NC	9	NO
2	58800	DRAINAGE OF OVARIAN CYSTS UNILAT	10/1/2005	\$212.53	3	NO
2	58805	DRAINAGE OF OVARIAN CYST(S) UNIL	10/1/2005	\$260.28	3	NO
2	58820	DRAINAGE OF OVARIAN ABSCESS VAGI	10/1/2005	\$208.12	3	NO
2	58822	DRAINAGE OF OVARIAN ABSCESS; ABD	10/1/2005	\$427.40	3	NO
2	58823	DRAINAGE OF PELVIC ABSCESS, TRAN	10/1/2005	\$123.00	3	NO
2	58825	TRANSPOSITION, OVARY(S)	10/1/2005	\$468.92	3	NO
2	58900	BIOPSY OF OVARY UNILATERAL OR BI	10/1/2005	\$265.47	3	NO
2	58920	WEDGE RESECTION OR BISECTION OF	10/1/2005	\$475.40	3	NO
2	58925	OVARIAN CYSTECTOMY UNILATERAL OR	10/1/2005	\$477.74	3	NO
2	58940	OOPHORECTOMY PARTIAL OR TOTAL UN	10/1/2005	\$318.41	3	YES
2	58943	OOPHORECTOMY, PARTIAL OR TOTAL,	10/1/2005	\$758.78	3	NO
2	58950	RESECTION OF OVARIAN, TUBAL OR P	10/1/2005	\$708.69	3	NO
2	58951	RESECTION OF OVARIAN MALIGNANCY	10/1/2005	\$918.11	3	NO
2	58952	RESECTION OF OVARIAN, TUBAL OR P	10/1/2005	\$1,029.70	3	NO
2	58953	BILATERAL SALPINGO-OOPHORECTOMY	10/1/2005	\$1,303.73	3	NO
2	58954	BILATERAL SALPINGO-OOPHORECTOMY	10/1/2005	\$1,421.02	3	NO
2	58956	BILATERAL SALPINGO-OOPHORECTOMY	10/1/2005	\$910.07	3	NO
2	58960	LAPAROTOMY, FOR STAGING OR RESTA	10/1/2005	\$616.05	3	NO
2	58970	FOLLICLE PUNCTURE FOR OOCYTE RET	3/1/1987	NC	9	NO
2	58974	EMBRYO TRANSFER, INTRAUTERINE	3/1/1987	NC	9	NO
2	58976	GAMETE, ZYGOTE, OR EMBRYO INTRAF	3/1/1987	NC	9	NO
2	58999	UNLISTED PROCEDURE FEMALE GENITA	2/1/1994	\$0.01	5	NO
2	59000	AMNIOCENTESIS; DIAGNOSTIC	10/1/2005	\$95.50	3	NO
2	59001	AMNIOCENTESIS; THERAPEUTIC AMNIO	10/1/2005	\$132.86	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	59012	CORDOCENTESIS (INTRAUTERINE), AN	10/1/2005	\$150.25	3	NO
2	59015	CHORIONIC VILLUS SAMPLING, ANY M	10/1/2005	\$110.81	3	NO
2	59020	FETAL CONTRACTION STRESS TEST	10/1/2005	\$44.12	3	NO
2	59025	FETAL NON-STRESS TEST	10/1/2005	\$28.80	3	NO
2	59030	FETAL SCALP BLOOD SAMPLING	10/1/2005	\$83.82	3	NO
2	59050	FETAL MONITORING DURING LABOR BY	10/1/2005	\$37.63	3	NO
2	59051	FETAL MONITORING DURING LABOR BY	10/1/2005	\$31.14	3	NO
2	59070	TRANSABDOMINAL AMNIOINFUSION, IN	10/1/2005	\$276.89	3	NO
2	59072	FETAL UMBILICAL CORD OCCLUSION,	10/1/2005	\$318.41	3	NO
2	59074	FETAL FLUID DRAINAGE (EG, VESICO	10/1/2005	\$261.84	3	NO
2	59076	FETAL SHUNT PLACEMENT, INCLUDING	10/1/2005	\$318.41	3	NO
2	59100	HYSTEROTOMY, ABDOMINAL (EG, FOR	10/1/2005	\$562.86	3	NO
2	59120	SURG TREAT OF ECTOPIC PREG;TUB O	10/1/2005	\$528.60	3	NO
2	59121	SURGICAL TREATMENT OF ECTOPIC PR	10/1/2005	\$537.68	3	NO
2	59130	SURGICAL TREATMENT OF ECTOPIC PR	10/1/2005	\$579.72	3	NO
2	59135	SURGICAL TREATMENT OF ECTOPIC PR	10/1/2005	\$631.88	3	NO
2	59136	SURGICAL TREATMENT OF ECTOPIC PR	10/1/2005	\$593.48	3	NO
2	59140	SURGICAL TREATMENT OF ECTOPIC PR	10/1/2005	\$232.25	3	NO
2	59150	LAPAROSCOPIC TREATMENT OF ECTOPI	10/1/2005	\$529.12	3	NO
2	59151	LAPAROSCOPIC TREATMENT OF ECTOPI	10/1/2005	\$524.97	3	NO
2	59160	CURETTAGE, POSTPARTUM (SEPARATE	10/1/2005	\$172.31	3	NO
2	59200	INSERTION OF CERVICAL DILATOR (E	10/1/2005	\$56.31	3	NO
2	59300	EPISIOTOMY OR VAGINAL REPAIR, BY	10/1/2005	\$133.64	3	NO
2	59320	CERCLAGE OF CERVIX, DURGING PREG	10/1/2005	\$111.59	3	NO
2	59325	CERCLAGE OF CERVIX, DURING PREGN	10/1/2005	\$177.24	3	NO
2	59350	HYSTERORRHAPHY OF RUPTURED UTERU	10/1/2005	\$207.08	3	NO
2	59400	ROUTINE OBSTETRIC CARE INCLUDING	10/1/2005	\$1,698.66	3	NO
2	59409	VAGINAL DELIVERY ONLY (WITH OR W	10/1/2005	\$852.05	3	NO
2	59410	VAGINAL DELIVERY ONLY (W/WO EPIS	10/1/2005	\$952.15	3	NO
2	59412	EXTERNAL CEPHALIC VERSION, WITH	10/1/2005	\$113.30	3	NO
2	59414	DELIVERY OF PLACENTA (SEPARATE P	10/1/2005	\$102.04	3	NO
2	59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	10/1/2005	\$393.04	3	NO
2	59426	ANTEPARTUM CARE ONLY; 7 OR MORE	10/1/2005	\$689.09	3	NO
2	59430	POSTPARTUM CARE ONLY (SEPARATE P	10/1/2005	\$149.77	3	NO
2	59510	ROUTINE OBSTETRIC CARE INCLUDING	10/1/2005	\$1,925.26	3	NO
2	59514	CAESAREAN DELIVERY ONLY;	10/1/2005	\$1,005.70	3	NO
2	59515	CAESAREAN DELIVERY ONLY; INCLUDI	10/1/2005	\$1,135.29	3	NO
2	59525	SUBTOTAL OR TOTAL HYSTERECTOMY A	10/1/2005	\$533.89	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	59610	ROUTINE OBSTETRIC CARE INCLUDING	10/1/2005	\$1,794.11	3	NO
2	59612	VAGINAL DELIVERY ONLY, AFTER PRE	10/1/2005	\$956.03	3	NO
2	59614	VAGINAL DELIVERY ONLY, AFTER PRE	10/1/2005	\$1,051.48	3	NO
2	59618	ROUTINE OBSTETRIC CARE INCL ANTE	10/1/2005	\$2,037.39	3	NO
2	59620	CESAREAN DELIVERY ONLY, FOLLOWIN	10/1/2005	\$1,101.53	3	NO
2	59622	CESAREAN DELIVERY ONLY, FOLLOWIN	10/1/2005	\$1,241.21	3	NO
2	59812	TREATMENT OF INCOMPLETE ABORTION	10/1/2005	\$194.11	3	NO
2	59820	TREATMENT OF MISSED ABORTION, CO	10/1/2005	\$242.89	3	NO
2	59821	TREATMENT OF MISSED ABORTION, CO	10/1/2005	\$253.79	3	NO
2	59830	TREATMENT OF SEPTIC ABORTION, CO	10/1/2005	\$298.94	3	NO
2	59840	INDUCED ABORTION, BY DILATION AN	10/1/2005	\$151.55	3	NO
2	59841	INDUCED ABORTION, BY DILATION AN	10/1/2005	\$258.20	3	NO
2	59850	INDUCED ABORTION, BY ONE OR MORE	10/1/2005	\$270.66	3	NO
2	59851	INDUCED ABORTION, BY ONE OR MORE	10/1/2005	\$283.89	3	NO
2	59852	INDUCED ABORTION, BY ONE OR MORE	10/1/2005	\$390.81	3	NO
2	59855	INDUCED ABORTION, BY ONE OR MORE	10/1/2005	\$287.79	3	NO
2	59856	INDUCED ABORTION, BY ONE OR MORE	10/1/2005	\$344.88	3	NO
2	59857	INDUCED ABORTION, BY ONE OR MORE	10/1/2005	\$414.94	3	NO
2	59866	MULTIFETAL PREGNANCY REDUCTION(S	10/1/2005	\$175.16	3	NO
2	59870	UTERINE EVACUATION AND CURETTAGE	10/1/2005	\$308.81	3	NO
2	59871	REMOVAL OF CERCLAGE SUTURE UNDER	10/1/2005	\$113.40	3	NO
2	59897	UNLISTED FETAL INVASIVE PROCEDUR	1/1/2004	NC	9	NO
2	59898	UNLISTED LAPAROSCOPY PROCEDURE,	10/1/2001	\$0.01	5	NO
2	59899	UNLISTED PROCEDURE MATERNITY CAR	1/1/1999	\$0.01	5	NO
2	60000	INCISION AND DRAINAGE OF THYROGL	10/1/2005	\$99.13	3	NO
2	60001	ASPIRATION AND/OR INJECTION, THY	10/1/2005	\$63.58	3	NO
2	60100	BIOPSY THYROID, PERCUTANEOUS COR	10/1/2005	\$79.41	3	NO
2	60200	EXCISION OF CYST OR ADENOMA OF T	10/1/2005	\$428.95	3	NO
2	60210	PARTIAL THYROID LOBECTOMY, UNILA	10/1/2005	\$459.83	3	NO
2	60212	PARTIAL THYROID LOBECTOMY, UNILA	10/1/2005	\$664.32	3	NO
2	60220	TOTAL THYROID LOVECTOMY, UNIALTE	10/1/2005	\$502.13	3	NO
2	60225	TOTAL THYROID LOBECTOMY, UNILATE	10/1/2005	\$602.04	3	NO
2	60240	THYROIDECTOMY TOTAL OR COMPLETE	10/1/2005	\$660.95	3	NO
2	60252	THYROIDECTOMY TOTAL OR SUBTOTAL	10/1/2005	\$854.79	3	NO
2	60254	THYROIDECTOMY TOTAL OR SUBTOTAL	10/1/2005	\$1,134.53	3	NO
2	60260	THYROIDECTOMY, REMOVAL OF ALL RE	10/1/2005	\$727.12	3	NO
2	60270	THYROIDECTOMY, INCL SUBSTERNAL T	10/1/2005	\$855.57	3	NO
2	60271	THYROIDECTOMY, INC SUBSTERNAL TH	10/1/2005	\$705.06	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	60280	EXCISION OF THYROGLOSSAL DUCT CY	10/1/2005	\$287.01	3	NO
2	60281	EXCISION OF THYROGLOSSAL DUCT CY	10/1/2005	\$391.33	3	NO
2	60500	PARATHYROIDECTOMY OR EXPLORATION	10/1/2005	\$664.58	3	NO
2	60502	PARATHYROIDECTOMY OR EXPLORATION	10/1/2005	\$835.07	3	NO
2	60505	PARATHYROIDECTOMY OR EXPLORATION	10/1/2005	\$908.25	3	NO
2	60512	PARATHYROID AUTOTRANSPLANTATION	10/1/2005	\$171.27	3	NO
2	60520	THYMECTOMY, PARTIAL OR TOTAL; TR	10/1/2005	\$706.36	3	NO
2	60521	THYMECTOMY, PARTIAL OR TOTAL; ST	10/1/2005	\$807.82	3	NO
2	60522	THYMECTOMY, PARTIAL OR TOTAL; ST	10/1/2005	\$974.16	3	NO
2	60540	ADRENALECTOMY, PART OR COMP, OR	10/1/2005	\$683.52	3	NO
2	60545	ADRENALECTOMY PARTIAL OR COMPLET	10/1/2005	\$790.70	3	NO
2	60600	EXCISION OF CAROTID BODY TUMOR W	10/1/2005	\$805.75	3	NO
2	60605	EXCISION OF CAROTID BODY TUMOR W	10/1/2005	\$906.17	3	NO
2	60650	LAPAROSCOPY, SURGICAL, WITH ADRE	10/1/2005	\$784.21	3	NO
2	60659	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	60699	UNLISTED PROCEDURE ENDOCRINE SYS	4/1/1982	\$0.01	5	NO
2	61000	SUBDURAL TAP THROUGH FONTANELLE,	10/1/2005	\$69.03	3	NO
2	61001	SUBDURAL TAP THROUGH FONTANELLE	10/1/2005	\$70.32	3	NO
2	61020	VENTRICULAR PUNCTURE THROUGH PRE	10/1/2005	\$81.48	3	NO
2	61026	VENTRICULAR PUNCT THRU PREV BURR	10/1/2005	\$87.19	3	NO
2	61050	CISTERNAL OR LATERAL CERVICAL (C	10/1/2005	\$75.00	3	NO
2	61055	CISTERNAL OR LATERAL CERVICAL (C	10/1/2005	\$95.50	3	NO
2	61070	PUNCTURE OF SHUNT TUBING OR RESE	10/1/2005	\$53.20	3	NO
2	61105	TWIST DRILL HOLE FOR SUBDURAL OR	10/1/2005	\$268.32	3	NO
2	61107	TWIST DRILL HOLE FOR SUBDURAL OR	10/1/2005	\$227.06	3	NO
2	61108	TWIST DRILL HOLE FOR SUBDURAL OR	10/1/2005	\$514.85	3	NO
2	61120	BURR HOLES FOR VENTRICULAR PUNCT	10/1/2005	\$432.07	3	NO
2	61140	BURR HOLES OR TREPHINE WITH BIOP	10/1/2005	\$773.05	3	NO
2	61150	BURR HOLE(S) OR TREPHINE WITH DR	10/1/2005	\$835.33	3	NO
2	61151	BURR HOLE(S) OR TREPHINE WITH SU	10/1/2005	\$601.52	3	NO
2	61154	BURR HOLE(S) WITH EVACUATION AND	10/1/2005	\$740.09	3	NO
2	61156	BURR HOLE(S) WITH ASPIRATION OF	10/1/2005	\$783.17	3	NO
2	61210	BURR HOLE(S); FOR IMPLANTING VEN	10/1/2005	\$264.43	3	NO
2	61215	INSERTION OF SUBCUTANEOUS RESERV	10/1/2005	\$261.58	3	NO
2	61250	BURR HOLE(S) OR TREPHINE, SUPRAT	10/1/2005	\$518.48	3	NO
2	61253	BURR HOLES OR TREPHINE INFRATENT	10/1/2005	\$587.77	3	NO
2	61304	CRANIECTOMY OR CRANIOTOMY EXPLOR	10/1/2005	\$1,036.70	3	NO
2	61305	CRANIECTOMY OR CRANIOTOMY EXPLOR	10/1/2005	\$1,236.78	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	61312	CRANIECTOMY OR CRANIOTOMY FOR EV	10/1/2005	\$1,186.17	3	NO
2	61313	CRANIECTOMY OR CRANIOTOMY FOR EV	10/1/2005	\$1,192.40	3	NO
2	61314	CRANIECTOMY OR CRANIOTOMY FOR EV	10/1/2005	\$1,124.67	3	NO
2	61315	CRANIECTOMY OR CRANIOTOMY FOR EV	10/1/2005	\$1,312.03	3	NO
2	61316	INCISION AND SUBCUTANEOUS PLACEM	10/1/2005	\$60.46	3	NO
2	61320	CRANIECTOMY OR CRANIOTOMY DRAINA	10/1/2005	\$1,208.49	3	NO
2	61321	CRANIECTOMY OR CRANIOTOMY DRAINA	10/1/2005	\$1,336.43	3	NO
2	61322	CRANIECTOMY OR CRANIOTOMY, DECOM	10/1/2005	\$1,359.26	3	NO
2	61323	CRANIECTOMY OR CRANIOTOMY, DECOM	10/1/2005	\$1,423.10	3	NO
2	61330	DECOMPRESSION OF ORBIT ONLY, TRA	10/1/2005	\$1,021.13	3	NO
2	61332	EXPLORATION OF ORBIT (TRANSCRANI	10/1/2005	\$1,231.07	3	NO
2	61333	EXPLORATION OF ORBIT (TRANSCRANI	10/1/2005	\$1,227.18	3	NO
2	61334	EXPLORATION OF ORBIT (TRANSCRANI	10/1/2005	\$794.07	3	NO
2	61340	SUBTEMPORAL CRANIAL DECOMPRESSIO	10/1/2005	\$891.12	3	NO
2	61343	CRANIECTOMY, SUBOCCIPITAL W/CERV	10/1/2005	\$1,399.48	3	NO
2	61345	OTHER CRANIAL DECOMPRESSION POST	10/1/2005	\$1,277.52	3	NO
2	61440	CRANIOTOMY FOR SECTION OF TENTOR	10/1/2005	\$1,235.74	3	NO
2	61450	CRANIECTOMY, SUBTEMPORAL, FOR SE	10/1/2005	\$1,191.62	3	NO
2	61458	CRANIECTOMY SUBOCCIPITAL FOR EXP	10/1/2005	\$1,284.01	3	NO
2	61460	CRANIECTOMY SUBOCCIPITAL; FOR SE	10/1/2005	\$1,314.11	3	NO
2	61470	CRANIECTOMY SUBOCCIPITAL; FOR ME	10/1/2005	\$1,185.92	3	NO
2	61480	CRANIECTOMY SUBOCCIPITAL; FOR ME	10/1/2005	\$1,255.98	3	NO
2	61490	CRANIOTOMY FOR LOBOTOMY, INCLUDI	10/1/2005	\$1,214.20	3	NO
2	61500	CRANIECTOMY; WITH EXCISION OF TU	10/1/2005	\$846.49	3	NO
2	61501	CRANIECTOMY; FOR OSTEOMYELITIS	10/1/2005	\$701.43	3	NO
2	61510	CRANIECTOMY, TREPHINATION, BONE	10/1/2005	\$1,354.33	3	NO
2	61512	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$1,647.05	3	NO
2	61514	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$1,191.36	3	NO
2	61516	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$1,168.27	3	NO
2	61517	IMPLANTATION OF BRAIN INTRACAVIT	10/1/2005	\$61.24	3	NO
2	61518	CRANIECTOMY FOR EXCISION OF BRAI	10/1/2005	\$1,755.52	3	NO
2	61519	CRANIECTOMY FOR EXCISION OF BRAI	10/1/2005	\$1,922.12	3	NO
2	61520	CRANIECTOMY FOR EXCISION OF BRAI	10/1/2005	\$2,486.01	3	NO
2	61521	CRANIECTOMY FOR EXCISION OF BRAI	10/1/2005	\$2,053.68	3	NO
2	61522	CRANIECTOMY INFRATENTORIAL OR PO	10/1/2005	\$1,381.84	3	NO
2	61524	CRANIECTOMY INFRATENTORIAL OR PO	10/1/2005	\$1,301.13	3	NO
2	61526	CRANIECTOMY BONE FLAP CRANIOTOMY	10/1/2005	\$2,293.72	3	NO
2	61530	CRANIECTOMY BONE FLAP CRANIOTOMY	10/1/2005	\$1,942.10	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	61531	SUBDURAL IMPLANTATION OF STRIP E	10/1/2005	\$712.07	3	NO
2	61533	CRANIOTOMY WITH ELEVATION OF BON	10/1/2005	\$937.57	3	NO
2	61534	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$995.18	3	NO
2	61535	CRANIECTOMY,TREPHINATION,BONE FL	10/1/2005	\$569.60	3	NO
2	61536	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$1,658.98	3	NO
2	61537	CRANIOTOMY WITH ELEVATION OF BON	10/1/2005	\$1,205.38	3	NO
2	61538	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$1,267.14	3	NO
2	61539	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$1,505.36	3	NO
2	61540	CRANIOTOMY W/ELEVATION OF BONE F	10/1/2005	\$1,438.15	3	NO
2	61541	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$1,337.46	3	NO
2	61542	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$1,472.40	3	NO
2	61543	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$1,376.65	3	NO
2	61544	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$1,172.94	3	NO
2	61545	CRANIECTOMY, TREPHINATION, BONE	10/1/2005	\$2,020.47	3	NO
2	61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR	10/1/2005	\$1,458.65	3	NO
2	61548	HYPOPHYSECTOMY OR EXCISION OF PI	10/1/2005	\$976.24	3	NO
2	61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS	10/1/2005	\$584.91	3	NO
2	61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS	10/1/2005	\$770.72	3	NO
2	61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS;	10/1/2005	\$991.03	3	NO
2	61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS;	10/1/2005	\$1,082.37	3	NO
2	61558	EXTENSIVE CRANIECTOMY FOR MULTIP	10/1/2005	\$1,066.03	3	NO
2	61559	EXTENSIVE CRANIECTOMY FOR MULTIP	10/1/2005	\$1,568.68	3	NO
2	61563	EXCISION, INTRA AND EXTRACRANIAL	10/1/2005	\$1,223.28	3	NO
2	61564	EXCISION, INTRA AND EXTRACRANIAL	10/1/2005	\$1,575.94	3	NO
2	61566	CRANIOTOMY WITH ELEVATION OF BON	10/1/2005	\$1,439.45	3	NO
2	61567	CRANIOTOMY WITH ELEVATION OF BON	10/1/2005	\$1,624.73	3	NO
2	61570	CRANIECTOMY OR CRANIOTOMY;W/EXCI	10/1/2005	\$1,136.35	3	NO
2	61571	CRANIECTOMY OR CRANIOTOMY WITH T	10/1/2005	\$1,251.05	3	NO
2	61575	TRANSORAL APPROACH TO SKULL BASE	10/1/2005	\$1,532.09	3	NO
2	61576	TRANSORAL APP TO SKULL BASE,DECO	10/1/2005	\$2,402.71	3	NO
2	61580	CRANIOFACIAL APPROACH TO ANTERIO	10/1/2005	\$1,536.50	3	NO
2	61581	CRANIOFACIAL APPROACH TO ANTERIO	10/1/2005	\$1,605.27	3	NO
2	61582	CRANIOFACIAL APPROACH TO ANTERIO	10/1/2005	\$1,708.03	3	NO
2	61583	CRANIOFACIAL APPROACH TO ANTERIO	10/1/2005	\$1,805.86	3	NO
2	61584	ORBITOCRANIAL APPROACH TO ANTERI	10/1/2005	\$1,733.72	3	NO
2	61585	ORBITOCRANIAL APPROACH TO ANTERI	10/1/2005	\$1,868.40	3	NO
2	61586	BICORONAL, TRANSZYGOMATIC AND/OR	10/1/2005	\$1,348.36	3	NO
2	61590	INFRATEMPORAL PRE-AURICULAR APPR	10/1/2005	\$1,959.74	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	61591	INFRATEMPORAL POST-AURICULAR APP	10/1/2005	\$2,039.93	3	NO
2	61592	ORBITOCRANIAL ZYGOMATIC APPROACH	10/1/2005	\$1,956.37	3	NO
2	61595	TRANSTEMPORAL APPROACH TO POSTER	10/1/2005	\$1,446.45	3	NO
2	61596	TRANSCOCHLEAR APPROACH TO POSTER	10/1/2005	\$1,644.71	3	NO
2	61597	TRANSCONDYLAR (FAR LATERAL) APPR	10/1/2005	\$1,795.74	3	NO
2	61598	TRANSPETROSAL APPROACH TO POSTER	10/1/2005	\$1,612.01	3	NO
2	61600	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$1,276.74	3	NO
2	61601	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$1,418.95	3	NO
2	61605	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$1,402.86	3	NO
2	61606	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$1,881.12	3	NO
2	61607	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$1,730.61	3	NO
2	61608	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$2,038.37	3	NO
2	61609	TRANSECTION OR LIGATION, CAROTID	10/1/2005	\$447.90	3	NO
2	61610	TRANSECTION OR LIGATION, CAROTID	10/1/2005	\$1,307.10	3	NO
2	61611	TRANSECTION OR LIGATION, CAROTID	10/1/2005	\$339.95	3	NO
2	61612	TRANSECTION OR LIGATION, CAROTID	10/1/2005	\$1,178.91	3	NO
2	61613	OBLITERATION OF CAROTID ANEURYSM	10/1/2005	\$1,956.63	3	NO
2	61615	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$1,541.17	3	NO
2	61616	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$2,071.07	3	NO
2	61618	SECONDARY REPAIR OF DURA FOR CER	10/1/2005	\$804.97	3	NO
2	61619	SECONDARY REPAIR OF DURA FOR CSF	10/1/2005	\$955.22	3	NO
2	61623	ENDOVASCULAR TEMPORARY BALLOON A	10/1/2005	\$391.33	3	NO
2	61624	TRANSCATHETER PERMANENT OCCLUSIO	10/1/2005	\$750.73	3	NO
2	61626	TRANSCATHETER OCCLUSION OR EMBOL	10/1/2005	\$605.93	3	NO
2	61630	BALLOON ANGIOPLASTY, INTRACRANIA	1/1/2006	NC	9	NO
2	61635	TRANSCATHETER PLACEMENT OF INTRA	1/1/2006	NC	9	NO
2	61640	BALLOON DILATATION OF INTRACRANI	1/1/2006	NC	9	NO
2	61641	BALLOON DILATATION OF INTRACRANI	1/1/2006	NC	9	NO
2	61642	BALLOON DILATATION OF INTRACRANI	1/1/2006	NC	9	NO
2	61680	SURGERY OF INTRACRANIAL ARTERIOV	10/1/2005	\$1,445.16	3	NO
2	61682	SURGERY OF INTRACRANIAL ARTERIOV	10/1/2005	\$2,833.48	3	NO
2	61684	SURGERY OF INTRACRANIAL ARTERIOV	10/1/2005	\$1,867.10	3	NO
2	61686	SURGERY OF INTRACRANIAL ARTERIOV	10/1/2005	\$2,991.00	3	NO
2	61690	SURGERY OF INTRACRANIAL ARTERIOV	10/1/2005	\$1,371.72	3	NO
2	61692	SURGERY OF INTRACRANIAL ARTERIOV	10/1/2005	\$2,401.67	3	NO
2	61697	SURGERY OF COMPLEX INTRACRANIAL	10/1/2005	\$2,358.60	3	NO
2	61698	SURGERY OF COMPLEX INTRACRANIAL	10/1/2005	\$2,260.50	3	NO
2	61700	SURGERY OF SIMPLE INTRACRANIAL A	10/1/2005	\$2,357.04	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	61702	SURGERY OF INTRACRANIAL ANEURYSM	10/1/2005	\$2,197.71	3	NO
2	61703	SURGERY OF INTRACRANIAL ANEURYSM	10/1/2005	\$826.25	3	NO
2	61705	SURGERY OF ANEURYSM VASCULAR MAL	10/1/2005	\$1,664.95	3	NO
2	61708	SURGERY OF ANEURYSM VASCULAR MAL	10/1/2005	\$1,372.50	3	NO
2	61710	SURGERY OF ANEURYSM VASCULAR MAL	10/1/2005	\$1,238.85	3	NO
2	61711	ANASTOMOSIS ARTERIAL EXTRACRANIA	10/1/2005	\$1,692.98	3	NO
2	61720	STEREOTACTIC LESION ANY METHOD I	10/1/2005	\$763.71	3	NO
2	61735	CREATION OF LESION BY STEREOTACT	10/1/2005	\$914.74	3	NO
2	61750	STEREOTACTIC BIOPSY ASPIRATION O	10/1/2005	\$863.62	3	NO
2	61751	STEREOTACTIC BIOPSY, ASPIRATION,	10/1/2005	\$851.16	3	NO
2	61760	STEREOTACTIC IMPLANTATION OF DEP	10/1/2005	\$934.72	3	NO
2	61770	STEREOTACTIC LOCALIZATION, INCL	10/1/2005	\$964.56	3	NO
2	61790	STEREOTACTIC LESION OF GASSERIAN	10/1/2005	\$504.21	3	NO
2	61791	CREATION OF LESION BY STEREOTACT	10/1/2005	\$689.49	3	NO
2	61793	STEREOTACTIC RADIOSURGERY (PARTI	10/1/2005	\$819.24	3	NO
2	61795	STEREOTACTIC COMPUTER ASSISTED V	10/1/2005	\$177.24	3	NO
2	61850	TWIST DRILL OR BURR HOLE(S) FOR	10/1/2005	\$602.56	3	NO
2	61860	CRANIECTOMY OR CRANIOTOMY FOR IM	10/1/2005	\$980.91	3	NO
2	61862	TWIST DRILL, BURR HOLE, CRANIOTO	4/1/2004	INVALID	N	NO
2	61863	TWIST DRILL, BURR HOLE, CRANIOTO	10/1/2005	\$932.90	3	NO
2	61864	TWIST DRILL, BURR HOLE, CRANIOTO	10/1/2005	\$310.88	3	NO
2	61867	TWIST DRILL, BURR HOLE, CRANIOTO	10/1/2005	\$1,414.79	3	NO
2	61868	TWIST DRILL, BURR HOLE, CRANIOTO	10/1/2005	\$444.52	3	NO
2	61870	CRANIECTOMY FOR IMPLANTATION OF	10/1/2005	\$738.28	3	NO
2	61875	CRANIECTOMY FOR IMPLANTATION OF	10/1/2005	\$688.45	3	NO
2	61880	REVISION OR REMOVAL OF INTRACRAN	10/1/2005	\$322.56	3	NO
2	61885	INSERTION OR REPLACE OF CRANIAL	10/1/2005	\$325.93	3	NO
2	61886	INSERTION OR REPLACE OF CRANIAL	10/1/2005	\$421.95	3	NO
2	61888	REVISION OR REM OF CRANIAL NEURO	10/1/2005	\$258.46	3	NO
2	62000	ELEVATION OF DEPRESSED SKULL FRA	10/1/2005	\$494.61	3	NO
2	62005	ELEVATION OF DEPRESSED SKULL FRA	10/1/2005	\$744.25	3	NO
2	62010	ELEVATION OF DEPRESSED SKULL FRA	10/1/2005	\$941.73	3	NO
2	62100	CRANIOTOMY FOR REPAIR OF DURAL/C	10/1/2005	\$1,024.77	3	NO
2	62115	REDUCTION OF CRANIOMEGALIC SKULL	10/1/2005	\$1,005.04	3	NO
2	62116	REDUCTION OF CRANIOMEGALIC SKULL	10/1/2005	\$1,114.81	3	NO
2	62117	REDUCTION OF CRANIOMEGALIC SKULL	10/1/2005	\$1,204.34	3	NO
2	62120	REPAIR OF ENCEPHALOCELE, SKULL VA	10/1/2005	\$1,161.26	3	NO
2	62121	CRANIOTOMY WITH REPAIR OF ENCEPH	10/1/2005	\$1,066.03	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	62140	CRANIOPLASTY FOR SKULL DEFECT UP	10/1/2005	\$649.53	3	NO
2	62141	CRANIOPLASTY FOR SKULL DEFECT; L	10/1/2005	\$711.55	3	NO
2	62142	REMOVAL OF BONE FLAP OR PROSTHET	10/1/2005	\$527.04	3	NO
2	62143	REPLACEMENT OF BONE FLAP OR PROS	10/1/2005	\$629.29	3	NO
2	62145	CRANIOPLASTY FOR SKULL DEFECT WI	10/1/2005	\$881.78	3	NO
2	62146	CRANIOPLASTY WITH AUTOGRAFT (INC	10/1/2005	\$759.04	3	NO
2	62147	CRANIOPLASTY WITH AUTOGRAFT (INC	10/1/2005	\$903.32	3	NO
2	62148	INCISION AND RETRIEVAL OF SUBCUT	10/1/2005	\$86.41	3	NO
2	62160	NEUROENDOSCOPY, INTRACRANIAL, FO	1/1/2003	NC	9	NO
2	62161	NEUROENDOSCOPY, INTRACRANIAL; WI	10/1/2005	\$962.23	3	NO
2	62162	NEUROENDOSCOPY, INTRACRANIAL; WI	10/1/2005	\$1,191.36	3	NO
2	62163	NEUROENDOSCOPY, INTRACRANIAL; WI	10/1/2005	\$762.15	3	NO
2	62164	NEUROENDOSCOPY, INTRACRANIAL; WI	10/1/2005	\$1,238.33	3	NO
2	62165	NEUROENDOSCOPY, INTRACRANIAL; WI	10/1/2005	\$993.89	3	NO
2	62180	VENTRICULOCISTERNOSTOMY (TORKILD	10/1/2005	\$988.18	3	NO
2	62190	CREATION OF SHUNT; SUBARACHNOID/	10/1/2005	\$542.10	3	NO
2	62192	CREATION OF SHUNT; SUBARACHNOID/	10/1/2005	\$591.14	3	NO
2	62194	REPLACEMENT OR IRRIGATION, SUBAR	10/1/2005	\$216.42	3	NO
2	62200	VENTRICULOCISTERNOSTOMY THIRD VE	10/1/2005	\$872.44	3	NO
2	62201	VENTRICULOCISTERNOSTOMY, THIRD V	10/1/2005	\$718.56	3	NO
2	62220	CREATION OF SHUNT VENTRICULO-ATR	10/1/2005	\$623.32	3	NO
2	62223	CREATION OF SHUNT; VENTRICULO-PE	10/1/2005	\$625.65	3	NO
2	62225	REPLACEMENT OR IRRIGATION VENTRI	10/1/2005	\$280.78	3	NO
2	62230	REPLACEMENT OR REVISION OF CEREB	10/1/2005	\$507.06	3	NO
2	62252	REPROGRAMMING OF PROGRAMMABLE CE	10/1/2005	\$62.54	3	NO
2	62256	REMOVAL OF COMPLETE CEREBROSPINA	10/1/2005	\$335.53	3	NO
2	62258	REMOVAL OF COMPLETE SHUNT SYSTEM	10/1/2005	\$695.20	3	NO
2	62263	PERCUTANEOUS LYSIS OF EPIDURAL A	10/1/2005	\$499.28	3	NO
2	62264	PERCUTANEOUS LYSIS OF EPIDURAL A	10/1/2005	\$322.30	3	NO
2	62268	PERCUTANEOUS ASPIRATION, SPINAL	10/1/2005	\$433.11	3	NO
2	62269	BIOPSY OF SPINAL CORD, PERCUTANE	10/1/2005	\$521.08	3	NO
2	62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	10/1/2005	\$108.99	3	NO
2	62272	SPINAL PUNCTURE, THERAPEUTIC, FO	10/1/2005	\$133.12	3	NO
2	62273	INJECTION LUMBAR EPIDURAL OF BLO	10/1/2005	\$129.75	3	NO
2	62280	INJECTION OF NEUROLYTIC SUBSTANC	10/1/2005	\$256.13	3	NO
2	62281	INJECTION OF NEUROLYTIC SUBSTANC	10/1/2005	\$220.32	3	NO
2	62282	INJECTION OF NEUROLYTIC SUBSTANC	10/1/2005	\$282.34	3	NO
2	62284	INJECTION PROCEDURE FOR MYELOGRA	10/1/2005	\$172.05	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	62287	ASPIRATION PROCEDURE,PERCUTANEOU	10/1/2005	\$370.05	3	NO
2	62290	INJECTION PROCEDURE FOR DISKOGRA	10/1/2005	\$269.36	3	NO
2	62291	INJECTION PROCEDURE FOR DISKOGRA	10/1/2005	\$236.15	3	NO
2	62292	INJECTION PROCEDURE FOR CHEMONUC	10/1/2005	\$340.72	3	NO
2	62294	INJECTION PROCEDURE ARTERIAL FOR	10/1/2005	\$483.19	3	NO
2	62310	INJECTION, SINGLE, NOT INCL NEUR	10/1/2005	\$177.50	3	NO
2	62311	INJECTION, SINGLE, NOT INCL NEUR	10/1/2005	\$170.23	3	NO
2	62318	INJECTION, INCL CATHETER PLACEME	10/1/2005	\$204.75	3	NO
2	62319	INJECTION, INCL CATHETER PLACEME	10/1/2005	\$180.87	3	NO
2	62350	IMPLANTATION, REVISION OR REPOSI	10/1/2005	\$305.69	3	NO
2	62351	IMPLANTATION, REVISION OR REPOSI	10/1/2005	\$500.32	3	YES
2	62355	REMOVAL OF PREVIOUSLY IMPLANTED	10/1/2005	\$242.37	3	NO
2	62360	IMPLANTATION OR REPLACEMENT OF D	10/1/2005	\$146.88	3	NO
2	62361	IMPLANTATION OR REPLACEMENT OF D	10/1/2005	\$262.10	3	NO
2	62362	IMPLANTATION OR REPLACEMENT OF D	10/1/2005	\$325.41	3	NO
2	62365	REMOVAL OF SUBCUTANEOUS RESERVOI	10/1/2005	\$254.83	3	NO
2	62367	ELECTRONIC ANALYSIS OF PROGRAMMA	10/1/2005	\$16.61	3	NO
2	62368	ELECTRONIC ANALYSIS OF PROGRAMMA	10/1/2005	\$25.95	3	NO
2	63001	LAMINECTOMY W/EXPL AND/OR DECOMP	10/1/2005	\$751.51	3	YES
2	63003	LAMINECTOMY FOR DECOMPRESSION OF	10/1/2005	\$763.45	3	YES
2	63005	LAMINECTOMY FOR DECOMPRESSION OF	10/1/2005	\$730.23	3	YES
2	63011	LAMINECTOMY FOR DECOMPRESSION OF	10/1/2005	\$676.78	3	YES
2	63012	LAMINECTOMY WITH REMOVEL OF ABNO	10/1/2005	\$750.21	3	YES
2	63015	LAMINECTOMY W/EXPL AND/OR DECOMP	10/1/2005	\$929.79	3	YES
2	63016	LAMINECTOMY FOR DECOMPRESSION OF	10/1/2005	\$918.63	3	YES
2	63017	LAMINECTOMY FOR DECOMPRESSION OF	10/1/2005	\$775.13	3	YES
2	63020	LAMINOTOMY(HEMILAMINECTOMY),W/DE	10/1/2005	\$728.16	3	YES
2	63030	LAMINOTOMY,FOR DECOMPRESSION OF	10/1/2005	\$604.89	3	YES
2	63035	LAMINOTOMY(HEMILAMINECTOMY),W/DE	10/1/2005	\$142.98	3	YES
2	63040	LAMINOTOMY(HEMILAMINECTOMY),W/DE	10/1/2005	\$902.28	3	YES
2	63042	LAMINOTOMY, WITH DECOMPRESSION O	10/1/2005	\$852.72	3	YES
2	63043	LAMINOTOMY, WITH DECOMPRESSION O	1/1/2003	\$138.83	3	YES
2	63044	LAMINOTOMY, WITH DECOMPRESSION O	4/1/2004	\$138.83	3	YES
2	63045	LAMINECTOMY,FACETECTOMY & FORAMI	10/1/2005	\$797.18	3	YES
2	63046	LAMINECTOMY, INC UNI/BI COMP FAC	10/1/2005	\$763.71	3	YES
2	63047	LAMINECTOMY, INC UNI OR BI COMP	10/1/2005	\$717.00	3	YES
2	63048	LAMINECTOMY,INC UNI/BI COMP FACE	10/1/2005	\$146.10	3	YES
2	63050	LAMINOPLASTY, CERVICAL, W/DECOMP	10/1/2005	\$966.12	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	63051	LAMINOPLASTY, CERVICAL, W/DECOMP	10/1/2005	\$1,099.24	3	YES
2	63055	TRANSPEDICULAR APPROACH W/DECOMP	10/1/2005	\$1,043.71	3	YES
2	63056	TRANSPEDICULAR APPROACH FOR DECO	10/1/2005	\$972.09	3	YES
2	63057	TRANSPEDICULAR APPR FOR DECOMP O	10/1/2005	\$235.11	3	YES
2	63064	COSTOVERTEBRAL APPROACH W/DECOMP	10/1/2005	\$1,153.22	3	YES
2	63066	COSTOVERTEBRAL APPROACH FOR DECO	10/1/2005	\$145.06	3	YES
2	63075	DISKECTOMY,ANTERIOR,W/DECOMPRESS	10/1/2005	\$932.90	3	YES
2	63076	DISKECTOMY ANTERIOR FOR DECOMPRES	10/1/2005	\$182.17	3	YES
2	63077	DISKECTOMY, ANTR, FOR DECOMP OF	10/1/2005	\$2,540.51	3	YES
2	63078	DISKECTOMY,ANT, FOR DECOMP OF SPI	10/1/2005	\$144.02	3	YES
2	63081	VERTEBRAL CORPECTOMY(VERTEBRAL B	10/1/2005	\$1,125.45	3	YES
2	63082	VERTEBRAL CORPECTOMY,PART/COMP,A	10/1/2005	\$196.70	3	YES
2	63085	VERTEBRAL CORPECTOMY(VERTEBRAL B	10/1/2005	\$1,207.45	3	YES
2	63086	VERTEBRAL CORPECTOMY,PART/COMP,T	10/1/2005	\$138.31	3	YES
2	63087	VERTEBRAL CORPECTOMY(VERTEBRAL B	10/1/2005	\$1,573.09	3	YES
2	63088	VERTEBRAL CORPECTOMY,PART/COMP,C	10/1/2005	\$188.66	3	YES
2	63090	VERTEBRAL CORPECTOMY(VERTEBRAL B	10/1/2005	\$1,251.05	3	YES
2	63091	VERTEBRAL CORPECTOMY,PART/COMP,T	10/1/2005	\$128.71	3	YES
2	63101	VERTEBRAL CORPECTOMY, PARTIAL OR	10/1/2005	\$1,470.59	3	YES
2	63102	VERTEBRAL CORPECTOMY, PARTIAL OR	10/1/2005	\$1,470.59	3	YES
2	63103	VERTEBRAL CORPECTOMY, PARTIAL OR	10/1/2005	\$207.34	3	YES
2	63170	LAMINECTOMY W/MYELOTOMY(EG,BISCH	10/1/2005	\$946.40	3	YES
2	63172	LAMINECTOMY W/DRAINAGE OF INTRAM	10/1/2005	\$847.01	3	YES
2	63173	LAMINECTOMY FOR DRAINAGE OF INTR	10/1/2005	\$1,048.38	3	YES
2	63180	LAMINECTOMY AND SECTION OF DENTA	10/1/2005	\$859.98	3	YES
2	63182	LAMINECTOMY AND SECTION OF DENTA	10/1/2005	\$951.59	3	YES
2	63185	LAMINECTOMY W/RHIZOTOMY; ONE OR	10/1/2005	\$668.73	3	YES
2	63190	LAMINECTOMY FOR RHIZOTOMY; MORE	10/1/2005	\$798.22	3	YES
2	63191	LAMINECTOMY W/SECTION OF SPINAL	10/1/2005	\$889.31	3	YES
2	63194	LAMINECTOMY W/CORDOTOMY, W/SECTI	10/1/2005	\$884.90	3	YES
2	63195	LAMINECTOMY FOR CORDOTOMY, WITH	10/1/2005	\$899.95	3	YES
2	63196	LAMINECTOMY W/CORDOTOMY,W/SECTIO	10/1/2005	\$1,073.55	3	YES
2	63197	LAMINECTOMY FOR CORDOTOMY, WITH	10/1/2005	\$1,001.93	3	YES
2	63198	LAMINECTOMY W/CORDOTOMY W/SECTIO	10/1/2005	\$1,042.41	3	YES
2	63199	LAMINECTOMY FOR CORDOTOMY WITH S	10/1/2005	\$1,123.12	3	YES
2	63200	LAMINECTOMY, W/RELEASE OF TETHER	10/1/2005	\$912.66	3	YES
2	63250	LAMINECTOMY FOR EXCISION OF OCCL	10/1/2005	\$1,804.82	3	YES
2	63251	LAMINECTOMY FOR EXCISION OR OCCL	10/1/2005	\$1,910.96	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	63252	LAMINECTOMY FOR EXCISION OF OCCL	10/1/2005	\$1,905.51	3	YES
2	63265	LAMINECTOMY FOR EXCISION OR EVAC	10/1/2005	\$1,026.84	3	YES
2	63266	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$1,059.02	3	YES
2	63267	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$862.84	3	YES
2	63268	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$842.34	3	YES
2	63270	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$1,265.84	3	YES
2	63271	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$1,269.21	3	YES
2	63272	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$1,193.70	3	YES
2	63273	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$1,148.81	3	YES
2	63275	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$1,116.11	3	YES
2	63276	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$1,107.55	3	YES
2	63277	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$990.51	3	YES
2	63278	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$968.19	3	YES
2	63280	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$1,339.54	3	YES
2	63281	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$1,325.27	3	YES
2	63282	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$1,247.42	3	YES
2	63283	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$1,189.29	3	YES
2	63285	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$1,683.12	3	YES
2	63286	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$1,669.62	3	YES
2	63287	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$1,709.07	3	YES
2	63290	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$1,729.31	3	YES
2	63295	OSTEOPLASTIC RECONSTRUCTION OF D	10/1/2005	\$218.50	3	YES
2	63300	VERTEBRAL CORPECTOMY, PART/COMP,	10/1/2005	\$1,148.03	3	YES
2	63301	VERT CORPECT, PART/COMP, FOR EXC	10/1/2005	\$1,245.86	3	YES
2	63302	VERT CORP, PART/COMP, FOR EXCIS	10/1/2005	\$1,267.14	3	YES
2	63303	VERT CORP,PART/COMP,FOR EXCIS OF	10/1/2005	\$1,345.25	3	YES
2	63304	VERTEBRAL CORPECTOMY, PART/COMP,	10/1/2005	\$1,398.71	3	YES
2	63305	VERT CORPECT, PART/COMP, FOR EXC	10/1/2005	\$1,444.90	3	YES
2	63306	VERT CORP, PART/COMP, FOR EXCISI	10/1/2005	\$1,510.81	3	YES
2	63307	VERT CORP,PART/COMP,FOR EXCIS OF	10/1/2005	\$1,370.42	3	YES
2	63308	VERTEBRAL CORPECTOMY, PART/COMP,	10/1/2005	\$236.15	3	YES
2	63600	STEREOTACTIC LESION OF SPINAL CO	10/1/2005	\$541.84	3	NO
2	63610	STEREOTACTIC STIMULATION OF SPIN	10/1/2005	\$1,797.30	3	NO
2	63615	STEREOTACTIC BIOPSY, ASPIRATION,	10/1/2005	\$730.75	3	NO
2	63650	PERCUTANEOUS IMPLANTATION OF NEU	10/1/2005	\$270.92	3	NO
2	63655	LAMINECTOMY FOR IMPLANTATION OF	10/1/2005	\$505.77	3	NO
2	63660	REVISION OR REMOVAL OF SPINAL NE	10/1/2005	\$273.77	3	NO
2	63685	INSERTION OR REPLACE OF SPINAL N	10/1/2005	\$316.33	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	63688	REVISION OR REMOVAL OF IMPLANTED	10/1/2005	\$253.79	3	NO
2	63700	REPAIR OF MENINGOCELE LESS THAN	10/1/2005	\$784.47	3	NO
2	63702	REPAIR OF MENINGOCELE; LARGER TH	10/1/2005	\$871.14	3	NO
2	63704	REPAIR OF MYELOMENINGOCELE LESS	10/1/2005	\$1,001.67	3	NO
2	63706	REPAIR OF MYELOMENINGOCELE; LARG	10/1/2005	\$1,137.13	3	NO
2	63707	REPAIR OF DURAL/CEREBROSPINAL FL	10/1/2005	\$554.03	3	NO
2	63709	REPAIR OF DURAL/CEREBROSPINAL FL	10/1/2005	\$693.12	3	NO
2	63710	DURAL GRAFT SPINAL	10/1/2005	\$685.60	3	NO
2	63740	CREATION OF SHUNT,LUMBAR,SUBARAC	10/1/2005	\$554.29	3	NO
2	63741	CREATION OF SHUNT, LUMBAR, SUBAR	10/1/2005	\$378.35	3	NO
2	63744	REPLACEMENT IRRIGATION OR REVISI	10/1/2005	\$391.85	3	NO
2	63746	REMOVAL OF ENTIRE LUMBOSUBARACHN	10/1/2005	\$303.10	3	NO
2	64400	INJECTION ANESTHETIC AGENT TRIGE	10/1/2005	\$80.19	3	NO
2	64402	INJECTION ANESTHETIC AGENT; FACI	10/1/2005	\$76.55	3	NO
2	64405	INJECTION ANESTHETIC AGENT; GREA	10/1/2005	\$74.22	3	NO
2	64408	INJECTION ANESTHETIC AGENT; VAGU	10/1/2005	\$80.19	3	NO
2	64410	INJECTION ANESTHETIC AGENT; PHRE	10/1/2005	\$104.58	3	NO
2	64412	INJECTION ANESTHETIC AGENT; SPIN	10/1/2005	\$101.46	3	NO
2	64413	INJECTION ANESTHETIC AGENT; CERV	10/1/2005	\$86.41	3	NO
2	64415	INJECTION, ANESTHETIC AGENT; BRA	10/1/2005	\$113.66	3	NO
2	64416	INJECTION, ANESTHETIC AGENT; BRA	10/1/2005	\$119.11	3	NO
2	64417	INJECTION ANESTHETIC AGENT; AXIL	10/1/2005	\$118.85	3	NO
2	64418	INJECTION ANESTHETIC AGENT; SUPR	10/1/2005	\$104.32	3	NO
2	64420	INJECTION ANESTHETIC AGENT; INTE	10/1/2005	\$133.64	3	NO
2	64421	INJECTION ANESTHETIC AGENT; INTE	10/1/2005	\$204.49	3	NO
2	64425	INJECTION ANESTHETIC AGENT; ILIO	10/1/2005	\$91.86	3	NO
2	64430	INJECTION ANESTHETIC AGENT; PUDE	10/1/2005	\$105.88	3	NO
2	64435	INJECTION ANESTHETIC AGENT; PARA	10/1/2005	\$106.91	3	NO
2	64445	INJECTION, ANESTHETIC AGENT; SCI	10/1/2005	\$110.29	3	NO
2	64446	INJECTION, ANESTHETIC AGENT; SCI	10/1/2005	\$116.52	3	NO
2	64447	INJECTION, ANESTHETIC AGENT; FEM	10/1/2005	\$52.68	3	NO
2	64448	INJECTION, ANESTHETIC AGENT; FEM	10/1/2005	\$104.32	3	NO
2	64449	INJECTION, ANESTHETIC AGENT; LUM	10/1/2005	\$106.91	3	NO
2	64450	INJECTION ANESTHETIC AGENT; OTHE	10/1/2005	\$68.51	3	NO
2	64470	INJECTION, ANESTHETIC AGENT AND/	10/1/2005	\$239.00	3	NO
2	64472	INJECTION, ANESTHETIC AGENT AND/	10/1/2005	\$96.27	3	NO
2	64475	INJECTION, ANESTHETIC AGENT AND/	10/1/2005	\$217.98	3	NO
2	64476	INJECTION, ANESTHETIC AGENT AND/	10/1/2005	\$82.26	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	64479	INJECTION, ANESTHETIC AGENT AND/	10/1/2005	\$255.35	3	NO
2	64480	INJECTION, ANESTHETIC AGENT AND/	10/1/2005	\$116.78	3	NO
2	64483	INJECTION, ANESTHETIC AGENT AND/	10/1/2005	\$257.16	3	NO
2	64484	INJECTION, ANESTHETIC AGENT AND/	10/1/2005	\$121.97	3	NO
2	64505	INJECTION ANESTHETIC AGENT SPHEN	10/1/2005	\$70.07	3	NO
2	64508	INJECTION ANESTHETIC AGENT; CARO	10/1/2005	\$117.03	3	NO
2	64510	INJECTION ANESTHETIC AGENT; STEL	10/1/2005	\$123.00	3	NO
2	64517	INJECTION, ANESTHETIC AGENT; SUP	10/1/2005	\$130.53	3	NO
2	64520	INJECTION ANESTHETIC AGENT; LUMB	10/1/2005	\$170.49	3	NO
2	64530	INJECTION ANESTHETIC AGENT; CELI	10/1/2005	\$159.07	3	NO
2	64550	APPLICATION OF SURFACE (TRANSCUT	10/1/2005	\$12.20	3	NO
2	64553	PERCUTANEOUS IMPLANTATION OF NEU	10/1/2005	\$112.88	3	NO
2	64555	PERCUTANEOUS IMPLANTATION OF NEU	10/1/2005	\$144.54	3	NO
2	64560	PERCUTANEOUS IMPLANTATION OF NEU	10/1/2005	\$134.94	3	NO
2	64561	PERCUTANEOUS IMPLANTATION OF NEU	10/1/2005	\$259.76	3	NO
2	64565	PERCUTANEOUS IMPLANTATION OF NEU	10/1/2005	\$134.16	3	NO
2	64573	INCISION FOR IMPLANTATION OF NEU	10/1/2005	\$370.05	3	NO
2	64575	INCISION FOR IMPLANTATION OF NEU	10/1/2005	\$197.22	3	NO
2	64577	INCISION FOR IMPLANTATION OF NEU	10/1/2005	\$231.73	3	NO
2	64580	INCISION FOR IMPLANTATION OF NEU	10/1/2005	\$208.12	3	NO
2	64581	INCISION FOR IMPLANTATION OF NEU	10/1/2005	\$516.41	3	NO
2	64585	REVISION OR REMOVAL OF PERIPHERAL	10/1/2005	\$351.36	3	NO
2	64590	INCISION & SUBCUTANEOUS PLACE OF	10/1/2005	\$253.01	3	NO
2	64595	REVISION OR REMOVAL OF PERIPHERA	10/1/2005	\$319.44	3	NO
2	64600	DESTRUCTION BY NEUROLYTIC AGENT	10/1/2005	\$340.46	3	NO
2	64605	DESTRUCTION BY NEUROLYTIC AGENT	10/1/2005	\$413.12	3	NO
2	64610	DESTRUCTION BY NEUROLYTIC AGENT	10/1/2005	\$453.87	3	NO
2	64612	CHEMODENERVATION OF MUSCLE(S); M	10/1/2005	\$118.33	3	NO
2	64613	CHEMODENERVATION OF MUSCLE(S); N	10/1/2005	\$129.75	3	NO
2	64614	CHEMODENERVATION OF MUSCLE(S); E	10/1/2005	\$143.50	3	NO
2	64620	DESTRUCTION BY NEUROLYTIC AGENT	10/1/2005	\$210.20	3	NO
2	64622	DESTRUCTION BY NEUROLYTIC AGENT	10/1/2005	\$284.67	3	NO
2	64623	DESTRUCTION BY NEUROLYTIC AGENT	10/1/2005	\$104.32	3	NO
2	64626	DESTRUCTION BY NEUROLYTIC AGENT;	10/1/2005	\$292.72	3	NO
2	64627	DESTRUCTION BY NEUROLYTIC AGENT;	10/1/2005	\$149.73	3	NO
2	64630	DESTRUCTION BY NEUROLYTIC AGENT;	10/1/2005	\$154.66	3	NO
2	64640	DESTRUCTION BY NEUROLYTIC AGENT;	10/1/2005	\$187.36	3	NO
2	64650	CHEMODENERVATION OF ECCRINE GLAN	1/1/2006	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	64653	CHEMODENERVATION OF ECCRINE GLAN	1/1/2006	NC	9	NO
2	64680	DESTRUCTION BY NEUROLYTIC AGENT	10/1/2005	\$246.78	3	NO
2	64681	DESTRUCTION BY NEUROLYTIC AGENT,	10/1/2005	\$340.20	3	NO
2	64702	NEUROPLASTY; DIGITAL, ONE OR BOT	10/1/2005	\$225.51	3	NO
2	64704	NEUROLYSIS; NERVE OF HAND OR FOO	10/1/2005	\$220.06	3	NO
2	64708	NEUROPLASTY, MAJOR PERIPHERAL NE	10/1/2005	\$309.06	3	NO
2	64712	NEUROLYSIS MAJOR PERIPHERAL NERV	10/1/2005	\$355.26	3	NO
2	64713	NEUROLYSIS MAJOR PERIPHERAL NERV	10/1/2005	\$482.41	3	NO
2	64714	NEUROLYSIS MAJOR PERIPHERAL NERV	10/1/2005	\$407.42	3	NO
2	64716	NEUROPLASTY AND/OR TRANSPOSITION	10/1/2005	\$335.27	3	NO
2	64718	NEUROLYSIS AND/OR TRANSPOSITION;	10/1/2005	\$337.61	3	NO
2	64719	NEUROLYSIS AND/OR TRANSPOSITION;	10/1/2005	\$262.87	3	NO
2	64721	NEUROLYSIS AND/OR TRANSPOSITION;	10/1/2005	\$268.84	3	NO
2	64722	DECOMPRESSION UNSPECIFIED NERVES	10/1/2005	\$214.09	3	NO
2	64726	DECOMPRESSION; PLANTAR DIGITAL N	10/1/2005	\$194.88	3	NO
2	64727	INTERNAL NEUROLYSIS, REQUIRING U	10/1/2005	\$131.57	3	NO
2	64732	TRANSECTION OR AVULSION OF SUPRA	10/1/2005	\$229.40	3	NO
2	64734	TRANSECTION OR AVULSION OF; INFR	10/1/2005	\$255.35	3	NO
2	64736	TRANSECTION OR AVULSION OF; MENT	10/1/2005	\$236.92	3	NO
2	64738	TRANSECTION OR AVULSION OF; INFE	10/1/2005	\$295.83	3	NO
2	64740	TRANSECTION OR AVULSION OF; LING	10/1/2005	\$295.57	3	NO
2	64742	TRANSECTION OR AVULSION OF; FACI	10/1/2005	\$302.06	3	NO
2	64744	TRANSECTION OR AVULSION OF; GREA	10/1/2005	\$261.84	3	NO
2	64746	TRANSECTION OR AVULSION OF; PHRE	10/1/2005	\$291.68	3	NO
2	64752	TRANSECTION OR AVULSION OF; VAGU	10/1/2005	\$317.89	3	NO
2	64755	TRANSECTION OR AVULSION OF; VAGU	10/1/2005	\$543.39	3	NO
2	64760	TRANSECTION OR AVULSION OF; VAGU	10/1/2005	\$290.12	3	NO
2	64761	TRANSECTION OR AVULSION OF; PUDE	10/1/2005	\$271.18	3	NO
2	64763	TRANSECTION OR AVULSION OF OBTUR	10/1/2005	\$338.65	3	NO
2	64766	TRANSECTION OR AVULSION OF OBTUR	10/1/2005	\$388.21	3	NO
2	64771	TRANSECTION OR AVULSION OF OTHER	10/1/2005	\$366.15	3	NO
2	64772	TRANSECTION OR AVULSION OF OTHER	10/1/2005	\$347.99	3	NO
2	64774	EXCISION OF NEUROMA CUTANEOUS NE	10/1/2005	\$252.75	3	NO
2	64776	EXCISION OF NEUROMA; DIGITAL NER	10/1/2005	\$247.04	3	NO
2	64778	EXCISION OF NEUROMA DIGITAL NERV	10/1/2005	\$131.31	3	NO
2	64782	EXCISION OF NEUROMA; HAND OR FOO	10/1/2005	\$281.82	3	NO
2	64783	EXCISION OF NEUROMA HAND OR FOOT	10/1/2005	\$157.00	3	NO
2	64784	EXCISION OF NEUROMA; MAJOR PERIP	10/1/2005	\$462.43	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	64786	EXCISION OF NEUROMA; SCIATIC NER	10/1/2005	\$721.41	3	NO
2	64787	IMPLANTATION OF NERVE END INTO B	10/1/2005	\$181.39	3	NO
2	64788	EXCISION OF NEUROFIBROMA OR NEUR	10/1/2005	\$226.80	3	NO
2	64790	EXCISION OF NEUROFIBROMA OR NEUR	10/1/2005	\$531.46	3	NO
2	64792	EXCISION OF NEUROFIBROMA OR NEUR	10/1/2005	\$676.78	3	NO
2	64795	BIOPSY OF NERVE	10/1/2005	\$131.57	3	NO
2	64802	SYMPATHECTOMY, CERVICAL	10/1/2005	\$403.52	3	NO
2	64804	SYMPATHECTOMY, CERVICOTHORACIC	10/1/2005	\$619.43	3	NO
2	64809	SYMPATHECTOMY, THORACOLUMBAR	10/1/2005	\$542.61	3	NO
2	64818	SYMPATHECTOMY, LUMBAR	10/1/2005	\$438.04	3	NO
2	64820	SYMPATHECTOMY; DIGITAL ARTERIES,	10/1/2005	\$491.75	3	NO
2	64821	SYMPATHECTOMY; RADIAL ARTERY	10/1/2005	\$449.45	3	NO
2	64822	SYMPATHECTOMY; ULNAR ARTERY	10/1/2005	\$447.38	3	NO
2	64823	SYMPATHECTOMY; SUPERFICIAL PALMA	10/1/2005	\$519.78	3	NO
2	64831	SUTURE OF DIGITAL NERVE HAND OR	10/1/2005	\$464.25	3	NO
2	64832	SUTURE OF DIGITAL NERVE HAND OR	10/1/2005	\$244.45	3	NO
2	64834	SUTURE OF ONE NERVE HAND OR FOOT	10/1/2005	\$487.34	3	NO
2	64835	SUTURE OF ONE NERVE HAND OR FOOT	10/1/2005	\$526.27	3	NO
2	64836	SUTURE OF ONE NERVE HAND OR FOOT	10/1/2005	\$525.23	3	NO
2	64837	SUTURE OF EACH ADDITIONAL NERVE	10/1/2005	\$270.92	3	NO
2	64840	SUTURE OF POSTERIOR TIBIAL NERVE	10/1/2005	\$586.73	3	NO
2	64856	SUTURE OF MAJOR PERIPHERAL NERVE	10/1/2005	\$649.79	3	NO
2	64857	SUTURE OF MAJOR PERIPHERAL NERVE	10/1/2005	\$683.00	3	NO
2	64858	SUTURE OF SCIATIC NERVE	10/1/2005	\$792.51	3	NO
2	64859	SUTURE OF EACH ADDITIONAL MAJOR	10/1/2005	\$184.50	3	NO
2	64861	SUTURE OF BRACHIAL PLEXUS	10/1/2005	\$909.03	3	NO
2	64862	SUTURE OF LUMBAR PLEXUS	10/1/2005	\$924.34	3	NO
2	64864	SUTURE OF FACIAL NERVE EXTRACRAN	10/1/2005	\$586.21	3	NO
2	64865	SUTURE OF FACIAL NERVE; INTRATEM	10/1/2005	\$786.03	3	NO
2	64866	ANASTOMOSIS FACIAL-SPINAL ACCESS	10/1/2005	\$802.11	3	NO
2	64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	10/1/2005	\$697.54	3	NO
2	64870	ANASTOMOSIS; FACIAL-PHRENIC	10/1/2005	\$674.44	3	NO
2	64872	SUTURE OF NERVE REQUIRING SECOND	10/1/2005	\$87.19	3	NO
2	64874	SUTURE OF NERVE; REQUIRING EXTEN	10/1/2005	\$127.93	3	NO
2	64876	SUTURE OF NERVE REQUIRING SHORTE	10/1/2005	\$144.80	3	NO
2	64885	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$798.48	3	NO
2	64886	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$943.54	3	NO
2	64890	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$711.03	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	64891	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$657.05	3	NO
2	64892	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$673.14	3	NO
2	64893	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$727.64	3	NO
2	64895	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$815.35	3	NO
2	64896	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$897.09	3	NO
2	64897	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$815.35	3	NO
2	64898	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$882.30	3	NO
2	64901	NERVE GRAFT EACH ADDITIONAL NERV	10/1/2005	\$436.74	3	NO
2	64902	NERVE GRAFT EACH ADDITIONAL NERV	10/1/2005	\$501.09	3	NO
2	64905	NERVE PEDICLE TRANSFER FIRST STA	10/1/2005	\$635.00	3	NO
2	64907	NERVE PEDICLE TRANSFER; SECOND S	10/1/2005	\$893.98	3	NO
2	64999	UNLISTED PROCEDURE NERVOUS SYSTE	4/1/1982	\$0.01	5	NO
2	65091	EVISCKERATION OF OCULAR CONTENTS;	10/1/2005	\$392.36	3	NO
2	65093	EVISCKERATION OF OCULAR CONTENTS;	10/1/2005	\$413.38	3	NO
2	65101	ENUCLEATION OF EYE, WITHOUT IMPL	10/1/2005	\$438.81	3	NO
2	65103	ENUCLEATION OF EYE; WITH IMPLANT	10/1/2005	\$458.54	3	NO
2	65105	ENUCLEATION OF EYE; WITH IMPLANT	10/1/2005	\$502.65	3	NO
2	65110	EXENTERATION OF ORBIT (DOES NOT	10/1/2005	\$738.02	3	NO
2	65112	EXENTERATION OF ORBIT (DOES NOT	10/1/2005	\$878.93	3	NO
2	65114	EXENTERATION OF ORBIT, REMOVAL O	10/1/2005	\$904.62	3	NO
2	65125	MODIFICATION OF OCULAR IMPLANT W	10/1/2005	\$314.00	3	YES
2	65130	INSERTION OF OCULAR IMPLANT SECO	10/1/2005	\$432.07	3	YES
2	65135	INSERTION OF OCULAR IMPLANT SECO	10/1/2005	\$441.41	3	YES
2	65140	INSERTION OF OCULAR IMPLANT SECO	10/1/2005	\$475.14	3	YES
2	65150	REINSERTION OF OCULAR IMPLANT; W	10/1/2005	\$377.57	3	YES
2	65155	REINSERTION OF OCULAR IMPLANT WI	10/1/2005	\$509.40	3	YES
2	65175	REMOVAL OF OCULAR IMPLANT (FOR O	10/1/2005	\$391.59	3	NO
2	65205	REMOVAL OF FOREIGN BODY, EXTERNA	10/1/2005	\$36.07	3	NO
2	65210	REMOVAL OF FOREIGN BODY EXTERNAL	10/1/2005	\$43.86	3	NO
2	65220	REMOVAL OF FOREIGN BODY EXTERNAL	10/1/2005	\$36.33	3	NO
2	65222	REMOVAL OF FOREIGN BODY EXTERNAL	10/1/2005	\$48.53	3	NO
2	65235	REMOVAL OF FOREIGN BODY, INTRAOC	10/1/2005	\$381.21	3	NO
2	65260	REMOVAL OF FOREIGN BODY INTRAOCU	10/1/2005	\$549.10	3	NO
2	65265	REMOVAL OF FOREIGN BODY INTRAOCU	10/1/2005	\$618.13	3	NO
2	65270	REPAIR OF LACERATION; CONJUNCTIV	10/1/2005	\$187.36	3	NO
2	65272	REPAIR OF LACERATION; CONJUNCTIV	10/1/2005	\$304.13	3	NO
2	65273	REPAIR OF LACERATION; CONJUNCTIV	10/1/2005	\$211.49	3	NO
2	65275	REPAIR OF LACERATION; CORNEA NON	10/1/2005	\$309.58	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	65280	REPAIR OF LACERATION; CORNEA AND	10/1/2005	\$370.05	3	NO
2	65285	REPAIR OF LACERATION; CORNEA AND	10/1/2005	\$589.84	3	NO
2	65286	REPAIR OF LACERATION; APPLICATIO	10/1/2005	\$438.81	3	NO
2	65290	REPAIR OF WOUND, EXTRAOCULAR MUS	10/1/2005	\$271.44	3	NO
2	65400	EXCISION OF LESION, CORNEA (KERA	10/1/2005	\$380.95	3	NO
2	65410	BIOPSY OF CORNEA	10/1/2005	\$94.72	3	NO
2	65420	EXCISION OR TRANSPOSITION OF PTE	10/1/2005	\$343.06	3	NO
2	65426	EXCISION OR TRANSPOSITION OF PTE	10/1/2005	\$406.64	3	NO
2	65430	SCRAPING OF CORNEA, DIAGNOSTIC,	10/1/2005	\$73.44	3	NO
2	65435	REMOVAL OF CORNEAL EPITHELIUM; W	10/1/2005	\$51.12	3	NO
2	65436	REMOVAL OF CORNEAL EPITHELIUM; W	10/1/2005	\$220.06	3	NO
2	65450	DESTRUCTION OF LESION OF CORNEA	10/1/2005	\$194.63	3	NO
2	65600	MULTIPLE PUNCTURES OF ANTERIOR C	10/1/2005	\$222.39	3	NO
2	65710	KERATOPLASTY (CORNEAL TRANSPLANT	10/1/2005	\$626.17	3	NO
2	65730	KERATOPLASTY (CORNEAL TRANSPLANT	10/1/2005	\$699.35	3	NO
2	65750	KERATOPLASTY (CORNEAL TRANSPLANT	10/1/2005	\$718.56	3	NO
2	65755	KERATOPLASTY (CORNEAL TRANSPLANT	10/1/2005	\$713.37	3	NO
2	65760	KERATOMILEUSIS	2/1/1994	\$0.01	5	NO
2	65765	KERATOPHAKIA	2/1/1994	\$0.01	5	NO
2	65767	EPIKERATOPLASTY	2/1/1994	\$0.01	5	NO
2	65770	KERATOPROSTHESIS	10/1/2005	\$819.76	3	NO
2	65771	RADIAL KERATOTOMY	1/1/1991	NC	9	NO
2	65772	CORNEAL RELAXING INCISION FOR CO	10/1/2005	\$260.02	3	NO
2	65775	CORNEAL WEDGE RESECTION FOR CORR	10/1/2005	\$311.66	3	NO
2	65780	OCULAR SURFACE RECONSTRUCTION; A	10/1/2005	\$543.91	3	NO
2	65781	OCULAR SURFACE RECONSTRUCTION; I	10/1/2005	\$823.91	3	NO
2	65782	OCULAR SURFACE RECONSTRUCTION; L	10/1/2005	\$711.29	3	NO
2	65800	PARACENTESIS OF ANTERIOR CHAMBER	10/1/2005	\$98.35	3	NO
2	65805	PARACENTESIS OF ANTRIOR CHAMBER	10/1/2005	\$108.21	3	NO
2	65810	PARACENTESIS OF ANTERIOR CHAMBER	10/1/2005	\$254.31	3	NO
2	65815	PARACENTESIS OF ANTERIOR CHAMBER	10/1/2005	\$396.78	3	NO
2	65820	GONIOTOMY	10/1/2005	\$455.94	3	NO
2	65850	TRABECULOTOMY AB EXTERNO	10/1/2005	\$504.99	3	NO
2	65855	TRABECULOPLASTY BY LASER SURGERY	10/1/2005	\$216.42	3	NO
2	65860	SEVERING ADHESIONS OF ANTERIOR S	10/1/2005	\$201.37	3	NO
2	65865	SEVERING ADHESIONS OF ANTERIOR S	10/1/2005	\$298.17	3	NO
2	65870	SEVERING ADHESIONS OF ANTERIOR S	10/1/2005	\$336.83	3	NO
2	65875	SEVERING ADHESIONS OF ANTERIOR S	10/1/2005	\$353.96	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	65880	SEVERING ADHESIONS OF ANTERIOR S	10/1/2005	\$375.24	3	NO
2	65900	REMOVAL OF EPITHELIAL DOWNGROWTH	10/1/2005	\$563.89	3	NO
2	65920	REMOVAL OF IMPLANTED MATERIAL, A	10/1/2005	\$440.37	3	NO
2	65930	REMOVAL OF BLOOD CLOT, ANTERIOR	10/1/2005	\$379.65	3	NO
2	66020	INJECTION, ANTERIOR CHAMBER OF E	10/1/2005	\$124.30	3	NO
2	66030	INJECTION ANTERIOR CHAMBER (SEPA	10/1/2005	\$110.81	3	NO
2	66130	EXCISION OF LESION, SCLERA	10/1/2005	\$458.80	3	NO
2	66150	FISTULIZATION OF SCLERA FOR GLAU	10/1/2005	\$470.99	3	NO
2	66155	FISTULIZATION OF SCLERA FOR GLAU	10/1/2005	\$468.14	3	NO
2	66160	FISTULIZATION OF SCLERA FOR GLAU	10/1/2005	\$540.80	3	NO
2	66165	FISTULIZATIN OF SCLERA FOR GLAUC	10/1/2005	\$457.76	3	NO
2	66170	FISTULIZATION OF SCLEAR FOR GLAU	10/1/2005	\$647.45	3	NO
2	66172	FISTULIZATION OF SCLERA FOR GLAU	10/1/2005	\$803.41	3	NO
2	66180	AQUEOUS SHUNT TO EXTRAOCULAR RES	10/1/2005	\$674.70	3	NO
2	66185	REVISION OF AQUEOUS SHUNT TO EXT	10/1/2005	\$412.86	3	NO
2	66220	REPAIR OF SCLERAL STAPHYLOMA; WI	10/1/2005	\$396.52	3	NO
2	66225	REPAIR OF SCLERAL STAPHYLOMA; WI	10/1/2005	\$526.79	3	NO
2	66250	REVISION OR REPAIR OF OPERATIVE	10/1/2005	\$466.06	3	NO
2	66500	IRIDOTOMY BY STAB INCISION (SEPA	10/1/2005	\$221.09	3	NO
2	66505	IRIDOTOMY BY STAB INCISION (SEPA	10/1/2005	\$240.30	3	NO
2	66600	IRIDECTOMY WITH CORNEOSCLERAL OR	10/1/2005	\$449.71	3	NO
2	66605	IRIDECTOMY WITH CORNEOSCLERAL OR	10/1/2005	\$611.38	3	NO
2	66625	IRIDECTOMY WITH CORNEOSCLERAL OF	10/1/2005	\$262.10	3	NO
2	66630	IRIDECTOMY WITH CORNEOSCLERAL OR	10/1/2005	\$315.55	3	NO
2	66635	IRIDECTOMY WITH CORNEOSCLERAL OR	10/1/2005	\$318.93	3	NO
2	66680	REPAIR OF IRIS CILIARY BODY (AS	10/1/2005	\$284.67	3	NO
2	66682	SUTURE OF IRIS CILIARY BODY (SEP	10/1/2005	\$340.46	3	NO
2	66700	CILIARY BODY DESTRUCTION; DIATHE	10/1/2005	\$265.99	3	NO
2	66710	CILIARY BODY DESTRUCTION; CYCLOP	10/1/2005	\$263.91	3	NO
2	66711	CILIARY BODY DESTRUCTION; CYCLOP	10/1/2005	\$346.95	3	NO
2	66720	CILIARY BODY DESTRUCTION; CRYOTH	10/1/2005	\$280.78	3	NO
2	66740	CILIARY BODY DESTRUCTION; CYCLOD	10/1/2005	\$261.84	3	NO
2	66761	IRIDOTOMY/IRIDECTOMY BY LASER SU	10/1/2005	\$255.61	3	NO
2	66762	IRIDOPLASTY BY PHOTOCOAGULATION	10/1/2005	\$271.18	3	NO
2	66770	DESTRUCTION OF CYST OR LESION IR	10/1/2005	\$298.68	3	NO
2	66820	DISCISSION OF SECONDARY MEMBRANE	10/1/2005	\$256.39	3	NO
2	66821	DISCISSION OF SECONDARY MEMBRANE	10/1/2005	\$169.97	3	NO
2	66825	REPOSITIONING OF INTRAOCULAR LEN	10/1/2005	\$458.80	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	66830	REMOVAL OF SECONDARY MEMBRANOUS	10/1/2005	\$402.74	3	NO
2	66840	REMOVAL OF LENS MATERIAL ASPIRAT	10/1/2005	\$392.88	3	NO
2	66850	REMOVAL OF LENS MATERIAL PHACOFR	10/1/2005	\$445.82	3	NO
2	66852	REMOVAL OF LENS MATERIAL; PARS P	10/1/2005	\$481.37	3	NO
2	66920	REMOVAL OF LENS MATERIAL; INTRAC	10/1/2005	\$430.51	3	NO
2	66930	EXTRACTION OF LENS WITH OR WITHO	10/1/2005	\$487.34	3	NO
2	66940	REMOVAL OF LENS MATERIAL; EXTRAC	10/1/2005	\$439.85	3	NO
2	66982	EXTRACAPSULAR CATARACT REMOVAL W	10/1/2005	\$621.50	3	NO
2	66983	INTRACAPSULAR CATARACT EXTRACTIO	10/1/2005	\$397.29	3	NO
2	66984	EXTRACAPSULAR CATARACT REM W/INS	10/1/2005	\$468.40	3	NO
2	66985	INSERT OF INTRAOCULAR LENS PROST	10/1/2005	\$420.65	3	NO
2	66986	EXCHANGE OF INTRAOCULAR LENS	10/1/2005	\$571.42	3	NO
2	66990	USE OF OPHTHALMIC ENDOSCOPE (LIS	10/1/2005	\$59.17	3	NO
2	66999	UNLISTED PROCEDURE ANTERIOR SEGM	4/1/1982	\$0.01	5	NO
2	67005	REMOVAL OF VITREOUS ANTERIOR APP	10/1/2005	\$281.04	3	NO
2	67010	REMOVAL OF VITREOUS, ANTERIOR AP	10/1/2005	\$327.23	3	NO
2	67015	ASPIRATION OR RELEASE OF VITREOU	10/1/2005	\$355.52	3	NO
2	67025	INJECTION OF VITREOUS SUBSTITUTE	10/1/2005	\$425.32	3	NO
2	67027	IMPLANTATION OR REPLACEMENT OF I	10/1/2005	\$502.65	3	NO
2	67028	INTRAVITREAL INJECTION OF A PHAR	10/1/2005	\$138.57	3	NO
2	67030	DISCISSION OF VITREOUS STRANDS (	10/1/2005	\$283.37	3	NO
2	67031	SEVERING OF VITREOUS STRANDS, VI	10/1/2005	\$219.02	3	NO
2	67036	VITRECTOMY, MECHANICAL, PARS PLA	10/1/2005	\$559.74	3	NO
2	67038	VITRECTOMY, MECHANICAL, PARS PLA	10/1/2005	\$979.35	3	NO
2	67039	VITRECTOMY, MECHANICAL, PARS PLA	10/1/2005	\$710.77	3	NO
2	67040	VITRECTOMY, MECHANICAL, PARS PLA	10/1/2005	\$823.39	3	NO
2	67101	REP OF RETINAL DETCHM, ONE OR MO	10/1/2005	\$441.41	3	NO
2	67105	REP OF RETINAL DETACHMENT, ONE O	10/1/2005	\$411.31	3	NO
2	67107	REPAIR OF RETINAL DETACHMENT; SC	10/1/2005	\$696.76	3	NO
2	67108	REPAIR OF RETINAL DETACHMENT; W/	10/1/2005	\$940.17	3	NO
2	67110	REPAIR OF RETINAL DETACHMENT ONE	10/1/2005	\$505.25	3	NO
2	67112	REPAIR OF RETINAL DETACHMENT; BY	10/1/2005	\$764.75	3	NO
2	67115	RELEASE OF ENCIRCLING MATERIAL (	10/1/2005	\$267.54	3	NO
2	67120	REMOVAL OF IMPLANTED MATERIAL, P	10/1/2005	\$385.36	3	NO
2	67121	REMOVAL OF IMPLANTED MATERIAL PO	10/1/2005	\$511.47	3	NO
2	67141	PROPHYLAXIS OF RETINAL DETACHMEN	10/1/2005	\$293.24	3	NO
2	67145	PROPHYLAXIS OF RETINAL DETACHMEN	10/1/2005	\$294.53	3	NO
2	67208	DESTRUCTION OF LOCALIZED LESION	10/1/2005	\$340.98	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	67210	DESTRUCTION OF LOCALIZED LESION	10/1/2005	\$410.53	3	NO
2	67218	DESTRUCTION OF LOCALIZED LESION	10/1/2005	\$819.24	3	NO
2	67220	DESTRUCTION OF LOCALIZED LESION	10/1/2005	\$627.47	3	NO
2	67221	DESTRUCTION OF LOCALIZED LESION	10/1/2005	\$221.35	3	NO
2	67225	DESTRUCTION OF LOCALIZED LESION	10/1/2005	\$19.20	3	NO
2	67227	DESTRUCTION OF EXTENSIVE OR PROG	10/1/2005	\$349.81	3	NO
2	67228	DESTRUCTION OF EXTENSIVE OR PROG	10/1/2005	\$644.34	3	NO
2	67250	SCLERAL REINFORCEMENT (SEPARATE	10/1/2005	\$474.63	3	NO
2	67255	SCLERAL REINFORCEMENT (SEPARATE	10/1/2005	\$498.76	3	NO
2	67299	UNLISTED PROCEDURE POSTERIOR SEG	2/1/1994	\$0.01	5	NO
2	67311	STRABISMUS SURG, RECESSION OR RES	10/1/2005	\$338.13	3	YES
2	67312	STRABISMUS SURG, RECESSION OR RES	10/1/2005	\$407.67	3	YES
2	67314	STRABISMUS SURGERY, RECESSION OR	10/1/2005	\$374.98	3	YES
2	67316	STRABISMUS SURGERY, RECESSION OR	10/1/2005	\$457.76	3	YES
2	67318	STRABISMUS SURGERY, ANY PROC (PA	10/1/2005	\$393.92	3	YES
2	67320	TRANSPOSITION PROC(EG, FOR PARETI	10/1/2005	\$168.68	3	YES
2	67331	STRABISMUS SURG ON PATIENT W/PRE	10/1/2005	\$158.04	3	YES
2	67332	STRABISMUS SURG ON PATIENT W/SCA	10/1/2005	\$174.90	3	YES
2	67334	STRABISMUS SURGERY BY POSTERIOR	10/1/2005	\$154.66	3	YES
2	67335	PLACE OF ADJUSTABLE SUTURE(S) DU	10/1/2005	\$97.05	3	YES
2	67340	STRABISMUS SURGERY INVOLVING EXP	10/1/2005	\$191.25	3	YES
2	67343	RELEASE OF EXTENSIVE SCAR TISSUE	10/1/2005	\$369.01	3	NO
2	67345	CHEMODENERVATION OF EXTRAOCULAR M	10/1/2005	\$148.17	3	NO
2	67350	BIOPSY OF EXTRAOCULAR MUSCLE	10/1/2005	\$127.16	3	NO
2	67399	UNLISTED PROCEDURE OCULAR MUSCLE	2/1/1994	\$0.01	5	NO
2	67400	ORBITOTOMY W/OUT BONE FLAP (FRON	10/1/2005	\$560.00	3	NO
2	67405	ORBITOTOMY WITHOUT BONE FLAP (FR	10/1/2005	\$470.99	3	NO
2	67412	ORBITOTOMY WITHOUT BONE FLAP (FR	10/1/2005	\$543.65	3	NO
2	67413	ORBITOTOMY WITHOUT BONE FLAP (FR	10/1/2005	\$552.74	3	NO
2	67414	ORBITOTOMY W/OUT BONE FLAP; W/RE	10/1/2005	\$617.87	3	NO
2	67415	FINE NEEDLE ASPIRATION OF ORBITA	10/1/2005	\$67.99	3	NO
2	67420	ORBITOTOMY WITH BONE FLAP OR WIN	10/1/2005	\$1,002.71	3	NO
2	67430	ORBITOTOMY WITH BONE FLAP LATERA	10/1/2005	\$756.96	3	NO
2	67440	ORBITOTOMY WITH BONE FLAP OR WIN	10/1/2005	\$729.20	3	NO
2	67445	ORBITOTOMY W/BONE FLAP OR WINDOW	10/1/2005	\$758.78	3	NO
2	67450	ORBITOTOMY WITH BONE FLAP LATERA	10/1/2005	\$750.21	3	NO
2	67500	RETROBULBAR INJECTION MEDICATION	10/1/2005	\$39.44	3	NO
2	67505	RETROBULBAR INJECTION; ALCOHOL	10/1/2005	\$40.48	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	67515	INJECTION OF MEDICATION OR OTHER	10/1/2005	\$31.92	3	NO
2	67550	ORBITAL IMPLANT (IMPLANT OUTSIDE	10/1/2005	\$576.09	3	YES
2	67560	ORBITAL IMPLANT (IMPLANT OUTSIDE	10/1/2005	\$584.91	3	YES
2	67570	OPTIC NERVE DECOMPRESSION (EG, I	10/1/2005	\$724.78	3	NO
2	67599	UNLISTED PROCEDURE ORBIT	4/1/1982	\$0.01	5	NO
2	67700	BLEPHAROTOMY, DRAINAGE OF ABSCES	10/1/2005	\$193.07	3	NO
2	67710	SEVERING OF TARSORRHAPHY	10/1/2005	\$167.12	3	NO
2	67715	CANTHOTOMY (SEPARATE PROCEDURE)	10/1/2005	\$172.57	3	NO
2	67800	EXCISION OF CHALAZION; SINGLE	10/1/2005	\$79.67	3	NO
2	67801	EXCISION OF CHALAZION; MULTIPLE	10/1/2005	\$101.98	3	NO
2	67805	EXCISION OF CHALAZION; MULTIPLE	10/1/2005	\$125.86	3	NO
2	67808	EXCISION OF CHALAZION; UNDER GEN	10/1/2005	\$201.63	3	NO
2	67810	BIOPSY OF EYELID	10/1/2005	\$126.64	3	NO
2	67820	CORRECTION OF TRICHIASIS; EPILAT	10/1/2005	\$39.70	3	NO
2	67825	CORRECTION OF TRICHIASIS; EPILAT	10/1/2005	\$82.52	3	NO
2	67830	CORRECTION OF TRICHIASIS; INCISI	10/1/2005	\$189.95	3	NO
2	67835	CORRECTION OF TRICHIASIS; INCISI	10/1/2005	\$271.44	3	NO
2	67840	EXCISION OF LESION OF EYELID (EX	10/1/2005	\$197.48	3	NO
2	67850	DESTRUCTION OF LESION OF LID MAR	10/1/2005	\$133.38	3	NO
2	67875	TEMPORARY CLOSURE OF EYELIDS BY	10/1/2005	\$122.74	3	NO
2	67880	CONSTRUCTION OF INTERMARGINAL AD	10/1/2005	\$275.07	3	NO
2	67882	CONSTRUCTION OF INTERMARGINAL AD	10/1/2005	\$336.31	3	NO
2	67900	REPAIR OF BROW PTOSIS (SUPRACILI	10/1/2005	\$404.04	3	YES
2	67901	REPAIR OF BLEPHAROPTOSIS; FRONTA	10/1/2005	\$333.98	3	YES
2	67902	REPAIR OF BLEPHAROPTOSIS; FRONTA	10/1/2005	\$335.53	3	YES
2	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO	10/1/2005	\$425.32	3	YES
2	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO	10/1/2005	\$422.73	3	YES
2	67906	REPAIR OF BLEPHAROPTOSIS; SUPERI	10/1/2005	\$327.23	3	YES
2	67908	REPAIR OF BLEPHAROPTOSIS; CONJUN	10/1/2005	\$312.44	3	YES
2	67909	REDUCTION OF OVERCORRECTION OF P	10/1/2005	\$356.29	3	YES
2	67911	CORRECTION OF LID RETRACTION	10/1/2005	\$268.58	3	YES
2	67912	CORRECTION OF LAGOPHTHALMOS, WIT	10/1/2005	\$645.64	3	YES
2	67914	REPAIR OF ECTROPION; SUTURE	10/1/2005	\$265.21	3	YES
2	67915	REPAIR OF ECTROPION; THERMOCAUTE	10/1/2005	\$242.11	3	YES
2	67916	REPAIR OF ECTROPION; BLEPHAROPLA	10/1/2005	\$354.22	3	YES
2	67917	REPAIR OF ECTROPION; BLEPHAROPLA	10/1/2005	\$384.84	3	YES
2	67921	REPAIR OF ENTROPION; SUTURE	10/1/2005	\$253.27	3	NO
2	67922	REPAIR OF ENTROPION; THERMOCAUTE	10/1/2005	\$236.66	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	67923	REPAIR OF ENTROPION; BLEPHAROPLA	10/1/2005	\$371.34	3	NO
2	67924	REPAIR OF ENTROPION; BLEPHAROPLA	10/1/2005	\$389.77	3	NO
2	67930	SUTURE OF RECENT WOUND, EYELID,	10/1/2005	\$247.04	3	NO
2	67935	SUTURE OF RECENT WOUND EYELID IN	10/1/2005	\$392.36	3	NO
2	67938	REMOVAL OF EMBEDDED FOREIGN BODY	10/1/2005	\$175.94	3	NO
2	67950	CANTHOPLASTY (RECONSTRUCTION OF C	10/1/2005	\$384.06	3	NO
2	67961	EXCISION & REP OF EYELID INVOLVI	10/1/2005	\$381.21	3	NO
2	67966	EXCISION AND REPAIR OF EYELID IN	10/1/2005	\$416.76	3	NO
2	67971	RECONSTRUCTION OF EYELID, FULL T	10/1/2005	\$456.46	3	NO
2	67973	RECONSTRUCTION OF EYELID FULL TH	10/1/2005	\$594.51	3	NO
2	67974	RECONSTRUCTION OF EYELID FULL TH	10/1/2005	\$591.66	3	NO
2	67975	RECONSTRUCTION OF EYELID FULL TH	10/1/2005	\$429.99	3	NO
2	67999	UNLISTED PROCEDURE EYELIDS	2/1/1994	\$0.01	5	NO
2	68020	INCISION OF CONJUNCTIVA, DRAINAG	10/1/2005	\$73.96	3	NO
2	68040	EXPRESSION OF CONJUNCTIVAL FOLLI	10/1/2005	\$41.52	3	NO
2	68100	BIOPSY OF CONJUNCTIVA	10/1/2005	\$121.19	3	NO
2	68110	EXCISION OF LESION, CONJUNCTIVA;	10/1/2005	\$154.66	3	NO
2	68115	EXCISION OF LESION CONJUNCTIVA;	10/1/2005	\$219.02	3	NO
2	68130	EXCISION OF LESION CONJUNCTIVA;	10/1/2005	\$360.19	3	NO
2	68135	DESTRUCTION OF LESION, CONJUNCTI	10/1/2005	\$97.05	3	NO
2	68200	SUBCONJUNCTIVAL INJECTION	10/1/2005	\$27.25	3	NO
2	68320	CONJUNCTIVOPLASTY WITH CONJUNCTI	10/1/2005	\$439.07	3	NO
2	68325	CONJUNCTIVOPLASTY; WITH BUCCAL M	10/1/2005	\$371.86	3	NO
2	68326	CONJUNCTIVOPLASTY RECONSTRUCTION	10/1/2005	\$361.48	3	NO
2	68328	CONJUNCTIVOPLASTY RECONSTRUCTION	10/1/2005	\$415.20	3	NO
2	68330	REPAIR OF SYMBLEPHARON; CONJUNCT	10/1/2005	\$375.76	3	NO
2	68335	REPAIR OF SYMBLEPHARON WITH FREE	10/1/2005	\$361.22	3	NO
2	68340	REPAIR OF SYMBLEPHARON DIVISION	10/1/2005	\$343.58	3	NO
2	68360	CONJUNCTIVAL FLAP BRIDGE OR PART	10/1/2005	\$327.49	3	NO
2	68362	CONJUNCTIVAL FLAP; TOTAL (SUCH A	10/1/2005	\$365.64	3	NO
2	68371	HARVESTING CONJUNCTIVAL ALLOGRAF	10/1/2005	\$261.06	3	NO
2	68399	UNLISTED PROCEDURE CONJUNCTIVA	2/1/1994	\$0.01	5	NO
2	68400	INCISION, DRAINAGE OF LACRIMAL G	10/1/2005	\$199.30	3	NO
2	68420	INCISION, DRAINAGE OF LACRIMAL S	10/1/2005	\$223.43	3	NO
2	68440	SNIP INCISION OF LACRIMAL PUNCTU	10/1/2005	\$79.67	3	NO
2	68500	EXCISION OF LACRIMAL GLAND (DACR	10/1/2005	\$552.22	3	NO
2	68505	EXCISION OF LACRIMAL GLAND (DACR	10/1/2005	\$574.53	3	NO
2	68510	BIOPSY OF LACRIMAL GLAND	10/1/2005	\$315.81	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	68520	EXCISION OF LACRIMAL SAC (DACRYO	10/1/2005	\$397.81	3	NO
2	68525	BIOPSY OF LACRIMAL SAC	10/1/2005	\$173.09	3	NO
2	68530	REMOVAL OF FOREIGN BODY OR DACRY	10/1/2005	\$311.92	3	NO
2	68540	EXCISION OF LACRIMAL GLAND TUMOR	10/1/2005	\$534.05	3	NO
2	68550	EXCISION OF LACRIMAL GLAND TUMOR	10/1/2005	\$658.61	3	NO
2	68700	PLASTIC REPAIR OF CANALICULI	10/1/2005	\$335.27	3	NO
2	68705	CORRECTION OF EVERTED PUNCTUM, C	10/1/2005	\$164.26	3	NO
2	68720	DACRYOCYSTORHINOSTOMY (FISTULATI	10/1/2005	\$448.94	3	NO
2	68745	CONJUNCTIVORHINOSTOMY (FISTULIZA	10/1/2005	\$440.89	3	NO
2	68750	CONJUNCTIVORHINOSTOMY (FISTULIZA	10/1/2005	\$451.27	3	NO
2	68760	CLOSURE OF THE LACRIMAL PUNCTUM;	10/1/2005	\$139.09	3	NO
2	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	10/1/2005	\$96.02	3	NO
2	68770	CLOSURE OF LACRIMAL FISTULA (SEP	10/1/2005	\$273.51	3	NO
2	68801	DIALTION OF LACRIMAL PUNCTUM, WI	10/1/2005	\$76.03	3	NO
2	68810	PROBING OF NASOLACRIMAL DUCT, WI	10/1/2005	\$147.14	3	NO
2	68811	PROBING OF NASOLACRIMAL DUCT, WI	10/1/2005	\$127.16	3	NO
2	68815	PROBING OF NASOLACRIMAL DUCT, WI	10/1/2005	\$301.54	3	NO
2	68840	PROBING OF LACRIMAL CANALICULI,	10/1/2005	\$75.51	3	NO
2	68850	INJECTION OF CONTRAST MEDIUM FOR	10/1/2005	\$44.63	3	NO
2	68899	UNLISTED PROCEDURE LACRIMAL SYST	2/1/1994	\$0.01	5	NO
2	69000	DRAINAGE EXTERNAL EAR ABSCESS OR	10/1/2005	\$115.48	3	NO
2	69005	DRAINAGE EXTERNAL EAR ABSCESS OR	10/1/2005	\$135.46	3	NO
2	69020	DRAINAGE EXTERNAL AUDITORY CANAL	10/1/2005	\$145.06	3	NO
2	69090	EAR PIERCING	4/1/1982	NC	9	NO
2	69100	BIOPSY EXTERNAL EAR	10/1/2005	\$66.43	3	NO
2	69105	BIOPSY EXTERNAL AUDITORY CANAL	10/1/2005	\$84.60	3	NO
2	69110	EXCISION EXTERNAL EAR PARTIAL SI	10/1/2005	\$271.70	3	NO
2	69120	EXCISION EXTERNAL EAR; COMPLETE	10/1/2005	\$275.07	3	NO
2	69140	EXCISION EXOSTOSIS(ES) EXTERNAL	10/1/2005	\$568.56	3	NO
2	69145	EXCISION SOFT TISSUE LESION EXTE	10/1/2005	\$223.69	3	NO
2	69150	RADICAL EXCISION EXTERNAL AUDITO	10/1/2005	\$728.16	3	NO
2	69155	RADICAL EXCISION EXTERNAL AUDITO	10/1/2005	\$1,097.43	3	NO
2	69200	REMOVAL FOREIGN BODY FROM EXTERN	10/1/2005	\$83.30	3	NO
2	69205	REMOVAL FOREIGN BODY FROM EXTERN	10/1/2005	\$69.03	3	NO
2	69210	REMOVAL IMPACTED CERUMEN(SEPARAT	10/1/2005	\$33.48	3	NO
2	69220	DEBRIDEMENT, MASTOIDECTOMY CAVIT	10/1/2005	\$84.60	3	NO
2	69222	DEBRIDEMENT, MASTOIDECTOMY CAVIT	10/1/2005	\$139.35	3	NO
2	69300	OTOPLASTY, PROTRUDING EAR, WITH	10/1/2005	\$292.98	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	69310	RECONSTRUCTION OF EXTERNAL AUDIT	10/1/2005	\$724.26	3	NO
2	69320	RECONSTRUCTION EXTERNAL AUDITORY	10/1/2005	\$1,042.41	3	NO
2	69399	UNLISTED PROCEDURE EXTERNAL EAR	2/1/1994	\$0.01	5	NO
2	69400	EUSTACHIAN TUBE INFLATION TRANSN	10/1/2005	\$79.41	3	NO
2	69401	EUSTACHIAN TUBE INFLATION TRANSN	10/1/2005	\$49.82	3	NO
2	69405	EUSTACHIAN TUBE CATHERIZATION TR	10/1/2005	\$164.78	3	NO
2	69410	FOCAL APPLICATION OF PHASE CONTR	1/1/2006	INVALID	N	NO
2	69420	MYRINGOTOMY INCLUDING ASPIRATION	10/1/2005	\$119.11	3	NO
2	69421	MYRINGOTOMY INCLUDING ASPIRATION	10/1/2005	\$104.84	3	NO
2	69424	VENTILATING TUBE REMOVAL REQUIRI	10/1/2005	\$80.45	3	NO
2	69433	TYMPANOSTOMY (REQUIRING INSERTIO	10/1/2005	\$123.00	3	NO
2	69436	TYMPANOSTOMY (REQUIRING INSERTIO	10/1/2005	\$115.22	3	NO
2	69440	MIDDLE EAR EXPLORATION THROUGH P	10/1/2005	\$439.59	3	NO
2	69450	TYMPANOLYSIS TRANSCANAL	10/1/2005	\$338.39	3	NO
2	69501	TRANSMASTOID ANTROTOMY (SIMPLE M	10/1/2005	\$488.64	3	NO
2	69502	MASTOIDECTOMY COMPLETE	10/1/2005	\$647.45	3	NO
2	69505	MASTOIDECTOMY; MODIFIED RADICAL	10/1/2005	\$810.68	3	NO
2	69511	MASTOIDECTOMY; RADICAL	10/1/2005	\$831.96	3	NO
2	69530	PETROUS APICECTOMY INCLUDING RAD	10/1/2005	\$1,097.94	3	NO
2	69535	RESECTION TEMPORAL BONE EXTERNAL	10/1/2005	\$1,840.11	3	NO
2	69540	EXCISION AURAL POLYP	10/1/2005	\$130.79	3	NO
2	69550	EXCISION AURAL GLOMUS TUMOR TRAN	10/1/2005	\$693.64	3	NO
2	69552	EXCISION AURAL GLOMUS TUMOR; TRA	10/1/2005	\$1,081.34	3	NO
2	69554	EXCISION AURAL GLOMUS TUMOR; EXT	10/1/2005	\$2,240.26	3	NO
2	69601	REVISION MASTOIDECTOMY RESULTING	10/1/2005	\$699.09	3	NO
2	69602	REVISION MASTOIDECTOMY; RESULTIN	10/1/2005	\$723.75	3	NO
2	69603	REVISION MASTOIDECTOMY; RESULTIN	10/1/2005	\$869.58	3	NO
2	69604	REVISION MASTOIDECTOMY; RESULTIN	10/1/2005	\$747.62	3	NO
2	69605	REVISION MASTOIDECTOMY; WITH API	10/1/2005	\$1,061.36	3	NO
2	69610	TYMPANIC MEMBRANE REPAIR, W/WO S	10/1/2005	\$268.06	3	NO
2	69620	MYRINGOPLASTY (SURGERY CONFINED	10/1/2005	\$453.35	3	NO
2	69631	TYMPANOPLASTY WITHOUT MASTOIDECT	10/1/2005	\$567.01	3	NO
2	69632	TYMPANOPLASTY WITHOUT MASTOIDECT	10/1/2005	\$706.88	3	NO
2	69633	TYMPANOPLASTY WITHOUT MASTOIDECT	10/1/2005	\$677.55	3	NO
2	69635	TYMPANOPLASTY WITH ANTROTOMY OR	10/1/2005	\$808.08	3	NO
2	69636	TYMPANOPLASTY WITH ANTROTOMY OR	10/1/2005	\$927.45	3	NO
2	69637	TYMPANOPLASTY WITH ANTROTOMY OR	10/1/2005	\$922.26	3	NO
2	69641	TYMPANOPLASTY WITH MASTOIDECTOMY	10/1/2005	\$687.93	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	69642	TYMPANOPLASTY WITH MASTOIDECTOMY	10/1/2005	\$894.24	3	NO
2	69643	TYMPANOPLASTY WITH MASTOIDECTOMY	10/1/2005	\$813.79	3	NO
2	69644	TYMPANOPLASTY WITH MASTOIDECTOMY	10/1/2005	\$1,004.52	3	NO
2	69645	TYMPANOPLASTY WITH MASTOIDECTOMY	10/1/2005	\$978.57	3	NO
2	69646	TYMPANOPLASTY WITH MASTOIDECTOMY	10/1/2005	\$1,042.67	3	NO
2	69650	STAPES MOBILIZATION	10/1/2005	\$527.82	3	NO
2	69660	STAPEDECTOMY OR STAPEDOTOMY W/RE	10/1/2005	\$623.32	3	NO
2	69661	STAPEDECTOMY OR STAPEDOTOMY W/RE	10/1/2005	\$822.36	3	NO
2	69662	REVISION OF STAPEDECTOMY OR STAP	10/1/2005	\$789.40	3	NO
2	69666	REPAIR OVAL WINDOW FISTULA	10/1/2005	\$531.98	3	NO
2	69667	REPAIR ROUND WINDOW FISTULA	10/1/2005	\$532.49	3	NO
2	69670	MASTOID OBLITERATION (SEPARATE P	10/1/2005	\$625.91	3	NO
2	69676	TYMPANIC NEURECTOMY	10/1/2005	\$546.51	3	NO
2	69700	CLOSURE POSTAURICULAR FISTULA MA	10/1/2005	\$470.47	3	NO
2	69710	IMPLANTATION OR REPLACEMENT OF E	10/1/2000	\$1,069.43	3	NO
2	69711	REMOVAL OR REPAIR OF ELECTROMAGN	10/1/2005	\$571.94	3	NO
2	69714	IMPLANTATION, OSSEOINTEGRATED IM	10/1/2005	\$720.63	3	NO
2	69715	IMPLANTATION, OSSEOINTEGRATED IM	10/1/2005	\$900.98	3	NO
2	69717	REPLACEMENT, OSSEOINTEGRATED IMP	10/1/2005	\$787.06	3	NO
2	69718	REPLACEMENT, OSSEOINTEGRATED IMP	10/1/2005	\$958.85	3	NO
2	69720	DECOMPRESSION FACIAL NERVE INTRA	10/1/2005	\$780.06	3	NO
2	69725	DECOMPRESSION FACIAL NERVE INTRA	10/1/2005	\$1,242.75	3	NO
2	69740	SUTURE FACIAL NERVE INTRATEMPORA	10/1/2005	\$794.59	3	NO
2	69745	SUTURE FACIAL NERVE INTRATEMPORA	10/1/2005	\$850.38	3	NO
2	69799	UNLISTED PROCEDURE MIDDLE EAR	2/1/1994	\$0.01	5	NO
2	69801	LABYRINTHOTOMY, W/OR W/OUT CRYOS	10/1/2005	\$485.27	3	NO
2	69802	LABYRINTHOTOMY WITH OR WITHOUT C	10/1/2005	\$686.64	3	NO
2	69805	ENDOLYMPHATIC SAC OPERATION WITH	10/1/2005	\$695.46	3	NO
2	69806	ENDOLYMPHATIC SAC OPERATION; WIT	10/1/2005	\$632.66	3	NO
2	69820	FENESTRATION SEMICIRCULAR CANAL	10/1/2005	\$582.32	3	NO
2	69840	REVISION FENESTRATION OPERATION	10/1/2005	\$627.99	3	NO
2	69905	LABYRINTHECTOMY TRANSCANAL	10/1/2005	\$608.53	3	NO
2	69910	LABYRINTHECTOMY; WITH MASTOIDECT	10/1/2005	\$690.01	3	NO
2	69915	VESTIBULAR NERVE SECTION TRANSLA	10/1/2005	\$1,020.61	3	NO
2	69930	COCHLEAR DEVICE IMPLANTATION WIT	10/1/2005	\$853.50	3	NO
2	69949	UNLISTED PROCEDURE INNER EAR	4/1/1982	\$0.01	5	NO
2	69950	VESTIBULAR NERVE SECTION TRANSCR	10/1/2005	\$1,213.42	3	NO
2	69955	TOTAL FACIAL NERVE DECOMPRESSION	10/1/2005	\$1,319.30	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	69960	DECOMPRESSION INTERNAL AUDITORY	10/1/2005	\$1,276.74	3	NO
2	69970	REMOVAL OF TUMOR	10/1/2005	\$1,449.31	3	NO
2	69979	UNLISTED PROCEDURE TEMPORAL BONE	4/1/1982	\$0.01	5	NO
2	69990	MICROSURGICAL TECHNIQUES, REQUIR	10/1/2005	\$157.78	3	NO
7	D9211	REGIONAL BLOCK ANESTHESIA	1/1/2001	\$0.01	5	NO
7	D9212	TRIGEMINAL DIVISION BLOCK ANESTH	1/1/2001	\$26.78	3	NO
7	D9230	ANALGESIA	1/1/2001	\$8.57	3	NO
7	D9241	INTRAVENOUS SEDATION/ANALGESIA -	1/1/2001	\$108.15	3	NO
7	D9242	INTRAVENOUS SEDATION/ANALGESIA -	1/1/2001	\$0.01	5	NO
7	D9248	NON-INTRAVENOUS CONSCIOUS SEDATI	1/1/2001	\$0.01	5	NO
7	100	ANESTHESIA FOR PROCEDURES ON INT	11/1/2002	\$23.35	3	NO
7	102	ANESTHESIA FOR PLASTIC REPAIR OF	11/1/2002	\$23.35	3	NO
7	103	BLEPHAROPLASTY	11/1/2002	\$23.35	3	NO
7	104	ANESTHESIA FOR ELECTROCONVULSIVE	11/1/2002	\$23.35	3	NO
7	120	ANESTHESIA FOR PROCEDURES ON EXT	11/1/2002	\$23.35	3	NO
7	124	ANESTHESIA FOR PROCEDURES ON EXT	11/1/2002	\$23.35	3	NO
7	126	ANESTHESIA FOR PROCEDURES ON EXT	11/1/2002	\$23.35	3	NO
7	140	ANESTHESIA FOR PROCEDURES ON EYE	11/1/2002	\$23.35	3	NO
7	142	ANESTHESIA FOR PROCEDURES ON EYE	11/1/2002	\$23.35	3	NO
7	144	ANESTHISIA FOR PROCEDURES ON EYE	11/1/2002	\$23.35	3	NO
7	145	ANESTHESIA FOR PROCEDURES ON EYE	11/1/2002	\$23.35	3	NO
7	147	ANESTHESIA FOR PROCEDURES ON EYE	11/1/2002	\$23.35	3	NO
7	148	ANESTHESIA FOR PROCEDURES ON EYE	11/1/2002	\$23.35	3	NO
7	160	ANESTHESIA FOR PROCEDURES ON NOS	11/1/2002	\$23.35	3	NO
7	162	ANESTHESIA FOR PROCEDURES ON NOS	11/1/2002	\$23.35	3	NO
7	164	ANESTHESIA FOR PROCEDURES ON NOS	11/1/2002	\$23.35	3	NO
7	170	ANESTHESIA FOR INTRAORAL PROCEDU	11/1/2002	\$23.35	3	NO
7	172	ANESTHESIA FOR INTRAORAL PROCEDU	11/1/2002	\$23.35	3	NO
7	174	ANESTHESIA FOR INTRAORAL PROCEDU	11/1/2002	\$23.35	3	NO
7	176	ANESTHESIA FOR INTRAORAL PROCEDU	11/1/2002	\$23.35	3	NO
7	190	ANESTHESIA FOR PROCEDURES ON FAC	11/1/2002	\$23.35	3	NO
7	192	ANESTHESIA FOR PROCEDURES ON FAC	11/1/2002	\$23.35	3	NO
7	210	ANESTHESIA FOR INTRACRANIAL PROC	11/1/2002	\$23.35	3	NO
7	212	ANESTHESIA FOR INTRACRANIAL PROC	11/1/2002	\$23.35	3	NO
7	214	ANESTHESIA FOR INTRACRANIAL PROC	11/1/2002	\$23.35	3	NO
7	215	ANESTHESIA FOR INTRACRANIAL PROC	11/1/2002	\$23.35	3	NO
7	216	ANESTHESIA FOR INTRACRANIAL PROC	11/1/2002	\$23.35	3	NO
7	218	ANESTHESIA FOR INTRACRANIAL PROC	11/1/2002	\$23.35	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
7	220	ANESTHESIA FOR INTRACRANIAL PROC	11/1/2002	\$23.35	3	NO
7	222	ANESTHESIA FOR INTRACRANIAL PROC	11/1/2002	\$23.35	3	NO
7	300	ANESTHESIA FOR ALL PROCEDURES ON	11/1/2002	\$23.35	3	NO
7	320	ANESTHESIA FOR ALL PROCEDURES ON	11/1/2002	\$23.35	3	NO
7	322	ANESTHESIA FOR NEEDLE BIOPSY OF	11/1/2002	\$23.35	3	NO
7	326	ANESTHESIA FOR ALL PROCEDURES ON	1/1/2003	\$23.35	3	NO
7	350	ANESTHESIA FOR PROCEDURES ON MAJ	11/1/2002	\$23.35	3	NO
7	352	ANESTHESIA FOR PROCEDURES ON MAJ	11/1/2002	\$23.35	3	NO
7	400	ANESTHESIA FOR PROCEDURES ON ANT	11/1/2002	\$23.35	3	NO
7	402	ANESTHESIA FOR RECONSTRUCTIVE PR	11/1/2002	\$23.35	3	NO
7	404	ANESTHESIA FOR RADICAL OR MODIFI	11/1/2002	\$23.35	3	NO
7	406	ANESTHESIA FOR RADICAL OR MODIFI	11/1/2002	\$23.35	3	NO
7	410	ANESTHESIA FOR ELECTRICAL CONVER	11/1/2002	\$23.35	3	NO
7	450	ANESTHESIA FOR PROCEDURES ON CLA	11/1/2002	\$23.35	3	NO
7	452	ANESTHESIA FOR PROCEDURES ON CLA	11/1/2002	\$23.35	3	NO
7	454	ANESTHESIA FOR PROCEDURES ON CLA	11/1/2002	\$23.35	3	NO
7	470	ANESTHESIA FOR PARTIAL RIB RESEC	11/1/2002	\$23.35	3	NO
7	472	ANESTHESIA FOR PARTIAL RIB RESEC	11/1/2002	\$23.35	3	NO
7	474	ANESTHESIA FOR PARTIAL RIB RESEC	11/1/2002	\$23.35	3	NO
7	500	ANESTHESIA FOR ALL PROCEDURES ON	11/1/2002	\$23.35	3	NO
7	520	ANESTHESIA FOR CLOSED CHEST PROC	11/1/2002	\$23.35	3	NO
7	522	ANESTHESIA FOR NEEDLE BIOPSY OF	11/1/2002	\$23.35	3	NO
7	524	ANESTHESIA FOR PNEUMOCENTESIS	11/1/2002	\$23.35	3	NO
7	528	ANESTHESIA FOR MEDIASTINOSCOPY	11/1/2002	\$23.35	3	NO
7	529	ANESTHESIA FOR CLOSED CHEST PROC	1/1/2004	\$23.35	3	NO
7	530	ANESTHESIA FOR PERMANENT TRANSVE	11/1/2002	\$23.35	3	NO
7	532	ANESTHESIA FOR ACCESS TO CENTRAL	11/1/2002	\$23.35	3	NO
7	534	ANESTHESIA FOR TRANSVENOUS INSER	11/1/2002	\$23.35	3	NO
7	537	ANESTHESIA FOR CARDIAC ELECTROPH	11/1/2002	\$23.35	3	NO
7	539	ANESTHESIA FOR TRACHEOBRONCHIAL	1/1/2003	\$23.35	3	NO
7	540	ANESTHESIA FOR THORACOTOMY PROCE	11/1/2002	\$23.35	3	NO
7	541	ANESTHESIA FOR THORACOTOMY PROCE	1/1/2003	\$23.35	3	NO
7	542	ANESTHESIA FOR DECORTICATION	11/1/2002	\$23.35	3	NO
7	544	ANESTHESIA FOR PLEURECTOMY	4/1/2004	INVALID	N	NO
7	546	ANESTHESIA FOR PULMONARY RESECTI	11/1/2002	\$23.35	3	NO
7	548	ANESTHESIA FOR INTRATHORACIC REP	11/1/2002	\$23.35	3	NO
7	550	ANESTHESIA FOR STERNAL DEBRIDEME	11/1/2002	\$23.35	3	NO
7	560	ANESTHESIA FOR PROCEDURES ON HEA	11/1/2002	\$23.35	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
7	561	ANESTHESIA FOR PROCEDURES ON HEA	1/1/2005	\$23.35	3	NO
7	562	ANESTHESIA FOR PROCEDURES ON HEA	11/1/2002	\$23.35	3	NO
7	563	ANESTHESIA FOR PROCEDURES ON HEA	11/1/2002	\$23.35	3	NO
7	566	ANESTHESIA FOR DIRECT CORONARY A	11/1/2002	\$23.35	3	NO
7	580	ANESTHESIA FOR HEART TRANSPLANT	11/1/2002	\$23.35	3	YES
7	600	ANESTHESIA FOR PROCEDURES ON CER	11/1/2002	\$23.35	3	NO
7	604	ANESTHESIA FOR PROCEDURES ON CER	11/1/2002	\$23.35	3	NO
7	620	ANESTHESIA FOR PROCEDURES ON THO	11/1/2002	\$23.35	3	NO
7	622	ANESTHESIA FOR PROCEDURES ON THO	11/1/2002	\$23.35	3	NO
7	630	ANESTHESIA FOR PROCEDURES IN LUM	11/1/2002	\$23.35	3	NO
7	632	ANESTHESIA FOR PROCEDURES IN LUM	11/1/2002	\$23.35	3	NO
7	634	ANESTHESIA FOR PROCEDURES IN LUM	11/1/2002	\$23.35	3	NO
7	635	ANESTHESIA FOR PROCEDURES IN LUM	11/1/2002	\$23.35	3	NO
7	640	ANESTHESIA FOR MANIPULATION OF T	1/1/2003	\$23.35	3	NO
7	670	ANESTHESIA FOR EXTENSIVE SPINE A	11/1/2002	\$23.35	3	NO
7	700	ANESTHESIA FOR PROCEDURES ON UPP	11/1/2002	\$23.35	3	NO
7	702	ANESTHESIA FOR PROCEDURES ON UPP	11/1/2002	\$23.35	3	NO
7	730	ANESTHESIA FOR PROCEDURES ON UPP	11/1/2002	\$23.35	3	NO
7	740	ANESTHESIA FOR UPPER GASTROINTES	11/1/2002	\$23.35	3	NO
7	750	ANESTHESIA FOR HERNIA REPAIRS IN	11/1/2002	\$23.35	3	NO
7	752	ANESTHESIA FOR LUMBAR AND VENTRA	11/1/2002	\$23.35	3	NO
7	754	ANESTHESIA FOR HERNIA REPAIRS IN	11/1/2002	\$23.35	3	NO
7	756	ANESTHESIA FOR TRANSABDOMINAL RE	11/1/2002	\$23.35	3	NO
7	770	ANESTHESIA FOR ALL PROCEDURES ON	11/1/2002	\$23.35	3	NO
7	790	ANESTHESIA FOR INTRAPERITONEAL P	11/1/2002	\$23.35	3	NO
7	792	ANESTHESIA FOR INTRAPERITONEAL P	11/1/2002	\$23.35	3	NO
7	794	ANESTHESIA FOR PANCREATECTOMY PA	11/1/2002	\$23.35	3	NO
7	796	ANESTHESIA FOR LIVER TRANSLANT (	11/1/2002	\$23.35	3	YES
7	797	ANESTHESIA FOR INTRAPERITONEAL P	11/1/2002	\$23.35	3	NO
7	800	ANESTHESIA FOR PROCEDURES ON LOW	11/1/2002	\$23.35	3	NO
7	802	ANESTHESIA FOR PROCEDURES ON LOW	10/1/2005	NC	9	YES
7	810	ANESTHESIA FOR INTESTINAL ENDOSC	11/1/2002	\$23.35	3	NO
7	820	ANESTHESIA FOR PROCEDURES ON LOW	11/1/2002	\$23.35	3	NO
7	830	ANESTHESIA FOR HERNIA REPAIRS IN	11/1/2002	\$23.35	3	NO
7	832	ANESTHESIA FOR HERNIA REPAIRS IN	11/1/2002	\$23.35	3	NO
7	834	ANESTHESIA FOR HERNIA REPAIRS IN	1/1/2003	\$23.35	3	NO
7	836	ANESTHESIA FOR HERNIA REPAIRS IN	1/1/2003	\$23.35	3	NO
7	840	ANESTHESIA FOR INTRAPERITONEAL P	11/1/2002	\$23.35	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
7	842	ANESTHESIA FOR INTRAPERITONEAL P	11/1/2002	\$23.35	3	NO
7	844	ANESHTESIA FOR INTRAPERITONEAL P	11/1/2002	\$23.35	3	NO
7	846	ANESTHESIA FOR INTRAPERITONEAL P	11/1/2002	\$23.35	3	NO
7	848	ANESTHESIA FOR INTRAPERITONEAL P	11/1/2002	\$23.35	3	NO
7	850	ANESTHESIA FOR INTRAPERITONEAL P	4/1/2002	INVALID	N	NO
7	851	ANESTHESIA FOR INTRAPERITONEAL P	11/1/2002	\$23.35	3	NO
7	855	ANESTHESIA FOR INTRAPERITONEAL P	4/1/2002	INVALID	N	NO
7	857	CONTINUOUS EPIDURAL ANALGESIA, F	4/1/2002	INVALID	N	NO
7	860	ANESTHESIA FOR EXTRAPERITONEAL P	11/1/2002	\$23.35	3	NO
7	862	ANESTHESIA FOR RENAL PROCEDURES	11/1/2002	\$23.35	3	NO
7	864	ANESTHESIA FOR TOTAL CYSTECTOMY	11/1/2002	\$23.35	3	NO
7	865	ANESHESIA FOR EXTRAPERITONEAL PR	11/1/2002	\$23.35	3	NO
7	866	ANESTHESIA FOR ADRENALECTOMY	11/1/2002	\$23.35	3	NO
7	868	ANESTHESIA FOR RENAL TRANSPLANT	11/1/2002	\$23.35	3	NO
7	869	ANESTHESIA FOR EXTRAPERITONEAL P	7/1/2003	INVALID	N	NO
7	870	ANESTHESIA FOR CYSTOLITHOTOMY	11/1/2002	\$23.35	3	NO
7	872	ANESTHESIA FOR LITHOTRIPSY, EXTR	11/1/2002	\$23.35	3	NO
7	873	ANESTHESIA FOR LITHOTRIPSY, EXTR	11/1/2002	\$23.35	3	NO
7	880	ANESTHESIA FOR PROCEDURES ON MAJ	11/1/2002	\$23.35	3	NO
7	882	ANESTHESIA FOR PROCEDURES ON MAJ	11/1/2002	\$23.35	3	NO
7	884	ANESTHESIA FOR PROCEDURES ON MAJ	4/1/2002	INVALID	N	NO
7	902	ANESTHESIA FOR; ANORECTAL PROCED	11/1/2002	\$23.35	3	NO
7	904	ANESHTESIA FOR RADICAL ERINEAL P	11/1/2002	\$23.35	3	NO
7	906	ANESTHESIA FOR VULVECTOMY	11/1/2002	\$23.35	3	NO
7	908	ANESTHESIA FOR PERINEAL PROSTATE	11/1/2002	\$23.35	3	NO
7	910	ANESTHESIA FOR TRANSURETHRAL PRO	11/1/2002	\$23.35	3	NO
7	912	ANESTHESIA FOR TRANSURETHRAL RES	11/1/2002	\$23.35	3	NO
7	914	ANESTHESIA FOR TRANSURETHRAL RES	11/1/2002	\$23.35	3	NO
7	916	ANESTHESIA FOR POST-TRANSURETHRA	11/1/2002	\$23.35	3	NO
7	918	ANESTHESIA WITH FRAGMENTATION AN	11/1/2002	\$23.35	3	NO
7	920	ANESTHESIA FOR PROCEDURES ON MAL	11/1/2002	\$23.35	3	NO
7	921	ANESTHESIA FOR PROCEDURES ON MAL	1/1/2004	\$23.35	3	NO
7	922	ANESTHESIA FOR PROCEDURES ON MAL	11/1/2002	\$23.35	3	NO
7	924	ANESTHESIA FOR PROCEDURES ON MAL	11/1/2002	\$23.35	3	NO
7	926	ANESTHESIA FOR PROCEDURES ON MAL	11/1/2002	\$23.35	3	NO
7	928	ANESTHESIA FOR PROCEDURES ON MAL	11/1/2002	\$23.35	3	NO
7	930	ANESTHESIA FOR PROCEDURES ON MAL	11/1/2002	\$23.35	3	NO
7	932	ANESTHESIA FOR PROCEDURES ON MAL	11/1/2002	\$23.35	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
7	934	ANESTHESIA FOR RADICAL AMPUTATIO	11/1/2002	\$23.35	3	NO
7	936	ANESTHESIA FOR RADICAL AMPUTATIO	11/1/2002	\$23.35	3	NO
7	938	ANESTHESIA FOR INSERTION OF PENI	11/1/2002	\$23.35	3	YES
7	940	ANESTHESIA FOR VAGINAL PROCEDURE	11/1/2002	\$23.35	3	NO
7	942	ANESTHESIA FOR VAGINAL PROCEDURE	11/1/2002	\$23.35	3	NO
7	944	ANESTHESIA FOR VAGINAL PROCEDURE	11/1/2002	\$23.35	3	NO
7	946	ANESTHESIA FOR VAGINAL PROCEDURE	4/1/2002	INVALID	N	NO
7	948	ANESTHESIA FOR VAGINAL PROCEDURE	11/1/2002	\$23.35	3	NO
7	950	ANESTHESIA FOR VAGINAL PROCEDURE	11/1/2002	\$23.35	3	NO
7	952	ANESTHESIA FOR VAGINAL ROCEDURES	11/1/2002	\$23.35	3	NO
7	955	CONTINUOUS EPIDURAL ANALGESIA, F	4/1/2002	INVALID	N	NO
7	1112	ANESTHESIA FOR BONE MARROW ASPIR	11/1/2002	\$23.35	3	NO
7	1120	ANESTHESIA FOR PROCEDURES ON BON	11/1/2002	\$23.35	3	NO
7	1130	BODY CAST APPLICATION REPLACEMEN	11/1/2002	\$23.35	3	NO
7	1140	INTERPELVIABDOMINAL (HINDQUARTER	11/1/2002	\$23.35	3	NO
7	1150	RADICAL PROCEDURES FOR TUMOR OF	11/1/2002	\$23.35	3	NO
7	1160	CLOSED PROCEDURES INVOLVING SYMP	11/1/2002	\$23.35	3	NO
7	1170	OPEN PROCEDURES INVOLVING SYMPHY	11/1/2002	\$23.35	3	NO
7	1173	ANESTHESIA FOR OPEN REPAIR OF FR	1/1/2004	\$23.35	3	NO
7	1180	ANESTHESIA FOR OBTURATOR NEURECT	11/1/2002	\$23.35	3	NO
7	1190	ANESTHESIA FOR OBTURATOR NEURECT	11/1/2002	\$23.35	3	NO
7	1200	ANESTHESIA FOR ALL CLOSED PROCED	11/1/2002	\$23.35	3	NO
7	1202	ANESTHESIA FOR ARTHROSCOPIC PROC	11/1/2002	\$23.35	3	NO
7	1210	ANESTHESIA FOR OPEN PROCEDURES I	11/1/2002	\$23.35	3	NO
7	1212	ANESTHESIA FOR OPEN PROCEDURES I	11/1/2002	\$23.35	3	NO
7	1214	ANESTHESIA FOR OPEN PROCEDURES I	11/1/2002	\$23.35	3	NO
7	1215	ANESTHESIA FOR OPEN PROCEDURES I	11/1/2002	\$23.35	3	NO
7	1220	ANESTHESIA FOR ALL CLOSED PROCED	11/1/2002	\$23.35	3	NO
7	1230	ANESTHESIA FOR OPEN PROCEDURES I	11/1/2002	\$23.35	3	NO
7	1232	ANESTHESIA FOR OPEN PROCEDURES I	11/1/2002	\$23.35	3	NO
7	1234	ANESTHESIA FOR OPEN PROCEDURES I	11/1/2002	\$23.35	3	NO
7	1250	ANESTHESIA FOR ALL PROCEDURES ON	11/1/2002	\$23.35	3	NO
7	1260	ANESTHESIA FOR ALL PROCEDURES IN	11/1/2002	\$23.35	3	NO
7	1270	ANESTHESIA FOR PROCEDURES INVOLV	11/1/2002	\$23.35	3	NO
7	1272	ANESTHESIA FOR PROCEDURES INVOLV	11/1/2002	\$23.35	3	NO
7	1274	ANESTHESIA FOR PROCEDURES INVOLV	11/1/2002	\$23.35	3	NO
7	1320	ANESTHESIA FOR ALL PROCEDURES ON	11/1/2002	\$23.35	3	NO
7	1340	ANESTHESIA FOR ALL CLOSED PROCED	11/1/2002	\$23.35	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
7	1360	ANESTHESIA FOR ALL OPEN PROCEDUR	11/1/2002	\$23.35	3	NO
7	1380	ANESTHESIA FOR ALL CLOSED PROCED	11/1/2002	\$23.35	3	NO
7	1382	ANESTHESIA FOR DIAGNOSTIC ARTHRO	11/1/2002	\$23.35	3	NO
7	1390	ANESTHESIA FOR ALL CLOSED PROCED	11/1/2002	\$23.35	3	NO
7	1392	ANESTHESIA FOR ALL OPEN PROCEDUR	11/1/2002	\$23.35	3	NO
7	1400	ANESTHESIA FOR OPEN OR SURGICAL	11/1/2002	\$23.35	3	NO
7	1402	ANESTHESIA FOR OPEN PROCEDURES O	11/1/2002	\$23.35	3	NO
7	1404	ANESTHESIA FOR OPEN PROCEDURES O	11/1/2002	\$23.35	3	NO
7	1420	ANESTHESIA FOR ALL CAST APPLICAT	11/1/2002	\$23.35	3	NO
7	1430	ANESTHESIA FOR PROCEDURES ON VEI	11/1/2002	\$23.35	3	NO
7	1432	ANESTHESIA FOR PROCEDURES ON VEI	11/1/2002	\$23.35	3	NO
7	1440	ANESTHESIA FOR PROCEDURES ON ART	11/1/2002	\$23.35	3	NO
7	1442	ANESTHESIA FOR POPLITEAL THROMBO	11/1/2002	\$23.35	3	NO
7	1444	ANESTHESIA FOR POPLITEAL EXCISIO	11/1/2002	\$23.35	3	NO
7	1462	ANESTHESIA FOR ALL CLOSED PROCED	11/1/2002	\$23.35	3	NO
7	1464	ANESTHESIA FOR ARTHROSCOPIC PROC	11/1/2002	\$23.35	3	NO
7	1470	ANESTHESIA FOR OPEN PROCEDURES O	11/1/2002	\$23.35	3	NO
7	1472	ANESHTESIA FOR REPAIR OF RUPTURE	11/1/2002	\$23.35	3	NO
7	1474	ANESTHESIA FOR GASTROCNEMIUS REC	11/1/2002	\$23.35	3	NO
7	1480	ANESTHESIA FOR OPEN PROCEDURES O	11/1/2002	\$23.35	3	NO
7	1482	ANESTHESIA FOR OPEN PROCEDURES O	11/1/2002	\$23.35	3	NO
7	1484	ANESTHESIA FOR OSTEOTOMY OR OSTE	11/1/2002	\$23.35	3	NO
7	1486	ANESTHESIA FOR OPEN PROCEDURES O	11/1/2002	\$23.35	3	NO
7	1490	ANESTHESIA FOR LOWER LEG CAST AP	11/1/2002	\$23.35	3	NO
7	1500	ANESTHESIA FOR PROCEDURES ON ART	11/1/2002	\$23.35	3	NO
7	1502	ANESTHESIA FOR PROCEDURE ON ARTE	11/1/2002	\$23.35	3	NO
7	1520	ANESTHESIA FOR PROCEDURES ON VEI	11/1/2002	\$23.35	3	NO
7	1522	ANESTHESIA FOR PROCEDURES ON VEI	11/1/2002	\$23.35	3	NO
7	1610	ANESTHESIA FOR ALL PROCEDURES ON	11/1/2002	\$23.35	3	NO
7	1620	ANESTHESIA FOR ALL CLOSED PROCED	11/1/2002	\$23.35	3	NO
7	1622	ANESTHESIA FOR DIAGNOSTIC ARTHRO	11/1/2002	\$23.35	3	NO
7	1630	ANESTHESIA FOR OPEN OR SURGICAL	11/1/2002	\$23.35	3	NO
7	1632	ANESTHESIA FOR OPEN PROCEDURES O	11/1/2002	\$23.35	3	NO
7	1634	ANESTHESIA FOR SHOULDER DISARTIC	11/1/2002	\$23.35	3	NO
7	1636	ANESTHESIA FOR INTERTHORACOSCAPU	11/1/2002	\$23.35	3	NO
7	1638	ANESTHESIA FOR TOTAL SHOULDER RE	11/1/2002	\$23.35	3	NO
7	1650	ANESTHESIA FOR PROCEDURES ON ART	11/1/2002	\$23.35	3	NO
7	1652	ANESTHESIA FOR PROCEDURES ON ART	11/1/2002	\$23.35	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
7	1654	ANESHTESIA FOR PROCEDURES ON ART	11/1/2002	\$23.35	3	NO
7	1656	ANESTHESIA FOR PROCEDURES ON ART	11/1/2002	\$23.35	3	NO
7	1670	ANESTHESIA FOR ALL PROCEDURES ON	11/1/2002	\$23.35	3	NO
7	1680	ANESTHESIA FOR SHOULDER CAST APP	11/1/2002	\$23.35	3	NO
7	1682	ANESTHESIA FOR SHOULDER CAST APP	11/1/2002	\$23.35	3	NO
7	1710	ANESTHESIA FOR PROCEDURES ON NER	11/1/2002	\$23.35	3	NO
7	1712	ANESTHESIA FOR TENOTOMY ELBOW TO	11/1/2002	\$23.35	3	NO
7	1714	ANESTHESIA FOR TENOPLASTY ELBOW	11/1/2002	\$23.35	3	NO
7	1716	ANESTHESIA FOR TENODESIS RUPTURE	11/1/2002	\$23.35	3	NO
7	1730	ANESTHESIA FOR ALL CLOSED PROCED	11/1/2002	\$23.35	3	NO
7	1732	ANESTHESIA FOR DIAGNOSTIC ARTHRO	11/1/2002	\$23.35	3	NO
7	1740	ANESTHESIA FOR OPEN OR SURGICAL	11/1/2002	\$23.35	3	NO
7	1742	ANESTHESIA FOR OPEN PROCEDURES O	11/1/2002	\$23.35	3	NO
7	1744	ANESTHESIA FOR OPEN PROCEDURES O	11/1/2002	\$23.35	3	NO
7	1756	ANESTHESIA FOR OPEN PROCEDURES O	11/1/2002	\$23.35	3	NO
7	1758	ANESTHESIA FOR OPEN PROCEDURES O	11/1/2002	\$23.35	3	NO
7	1760	ANESTHESIA FOR OPEN PROCEDURES O	11/1/2002	\$23.35	3	NO
7	1770	ANESTHESIA FOR PROCEDURES ON ART	11/1/2002	\$23.35	3	NO
7	1772	ANESTHESIA FOR PROCEDURES ON ART	11/1/2002	\$23.35	3	NO
7	1780	ANESTHESIA FOR PROCEDURES ON VEI	11/1/2002	\$23.35	3	NO
7	1782	ANESTHESIA FOR PROCEDURES ON VEI	11/1/2002	\$23.35	3	NO
7	1810	ANESTHESIA FOR ALL PROCEDURES ON	11/1/2002	\$23.35	3	NO
7	1820	ANESTHESIA FOR ALL CLOSED PROCED	11/1/2002	\$23.35	3	NO
7	1829	ANESTHESIA FOR DIAGNOSTIC ARTHRO	1/1/2003	\$23.35	3	NO
7	1830	ANESTHESIA FOR OPEN OR SURGICAL	11/1/2002	\$23.35	3	NO
7	1832	ANESTHESIA FOR OPEN PROCEDURES O	11/1/2002	\$23.35	3	NO
7	1840	ANESTHESIA FOR PROCEDURES ON ART	11/1/2002	\$23.35	3	NO
7	1842	ANESTHESIA FOR PROCEDURES ON ART	11/1/2002	\$23.35	3	NO
7	1844	ANESTHISIA FOR VASCULAR SHUNT OR	11/1/2002	\$23.35	3	NO
7	1850	ANESTHESIA FOR PROCEDURES ON VEI	11/1/2002	\$23.35	3	NO
7	1852	ANESTHESIA FOR PROCEDURES ON VEI	11/1/2002	\$23.35	3	NO
7	1860	ANESTHESIA FOR FOREARM, WRIST OR	11/1/2002	\$23.35	3	NO
7	1904	ANESTHESIA FOR INJECTION PROCEDU	4/1/2002	INVALID	N	NO
7	1905	ANESTHESIA FOR MYELOGRAPHY, DISK	11/1/2002	\$23.35	3	NO
7	1906	ANESTHESIA FOR INJECTION PROCEDU	4/1/2002	INVALID	N	NO
7	1908	ANESTHESIA FOR INJECTION PROCEDU	4/1/2002	INVALID	N	NO
7	1910	ANESTHESIA FOR INJECTION PROCEDU	4/1/2002	INVALID	N	NO
7	1912	ANESTHESIA FOR INJECTION PROCEDU	4/1/2002	INVALID	N	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
7	1914	CERVICAL	4/1/2002	INVALID	N	NO
7	1916	ANESTHESIA FOR DIAGNOSTIC ARTERI	11/1/2002	\$23.35	3	NO
7	1918	ANESTHESIA FOR ARTERIOGRAMS NEED	4/1/2002	INVALID	N	NO
7	1920	ANESTHESIA FOR CARDIAC CATHETERI	11/1/2002	\$23.35	3	NO
7	1921	ANESTHESIA FOR ANGIOPLASTY	4/1/2002	INVALID	N	NO
7	1922	ANESTHESIA FOR NON-INVASIVE IMAG	11/1/2002	\$23.35	3	NO
7	1924	ANESTHESIA FOR THERAPEUTIC INTER	11/1/2002	\$23.35	3	NO
7	1925	ANESTHESIA FOR THERAPEUTIC INTER	11/1/2002	\$23.35	3	NO
7	1926	ANESTHESIA FOR THERAPEUTIC INTER	11/1/2002	\$23.35	3	NO
7	1930	ANESTHESIA FOR THERAPEUTIC INTER	11/1/2002	\$23.35	3	NO
7	1931	ANESTHESIA FOR THERAPEUTIC INTER	11/1/2002	\$23.35	3	NO
7	1932	ANESTHESIA FOR THERAPEUTIC INTER	11/1/2002	\$23.35	3	NO
7	1933	ANESTHESIA FOR THERAPEUTIC INTER	11/1/2002	\$23.35	3	NO
7	1951	ANESTHESIA FOR SECOND AND THIRD	11/1/2002	\$23.35	3	NO
7	1952	ANESTHESIA FOR SECOND AND THIRD	11/1/2002	\$23.35	3	NO
7	1953	ANESTHESIA FOR SECOND AND THIRD	11/1/2002	\$23.35	3	NO
7	1958	ANESTHESIA FOR EXTERNAL CEPHALIC	1/1/2004	\$23.35	3	NO
7	1960	ANESTHESIA FOR; VAGINAL DELIVERY	11/1/2002	\$23.35	3	NO
7	1961	ANESTHESIA FOR CESAREAN DELIVERY	11/1/2002	\$23.35	3	NO
7	1962	ANESTHESIA FOR URGENT HYSTERECTO	11/1/2002	\$23.35	3	NO
7	1963	ANESTHESIA FOR CESAREAN HYSTERIC	11/1/2002	\$23.35	3	NO
7	1964	ANESTHESIA FOR ABORTION PROCEDUR	1/1/2006	INVALID	N	NO
7	1965	ANESTHESIA FOR INCOMPLETE OR MIS	1/1/2006	\$23.35	3	NO
7	1966	ANESTHESIA FOR INDUCED ABORTION	1/1/2006	\$23.35	3	NO
7	1967	NEURAXIAL LABOR ANALGESIA/ANESTH	11/1/2002	\$23.35	3	NO
7	1968	ANESTHESIA FOR CESAREAN DELIVERY	11/1/2002	\$23.35	3	NO
7	1969	ANESTHESIA FOR CESAREAN HYSTERIC	11/1/2002	\$23.35	3	NO
7	1990	PHYSIOLOGICAL SUPPORT FOR HARVES	11/1/2002	\$23.35	3	YES
7	1991	ANESTHESIA FOR DIAGNOSTIC OR THE	1/1/2003	\$23.35	3	NO
7	1992	ANESTHESIA FOR DIAGNOSTIC OR THE	1/1/2003	\$23.35	3	NO
7	1995	REGIONAL INTRAVENOUS ADMIN OF LO	11/1/2002	\$23.35	3	NO
7	1996	DAILY HOSPITAL MANAGEMENT OF EPI	11/1/2002	\$23.35	3	NO
7	1999	UNLISTED ANESTHESIA PROCEDURE(S)	11/1/2002	\$0.01	5	NO
7	31500	INTUBATION ENDOTRACHEAL EMERGENC	10/1/2005	\$79.67	3	NO
7	36000	INTRODUCTION OF NEEDLE OR INTRAC	10/1/2005	\$19.72	3	NO
7	36410	VENIPUNCTURE CHILD OVER AGE 3 YE	10/1/2005	\$12.46	3	NO
7	36420	VENIPUNCTURE CUTDOWN UNDER AGE 1	10/1/2005	\$36.85	3	NO
7	36425	VENIPUNCTURE CUTDOWN; AGE 1 OR O	10/1/2005	\$26.99	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
7	36488	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
7	36489	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
7	36490	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
7	36491	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
7	36600	ARTERIAL PUNCTURE WITHDRAWAL OF	10/1/2005	\$21.54	3	NO
7	36620	ARTERIAL CATHETERIZATION OR CANN	10/1/2005	\$37.89	3	NO
7	36625	ARTERIAL CATHETERIZATION OR CANN	10/1/2005	\$75.00	3	NO
7	62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	10/1/2005	\$108.99	3	NO
7	62273	INJECTION LUMBAR EPIDURAL OF BLO	10/1/2005	\$129.75	3	NO
7	62280	INJECTION OF NEUROLYTIC SUBSTANC	10/1/2005	\$256.13	3	NO
7	62281	INJECTION OF NEUROLYTIC SUBSTANC	10/1/2005	\$220.32	3	NO
7	62282	INJECTION OF NEUROLYTIC SUBSTANC	10/1/2005	\$282.34	3	NO
7	62310	INJECTION, SINGLE, NOT INCL NEUR	10/1/2005	\$177.50	3	NO
7	62311	INJECTION, SINGLE, NOT INCL NEUR	10/1/2005	\$170.23	3	NO
7	62318	INJECTION, INCL CATHETER PLACEME	10/1/2005	\$204.75	3	NO
7	62319	INJECTION, INCL CATHETER PLACEME	10/1/2005	\$180.87	3	NO
7	64400	INJECTION ANESTHETIC AGENT TRIGE	10/1/2005	\$80.19	3	NO
7	64402	INJECTION ANESTHETIC AGENT; FACI	10/1/2005	\$76.55	3	NO
7	64405	INJECTION ANESTHETIC AGENT; GREA	10/1/2005	\$74.22	3	NO
7	64408	INJECTION ANESTHETIC AGENT; VAGU	10/1/2005	\$80.19	3	NO
7	64410	INJECTION ANESTHETIC AGENT; PHRE	10/1/2005	\$104.58	3	NO
7	64412	INJECTION ANESTHETIC AGENT; SPIN	10/1/2005	\$101.46	3	NO
7	64413	INJECTION ANESTHETIC AGENT; CERV	10/1/2005	\$86.41	3	NO
7	64415	INJECTION ANESTHETIC AGENT; BRAC	10/1/2005	\$113.66	3	NO
7	64416	INJECTION ANESTHETIC AGENT; BRAC	10/1/2005	\$119.11	3	NO
7	64417	INJECTION ANESTHETIC AGENT; AXIL	10/1/2005	\$118.85	3	NO
7	64418	INJECTION ANESTHETIC AGENT; SUPR	10/1/2005	\$104.32	3	NO
7	64420	INJECTION ANESTHETIC AGENT; INTE	10/1/2005	\$133.64	3	NO
7	64421	INJECTION ANESTHETIC AGENT; INTE	10/1/2005	\$204.49	3	NO
7	64425	INJECTION ANESTHETIC AGENT; ILIO	10/1/2005	\$91.86	3	NO
7	64430	INJECTION ANESTHETIC AGENT; PUDE	10/1/2005	\$105.88	3	NO
7	64435	INJECTION ANESTHETIC AGENT; PARA	10/1/2005	\$106.91	3	NO
7	64445	INJECTION ANESTHETIC AGENT; SCIA	10/1/2005	\$110.29	3	NO
7	64446	INJECTION ANESTHETIC AGENT; SCIA	10/1/2005	\$116.52	3	NO
7	64447	INJECTION ANESTHETIC AGENT; FEMO	10/1/2005	\$52.68	3	NO
7	64448	INJECTION ANESTHETIC AGENT; FEMO	10/1/2005	\$104.32	3	NO
7	64449	INJECTION ANESTHETIC AGENT; LUMB	10/1/2005	\$106.91	3	NO
7	92950	CARDIOPULMONARY RESUSCITATION (E	10/1/2005	\$214.09	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
7	92953	TEMPORARY TRANSCUTANEOUS PACING	10/1/2005	\$8.30	3	NO
7	92960	CARDIOVERSION ELECTIVE ELECTRICA	10/1/2005	\$224.21	3	NO
7	92970	CARDIOASSIST-METHOD OF CIRCULATO	10/1/2005	\$123.52	3	NO
7	92971	CARDIOASSIST-METHOD OF CIRCULATO	10/1/2005	\$69.55	3	NO
7	93503	INSERTION AND PLACEMENT OF FLOW	10/1/2005	\$98.35	3	NO
7	99100	ANESTHESIA FOR PATIENT OF EXTREM	9/1/1985	NC	9	NO
7	99116	ANESTHESIA COMPLICATED BY UTILIZ	9/1/1985	NC	9	NO
7	99135	ANESTHESIA COMPLICATED BY UTILIZ	9/1/1985	NC	9	NO
7	99140	ANESTHESIA COMPLICATED BY EMERGE	9/1/1985	NC	9	NO
7	99141	SEDATION WITH OR WITHOUT ANALGES	1/1/2006	INVALID	N	NO
7	99142	SEDATION WITH OR WITHOUT ANALGES	1/1/2006	INVALID	N	NO
7	99148	MODERATE SEDATION SVCS PROVIDED	1/1/2006	\$0.01	5	NO
7	99149	MODERATE SEDATION SVCS PROVIDED	1/1/2006	\$0.01	5	NO
7	99150	MODERATE SEDATION SVCS PROVIDED	1/1/2006	\$0.01	5	NO
7	99440	NEWBORN RESUSCITATION; PROVISION	10/1/2005	\$103.28	3	NO
8	M0301	FABRIC WRAPPING OF ABDOMINAL ANE	2/1/1994	NC	9	NO
8	S2053	TRANSPLANTATION OF SMALL INTESTI	10/1/2005	\$0.01	5	YES
8	S2150	BONE MARROW OR BLOOD-DERIVED PER	10/1/2005	\$0.01	5	YES
8	11005	DEBRIDEMENT OF SKIN, SUBCUTANEOU	10/1/2005	\$105.20	3	NO
8	11008	REMOVAL OF PROSTHETIC MATERIAL O	10/1/2005	\$39.60	3	NO
8	11010	DEBRIDEMENT INCLUDING REMOVAL OF	10/1/2005	\$60.52	3	NO
8	11011	DEBRIDEMENT INCLUDING REMOVAL OF	10/1/2005	\$71.62	3	NO
8	11012	DEBRIDEMENT INCLUDING REMOVAL OF	10/1/2005	\$104.27	3	NO
8	11200	REMOVAL OF SKIN TAGS, MULTIPLE F	4/1/1982	NC	9	NO
8	11201	EXCISION SKIN TAGS MULTIPLE FIBR	4/1/1982	NC	9	NO
8	11920	TATTOOING INTRADERMAL INTRODUCTI	4/1/1982	NC	9	NO
8	11921	TATTOOING INTRADERMAL INTRO OF I	4/1/1982	NC	9	NO
8	11922	TATTOOING INTRADERMAL INTRODUCTI	4/1/1982	NC	9	NO
8	11950	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
8	11951	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
8	11952	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
8	11954	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
8	12018	SIMPLE REPAIR OF SUPERFICIAL WOU	10/1/2005	\$43.49	3	NO
8	12047	LAYER CLOSURE OF WOUNDS OF NECK	10/1/2005	\$59.89	3	NO
8	12057	LAYER CLOSURE OF WOUNDS OF FACE	10/1/2005	\$65.50	3	NO
8	15000	SURGICAL PREP OR CREATION OF REC	10/1/2005	\$42.87	3	NO
8	15001	SURGICAL PREPARATION OR CREATION	10/1/2005	\$12.92	3	NO
8	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK	10/1/2005	\$118.70	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	15101	SPLIT GRAFT, TRUNK, ARMS, LEGS;	10/1/2005	\$29.53	3	NO
8	15120	SPLIT-THICKNESS AUTOGRAFT, FACE,	10/1/2005	\$112.57	3	NO
8	15121	SPLIT GRAFT, FACE, SCALP, EYELID	10/1/2005	\$39.03	3	NO
8	15342	APPLICATION OF BILAMINATE SKIN S	1/1/2006	INVALID	N	NO
8	15343	APPLICATION OF BILAMINATE SKIN S	1/1/2006	INVALID	N	NO
8	15350	HOMOGRAFT SKIN	1/1/2006	INVALID	N	NO
8	15351	APPLICAIION OF ALLOGRAFT, SKIN; E	1/1/2006	INVALID	N	NO
8	15732	MUSCLE, MYOCUTANEOUS, OR FASCIOC	10/1/2005	\$196.29	3	NO
8	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOC	10/1/2005	\$199.35	3	NO
8	15736	MUSCLE, MYOCUTANEOUS, OR FASCIOC	10/1/2005	\$191.30	3	NO
8	15738	MUSCLE, MYOCUTANEOUS, OR FASCIOC	10/1/2005	\$199.66	3	NO
8	15750	FLAP; NEUROVASCULAR PEDICLE	10/1/2005	\$113.30	3	NO
8	15756	FREE MUSCLE FLAP WITH OR WITHOUT	10/1/2005	\$312.96	3	NO
8	15757	FREE SKIN FLAP WITH MICROVASCULA	10/1/2005	\$314.93	3	NO
8	15758	FREE FASCIAL FLAP WITH MICROVASC	10/1/2005	\$315.76	3	NO
8	15770	GRAFT; DERMA-FAT-FASCIA	10/1/2005	\$78.99	3	NO
8	15775	PUNCH GRAFT FOR HAIR TRANSPLANT	4/1/1982	NC	9	NO
8	15776	PUNCH GRAFT FOR HAIR TRANSPLANT;	4/1/1982	NC	9	NO
8	15780	DERMABRASION; TOTAL FACE (EG, FO	4/1/1982	NC	9	NO
8	15781	DERMABRASION; SEGMENTAL, FACE (E	10/1/1984	NC	9	NO
8	15782	DERMABRASION; REGIONAL, OTHER TH	10/1/1984	NC	9	NO
8	15783	DERMABRASION; SUPERFICIAL, ANY S	3/1/1987	NC	9	NO
8	15786	ABRASION SINGLE LESION (EG KERAT	4/1/1982	NC	9	NO
8	15787	ABRASION; EACH ADDITIONAL FOR LE	4/1/1982	NC	9	NO
8	15810	SALABRASION 20 SQ CM OR LESS	1/1/2006	INVALID	N	NO
8	15811	SALABRASION; OVER 20 SQ CM	1/1/2006	INVALID	N	NO
8	15819	CERVICOPLASTY	10/1/1984	NC	9	NO
8	15820	BLEPHAROPLASTY LOWER EYELIDS	4/1/1982	NC	9	NO
8	15821	BLEPHAROPLASTY LOWER EYELID; WIT	4/1/1982	NC	9	NO
8	15824	RHYTIDECTOMY FOREHEAD	4/1/1982	NC	9	NO
8	15825	RHYTIDECTOMY; NECK WITH PLATYSMA	10/1/1984	NC	9	NO
8	15826	RHYTIDECTOMY; GLABELLAR FROWN LI	4/1/1982	NC	9	NO
8	15828	THYTIDECTOMY; CHEEK CHIN AND NEC	4/1/1982	NC	9	NO
8	15829	RHYTIDECTOMY; SUPERFICIAL MUSCUL	10/1/1984	NC	9	NO
8	15831	EXCISION EXCESSIVE SKIN AND SUBC	10/1/2005	\$115.48	3	NO
8	15832	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
8	15833	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
8	15834	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	15835	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
8	15836	EXCISION EXCESSIVE SKIN AND SUBC	10/1/2005	\$90.46	3	NO
8	15837	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
8	15838	EXCISION EXCESSIVE SKIN AND SUBC	10/1/1984	NC	9	NO
8	15839	EXCISION EXCESSIVE SKIN AND SUBC	10/1/1984	NC	9	NO
8	15841	GRAFT FOR FACIAL NERVE PARALYSIS	10/1/2005	\$211.54	3	NO
8	15842	GRAFT FOR FACIAL NERVE PARALYSIS	10/1/2005	\$340.98	3	NO
8	15845	GRAFT FOR FACIAL NERVE PARALYSIS	10/1/2005	\$117.55	3	NO
8	15876	SUCTION ASSISTED LIPECTOMY; HEAD	3/1/1987	NC	9	NO
8	15877	SUCTION ASSISTED LIPECTOMY; TRUN	3/1/1987	NC	9	NO
8	15878	SUCTION ASSISTED LIPECTOMY; UPPE	3/1/1987	NC	9	NO
8	15879	SUCTION ASSISTED LIPECTOMY; LOWE	3/1/1987	NC	9	NO
8	15922	EXCISION, COCCYGEAL PRESSURE ULC	10/1/2005	\$96.02	3	NO
8	15935	EXCISION SACRAL PRESSURE ULCER W	10/1/2005	\$139.71	3	NO
8	15936	EXCISION, SACRAL PRESSURE ULCER,	10/1/2005	\$115.79	3	NO
8	15937	EXCISION SACRAL PRESSURE ULCER W	10/1/2005	\$135.10	3	NO
8	15946	EXCISION, ISCHIAL PRESSURE ULCER	10/1/2005	\$202.46	3	NO
8	15950	EXCISION TROCHANTERIC DECUBITUS	10/1/2005	\$72.40	3	NO
8	15951	EXCISION TROCHANTERIC PRESSURE U	10/1/2005	\$103.85	3	NO
8	15952	EXCISION, TROCHANTERIC PRESSURE	10/1/2005	\$107.48	3	NO
8	15953	EXCISION TROCHANTERIC PRESSURE U	10/1/2005	\$121.34	3	NO
8	15956	EXCISION, TROCHANTERIC PRESSURE	10/1/2005	\$147.55	3	NO
8	15958	EXCISION TROCHANTERIC PRESSURE U	10/1/2005	\$149.00	3	NO
8	15999	UNLISTED PROCEDURE, EXCISION PRE	9/1/1985	\$0.01	5	NO
8	16010	DRESSINGS AND/OR DEBRIDEMENT INI	1/1/2006	INVALID	N	NO
8	16015	DRESSINGS AND/OR DEBRIDEMENT INI	1/1/2006	INVALID	N	NO
8	17380	ELECTROLYSIS EPILATION EACH 1/2	4/1/1982	NC	9	NO
8	17999	UNLISTED PROCEDURE SKIN MUCOUS M	4/1/1982	\$0.01	5	NO
8	19140	MASTECTOMY FOR GYNECOMASTIA	2/1/1993	NC	9	NO
8	19160	MASTECTOMY, PARTIAL (EG, LUMPECT	10/1/2005	\$52.89	3	NO
8	19162	MASTECTOMY PARTIAL (QUADRECTOMY	10/1/2005	\$112.16	3	NO
8	19180	MASTECTOMY SIMPLE COMPLETE UNILA	10/1/2005	\$77.80	3	NO
8	19182	MASTECTOMY SUBCUTANEOUS	10/1/2005	\$70.12	3	NO
8	19200	MASTECTOMY RADICAL INCLUDING BRE	10/1/2005	\$131.41	3	NO
8	19220	MASTECTOMY RADICAL INCLUDING BRE	10/1/2005	\$134.68	3	NO
8	19240	MASTECTOMY,MODIFIED RAD,INCL AXI	10/1/2005	\$136.39	3	NO
8	19260	EXCISION OF CHEST WALL TUMOR INC	10/1/2005	\$148.64	3	NO
8	19271	EXCISION OF CHEST WALL TUMOR INV	10/1/2005	\$204.54	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	19272	EXCISION OF CHEST WALL TUMOR INV	10/1/2005	\$225.35	3	NO
8	19296	PLACEMENT OF RADIOTHERAPY AFTERL	10/1/2005	\$28.65	3	NO
8	19298	PLACEMENT OF RADIOTHERAPY AFTERL	10/1/2005	\$252.18	3	NO
8	19316	MASTOPEXY	8/1/2003	NC	9	NO
8	19318	REDUCTION MAMMAPLASTY	10/1/2005	\$153.78	3	NO
8	19357	BREAST RECONSTRUCTION, IMMEDIATE	10/1/2005	\$189.95	3	NO
8	19361	BREAST RECONSTRUCTION W/LATISSIM	10/1/2005	\$179.16	3	NO
8	19364	BREAST RECONSTRUCTION WITH FREE	10/1/2005	\$366.47	3	NO
8	19366	BREAST RECONSTRUCTION WITH OTHER	10/1/2005	\$187.00	3	NO
8	19367	BREAST RECONSTRUCTION WITH TRANS	10/1/2005	\$240.45	3	NO
8	19368	BREAST RECONSTRUCTION WITH TRANS	10/1/2005	\$294.64	3	NO
8	19369	BREAST RECONSTRUCTION WITH TRANS	10/1/2005	\$273.10	3	NO
8	19370	OPEN PERIPROSTHETIC CAPSULOTOMY,	10/1/1984	NC	9	NO
8	19396	PREPARATION OF MOULAGE FOR CUSTO	10/1/1984	NC	9	NO
8	19499	UNLISTED PROCEDURE BREAST	2/1/1994	\$0.01	5	NO
8	20100	EXPLORATION OF PENETRATING WOUND	10/1/2005	\$81.79	3	NO
8	20101	EXPLORATION OF PENETRATING WOUND	10/1/2005	\$49.62	3	NO
8	20102	EXPLORATION OF PENETRATING WOUND	10/1/2005	\$61.66	3	NO
8	20103	EXPLORATION OF PENETRATING WOUND	10/1/2005	\$75.67	3	NO
8	20150	EXCISION OF EPIPHYSEAL BAR, W/OR	10/1/2005	\$117.86	3	NO
8	20245	BIOPSY, BONE, OPEN; DEEP (EG, HU	10/1/2005	\$80.81	3	NO
8	20251	BIOPSY VERTEBRAL BODY OPEN; LUMB	10/1/2005	\$56.10	3	NO
8	20650	INSERTION OF WIRE OR PIN WITH AP	10/1/2005	\$25.43	3	NO
8	20680	REMOVAL OF INPLANT; DEEP (EG BUR	10/1/2005	\$65.71	3	NO
8	20692	APPLICATION OF A MULTIPLANE (PIN	10/1/2005	\$58.13	3	NO
8	20802	REPLANTATION ARM (INCLUDES SURGI	10/1/2005	\$341.61	3	NO
8	20805	REPLANTATION FOREARM (INCLUDES R	10/1/2005	\$462.12	3	NO
8	20808	REPLANTATION HAND (INCLUDES HAND	10/1/2005	\$573.96	3	NO
8	20816	REPLANTATION DIGIT EXCL THUMB (I	10/1/2005	\$379.75	3	NO
8	20822	REPLANTATION DIGIT EXCLUDING THU	10/1/2005	\$330.55	3	NO
8	20824	REPLANTATION THUMB (INCLUDES CAR	10/1/2005	\$373.68	3	NO
8	20827	REPLANTATION THUMB (INCLUDES DIS	10/1/2005	\$344.98	3	NO
8	20838	REPLANTATION FOOT COMPLETE AMPUT	10/1/2005	\$336.00	3	NO
8	20900	BONE GRAFT ANY DONOR AREA MINOR	10/1/2005	\$77.43	3	NO
8	20902	BONE GRAFT ANY DONOR AREA; MAJOR	10/1/2005	\$81.48	3	NO
8	20920	FASCIA LATA GRAFT BY STRIPPER	10/1/2005	\$52.68	3	NO
8	20922	BASCIA LATA GRAFT; BY INCISION A	10/1/2005	\$77.07	3	NO
8	20924	TENDON GRAFT FROM A DISTANCE (EG	10/1/2005	\$69.39	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	20931	ALLOGRAFT FOR SPINE SURGERY ONLY	10/1/2005	\$16.40	3	NO
8	20936	AUTOGRAFT FOR SPINE SURGERY ONLY	8/1/2003	\$24.70	3	NO
8	20937	AUTOGRAFT FOR SPINE SURGERY ONLY	10/1/2005	\$24.81	3	NO
8	20938	AUTOGRAFT FOR SPINE SURGERY ONLY	10/1/2005	\$26.99	3	NO
8	20955	FIBULA GRAFT WITH MICROVASCULAR	10/1/2005	\$354.11	3	NO
8	20956	BONE GRAFT WITH MICROVASCULAR AN	10/1/2005	\$367.24	3	NO
8	20957	BONE GRAFT WITH MICROVASCULAR AN	10/1/2005	\$345.29	3	NO
8	20962	BONE GRAFT WITH MICROVASCULAR AN	10/1/2005	\$373.11	3	NO
8	20969	FREE OSTEOCUTANEOUS FLAP WITH MI	10/1/2005	\$391.01	3	NO
8	20970	FREE OSTEOCUTANEOUS FLAP WITH MI	10/1/2005	\$388.89	3	NO
8	20972	FREE OSTEOCUTANEOUS FLAP WITH MI	10/1/2005	\$357.18	3	NO
8	20973	FREE OSTEOCUTANEOUS FLAP WITH MI	10/1/2005	\$396.57	3	NO
8	20975	ELECTRICAL STIMULATION TO AID BO	10/1/2005	\$24.96	3	NO
8	20982	ABLATION, BONE TUMOR(S) (EG, OST	10/1/2005	\$56.73	3	NO
8	20999	UNLISTED PROCEDURE MUSCULOSKELET	2/1/1994	\$0.01	5	NO
8	21034	EXCISION OF MALIGNANT TUMOR OF M	10/1/2005	\$175.21	3	NO
8	21041	EXCISION OF BENIGN CYST OR TUMOR	7/1/2003	INVALID	N	NO
8	21044	EXCISION OF MALIGNANT TUMOR OF M	10/1/2005	\$116.00	3	NO
8	21045	EXCISION OF MALIGNANT TUMOR OF M	10/1/2005	\$155.86	3	NO
8	21046	EXCISION OF BENIGN TUMOR OR CYST	10/1/2005	\$138.62	3	NO
8	21047	EXCISION OF BENIGN TUMOR OR CYST	10/1/2005	\$177.81	3	NO
8	21048	EXCISION OF BENIGN TUMOR OR CYST	10/1/2005	\$142.00	3	NO
8	21049	EXCISION OF BENIGN TUMOR OR CYST	10/1/2005	\$168.99	3	NO
8	21060	MENISCECTOMY, PARTIAL OR COMPLET	10/1/2005	\$104.84	3	NO
8	21121	GENIOPLASTY; SLIDING OSTEOTOMY,	10/1/2005	\$94.77	3	YES
8	21137	REDUCTION FOREHEAD; CONTOURING O	10/1/2005	\$97.88	3	YES
8	21138	REDUCTION FOREHEAD; CONTOURING A	10/1/2005	\$121.55	3	YES
8	21139	REDUCTION FOREHEAD; CONTOURING A	10/1/2005	\$139.25	3	YES
8	21141	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$176.72	3	YES
8	21142	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$176.30	3	YES
8	21143	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$184.30	3	YES
8	21145	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$190.06	3	YES
8	21146	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$202.77	3	YES
8	21147	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$200.44	3	YES
8	21150	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$230.90	3	YES
8	21151	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$277.61	3	YES
8	21154	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$290.90	3	YES
8	21155	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$336.83	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	21159	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$412.76	3	YES
8	21160	RECONSTRUCTION MIDFACE, LEFORT I	10/1/2005	\$404.46	3	YES
8	21172	RECONSTRUCTION SUPERIOR-LATERAL	10/1/2005	\$233.65	3	YES
8	21175	RECONSTRUCTION,BIFRONTAL,SUPERIO	10/1/2005	\$289.08	3	YES
8	21179	RECONSTRUCTION, ENTIRE OR MAJORI	10/1/2005	\$203.03	3	YES
8	21180	RECONSTRUCTION, ENTIRE OR MAJORI	10/1/2005	\$228.26	3	YES
8	21182	RECONSTRUCTION OF ORBITAL WALLS,	10/1/2005	\$280.68	3	YES
8	21183	RECONSTRUCTION OF ORBITAL WALLS,	10/1/2005	\$314.15	3	YES
8	21184	RECONSTRUCTION OF ORBITAL WALLS,	10/1/2005	\$341.35	3	YES
8	21188	RECONSTRUCTION MIDFACE,OSTEOTOMI	10/1/2005	\$223.01	3	YES
8	21193	RECONSTRUCTION OF MANDIBULAR RAM	10/1/2005	\$165.92	3	YES
8	21194	RECONSTRUCTION OF MANDIBULAR RAM	10/1/2005	\$184.56	3	YES
8	21195	RECONSTRUCTION OF MANDIBULAR RAM	10/1/2005	\$174.64	3	YES
8	21196	RECONSTRUCTION OF MANDIBULAR RAM	10/1/2005	\$190.11	3	YES
8	21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	10/1/2005	\$146.77	3	YES
8	21199	OSTEOTOMY, MANDIBLE, SEGMENTAL;	10/1/2005	\$137.59	3	YES
8	21206	OSTEOTOMY,MAXILLA,SEGMENTAL (EG,	10/1/2005	\$145.48	3	YES
8	21209	OSTEOPLASTY, FACIAL BONES; REDUC	10/1/2005	\$95.44	3	YES
8	21240	ARTHROPLASTY,TEMPOROMANDIBULAR J	10/1/2005	\$146.93	3	NO
8	21242	ARTHROPLASTY, TEMPOROMANDIBULAR	10/1/2005	\$136.03	3	NO
8	21243	ARTHROPLASTY, TEMPOROMANDIBULAR	10/1/2005	\$214.71	3	NO
8	21244	RECONSTRUCTION OF MANDIBLE, EXTR	10/1/2005	\$130.79	3	NO
8	21245	RECONSTRUCTION OF MANDIBLE OR MA	10/1/2005	\$142.36	3	NO
8	21246	RECONSTRUCTION OF MANDIBLE OR MA	10/1/2005	\$118.49	3	NO
8	21247	RECONSTRUCTION OF MANDIBULAR CON	10/1/2005	\$221.87	3	NO
8	21255	RECONSTRUCTION OF ZYGOMATIC ARCH	10/1/2005	\$182.64	3	NO
8	21256	RECONSTRUCTION OF ORBIT W/OSTEOT	10/1/2005	\$153.78	3	YES
8	21260	ORBITAL HYPERTELORISM CORRECTION	10/1/2005	\$156.89	3	YES
8	21261	PERIORBITAL OSTEOTOMIES FOR ORBI	10/1/2005	\$306.52	3	YES
8	21263	PERIORBITAL OSTEOTOMIES FOR ORBI	10/1/2005	\$259.81	3	YES
8	21267	ORBITAL REPOSITIONING PERIORBITA	10/1/2005	\$209.26	3	YES
8	21268	ORBITAL REPOSITIONING PERIORBITA	10/1/2005	\$250.52	3	YES
8	21270	MALAR AUGMENTATION, PROSTHETIC M	10/1/2005	\$117.19	3	YES
8	21275	SECONDARY REVISION FOR ORBITOCRA	10/1/2005	\$107.23	3	YES
8	21339	OPEN TREATMENT OF NASOETHMOID FR	10/1/2005	\$119.01	3	NO
8	21343	OPEN TREATMENT OF DEPRESSED FRON	10/1/2005	\$155.13	3	NO
8	21344	OPEN TREATMENT OF COMPLICATED FR	10/1/2005	\$199.97	3	NO
8	21347	OPEN TREATMENT OF NASOMAXILLARY	10/1/2005	\$157.31	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	21348	OPEN TREATMENT OF NASOMAXILLARY	10/1/2005	\$156.95	3	NO
8	21360	OPEN TREATMENT OF DEPRESSED MALA	10/1/2005	\$67.99	3	NO
8	21365	OPEN TREATMENT OF COMPLICATED FR	10/1/2005	\$142.36	3	NO
8	21366	OPEN TREATMENT OF COMPLICATED FR	10/1/2005	\$163.74	3	NO
8	21385	OPEN TREATMENT OF ORBITAL FLOOR	10/1/2005	\$95.44	3	NO
8	21386	OPEN TREATMENT OF ORBITAL "BLOWO	10/1/2005	\$89.27	3	NO
8	21387	OPEN TREATMENT OF ORBITAL FLOOR	10/1/2005	\$102.24	3	NO
8	21390	OPEN TREATMENT OF ORBITAL FLOOR	10/1/2005	\$97.73	3	NO
8	21395	OPEN TREATMENT OF ORBITAL FLOOR	10/1/2005	\$120.10	3	NO
8	21401	TREATMENT OF FRACTURE OF ORBIT E	10/1/2005	\$60.36	3	NO
8	21406	OPEN TREATMENT OF FRACTURE OF OR	10/1/2005	\$71.62	3	NO
8	21407	OPEN TREATMENT OF FRACTURE OF OR	10/1/2005	\$85.17	3	NO
8	21408	OPEN TREATMENT OF FRACTURE OF OR	10/1/2005	\$117.66	3	NO
8	21422	OPEN TREATMENT OF PALATAL OR MAX	10/1/2005	\$90.20	3	NO
8	21423	OPEN TREATMENT OF PALATAL OR MAX	10/1/2005	\$108.68	3	NO
8	21431	CLOSED TREATMENT OF CRANIOFACIAL	10/1/2005	\$89.58	3	NO
8	21432	OPEN TREATMENT OF CRANIOFACIAL S	10/1/2005	\$90.67	3	NO
8	21433	OPEN TREATMENT OF CRANIOFACIAL S	10/1/2005	\$230.75	3	NO
8	21435	OPEN TREATMENT OF CRANIOFACIAL S	10/1/2005	\$165.46	3	NO
8	21436	OPEN TREATMENT OF CRANIOFACIAL S	10/1/2005	\$255.76	3	NO
8	21445	OPEN TREATMENT OF MANDIBULAR OR	10/1/2005	\$82.42	3	NO
8	21454	OPEN TREATMENT OF MANDIBULAR FRA	10/1/2005	\$70.17	3	NO
8	21461	OPEN TREATMENT OF MANDIBULAR FRA	10/1/2005	\$112.67	3	NO
8	21462	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$123.21	3	NO
8	21465	OPEN TREATMENT OF MANDIBULAR CON	10/1/2005	\$120.36	3	NO
8	21470	OPEN TREATMENT OF COMPLICATED MA	10/1/2005	\$151.96	3	NO
8	21490	OPEN TREATMENT OF TEMPOROMANDIBU	10/1/2005	\$121.81	3	NO
8	21493	CLOSED TREATMENT OF HYOID FRACTU	1/1/2006	INVALID	N	NO
8	21494	TREATMENT OF CLOSED OR OPEN HYOI	1/1/2006	INVALID	N	NO
8	21495	OPEN TREATMENT OF HYOID FRACTURE	10/1/2005	\$75.57	3	NO
8	21502	INCISION AND DRAINAGE DEEP ABSCE	10/1/2005	\$71.21	3	NO
8	21557	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$79.41	3	NO
8	21600	EXCISION OF RIB PARTIAL	10/1/2005	\$70.43	3	NO
8	21610	COSTOTRANSVERSECTOMY (SEPARATE P	10/1/2005	\$136.03	3	NO
8	21615	EXCISION FIRST AND/OR CERVICAL R	10/1/2005	\$93.32	3	NO
8	21616	EXCISION FIRST AND/OR CERVICAL R	10/1/2005	\$113.61	3	NO
8	21620	OSTECTOMY OF STERNUM PARTIAL	10/1/2005	\$71.15	3	NO
8	21627	STERNAL DEBRIDEMENT	10/1/2005	\$73.13	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	21630	RADICAL RESECTION OF STERNUM	10/1/2005	\$164.57	3	NO
8	21632	RADICAL RESECTION OF STERNUM; WI	10/1/2005	\$164.94	3	NO
8	21685	HYOID MYOTOMY AND SUSPENSION	10/1/2005	\$124.61	3	NO
8	21700	DIVISION OF SCALENUS ANTICUS WIT	10/1/2005	\$57.45	3	NO
8	21705	DIVISION OF SCALENUS ANTICUS; WI	10/1/2005	\$86.15	3	NO
8	21720	DIVISION OF STERNOCLEIDOMASTOID	10/1/2005	\$46.76	3	NO
8	21725	DIVISION OF STERNOCLEIDOMASTOID	10/1/2005	\$70.69	3	NO
8	21740	RECONSTRUCTIVE REPAIR OF PECTUS	10/1/2005	\$141.95	3	NO
8	21750	CLOSURE OF MEDIAN STERNOTOMY SEP	10/1/2005	\$95.55	3	NO
8	21810	TREATMENT OF RIB FRACTURE REQUIR	10/1/2005	\$66.22	3	NO
8	21825	OPEN TREATMENT OF STERNUM FRACTU	10/1/2005	\$77.12	3	NO
8	22100	PART EXCISION OF POST VERT COMPO	10/1/2005	\$100.27	3	NO
8	22101	PART EXCISION OF POST VERT COMPO	10/1/2005	\$99.86	3	NO
8	22102	PART EXCISION OF POST VERT COMPO	10/1/2005	\$101.67	3	NO
8	22103	PART EXCISION OF POST VERT COMPO	10/1/2005	\$20.55	3	NO
8	22110	PART EXCISION OF VERT BODY, CERV	10/1/2005	\$127.57	3	NO
8	22112	PART EXCISION OF VERT BODY, THOR	10/1/2005	\$127.16	3	NO
8	22114	PART EXCISION OF VERT BODY, LUMB	10/1/2005	\$127.31	3	NO
8	22116	PART EXCISION OF VERT BODY, EA A	10/1/2005	\$20.55	3	NO
8	22210	OSTEOTOMY OF SPINE, POSTERIOR OR	10/1/2005	\$231.16	3	NO
8	22214	OSTEOTOMY OF SPINE, POSTERIOR AP	10/1/2005	\$192.29	3	NO
8	22216	OSTEOTOMY OF SPINE, POSTERIOR OR	10/1/2005	\$54.18	3	NO
8	22220	OSTEOTOMY OF SPINE, INCLUDING DI	10/1/2005	\$207.50	3	NO
8	22222	OSTEOTOMY OF SPINE, ANTERIOR APP	10/1/2005	\$187.10	3	NO
8	22224	OSTEOTOMY OF SPINE, ANTERIOR APP	10/1/2005	\$206.30	3	NO
8	22226	OSTEOTOMY OF SPINE, INCLUDING DI	10/1/2005	\$53.72	3	NO
8	22318	OPEN TREATMENT AND/OR REDUCTION	10/1/2005	\$207.55	3	NO
8	22319	OPEN TREATMENT AND/OR REDUCTION	10/1/2005	\$231.47	3	NO
8	22325	OPEN TREATMENT AND/OR REDUCTION	10/1/2005	\$176.98	3	NO
8	22326	OPEN TREATMENT AND/OR REDUCTION	10/1/2005	\$189.49	3	NO
8	22327	OPEN TREATMENT AND/OR REDUCTION	10/1/2005	\$183.78	3	NO
8	22328	OPEN TREATMENT AND/OR REDUCTION	10/1/2005	\$40.43	3	NO
8	22532	ARTHRODESIS, LATERAL EXTRACAVITA	10/1/2005	\$222.39	3	NO
8	22533	ARTHRODESIS, LATERAL EXTRACAVITA	10/1/2005	\$205.58	3	NO
8	22534	ARTHRODESIS, LATERAL EXTRACAVITA	10/1/2005	\$52.94	3	NO
8	22548	ARTHRODESIS, ANTERIOR TRANSORAL	10/1/2005	\$244.55	3	YES
8	22554	ARTHRODESIS, ANTERIOR INTERBODY	10/1/2005	\$183.00	3	YES
8	22556	ARTHRODESIS, ANTERIOR INTERBODY	10/1/2005	\$219.12	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	22558	ARTHRODESIS, ANTERIOR INTERBODY	10/1/2005	\$199.66	3	YES
8	22585	ARTHRODESIS, ANTERIOR INTERBODY	10/1/2005	\$49.25	3	YES
8	22590	ARTHRODESIS, POSTERIOR TECHNIQUE	10/1/2005	\$199.45	3	YES
8	22595	ARTHRODESIS, POSTERIOR TECHNIQUE	10/1/2005	\$189.23	3	YES
8	22600	ARTHRODESIS, POSTERIOR OR POSTER	10/1/2005	\$160.58	3	YES
8	22610	ARTHRODESIS, POSTERIOR OR POSTER	10/1/2005	\$160.06	3	YES
8	22612	ARTHRODESIS, POSTERIOR OR POSTER	10/1/2005	\$205.16	3	YES
8	22614	ARTHRODESIS, POSTERIOR OR POSTER	10/1/2005	\$57.82	3	YES
8	22630	ARTHRODESIS, POSTERIOR INTERBODY	10/1/2005	\$202.41	3	YES
8	22632	ARTHRODESIS, POSTERIOR INTERBODY	10/1/2005	\$46.81	3	YES
8	22800	ARTHRODESIS, POSTERIOR, FOR SPIN	10/1/2005	\$179.78	3	YES
8	22802	ARTHRODESIS, POSTERIOR, FOR SPIN	10/1/2005	\$293.24	3	YES
8	22804	ARTHRODESIS, POSTERIOR, FOR SPIN	10/1/2005	\$341.61	3	YES
8	22808	ARTHRODESIS, ANTERIOR, FOR SPINA	10/1/2005	\$245.54	3	YES
8	22810	ARTHRODESIS, ANTERIOR, FOR SPINA	10/1/2005	\$276.89	3	YES
8	22812	ARTHRODESIS, ANTERIOR, FOR SPINA	10/1/2005	\$300.81	3	YES
8	22818	KYPHECTOMY, CIRCUMFERENTIAL EXPO	10/1/2005	\$295.52	3	NO
8	22819	KYPHECTOMY, CIRCUMFERENTIAL EXPO	10/1/2005	\$332.32	3	NO
8	22830	EXPLORATION OF SPINAL FUSION	10/1/2005	\$109.15	3	NO
8	22840	POSTERIOR NON-SEGMENTAL INSTRUME	10/1/2005	\$112.73	3	NO
8	22841	INTERNAL SPINAL FIXATION BY WIRI	1/1/1996	\$0.01	5	YES
8	22842	POSTERIOR SEGMENTAL INSTRUMENTAT	10/1/2005	\$112.67	3	YES
8	22843	POSTERIOR SEGMENTAL INSTRUMENTAT	10/1/2005	\$118.49	3	YES
8	22844	POSTERIOR SEGMENTAL INSTRUMENTAT	10/1/2005	\$146.88	3	YES
8	22845	ANTERIOR INSTRUMENTATION; 2 TO 3	10/1/2005	\$107.80	3	YES
8	22846	ANTERIOR INSTRUMENTATION; 4 TO 7	10/1/2005	\$112.10	3	YES
8	22847	ANTERIOR INSTRUMENTATION; 8 OR M	10/1/2005	\$123.31	3	YES
8	22848	PELVIC FIXATION (ATTACHMENT OF C	10/1/2005	\$53.51	3	YES
8	22849	REINSERTION OF SPINAL FIXATION D	10/1/2005	\$176.51	3	NO
8	22850	REMOVAL OF POSTERIOR NONSEGMENTA	10/1/2005	\$96.02	3	NO
8	22851	APPLICATION OF PROSTHETIC DEVICE	10/1/2005	\$59.79	3	YES
8	22852	REMOVAL OF POSTERIOR SEGMENTAL I	10/1/2005	\$91.55	3	NO
8	22855	REMOVAL OF ANTERIOR INSTRUMENTAT	10/1/2005	\$146.20	3	NO
8	22899	UNLISTED PROCEDURE SPINE	2/1/1994	\$0.01	5	NO
8	22900	EXCISION ABDOMINAL WALL TUMOR SU	10/1/2005	\$50.65	3	NO
8	23000	REMOVAL OF SUBDELTOID CALCAREOUS	10/1/2005	\$70.22	3	NO
8	23020	CAPSULAR CONTRACTURE RELEASE (SE	10/1/2005	\$93.42	3	NO
8	23035	INCISION DEEP WITH OPENING OF CO	10/1/2005	\$95.03	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	23040	ARTHROTOMY GLENOHUMERAL JOINT FO	10/1/2005	\$96.59	3	NO
8	23044	ARTHROTOMY ACROMIOCLAVICULAR STE	10/1/2005	\$76.50	3	NO
8	23077	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$148.23	3	NO
8	23100	ARTHROTOMY WITH BIOPSY, GLENOHUM	10/1/2005	\$65.91	3	NO
8	23101	ARTHROTOMY WITH BIOPSY, OR W/EXC	10/1/2005	\$61.45	3	NO
8	23105	ARTHROTOMY WITH SYNOVECTOMY; GLE	10/1/2005	\$86.88	3	NO
8	23106	ARTHROTOMY FOR SYNOVECTOMY STERN	10/1/2005	\$65.50	3	NO
8	23107	ARTHROTOMY, GLENOHUMERAL JOINT,	10/1/2005	\$90.67	3	NO
8	23120	CLAVICULECTOMY PARTIAL	10/1/2005	\$76.66	3	NO
8	23125	CLAVICULECTOMY; TOTAL	10/1/2005	\$96.17	3	NO
8	23130	ACROMIOPLASTY OR ACROMIONECTOMY,	10/1/2005	\$82.83	3	NO
8	23145	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$93.47	3	NO
8	23150	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$86.47	3	NO
8	23155	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$106.08	3	NO
8	23156	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$91.03	3	NO
8	23170	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$72.24	3	NO
8	23172	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$73.59	3	NO
8	23174	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$101.15	3	NO
8	23180	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$98.35	3	NO
8	23182	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$93.42	3	NO
8	23184	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$105.20	3	NO
8	23190	OSTECTOMY OF SCAPULA PARTIAL (EG	10/1/2005	\$75.62	3	NO
8	23195	RESECTION HUMERAL HEAD	10/1/2005	\$99.70	3	NO
8	23200	RADICAL RESECTION FOR TUMOR CLAV	10/1/2005	\$117.09	3	NO
8	23210	RADICAL RESECTION FOR TUMOR; SCA	10/1/2005	\$121.60	3	NO
8	23220	RADICAL RESECTION FOR TUMOR PROX	10/1/2005	\$144.23	3	NO
8	23221	RADICAL RESECTION FOR TUMOR PROX	10/1/2005	\$168.47	3	NO
8	23222	RADICAL RESECTION FOR TUMOR PROX	10/1/2005	\$226.13	3	NO
8	23332	REMOVAL OF FOREIGN BODY; COMPLIC	10/1/2005	\$118.80	3	NO
8	23395	MUSCLE TRANSFER, ANY TYPE, SHOUL	10/1/2005	\$168.57	3	NO
8	23397	MUSCLE TRANSFER ANY TYPE FOR PAR	10/1/2005	\$156.37	3	NO
8	23400	SCAPULOPEXY (EG SPRENGELS DEFORM	10/1/2005	\$134.21	3	NO
8	23405	TENOMYOTOMY SINGLE	10/1/2005	\$86.67	3	NO
8	23406	TENOMYOTOMY; MULTIPLE THROUGH SA	10/1/2005	\$108.63	3	NO
8	23410	REPAIR OF RUPTURED MUSCULOTENDIN	10/1/2005	\$124.25	3	NO
8	23412	REPAIR OF RUPTURED SUPRASPINATUS	10/1/2005	\$132.03	3	NO
8	23415	CORACOACROMIAL LIGAMENT RELEASE,	10/1/2005	\$101.98	3	NO
8	23420	REPAIR OF COMPLETE SHOULDER (ROT	10/1/2005	\$136.96	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	23430	TENODESIS OF LONG TENDON OF BICE	10/1/2005	\$102.61	3	NO
8	23440	RESECTION OR TRANSPLANTATION OF	10/1/2005	\$106.45	3	NO
8	23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-	10/1/2005	\$132.40	3	NO
8	23455	CAPSULORRHAPHY FOR RECURRENT DIS	10/1/2005	\$141.38	3	NO
8	23460	CAPSULORRHAPHY, ANTERIOR, ANY TY	10/1/2005	\$152.33	3	NO
8	23462	CAPSULORRHAPHY FOR RECURRENT DIS	10/1/2005	\$148.43	3	NO
8	23465	CAPSULORRHAPHY FOR RECURRENT DIS	10/1/2005	\$154.25	3	NO
8	23466	CAPSULORRHAPHY WITH ANY TYPE MUL	10/1/2005	\$145.27	3	NO
8	23470	ARTHROPLASTY WITH PROXIMAL HUMER	10/1/2005	\$167.59	3	NO
8	23472	ARTHROPLASTY WITH GLENOID AND PR	10/1/2005	\$202.77	3	YES
8	23480	OSTEOTOMY CLAVICLE WITH OR WITHO	10/1/2005	\$113.40	3	NO
8	23485	OSTEOTOMY CLAVICLE WITH OR WITHO	10/1/2005	\$132.86	3	NO
8	23490	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$114.13	3	NO
8	23491	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$141.95	3	NO
8	23515	OPEN TREATMENT OF CLAVICULAR FRA	10/1/2005	\$78.99	3	NO
8	23530	OPEN TREATMENT OF STERNOCLAVICUL	10/1/2005	\$74.89	3	NO
8	23532	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$84.86	3	NO
8	23550	OPEN TREATMENT OF ACROMIOCLAVICU	10/1/2005	\$76.92	3	NO
8	23552	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$89.32	3	NO
8	23585	OPEN TREATMENT OF SCAPULAR FRACT	10/1/2005	\$94.04	3	NO
8	23615	OPEN TREATMENT OF PROXIMAL HUMER	10/1/2005	\$102.61	3	NO
8	23616	OPEN TREATMENT OF PROXIMAL HUMER	10/1/2005	\$202.46	3	NO
8	23630	OPEN TREATMENT OF GREATER TUBERO	10/1/2005	\$78.99	3	NO
8	23660	OPEN TREATMENT OF ACUTE SHOULDER	10/1/2005	\$78.52	3	NO
8	23670	OPEN TREATMENT OF SHOULDER DISLO	10/1/2005	\$83.35	3	NO
8	23680	OPEN TREATMENT OF SHOULDER DISLO	10/1/2005	\$103.02	3	NO
8	23800	ARTHRODESIS SHOULDER JOINT WITH	10/1/2005	\$139.04	3	NO
8	23802	ARTHRODISIS SHOULDER JOINT; WITH	10/1/2005	\$152.74	3	NO
8	23900	INTERTHORACOSCAPULAR AMPUTATION	10/1/2005	\$179.11	3	NO
8	23920	DISARTICULATION OF SHOULDER	10/1/2005	\$139.40	3	NO
8	23921	DISARTICULATION OF SHOULDER; SEC	10/1/2005	\$58.80	3	NO
8	23929	UNLISTED PROCEDURE SHOULDER	2/1/1994	\$0.01	5	NO
8	24006	ARTHROTOMY OF THE ELBOW, WITH CA	10/1/2005	\$96.17	3	NO
8	24077	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$109.66	3	NO
8	24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL	10/1/2005	\$53.04	3	NO
8	24101	ARTHROTOMY, ELBOW; W/JOINT EXPLO	10/1/2005	\$67.89	3	NO
8	24102	ARTHROTOMY, ELBOW; WITH SYNOVECT	10/1/2005	\$83.87	3	NO
8	24115	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$95.96	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	24116	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$118.80	3	NO
8	24125	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$78.37	3	NO
8	24126	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$85.53	3	NO
8	24130	EXCISION RADIAL HEAD	10/1/2005	\$68.98	3	NO
8	24134	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$104.79	3	NO
8	24136	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$86.05	3	NO
8	24138	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$88.96	3	NO
8	24140	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$102.61	3	NO
8	24145	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$87.50	3	NO
8	24149	RADICAL RESECTION OF CAPSULE, SO	10/1/2005	\$145.84	3	NO
8	24150	RADICAL RESECTION FOR TUMOR SHAF	10/1/2005	\$132.29	3	NO
8	24151	RADICAL RESECTION FOR TUMOR SHAF	10/1/2005	\$153.88	3	NO
8	24152	RADICAL RESECTION FOR TUMOR RADI	10/1/2005	\$99.91	3	NO
8	24155	RESECTION OF ELBOW JOINT (ARTHRE	10/1/2005	\$114.23	3	NO
8	24160	IMPLANT REMOVAL ELBOW JOINT	10/1/2005	\$82.94	3	NO
8	24164	IMPLANT REMOVAL; RADIAL HEAD	10/1/2005	\$67.52	3	NO
8	24301	MUSCLE OR TENDON TRANSFER ANY TY	10/1/2005	\$103.49	3	NO
8	24320	TENOPLASTY WITH MUSCLE TRANSFER	10/1/2005	\$102.71	3	NO
8	24330	FLEXOR-PLASTY ELBOW (EG STEINDLE	10/1/2005	\$98.87	3	NO
8	24331	FLEXOR-PLASTY ELBOW (EG STEINDLE	10/1/2005	\$109.30	3	NO
8	24340	TENODESIS OF BICEPS TENDON AT EL	10/1/2005	\$84.03	3	NO
8	24341	REPAIR, TENDON OR MUSCLE, UPPER	10/1/2005	\$88.96	3	NO
8	24342	REINSERTION OF RUPTURED BICEPS O	10/1/2005	\$108.47	3	NO
8	24352	FASCIOTOMY LATERAL OR MEDIAL (EG	10/1/2005	\$71.10	3	NO
8	24354	FASCIOTOMY LATERAL OR MEDIAL (EG	10/1/2005	\$71.05	3	NO
8	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	10/1/2005	\$123.52	3	NO
8	24361	ARTHROPLASTY ELBOW; WITH DISTAL	10/1/2005	\$139.09	3	NO
8	24362	ARTHROPLASTY ELBOW; WITH INPLANT	10/1/2005	\$143.19	3	NO
8	24363	ARTHROPLASTY ELBOW; WITH DISTAL	10/1/2005	\$182.32	3	NO
8	24365	ARTHROPLASTY RADIAL HEAD	10/1/2005	\$88.18	3	NO
8	24366	ARTHROPLASTY RADIAL HEAD; WITH I	10/1/2005	\$94.30	3	NO
8	24400	OSTEOTOMY HUMERUS WITH OR WITHOU	10/1/2005	\$112.88	3	NO
8	24410	MULTIPLE OSTEOTOMIES WITH REALIG	10/1/2005	\$143.56	3	NO
8	24420	OSTEOPLASTY HUMERUS (EG SHORTENI	10/1/2005	\$135.51	3	NO
8	24430	REPAIR OF NONUNION OR MALUNION H	10/1/2005	\$128.19	3	NO
8	24435	REPAIR OF NONUNION OR MALUNION H	10/1/2005	\$136.24	3	NO
8	24470	HEMIEPIPHYSEAL ARREST (EG FOR CU	10/1/2005	\$93.06	3	NO
8	24498	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$120.30	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	24515	OPEN TREATMENT OF HUMERAL SHAFT	10/1/2005	\$119.32	3	NO
8	24516	TREATMENT OF HUMERAL SHAFT FRACT	10/1/2005	\$117.97	3	NO
8	24538	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$102.19	3	NO
8	24545	OPEN TREATMENT OF HUMERAL SUPRAC	10/1/2005	\$107.33	3	NO
8	24546	OPEN TREATMENT OF HUMERAL SUPRAC	10/1/2005	\$153.94	3	NO
8	24565	TREATMENT OF CLOSED EPICONDYLAR	10/1/2005	\$67.78	3	NO
8	24575	OPEN TREATMENT OF HUMERAL EPICON	10/1/2005	\$108.26	3	NO
8	24579	OPEN TREATMENT OF HUMERAL CONDYL	10/1/2005	\$116.20	3	NO
8	24586	OPEN TREATMENT OF PERIARTICULAR	10/1/2005	\$150.51	3	NO
8	24587	OPEN TREATMENT OF PERIARTICULAR	10/1/2005	\$148.75	3	NO
8	24615	OPEN TREATMENT OF ACUTE OR CHRON	10/1/2005	\$97.62	3	NO
8	24635	OPEN TREATMENT OF MONTEGGIA TYPE	10/1/2005	\$152.95	3	NO
8	24665	OPEN TREATMENT OF RADIAL HEAD OR	10/1/2005	\$88.33	3	NO
8	24666	OPEN TREATMENT OF RADIAL HEAD OR	10/1/2005	\$99.34	3	NO
8	24685	OPEN TREATMENT OF ULNAR FRACTURE	10/1/2005	\$92.43	3	NO
8	24800	ARTHRODESIS ELBOW JOINT WITH OR	10/1/2005	\$111.79	3	NO
8	24802	ARTHRODESIS ELBOW JOINT; WITH PR	10/1/2005	\$136.55	3	NO
8	24900	AMPUTATION ARM THROUGH HUMERUS W	10/1/2005	\$94.15	3	NO
8	24920	AMPUTATION ARM THROUGH HUMERUS;	10/1/2005	\$93.68	3	NO
8	24925	AMPUTATION ARM THROUGH HUMERUS;	10/1/2005	\$74.11	3	NO
8	24930	AMPUTATION ARM THROUGH HUMERUS;	10/1/2005	\$99.08	3	NO
8	24931	AMPUTATION ARM THROUGH HUMERUS;	10/1/2005	\$105.36	3	NO
8	24940	CINEPLASTY UPPER EXTREMITY COMPL	10/1/2000	\$174.31	3	NO
8	25085	CAPSULOTOMY WRIST (EG FOR CONTRA	10/1/2005	\$69.75	3	NO
8	25107	ARTHROTOMY DISTAL RADIOULNAR JOI	10/1/2005	\$81.69	3	NO
8	25119	SYNOVECTOMY EXTENSOR TENDON SHEA	10/1/2005	\$75.57	3	NO
8	25126	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$113.25	3	NO
8	25135	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$79.82	3	NO
8	25136	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$70.48	3	NO
8	25145	SEQUESTRECTOMY (EG FOR OSTEOMYEL	10/1/2005	\$100.79	3	NO
8	25151	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$110.44	3	NO
8	25170	RADICAL RESECTION FOR TUMOR RADI	10/1/2005	\$144.85	3	NO
8	25215	CARPECTOMY; ALL BONES OR PROXIMA	10/1/2005	\$92.49	3	NO
8	25250	REMOVAL OF WRIST PROSTHESIS (SEP	10/1/2005	\$70.95	3	NO
8	25251	REMOVAL OF WRIST PROSTHESIS; COM	10/1/2005	\$97.21	3	NO
8	25263	REPAIR TENDON OR MUSCLE FLEXOR;	10/1/2005	\$115.27	3	NO
8	25265	REPAIR TENDON OR MUSCLE FLEXOR S	10/1/2005	\$133.12	3	NO
8	25300	TENODESIS AT WRIST FLEXORS OF FI	10/1/2005	\$96.02	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	25301	TENODESIS AT WRIST; EXTENSORS OF	10/1/2005	\$91.97	3	NO
8	25310	TENDON TRANSPLANTATION OR TRANSF	10/1/2005	\$116.10	3	NO
8	25312	TENDON TRANSPLANTATION OR TRANSF	10/1/2005	\$129.28	3	NO
8	25315	FLEXOR ORIGIN SLIDE (EG, FOR CER	10/1/2005	\$135.67	3	NO
8	25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL	10/1/2005	\$157.05	3	NO
8	25320	CAPSULORRHAPHY OR RECONSTRUCTION	10/1/2005	\$123.11	3	NO
8	25332	ARTHROPLASTY, WRIST, WITH OR WIT	10/1/2005	\$116.10	3	NO
8	25335	CENTRALIZATION OF WRIST ON ULNA	10/1/2005	\$136.76	3	NO
8	25337	RECONSTRUCTION FOR STABILIZATION	10/1/2005	\$118.38	3	NO
8	25350	OSTEOTOMY RADIUS DISTAL THIRD	10/1/2005	\$125.44	3	NO
8	25355	OSTEOTOMY RADIUS; MIDDLE OR PROX	10/1/2005	\$137.43	3	NO
8	25360	OSTEOTOMY ULNA	10/1/2005	\$122.95	3	NO
8	25365	OSTEOTOMY; RADIUS AND ULNA	10/1/2005	\$156.48	3	NO
8	25370	MULTIPLE OSTEOTOMIES WITH REALIG	10/1/2005	\$164.42	3	NO
8	25375	MULTIPLE OSTEOTOMIES WITH REALIG	10/1/2005	\$164.42	3	NO
8	25390	OSTEOPLASTY RADIUS OR ULNA SHORT	10/1/2005	\$138.00	3	NO
8	25391	OSTEOPLASTY RADIUS OR ULNA; LENG	10/1/2005	\$168.05	3	NO
8	25392	OSTEOPLASTY RADIUS AND ULNA SHOR	10/1/2005	\$165.98	3	NO
8	25393	OSTEOPLASTY RADIUS AND ULNA; LEN	10/1/2005	\$187.67	3	NO
8	25400	REPAIR OF NONUNION OR MALUNION R	10/1/2005	\$144.70	3	NO
8	25405	REPAIR OF NONUNION OR MALUNION,	10/1/2005	\$175.99	3	NO
8	25415	REPAIR OF NONUNION OR MALUNION R	10/1/2005	\$165.98	3	NO
8	25420	REPAIR OF NONUNION OR MALUNION,	10/1/2005	\$192.91	3	NO
8	25425	REPAIR OF DEFECT WITH AUTOGENOUS	10/1/2005	\$188.81	3	NO
8	25426	REPAIR OF DEFECT WITH AUTOGENOUS	10/1/2005	\$180.98	3	NO
8	25440	REPAIR OF NONUNION, SCAPHOID CAR	10/1/2005	\$111.17	3	NO
8	25441	ARTHROPLASTY WITH PROSTHETIC REP	10/1/2005	\$129.18	3	NO
8	25442	ARTHROPLASTY WITH PROSTHETIC REP	10/1/2005	\$110.24	3	NO
8	25443	ARTHROPLASTY WITH PROSTHETIC REP	10/1/2005	\$106.40	3	NO
8	25444	ARTHROPLASTY WITH PROSTHETIC REP	10/1/2005	\$113.40	3	NO
8	25445	ARTHROPLASTY WITH PROSTHETIC REP	10/1/2005	\$99.70	3	NO
8	25446	ARTHROPLASTY WITH PROSTHETIC REP	10/1/2005	\$160.37	3	NO
8	25447	INTERPOSITION ARTHROPLASTY INTER	10/1/2005	\$106.86	3	NO
8	25449	REVISION OF ARTHROPLASTY INCLUDI	10/1/2005	\$141.74	3	NO
8	25450	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$100.69	3	NO
8	25455	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$110.50	3	NO
8	25490	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$128.14	3	NO
8	25491	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$134.89	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	25492	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$154.30	3	NO
8	25515	OPEN TREATMENT OF RADIAL SHAFT F	10/1/2005	\$94.35	3	NO
8	25525	OPEN TREATMENT OF RADIAL SHAFT F	10/1/2005	\$125.65	3	NO
8	25526	OPEN TREATMENT OF RADIAL SHAFT F	10/1/2005	\$148.38	3	NO
8	25545	OPEN TREATMENT OF ULNAR SHAFT FR	10/1/2005	\$93.63	3	NO
8	25574	OPEN TREATMENT OF RADIAL AND ULN	10/1/2005	\$79.93	3	NO
8	25575	OPEN TREATMENT OF RADIAL AND ULN	10/1/2005	\$112.62	3	NO
8	25620	OPEN TREATMENT OF DISTAL RADIAL	10/1/2005	\$89.32	3	NO
8	25628	OPEN TREATMENT OF CARPAL SCAPHOI	10/1/2005	\$91.34	3	NO
8	25645	OPEN TREATMENT OF CARPAL BONE FR	10/1/2005	\$78.16	3	NO
8	25670	OPEN TREATMENT OF RADIOCARPAL OR	10/1/2005	\$83.87	3	NO
8	25676	OPEN TREATMENT OF DISTAL RADIOUL	10/1/2005	\$86.47	3	NO
8	25685	OPEN TREATMENT OF TRANS-SCAPHOPE	10/1/2005	\$99.28	3	NO
8	25695	OPEN TREATMENT OF LUNATE DISLOCA	10/1/2005	\$86.88	3	NO
8	25800	ARTHRODESIS, WRIST JOINT (INCLUD	10/1/2005	\$105.77	3	NO
8	25805	ARTHRODESIS WRIST JOINT (INCLUDI	10/1/2005	\$120.88	3	NO
8	25810	ARTHRODESIS WRIST JOINT (INCLUDI	10/1/2005	\$114.65	3	NO
8	25820	INTERCARPAL FUSION WITHOUT BONE	10/1/2005	\$85.64	3	NO
8	25825	INTERCARPAL FUSION WITH AUTOGENO	10/1/2005	\$103.23	3	NO
8	25830	DISTAL RADIOULNAR JOINT ARTHRODE	10/1/2005	\$134.89	3	NO
8	25900	AMPUTATION FOREARM THROUGH RADIU	10/1/2005	\$118.54	3	NO
8	25905	AMPUTATION FOREARM THROUGH RADIU	10/1/2005	\$118.23	3	NO
8	25907	AMPUTATION FOREARM THROUGH RADIU	10/1/2005	\$107.17	3	NO
8	25909	AMPUTATION FOREARM THROUGH RADIU	10/1/2005	\$117.29	3	NO
8	25915	KRUKENBERG PROCEDURE	10/1/2005	\$201.58	3	NO
8	25920	DISARTICULATION THROUGH WRIST	10/1/2005	\$92.69	3	NO
8	25922	DISARTICULATION THROUGH WRIST; S	10/1/2005	\$80.86	3	NO
8	25924	DISARTICULATION THROUGH WRIST; R	10/1/2005	\$92.69	3	NO
8	25929	TRANSMETACARPAL AMPUTATION; SECO	10/1/2005	\$75.72	3	NO
8	25931	TRANSMETACARPAL AMPUTATION; REAM	10/1/2005	\$105.93	3	NO
8	26185	SESAMOIDECTOMY, THUMB OR FINGER	10/1/2005	\$62.59	3	NO
8	26215	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$74.58	3	NO
8	26255	RADICAL RESECTION (OSTECTOMY) FO	10/1/2005	\$121.65	3	NO
8	26260	RADICAL RESECTION (OSTECTOMY) FO	10/1/2005	\$73.59	3	NO
8	26261	RADICAL RESECTION (OSTECTOMY) FO	10/1/2005	\$85.01	3	NO
8	26262	RADICAL RESECTION OSTECTOMY) FOR	10/1/2005	\$61.61	3	NO
8	26352	FLEXOR TENDON REPAIR OR ADVANCEM	10/1/2005	\$125.34	3	NO
8	26357	SECONDARY, EACH TENDON	10/1/2005	\$132.45	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	26358	FLEXOR TENDON REPAIR OR ADVANCEM	10/1/2005	\$140.86	3	NO
8	26372	PROFUNDUS TENDON REPAIR OR ADVAN	10/1/2005	\$138.42	3	NO
8	26373	PROFUNDUS TENDON REPAIR OR ADVAN	10/1/2005	\$131.93	3	NO
8	26390	EXCISION FLEXOR TENDON, W/IMPLAN	10/1/2005	\$123.78	3	NO
8	26392	REMOVAL OF SYNTHETIC ROD AND INS	10/1/2005	\$147.81	3	NO
8	26412	EXTENSOR TENDON REPAIR DORSUM OF	10/1/2005	\$106.55	3	NO
8	26416	REMOVAL OF SYNTHETIC ROD AND INS	10/1/2005	\$128.40	3	NO
8	26420	EXTENSOR TENDON REPAIR DORSUM OF	10/1/2005	\$111.33	3	NO
8	26426	REPAIR OF EXTENSOR TENDON, CENTR	10/1/2005	\$104.99	3	NO
8	26434	EXTENSOR TENDON REPAIR OPEN PRIM	10/1/2005	\$96.27	3	NO
8	26474	TENODESIS FOR DISTAL JOINT STABI	10/1/2005	\$90.57	3	NO
8	26476	TENDON LENGTHENING EXTENSOR SING	10/1/2005	\$87.56	3	NO
8	26479	TENDON SHORTENING, FLEXOR, HAND	10/1/2005	\$94.46	3	NO
8	26480	TENDON TRANSFER OR TRANSPLANT CA	10/1/2005	\$117.97	3	NO
8	26483	TENDON TRANSFER OR TRANSPLANT CA	10/1/2005	\$129.96	3	NO
8	26485	TENDON TRANSFER OR TRANSPLANT PA	10/1/2005	\$125.49	3	NO
8	26492	OPPONENS PLASTY; TENDON TRANSFER	10/1/2005	\$127.73	3	NO
8	26494	OPPONENS PLASTY; HYPOTHENAR MUSC	10/1/2005	\$117.86	3	NO
8	26497	TENDON TRANSFER TO RESTORE INTRI	10/1/2005	\$127.26	3	NO
8	26498	TENDON TRANSFER TO RESTORE INTRI	10/1/2005	\$167.27	3	NO
8	26499	CORRECTION CLAW FINGER OTHER MET	10/1/2005	\$121.19	3	NO
8	26502	TENDON PULLEY RECONSTRUCTION WIT	10/1/2005	\$105.20	3	NO
8	26504	TENDON PULLEY RECONSTRUCTION; WI	10/1/2005	\$110.44	3	NO
8	26517	CAPSULODESIS FOR M-P JOINT STABI	10/1/2005	\$123.11	3	NO
8	26518	CAPSULODESIS FOR M-P JOINT STABI	10/1/2005	\$123.05	3	NO
8	26530	ARTHROPLASTY METACARPOPHALANGEAL	10/1/2005	\$71.88	3	NO
8	26531	ARTHROPLASTY METACARPOPHALANGEAL	10/1/2005	\$84.03	3	NO
8	26536	ARTHROPLASTY INTERPHALANGEAL JOI	10/1/2005	\$87.97	3	NO
8	26541	RECONSTRUCTION, COLLATERAL LIGAM	10/1/2005	\$120.77	3	NO
8	26546	REPAIR NON-UNION, METACARPAL OR	10/1/2005	\$131.67	3	NO
8	26550	POLLICIZATION OF A DIGIT	10/1/2005	\$213.93	3	NO
8	26551	TOE-TO-HAND TRANSFER WITH MICROV	10/1/2005	\$450.86	3	NO
8	26553	TOE-TO-HAND TRANSFER WITH MICROV	10/1/2005	\$369.94	3	NO
8	26554	TOE-TO-HAND TRANSFER WITH MICROV	10/1/2005	\$528.13	3	NO
8	26555	POSITIONAL CHANGE OF OTHER FINGE	10/1/2005	\$193.33	3	NO
8	26556	FREE TOE JOINT TRANSFER WITH MIC	10/1/2005	\$431.08	3	NO
8	26560	REPAIR OF SYNDACTYLY (WEB FINGER	10/1/2005	\$83.09	3	YES
8	26561	REPAIR OF SYNDACTYLY (WEB FINGER	10/1/2005	\$128.14	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	26562	REPAIR OF SYNDACTYLY (WEB FINGER	10/1/2005	\$178.22	3	YES
8	26565	OSTEOTOMY FOR CORRECTION OF DEFO	10/1/2005	\$102.40	3	NO
8	26568	OSTEOPLASTY FOR LENGTHENING OF M	10/1/2005	\$134.89	3	NO
8	26580	REPAIR CLEFT HAND	10/1/2005	\$176.77	3	NO
8	26585	REPAIR BIFID DIGIT	4/1/2002	INVALID	N	NO
8	26587	RECONSTRUCTION OF POLYDACTYLOUS	10/1/2005	\$128.50	3	NO
8	26590	REPAIR MACRODACTYLIA, EACH DIGIT	10/1/2005	\$179.63	3	NO
8	26596	EXCISION OF CONSTRICTING RING WI	10/1/2005	\$99.34	3	NO
8	26597	RELEASE OF SCAR CONTRACTURE FLEX	4/1/2002	INVALID	N	NO
8	26665	OPEN TREATMENT OF CARPOMETACARPA	10/1/2005	\$78.27	3	NO
8	26676	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$67.89	3	NO
8	26685	OPEN TREATMENT OF CARPOMETACARPA	10/1/2005	\$73.59	3	NO
8	26686	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$83.35	3	NO
8	26706	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$56.99	3	NO
8	26820	FUSION IN OPPOSITION THUMB WITH	10/1/2005	\$118.12	3	NO
8	26842	ARTHRODESIS CARPOMETACARPAL JOIN	10/1/2005	\$118.95	3	NO
8	26843	ARTHRODESIS, CARPOMETACARPAL JOI	10/1/2005	\$109.51	3	NO
8	26844	ARTHRODESIS CARPOMETACARPAL JOIN	10/1/2005	\$121.45	3	NO
8	26852	ARTHRODESIS METACARPOPHALANGEAL	10/1/2005	\$117.03	3	NO
8	26862	ARTHRODESIS INTERPHALANGEAL JOIN	10/1/2005	\$107.90	3	NO
8	26863	ARTHRODESIS INTERPHALANGEAL JOIN	10/1/2005	\$34.05	3	NO
8	27000	TENOTOMY ADDUCTOR SUBCUTANEOUS C	10/1/2005	\$61.50	3	NO
8	27001	TENOTOMY, ADDUCTOR OF HIP, SUBCU	10/1/2005	\$73.91	3	NO
8	27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS	10/1/2005	\$77.38	3	NO
8	27005	TENOTOMY ILIOPSOAS OPEN (SEPARAT	10/1/2005	\$99.28	3	NO
8	27006	TENOTOMY ABDUCTORS OPEN (SEPARAT	10/1/2005	\$100.27	3	NO
8	27030	ARTHROTOMY HIP FOR INFECTION WIT	10/1/2005	\$128.97	3	NO
8	27033	ARTHROTOMY, HIP, WITH EXPLORATIO	10/1/2005	\$132.76	3	NO
8	27035	HIP JOINT DENERVATION INTRAPELVI	10/1/2005	\$155.65	3	NO
8	27036	CAPSULECTOMY OR CAPSULOTOMY OF H	10/1/2005	\$130.11	3	NO
8	27048	EXCISION, TUMOR, PELVIS AND HIP	10/1/2005	\$61.97	3	NO
8	27049	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$124.82	3	NO
8	27052	ARTHROTOMY FOR BIOPSY; HIP JOINT	10/1/2005	\$68.25	3	NO
8	27054	ARTHROTOMY WITH SYNOVECTOMY, HIP	10/1/2005	\$89.94	3	NO
8	27060	EXCISION ISCHIAL BURSA	10/1/2005	\$54.91	3	NO
8	27062	EXCISION; TROCHANTERIC BURSA OR	10/1/2005	\$59.53	3	NO
8	27065	EXCISION OF BONE CYST OR BENIGN	10/1/2005	\$63.73	3	NO
8	27066	EXCISION OF BONE CYST OR BENIGN	10/1/2005	\$106.29	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	27067	EXCISION OF BONE CYST OR BENIGN	10/1/2005	\$136.45	3	NO
8	27070	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$111.79	3	NO
8	27071	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$121.71	3	NO
8	27075	RADICAL RESECTION OF TUMOR OR IN	10/1/2005	\$309.58	3	NO
8	27076	RADICAL RESECTION FOR TUMOR OR I	10/1/2005	\$208.59	3	NO
8	27077	RADICAL RESECTION FOR TUMOR OR I	10/1/2005	\$356.40	3	NO
8	27078	RADICAL RESECTION FOR TUMOR OR I	10/1/2005	\$132.66	3	NO
8	27079	RADICAL RESECTION FOR TUMOR OR I	10/1/2005	\$130.58	3	NO
8	27080	COCCYGECTOMY PRIMARY	10/1/2005	\$62.95	3	NO
8	27087	REMOVAL OF FOREIGN BODY; DEEP	10/1/2005	\$85.58	3	NO
8	27090	REMOVAL OF HIP PROSTHESIS (SEPAR	10/1/2005	\$113.25	3	NO
8	27091	REMOVAL OF HIP PROSTHESIS; COMPL	10/1/2005	\$206.98	3	NO
8	27097	HAMSTRING RESECESSION PROXIMAL	10/1/2005	\$86.93	3	NO
8	27098	ADDUCTOR TRANSFER TO ISCHIUM	10/1/2005	\$87.14	3	NO
8	27100	TRANSFER EXTERNAL OBLIQUE MUSCLE	10/1/2005	\$111.59	3	NO
8	27105	TRANSFER PARASPINAL MUSCLE TO HI	10/1/2005	\$117.35	3	NO
8	27110	TRANSFER ILIOPSOAS; TO GREATER T	10/1/2005	\$126.79	3	NO
8	27111	TRANSFER ILIOPSOAS; TO FEMORAL N	10/1/2005	\$120.30	3	NO
8	27120	ACETABULOPLASTY; (EG,WHITMAN,COL	10/1/2005	\$170.18	3	NO
8	27122	ACETABULOPLASTY; RESECTION FEMOR	10/1/2005	\$148.23	3	NO
8	27125	PARTIAL HIP REPLACEMENT, PROSTHE	10/1/2005	\$144.23	3	NO
8	27130	ARTHROPLASTY, ACETABULAR & PROXI	10/1/2005	\$191.20	3	NO
8	27132	CONVERSION OF PREVIOUS HIP SURGE	10/1/2005	\$222.60	3	NO
8	27134	REVISION OF TOTAL HIP ARTHOPLAST	10/1/2005	\$265.47	3	NO
8	27137	REVISION OF TOTAL HIP ATHROPLAST	10/1/2005	\$200.85	3	NO
8	27138	REVISION OF TOTAL HIP ATHROPLAST	10/1/2005	\$209.26	3	NO
8	27140	OSTEOTOMY AND TRANSFER OF GREATE	10/1/2005	\$122.90	3	NO
8	27146	OSTEOTOMY ILIAC ACETABULAR OR IN	10/1/2005	\$168.57	3	NO
8	27147	OSTEOTOMY ILIAC ACETABULAR OR IN	10/1/2005	\$193.79	3	NO
8	27151	OSTEOTOMY ILIAC ACETABULAR OR IN	10/1/2005	\$178.07	3	NO
8	27156	OSTEOTOMY ILIAC ACETABULAR OR IN	10/1/2005	\$232.30	3	NO
8	27158	OSTEOTOMY, PELVIS, BILATERAL (EG	10/1/2005	\$175.47	3	NO
8	27161	OSTEOTOMY FEMORAL NECK (SEPARATE	10/1/2005	\$164.26	3	NO
8	27165	OSTEOTOMY INTERTROCHANTERIC OR S	10/1/2005	\$175.73	3	NO
8	27170	BONE GRAFT, FEMORAL HEAD, NECK,	10/1/2005	\$156.27	3	NO
8	27176	TREATMENT OF SLIPPED FEMORAL EPI	10/1/2005	\$120.62	3	NO
8	27177	OPEN TREATMENT OF SLIPPED FEMORA	10/1/2005	\$148.17	3	NO
8	27178	OPEN TREATMENT OF SLIPPED FEMORA	10/1/2005	\$116.52	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	27179	OPEN TREATMENT OF SLIPPED FEMORA	10/1/2005	\$130.68	3	NO
8	27181	OPEN TREATMENT OF SLIPPED FEMORA	10/1/2005	\$137.12	3	NO
8	27185	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$98.92	3	NO
8	27187	PROPHYLACTIC TREATMENT WITH WITH	10/1/2005	\$135.87	3	NO
8	27202	OPEN TREATMENT OF COCCYGEAL FRAC	10/1/2005	\$129.49	3	NO
8	27215	OPEN TREATMENT OF ILIAC SPINE, T	10/1/2005	\$98.82	3	NO
8	27216	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$142.31	3	NO
8	27217	OPEN TREATMENT OF ANTERIOR RING	10/1/2005	\$137.95	3	NO
8	27218	OPEN TREATMENT OF POSTERIOR RING	10/1/2005	\$181.49	3	NO
8	27226	OPEN TREATMENT OF POSTERIOR OR A	10/1/2005	\$130.53	3	NO
8	27227	OPEN TREATMENT OF ACETABULAR FRA	10/1/2005	\$222.08	3	NO
8	27228	OPEN TREATMENT OF ACETABULAR FRA	10/1/2005	\$256.13	3	NO
8	27235	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$122.85	3	NO
8	27236	OPEN TREATMENT OF FEMORAL FRACTU	10/1/2005	\$152.02	3	NO
8	27244	TREATMENT OF INTERTROCHANTERIC,	10/1/2005	\$155.39	3	NO
8	27245	OPEN TREATMENT OF INTERTROCHANTE	10/1/2005	\$194.57	3	NO
8	27248	OPEN TREATMENT OF GREATER TROCHA	10/1/2005	\$105.98	3	NO
8	27253	OPEN TREATMENT OF HIP DISLOCATIO	10/1/2005	\$129.13	3	NO
8	27254	OPEN TREATMENT OF HIP DISLOCATIO	10/1/2005	\$173.03	3	NO
8	27258	OPEN TREATMENT OF SPONTANEOUS HI	10/1/2005	\$149.84	3	NO
8	27259	OPEN TREATMENT OF CONGENITAL HIP	10/1/2005	\$204.23	3	NO
8	27280	ARTHRODESIS SACROILIAC JOINT (IN	10/1/2005	\$134.99	3	NO
8	27282	ARTHRODESIS SYMPHYSIS PUBIS (INC	10/1/2005	\$109.87	3	NO
8	27284	ARTHRODESIS HIP JOINT (INCLUDES	10/1/2005	\$218.29	3	NO
8	27286	ARTHRODESIS HIP JOINT (INCLUDES	10/1/2005	\$219.49	3	NO
8	27290	INTERPELVIABDOMINAL AMPUTATION (	10/1/2005	\$210.87	3	NO
8	27295	DISARTICULATION OF HIP	10/1/2005	\$170.28	3	NO
8	27299	UNLISTED PROCEDURE PELVIS OR HIP	2/1/1994	\$0.01	5	NO
8	27303	INCISION DEEP WITH OPENING OF BO	10/1/2005	\$86.41	3	NO
8	27305	FASCIOTOMY ILIOTIBIAL (TENOTOMY)	10/1/2005	\$62.64	3	NO
8	27306	TENOTOMY SUBCUTANEOUS CLOSED ADD	10/1/2005	\$52.73	3	NO
8	27307	TENOTOMY SUBCUTANEOUS CLOSED ADD	10/1/2005	\$63.32	3	NO
8	27310	ARTHROTOMY KNEE FOR INFECTION WI	10/1/2005	\$95.60	3	NO
8	27315	NEURECTOMY HAMSTRING MUSCLE	10/1/2005	\$67.47	3	NO
8	27320	NEURECTOMY POPLITEAL (GASTROCNEM	10/1/2005	\$65.24	3	NO
8	27329	RADICAL RESECTION OF TUMOR (EG,	10/1/2005	\$130.94	3	NO
8	27330	ARTHROTOMY, KNEE; WITH SYNOVIAL	10/1/2005	\$53.72	3	NO
8	27331	ARTHROTOMY, KNEE; W/JOINT EXPLOR	10/1/2005	\$64.30	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	27332	ARTHROTOMY, KNEE, WITH EXCISION	10/1/2005	\$87.19	3	NO
8	27333	ARTHROTOMY KNEE FOR EXCISION OF	10/1/2005	\$78.99	3	NO
8	27334	ARTHROTOMY, KNEE, WITH SYNOVECTO	10/1/2005	\$91.29	3	NO
8	27335	ARTHROTOMY KNEE FOR SYNOVECTOMY;	10/1/2005	\$103.44	3	NO
8	27345	EXCISION OF SYNOVIAL CYST OF POP	10/1/2005	\$64.98	3	NO
8	27347	EXCISION OF LESION OF MENISCUS O	10/1/2005	\$63.11	3	NO
8	27350	PATELLECTOMY OR HEMIPATELLECTOMY	10/1/2005	\$87.19	3	NO
8	27355	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$81.59	3	NO
8	27356	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$98.19	3	NO
8	27357	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$109.66	3	NO
8	27358	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$41.88	3	NO
8	27360	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$113.04	3	NO
8	27365	RADICAL RESECTION OF TUMOR, BONE	10/1/2005	\$159.13	3	NO
8	27380	SUTURE OF INFRAPATELLAR TENDON P	10/1/2005	\$81.28	3	NO
8	27381	SUTURE OF INFRAPATELLAR TENDON S	10/1/2005	\$109.87	3	NO
8	27385	SUTURE OF QUADRICEPS OR HAMSTRIN	10/1/2005	\$86.78	3	NO
8	27386	SUTURE OF QUADRICEPS OR HAMSTRIN	10/1/2005	\$113.45	3	NO
8	27390	TENOTOMY OPEN HAMSTRING KNEE TO	10/1/2005	\$58.85	3	NO
8	27391	TENOTOMY OPEN HAMSTRING KNEE TO	10/1/2005	\$77.59	3	NO
8	27392	TENOTOMY OPEN HAMSTRING KNEE TO	10/1/2005	\$95.18	3	NO
8	27393	LENGTHENING OF HAMSTRING TENDON	10/1/2005	\$68.87	3	NO
8	27394	LENGTHENING OF HAMSTRING TENDON;	10/1/2005	\$89.06	3	NO
8	27395	LENGTHENING OF HAMSTRING TENDON;	10/1/2005	\$119.63	3	NO
8	27396	TRANSPLANT HAMSTRING TENDON TO P	10/1/2005	\$83.92	3	NO
8	27397	TRANSPLANT HAMSTRING TENDON TO P	10/1/2005	\$114.75	3	NO
8	27400	TENDON OR MUSCLE TRANSFER HAMSTR	10/1/2005	\$91.19	3	NO
8	27403	ARTHROTOMY WITH OPEN MENISCUS RE	10/1/2005	\$87.87	3	NO
8	27405	REPAIR PRIMARY TORN LIGAMENT AND	10/1/2005	\$91.45	3	NO
8	27407	REPAIR PRIMARY TORN LIGAMENT AND	10/1/2005	\$105.31	3	NO
8	27409	REPAIR PRIMARY TORN LIGAMENT AND	10/1/2005	\$130.01	3	NO
8	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (	10/1/2005	\$112.10	3	NO
8	27420	RECONSTRUCTION FOR RECURRENT DIS	10/1/2005	\$101.72	3	NO
8	27422	RECONSTRUCTION FOR RECURRENT DIS	10/1/2005	\$101.57	3	NO
8	27424	RECONSTRUCTION FOR RECURRENT DIS	10/1/2005	\$101.57	3	NO
8	27425	LATERAL RETINACULAR RELEASE OPEN	10/1/2005	\$60.36	3	NO
8	27427	RECONSTRUCTION (AUGMENTATION) KN	10/1/2005	\$97.21	3	NO
8	27428	RECONSTRUCTION (AUGMENTATION) KN	10/1/2005	\$143.24	3	NO
8	27429	RECONSTRUCTION (AUGMENTATION) KN	10/1/2005	\$158.71	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	27430	QUADRICEPS PLASTY (BENNETT OR TH	10/1/2005	\$100.27	3	NO
8	27435	CAPSULOTOMY KNEE POSTERIOR CAPSU	10/1/2005	\$101.88	3	NO
8	27437	ARTHROPLASTY PATELLA WITHOUT PRO	10/1/2005	\$89.11	3	NO
8	27438	ARTHROPLASTY PATELLA; WITH PROST	10/1/2005	\$112.52	3	NO
8	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	10/1/2005	\$94.46	3	NO
8	27441	ARTHROPLASTY KNEE TIBILA PLATEAU	10/1/2005	\$100.43	3	NO
8	27442	ARTHROPLASTY KNEE FEMORAL CONDYL	10/1/2005	\$118.59	3	NO
8	27443	ARTHROPLASTY KNEE FEMORAL CONDYL	10/1/2005	\$111.59	3	NO
8	27445	ARTHROPLASTY KNEE CONSTRAINED PR	10/1/2005	\$171.53	3	NO
8	27446	ARTHROPLASTY KNEE TOTAL CONDYLE	10/1/2005	\$154.92	3	NO
8	27447	ARTHROPLASTY, KNEE, CONDYLE & PL	10/1/2005	\$206.51	3	YES
8	27448	OSTEOTOMY FEMUR SHAFT OR SUPRACO	10/1/2005	\$111.79	3	NO
8	27450	OSTEOTOMY FEMUR SHAFT OR SUPRACO	10/1/2005	\$139.71	3	NO
8	27454	OSTEOTOMY MULTIPLE FEMORAL SHAFT	10/1/2005	\$171.69	3	NO
8	27455	OSTEOTOMY PROXIMAL TIBIA INCLUDI	10/1/2005	\$129.23	3	NO
8	27457	OSTEOTOMY PROXIMAL TIBIA INCLUDI	10/1/2005	\$133.23	3	NO
8	27465	OSTEOPLASTY FEMUR SHORTENING (EX	10/1/2005	\$137.64	3	NO
8	27466	OSTEOPLASTY FEMUR; LENGTHENING	10/1/2005	\$160.27	3	NO
8	27468	OSTEOPLASTY FEMUR; COMBINED LENG	10/1/2005	\$179.37	3	NO
8	27470	REPAIR NONUNION OR MALUNION FEMU	10/1/2005	\$158.71	3	NO
8	27472	REPAIR NONUNION OR MALUNION FEMU	10/1/2005	\$173.29	3	NO
8	27475	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$89.27	3	NO
8	27477	TIBIA AND FIBULA PROXIMAL	10/1/2005	\$100.06	3	NO
8	27479	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$130.63	3	NO
8	27485	ARREST HEMIEPIPHYSEAL DISTAL FEM	10/1/2005	\$92.12	3	NO
8	27486	REVISION OF TOTAL KNEE ATHROPLAS	10/1/2005	\$187.10	3	NO
8	27487	REVISION OF TOTAL KNEE ARTHROPLA	10/1/2005	\$239.31	3	NO
8	27488	REMOVAL OF KNEE PROSTHESIS, INCL	10/1/2005	\$156.32	3	NO
8	27495	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$153.62	3	NO
8	27498	DECOMPRESSION FASCIOTOMY, THIGH	10/1/2005	\$78.73	3	NO
8	27499	DECOMPRESSION FASCIOTOMY, THIGH	10/1/2005	\$89.63	3	NO
8	27506	OPEN TREATMENT OF FEMORAL SHAFT	10/1/2005	\$172.05	3	NO
8	27507	OPEN TREATMENT OF FEMORAL SHAFT	10/1/2005	\$135.82	3	NO
8	27511	OPEN TREATMENT OF FEMORAL SUPRAC	10/1/2005	\$140.91	3	NO
8	27513	OPEN TREATMENT OF FEMORAL SUPRAC	10/1/2005	\$180.82	3	NO
8	27514	OPEN TREATMENT OF FEMORAL FRACTU	10/1/2005	\$174.23	3	NO
8	27519	OPEN TREATMENT OF DISTAL FEMORAL	10/1/2005	\$151.13	3	NO
8	27524	OPEN TREATMENT OF PATELLAR FRACT	10/1/2005	\$103.44	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	27535	OPEN TREATMENT OF TIBIAL FRACTUR	10/1/2005	\$122.28	3	NO
8	27536	OPEN TREATMENT OF TIBIAL FRACTUR	10/1/2005	\$155.28	3	NO
8	27540	OPEN TREATMENT OF INTERCONDYLAR	10/1/2005	\$128.76	3	NO
8	27556	OPEN TREATMENT OF KNEE DISLOCATI	10/1/2005	\$147.92	3	NO
8	27557	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$169.97	3	NO
8	27558	OPEN TREATMENT OF KNEE DISLOCATI	10/1/2005	\$175.32	3	NO
8	27566	OPEN TREATMENT OF PATELLAR DISLO	10/1/2005	\$122.64	3	NO
8	27580	FUSION OF KNEE ANY TECHNIQUE	10/1/2005	\$194.16	3	NO
8	27590	AMPUTATION THIGH THROUGH FEMUR A	10/1/2005	\$105.88	3	NO
8	27591	AMPUTATION THIGH THROUGH FEMUR A	10/1/2005	\$120.67	3	NO
8	27592	AMPUTATION THIGH THROUGH FEMUR A	10/1/2005	\$91.40	3	NO
8	27598	DISARTICULATION AT KNEE	10/1/2005	\$99.34	3	NO
8	27599	UNLISTED PROCEDURE FEMUR OR KNEE	2/1/1994	\$0.01	5	NO
8	27600	DECOMPRESSION FASCIOTOMY, LEG; A	10/1/2005	\$57.14	3	NO
8	27601	DECOMPRESSION FASCIOTOMY, LEG; P	10/1/2005	\$58.54	3	NO
8	27602	DECOMPRESSION FASCIOTOMY, LEG; A	10/1/2005	\$70.32	3	NO
8	27606	TENOTOMY ACHILLES TENDON SUBCUTA	10/1/2005	\$42.40	3	NO
8	27612	ARTHROTOMY ANKLE POSTERIOR CAPSU	10/1/2005	\$75.41	3	NO
8	27620	ARTHROTOMY, ANKLE, W/JOINT EXPLO	10/1/2005	\$64.25	3	NO
8	27625	ARTHROTOMY, ANKLE, WITH SYNOVECT	10/1/2005	\$83.20	3	NO
8	27626	ARTHROTOMY ANKLE FOR SYNOVECTOMY	10/1/2005	\$89.74	3	NO
8	27635	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$82.00	3	NO
8	27637	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$102.61	3	NO
8	27638	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$107.07	3	NO
8	27640	PART EXCISION(CRATERIZATION,SAUC	10/1/2005	\$121.97	3	NO
8	27641	PARTIAL EXCISION (CRATERIZATION	10/1/2005	\$98.71	3	NO
8	27645	RADICAL RESECTION OF TUMOR, BONE	10/1/2005	\$148.17	3	NO
8	27646	RESECTION FOR TUMOR RADICAL; FIB	10/1/2005	\$133.28	3	NO
8	27647	RADICAL RESECTION OF TUMOR, BONE	10/1/2005	\$111.95	3	NO
8	27650	REPAIR PRIMARY OPEN OR PERCUTANE	10/1/2005	\$97.36	3	NO
8	27652	SUTURE PRIMARY RUPTURED ACHILLES	10/1/2005	\$103.90	3	NO
8	27654	REPAIR SECONDARY RUPTURED ACHILL	10/1/2005	\$97.05	3	NO
8	27656	REPAIR FASCIAL DEFECT OF LEG	10/1/2005	\$71.26	3	NO
8	27658	REPAIR OR SUTURE OF FLEXOR TENDO	10/1/2005	\$53.51	3	NO
8	27659	REPAIR OR SUTURE OF FLEXOR TENDO	10/1/2005	\$70.17	3	NO
8	27665	REPAIR OR SUTURE OF EXTENSOR TEN	10/1/2005	\$58.34	3	NO
8	27675	REPAIR FOR DISLOCATING PERONEAL	10/1/2005	\$72.71	3	NO
8	27676	REPAIR FOR DISLOCATING PERONEAL	10/1/2005	\$85.79	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	27680	TENOLYSIS INCLUDING TIBIA FIBULA	10/1/2005	\$61.09	3	NO
8	27681	TENOLYSIS INCLUDING TIBIA FIBULA	10/1/2005	\$71.93	3	NO
8	27685	LENGTHENING OR SHORTENING OF TEN	10/1/2005	\$76.55	3	NO
8	27686	LENGTHENING OR SHORTENING OF TEN	10/1/2005	\$78.78	3	NO
8	27687	GASTROCNEMIUS RECESSON (EG STRA	10/1/2005	\$65.08	3	NO
8	27690	TRANSFER OR TRANSPLANT OF SINGLE	10/1/2005	\$84.96	3	NO
8	27691	TRANSFER OR TRANSPLANT OF SINGLE	10/1/2005	\$100.37	3	NO
8	27692	TRANSFER OR TRANSPLANT OF SINGLE	10/1/2005	\$16.19	3	NO
8	27695	SUTURE PRIMARY TORN RUPTURED OR	10/1/2005	\$69.60	3	NO
8	27696	SUTURE PRIMARY TORN RUPTURED OR	10/1/2005	\$82.88	3	NO
8	27698	SUTURE SECONDARY REPAIR TORN RUP	10/1/2005	\$92.17	3	NO
8	27700	ARTHROPLASTY ANKLE	10/1/2005	\$84.44	3	NO
8	27702	ARTHROPLASTY ANKLE; WITH IMPLANT	10/1/2005	\$137.33	3	NO
8	27703	ARTHROPLASTY ANKLE SECONDARY RECO	10/1/2005	\$154.66	3	NO
8	27704	REMOVAL OF ANKLE IMPLANT	10/1/2005	\$75.05	3	NO
8	27705	OSTEOTOMY TIBIA	10/1/2005	\$105.20	3	NO
8	27707	OSTEOTOMY; FIBULA	10/1/2005	\$52.11	3	NO
8	27709	OSTEOTOMY; TIBIA AND FIBULA	10/1/2005	\$102.55	3	NO
8	27712	OSTEOTOMY; MULTIPLE WITH REALIGN	10/1/2005	\$142.31	3	NO
8	27715	OSTEOPLASTY TIBIA AND FIBULA LEN	10/1/2005	\$143.14	3	NO
8	27720	REPAIR OF NONUNION OR MALUNION T	10/1/2005	\$120.30	3	NO
8	27722	REPAIR OF NONUNION OR MALUNION T	10/1/2005	\$119.01	3	NO
8	27724	REPAIR OF NONUNION OR MALUNION T	10/1/2005	\$174.64	3	NO
8	27725	REPAIR OF NONUNION OR MALUNION T	10/1/2005	\$156.22	3	NO
8	27727	REPAIR OF CONGENITAL PSEUDARTHRO	10/1/2005	\$138.78	3	NO
8	27730	ARREST, EPIPHYSEAL (EPIPHYSIODES	10/1/2005	\$80.55	3	NO
8	27732	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$57.14	3	NO
8	27734	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$83.56	3	NO
8	27740	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$97.99	3	NO
8	27742	EPIPHYSEAL ARREST BY EPIPHYSIODE	10/1/2005	\$91.40	3	NO
8	27745	PROPHYLACTIC TREATMENT (NAILING	10/1/2005	\$103.38	3	NO
8	27756	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$74.63	3	NO
8	27758	OPEN TREATMENT OF TIBIAL SHAFT F	10/1/2005	\$118.49	3	NO
8	27759	TREATMENT OF TIBIAL SHAFT FRACTU	10/1/2005	\$137.02	3	NO
8	27766	OPEN TREATMENT OF MEDIAL MALLEOL	10/1/2005	\$88.18	3	NO
8	27784	OPEN TREATMENT OF PROXIMAL FIBUL	10/1/2005	\$76.71	3	NO
8	27792	OPEN TREATMENT OF DISTAL FIBULAR	10/1/2005	\$82.57	3	NO
8	27814	OPEN TREATMENT OF BIMALLEOLAR AN	10/1/2005	\$109.20	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	27822	OPEN TREATMENT OF TRIMALLEOLAR A	10/1/2005	\$121.97	3	NO
8	27823	OPEN TREATMENT OF TRIMALLEOLAR A	10/1/2005	\$138.37	3	NO
8	27826	OPEN TREATMENT OF FRACTURE OF WE	10/1/2005	\$97.62	3	NO
8	27827	OPEN TREATMENT OF FRACTURE OF WE	10/1/2005	\$151.50	3	NO
8	27828	OPEN TREATMENT OF FRACTURE OF WE	10/1/2005	\$170.75	3	NO
8	27829	OPEN TREATMENT OF DISTAL TIBIOFI	10/1/2005	\$68.51	3	NO
8	27832	OPEN TREATMENT OF PROXIMAL TIBIO	10/1/2005	\$70.69	3	NO
8	27846	OPEN TREATMENT OF ANKLE DISLOCAT	10/1/2005	\$100.37	3	NO
8	27848	OPEN TREATMENT OF ANKLE DISLOCAT	10/1/2005	\$118.18	3	NO
8	27870	ARTHRODESIS, ANKLE, OPEN	10/1/2005	\$138.83	3	NO
8	27871	ARTHRODESIS TIBIOFIBULAR JOINT P	10/1/2005	\$94.98	3	NO
8	27880	AMPUTATION LEG THROUGH TIBIA AND	10/1/2005	\$107.38	3	NO
8	27881	AMPUTATION LEG THROUGH TIBIA AND	10/1/2005	\$119.94	3	NO
8	27882	AMPUTATION LEG THROUGH TIBIA AND	10/1/2005	\$86.62	3	NO
8	27886	AMPUTATION LEG THROUGH TIBIA AND	10/1/2005	\$89.27	3	NO
8	27888	AMPUTATION ANKLE THROUGH MALLEOL	10/1/2005	\$96.85	3	NO
8	27889	ANKLE DISARTICULATION	10/1/2005	\$92.80	3	NO
8	27894	DECOMPRESSION FASCIOTOMY, LEG; A	10/1/2005	\$103.02	3	NO
8	28020	ARTHROTOMY WITH EXPLORATION DRAI	10/1/2005	\$60.88	3	NO
8	28035	TARSAL TUNNEL RELEASE (POSTERIOR	10/1/2005	\$60.36	3	NO
8	28050	ARTHROTOMY FOR SYNOVIAL BIOPSY I	10/1/2005	\$50.50	3	NO
8	28060	FASCIECTOMY EXCISION OF PLANTAR	10/1/2005	\$59.11	3	NO
8	28062	FASCIECTOMY EXCISION OF PLANTAR	10/1/2005	\$71.93	3	NO
8	28070	SYNOVECTOMY INTERTARSAL OR TARSO	10/1/2005	\$57.25	3	NO
8	28072	SYNOVECTOMY; METATARSOPHALANGEAL	10/1/2005	\$55.84	3	NO
8	28086	SYNOVECTOMY TENDON SHEATH FLEXOR	10/1/2005	\$70.07	3	NO
8	28100	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$74.79	3	NO
8	28102	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$76.86	3	NO
8	28103	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$62.33	3	NO
8	28104	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$58.60	3	NO
8	28106	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$65.13	3	NO
8	28107	EXCISION OR CURETTAGE OF BONE CY	10/1/2005	\$66.48	3	NO
8	28110	OSTECTOMY PARTIAL EXCISION FIFTH	10/1/2005	\$50.97	3	NO
8	28111	OSTECTOMY COMPLETE EXCISION FIRS	10/1/2005	\$62.02	3	NO
8	28112	OSTECTOMY COMPLETE EXCISION; OTH	10/1/2005	\$56.57	3	NO
8	28114	OSTECTOMY, COMP EXCISION; ALL ME	10/1/2005	\$118.49	3	NO
8	28118	OSTECTOMY, CALCANEUS	10/1/2005	\$67.63	3	NO
8	28119	OSTECTOMY CALCANEUS; FOR SPUR WI	10/1/2005	\$59.69	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	28122	PART EXCISION(CRATERIZATION,SAUC	10/1/2005	\$78.32	3	NO
8	28130	TALECTOMY (ASTRAGALECTOMY)	10/1/2005	\$83.35	3	NO
8	28171	RADICAL RESECTION OF TUMOR, BONE	10/1/2005	\$84.80	3	NO
8	28200	REPAIR OR SUTURE OF TENDON FOOT	10/1/2005	\$53.41	3	NO
8	28202	REPAIR OR SUTURE OF TENDON FOOT	10/1/2005	\$77.59	3	NO
8	28208	REPAIR OR SUTURE OF TENDON FOOT	10/1/2005	\$50.60	3	NO
8	28210	REPAIR OR SUTURE OF TENDON FOOT	10/1/2005	\$69.39	3	NO
8	28238	RECONSTRUCTION, POSTERIOR TIBIAL	10/1/2005	\$83.14	3	NO
8	28250	DIVISION OF PLANTAR FASCIA AND M	10/1/2005	\$64.15	3	NO
8	28260	CAPSULOTOMY MIDFOOT MEDIAL RELEA	10/1/2005	\$79.98	3	NO
8	28262	CAPSULOTOMY,MIDFOOT;EXTEN,INCL P	10/1/2005	\$165.72	3	NO
8	28264	CAPSULOTOMY MIDTARSAL (HEYMAN TY	10/1/2005	\$101.72	3	NO
8	28285	HAMMERTOES OPERATION; ONE TOE (EG	10/1/2005	\$52.11	3	NO
8	28289	HALLUX RIGIDUS CORRECTION WITH C	10/1/2005	\$83.20	3	NO
8	28292	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2003	NC	9	NO
8	28294	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$88.65	3	NO
8	28296	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$96.12	3	NO
8	28297	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$100.84	3	NO
8	28298	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2005	\$84.03	3	NO
8	28299	CORRECTION, HALLUX VALGUS (BUNIO	10/1/2005	\$107.43	3	NO
8	28300	OSTEOTOMY CALCANEUS (DWYER OR CH	10/1/2005	\$93.89	3	NO
8	28302	OSTEOTOMY; TALUS	10/1/2005	\$92.59	3	NO
8	28304	OSTEOTOMY MIDTARSAL BONES OTHER	10/1/2005	\$95.29	3	NO
8	28305	OSTEOTOMY MIDTARSAL BONES OTHER	10/1/2005	\$95.86	3	NO
8	28306	OSTEOTOMY, METATARSAL, BASE/SHAF	10/1/2005	\$70.17	3	NO
8	28308	OSTEOTOMY METATARSAL BASE OR SHA	10/1/2005	\$60.83	3	NO
8	28309	OSTEOTOMY METATARSALS MULTIPLE F	10/1/2005	\$117.97	3	NO
8	28310	OSTEOTOMY FOR SHORTENING ANGULAR	10/1/2005	\$61.55	3	NO
8	28312	OSTEOTOMY FOR SHORTENING ANGULAR	10/1/2005	\$55.01	3	NO
8	28315	SESAMOIDECTOMY FIRST TOE (SEPARA	10/1/2005	\$53.82	3	NO
8	28320	REPAIR OF NONUNION OR MALUNION T	10/1/2005	\$89.79	3	NO
8	28322	REPAIR OF NONUNION OR MALUNION M	10/1/2005	\$97.36	3	NO
8	28340	RECONSTRUCTION, TOE, MACRODUCTYL	10/1/2005	\$74.01	3	YES
8	28341	RECONSTRUCTION, TOE, MACRODUCTYL	10/1/2005	\$85.01	3	YES
8	28344	RECONSTRUCTION, TOE(S); POLYDACT	10/1/2005	\$54.55	3	YES
8	28360	RECONSTRUCTION, CLEFT FOOT	10/1/2005	\$135.36	3	NO
8	28415	OPEN TREATMENT OF CALCANEAL FRAC	10/1/2005	\$165.35	3	NO
8	28420	OPEN TREATMENT OF CLOSED OR OPEN	10/1/2005	\$167.53	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	28436	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$59.11	3	NO
8	28445	OPEN TREATMENT OF TALUS FRACTURE	10/1/2005	\$151.44	3	NO
8	28456	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$37.73	3	NO
8	28485	OPEN TREATMENT OF METATARSAL FRA	10/1/2005	\$62.12	3	NO
8	28496	PERCUTANEOUS SKELETAL FIXATION O	10/1/2005	\$56.78	3	NO
8	28555	OPEN TREATMENT OF TARSAL BONE DI	10/1/2005	\$89.42	3	NO
8	28585	OPEN TREATMENT OF TALOTARSAL JOI	10/1/2005	\$85.79	3	NO
8	28615	OPEN TREATMENT OF TARSOMETATARSA	10/1/2005	\$88.70	3	NO
8	28645	OPEN TREATMENT OF METATARSOPHALA	10/1/2005	\$50.55	3	NO
8	28675	OPEN TREATMENT OF INTERPHALANGEA	10/1/2005	\$54.55	3	NO
8	28705	PANTALAR ARTHRODESIS	10/1/2005	\$177.76	3	NO
8	28715	TRIPLE ARTHRODESIS	10/1/2005	\$129.59	3	NO
8	28725	SUBTALAR ARTHRODESIS	10/1/2005	\$112.52	3	NO
8	28730	ARTHRODESIS MIDTARSAL OR TARSOME	10/1/2005	\$108.47	3	NO
8	28735	ARTHRODESIS MIDTARSAL OR TARSOME	10/1/2005	\$105.46	3	NO
8	28737	ARTHRODESIS, WITH TENDON LENGTHE	10/1/2005	\$92.85	3	NO
8	28740	ARTHRODESIS MIDTARSAL OR TARSOME	10/1/2005	\$104.27	3	NO
8	28755	ARTHRODESIS GREAT TOE; INTERPHAL	10/1/2005	\$59.58	3	NO
8	28760	ARTHRODESIS GREAT TOE INTERPHALA	10/1/2005	\$87.04	3	NO
8	28800	AMPUTATION FOOT MIDTARSAL (CHOPA	10/1/2005	\$78.58	3	NO
8	28805	AMPUTATION FOOT; TRANSMETATARSAL	10/1/2005	\$78.84	3	NO
8	28899	UNLISTED PROCEDURE FOOT OR TOES	2/1/1994	\$0.01	5	NO
8	29804	ARTHROSCOPY, TEMPOROMANDIBULAR J	10/1/2005	\$88.90	3	NO
8	29815	ARTHROSCOPY SHOULDER DIAGNOSTIC	4/1/2002	INVALID	N	NO
8	29819	ARTHROSCOPY SHOULDER SURGICAL; W	10/1/2005	\$81.43	3	NO
8	29820	ARTHROSCOPY SHOULDER SURGICAL; S	10/1/2005	\$75.15	3	NO
8	29821	ARTHROSCOPY SHOULDER SURGICAL; S	10/1/2005	\$82.05	3	NO
8	29822	ARTHROSCOPY SHOULDER SURGICAL; D	10/1/2005	\$79.82	3	NO
8	29823	ARTHROSCOPY SHOULDER SURGICAL; D	10/1/2005	\$87.04	3	NO
8	29824	ARTHROSCOPY, SHOULDER, SURGICAL;	10/1/2005	\$89.16	3	NO
8	29825	ARTHROSCOPY SHOULDER SURGICAL WI	10/1/2005	\$81.28	3	NO
8	29826	ARTHROSCOPY, SHOULDER, SURGICAL;	10/1/2005	\$93.68	3	NO
8	29827	ARTHROSCOPY, SHOULDER, SURGICAL;	10/1/2005	\$153.11	3	NO
8	29830	ARTHROSCOPY ELBOW DIAGNOSTIC WIT	10/1/2005	\$62.54	3	NO
8	29834	ARTHROSCOPY ELBOW SURGICAL; WITH	10/1/2005	\$68.30	3	NO
8	29835	ARTHROSCOPY ELBOW SURGICAL; SYNO	10/1/2005	\$69.86	3	NO
8	29836	ARTHROSCOPY ELBOW SURGICAL; SYNO	10/1/2005	\$80.65	3	NO
8	29837	ARTHROSCOPY ELBOW SURGICAL; DEBR	10/1/2005	\$73.54	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	29847	ARTHROSCOPY, WRIST, SURGICAL; IN	10/1/2005	\$74.42	3	NO
8	29851	ARTHROSCOPICALLY AIDED TREATMENT	10/1/2005	\$130.74	3	NO
8	29855	ARTHROSCOPICALLY AIDED TREATMENT	10/1/2005	\$109.92	3	NO
8	29856	ARTHROSCOPICALLY AIDED TREATMENT	10/1/2005	\$141.01	3	NO
8	29861	ARTHROSCOPY, HIP, SURGICAL; WITH	10/1/2005	\$93.58	3	NO
8	29862	ARTHROSCOPY, HIP, SURGICAL; WITH	10/1/2005	\$104.11	3	NO
8	29863	ARTHROSCOPY, HIP, SURGICAL; WITH	10/1/2005	\$102.87	3	NO
8	29874	ARTHROSCOPY KNEE SURGICAL FOR RE	10/1/2005	\$73.59	3	NO
8	29875	ARTHROSCOPY, KNEE, SURGICAL; SYN	10/1/2005	\$68.66	3	NO
8	29876	ARTHROSCOPY KNEE SURGICAL SYNOVE	10/1/2005	\$84.55	3	NO
8	29877	ARTHROSCOPY KNEE SURGICAL; DEBRI	10/1/2005	\$79.61	3	NO
8	29879	ARTHROSCOPY KNEE SURGICAL ABRASI	10/1/2005	\$85.79	3	NO
8	29880	ARTHROSCOPY, KNEE, SURGICAL; WIT	10/1/2005	\$89.84	3	NO
8	29881	ARTHROSCOPY KNEE SURGICAL WITH M	10/1/2005	\$83.25	3	NO
8	29882	ARTHROSCOPY KNEE SURGICAL; WITH	10/1/2005	\$90.10	3	NO
8	29883	ARTHROSCOPY, KNEE, SURGICAL; WIT	10/1/2005	\$114.08	3	NO
8	29884	ARTHROSCOPY KNEE SURGICAL WITH L	10/1/2005	\$79.30	3	NO
8	29885	ARTHROSCOPY, KNEE, SURG; DRILL FOR	10/1/2005	\$96.59	3	NO
8	29886	ARTHROSCOPY KNEE SURGICAL; DRIL	10/1/2005	\$81.33	3	NO
8	29887	ARTHROSCOPY KNEE SURGICAL DRILLI	10/1/2005	\$96.07	3	NO
8	29888	ARTHROSCOPICALLY AIDED ANTERIOR	10/1/2005	\$137.33	3	NO
8	29889	ARTHROSCOPICALLY AIDED POSTERIOR	10/1/2005	\$161.62	3	NO
8	29891	ARTHROSCOPY, ANKLE, SURGICAL; EX	10/1/2005	\$89.68	3	NO
8	29892	ARTHROSCOPICALLY AIDED REPAIR OF	10/1/2005	\$94.15	3	NO
8	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	10/1/2005	\$63.01	3	NO
8	29894	ARTHROSCOPY, ANKLE (TIBIOTALAR &	10/1/2005	\$71.67	3	NO
8	29895	ARTHROSCOPY, ANKLE (TIBIOTALAR A	10/1/2005	\$70.32	3	NO
8	29897	ARTHROSCOPY, ANKLE (TIBIOTALAR A	10/1/2005	\$73.80	3	NO
8	29898	ARTHROSCOPY, ANKLE (TIBIOTALAR A	10/1/2005	\$81.85	3	NO
8	29899	ARTHROSCOPY, ANKLE, SURGICAL; WI	10/1/2005	\$139.04	3	NO
8	29909	UNLISTED PROCEDURE ARTHROSCOPY	4/1/2002	INVALID	N	NO
8	29999	UNLISTED PROCEDURE, ARTHROSCOPY	2/14/2002	\$0.01	5	NO
8	30118	EXCISION INTRANASAL LESION; EXTE	10/1/2005	\$102.19	3	NO
8	30120	EXCISION OR SURGICAL PLANING OF	4/1/1982	NC	9	NO
8	30125	EXCISION DERMOID CYST NOSE; COMP	10/1/2005	\$83.66	3	NO
8	30160	RHINECTOMY; TOTAL	10/1/2005	\$107.38	3	NO
8	30410	RHINOPLASTY PRIMARY COMPLETE EXT	10/1/2005	\$169.92	3	NO
8	30430	RHINOPLASTY SECONDARY MINOR REVI	10/1/2005	\$124.46	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	30435	RHINOPLASTY SECONDARY; INTERMEDI	10/1/2005	\$167.27	3	NO
8	30450	RHINOPLASTY SECONDARY; MAJOR REV	10/1/2005	\$220.26	3	NO
8	30460	RHINOPLASTY FOR NASAL DEFORMITY	10/1/2005	\$108.57	3	YES
8	30462	RHINOPLASTY FOR NASAL DEFORMITY	10/1/2005	\$219.49	3	YES
8	30465	REPAIR OF NASAL VESTIBULAR STENO	10/1/2005	\$127.88	3	NO
8	30540	REPAIR CHOANAL ATRESIA INTRANASA	10/1/2005	\$91.81	3	NO
8	30545	REPAIR CHOANAL ARTRESIA; TRANSPA	10/1/2005	\$129.44	3	NO
8	31075	SINUSOTOMY FRONTAL TRANSORBITAL	10/1/2005	\$102.14	3	NO
8	31080	SINUSOTOMY FRONTAL OBLITERATIVE	10/1/2005	\$135.36	3	NO
8	31081	SINUSOTOMY FRONTAL OBLITERATIVE	10/1/2005	\$151.39	3	NO
8	31084	SINUSOTOMY FRONTAL OBLITERATIVE	10/1/2005	\$146.57	3	NO
8	31085	SINUSOTOMY FRONTAL OBLITERATIVE	10/1/2005	\$154.77	3	NO
8	31086	SINUSOTOMY FRONTAL NONOBLITERATI	10/1/2005	\$141.22	3	NO
8	31087	SINUSOTOMY FRONTAL NONOBLITERATI	10/1/2005	\$140.65	3	NO
8	31205	ETHMOIDECTOMY; EXTRANASAL TOTAL	10/1/2005	\$118.23	3	NO
8	31225	MAXILLECTOMY WITHOUT ORBITAL EXE	10/1/2005	\$200.90	3	NO
8	31230	MAXILLECTOMY; WITH ORBITAL EXENT	10/1/2005	\$223.59	3	NO
8	31300	LARYNGOTOMY (THYROTOMY LARYNGOFI	10/1/2005	\$157.93	3	NO
8	31360	LARYNGECTOMY TOTAL WITHOUT RADIC	10/1/2005	\$182.53	3	NO
8	31365	LARYNGECTOMY; TOTAL WITH RADICAL	10/1/2005	\$241.34	3	NO
8	31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOT	10/1/2005	\$236.30	3	NO
8	31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOT	10/1/2005	\$284.26	3	NO
8	31370	PARTIAL LARYNGECTOMY (HEMILARYNG	10/1/2005	\$235.73	3	NO
8	31375	PARTIAL LARYNGECTOMY (HEMILARYNG	10/1/2005	\$218.86	3	NO
8	31380	PARTIAL LARYNGECTOMY (HEMILARYNG	10/1/2005	\$220.42	3	NO
8	31382	PARTIAL LARYNGECTOMY (HEMILARYNG	10/1/2005	\$227.37	3	NO
8	31390	PHARYNGOLARYNGECTOMY WITH RADICA	10/1/2005	\$281.40	3	NO
8	31395	PHARYNOGOLARYNGECTOMY WITH RADIC	10/1/2005	\$321.05	3	NO
8	31400	ARYTENOIDECTOMY OR ARYTENOIDOPEX	10/1/2005	\$129.28	3	NO
8	31420	EPIGLOTTIDECTOMY	10/1/2005	\$106.81	3	NO
8	31580	LARYNGOPLASTY FOR LARYNGEAL WEB	10/1/2005	\$152.02	3	NO
8	31584	LARYNGOPLASTY; WITH OPEN REDUCTI	10/1/2005	\$204.80	3	NO
8	31585	TREATMENT OF CLOSED LARYNGEAL FR	1/1/2006	INVALID	N	NO
8	31586	TREATMENT OF CLOSED LARYNGEAL FR	1/1/2006	INVALID	N	NO
8	31587	LARYNGOPLASTY, CRICOID SPLIT	10/1/2005	\$115.53	3	NO
8	31588	LARYNGOPLASTY, NOT OTHERWISE SPE	10/1/2005	\$144.07	3	NO
8	31590	LARYNGEAL REINNERVATION BY NEURO	10/1/2005	\$120.88	3	NO
8	31595	SECTION RECURRENT LARYNGEAL NERV	10/1/2005	\$101.57	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	31601	TRACHEOSTOMY PLANNED (SEPARATE P	10/1/2005	\$37.58	3	NO
8	31611	CONSTRUCTION OF TRACHEOESOPHAGEA	10/1/2005	\$68.30	3	NO
8	31750	TRACHEOPLASTY; CERVICAL	10/1/2005	\$164.37	3	NO
8	31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL	10/1/2005	\$216.63	3	NO
8	31760	TRACHEOPLASTY; INTRATHORACIC	10/1/2005	\$185.85	3	NO
8	31766	CARINAL RECONSTRUCTION	10/1/2005	\$251.82	3	NO
8	31770	BRONCHOPLASTY GRAFT REPAIR	10/1/2005	\$184.35	3	NO
8	31775	BRONCHOPLASTY; EXCISION STENOSIS	10/1/2005	\$198.62	3	NO
8	31780	EXCISION TRACHEAL STENOSIS AND A	10/1/2005	\$157.72	3	NO
8	31781	EXCISION TRACHEAL STENOSIS AND A	10/1/2005	\$196.29	3	NO
8	31785	EXCISION OF TRACHEAL TUMOR OR CA	10/1/2005	\$150.35	3	NO
8	31786	EXCISION OF TRACHEAL TUMOR OR CA	10/1/2005	\$209.11	3	NO
8	31805	SUTURE OF EXTERNAL TRACHEAL WOUN	10/1/2005	\$114.85	3	NO
8	32035	THORACOSTOMY WITH RIB RESECTION	10/1/2005	\$81.64	3	NO
8	32036	THORACOSTOMY; WITH OPEN FLAP DRA	10/1/2005	\$90.72	3	NO
8	32095	THORACOTOMY LIMITED FOR BIOPSY O	10/1/2005	\$77.23	3	NO
8	32100	THORACOTOMY MAJOR WITH EXPLORATI	10/1/2005	\$130.79	3	NO
8	32110	THORACOTOMY MAJOR; WITH CONTROL	10/1/2005	\$191.15	3	NO
8	32120	THORACTOMY MAJOR; FOR POSTOPERAT	10/1/2005	\$104.84	3	NO
8	32124	THORACOTOMY MAJOR; WITH OPEN INT	10/1/2005	\$112.93	3	NO
8	32140	THORACOTOMY MAJOR; WITH CYST(S)	10/1/2005	\$122.17	3	NO
8	32141	THORACOTOMY MAJOR; WITH EXCISION	10/1/2005	\$122.02	3	NO
8	32150	THORACOTOMY MAJOR; WITH REMOVAL	10/1/2005	\$122.95	3	NO
8	32151	THORACOTOMY MAJOR; WITH REMOVAL	10/1/2005	\$125.13	3	NO
8	32160	THORACOTOMY MAJOR; WITH CARDIAC	10/1/2005	\$82.00	3	NO
8	32200	PNEUMONOSTOMY WITH OPEN DRAINAGE	10/1/2005	\$133.95	3	NO
8	32201	PNEUMONOSTOMY; WITH PERCUTANEOUS	10/1/2005	\$129.39	3	NO
8	32215	PLEURAL SCARIFICATION FOR REPEAT	10/1/2005	\$102.61	3	NO
8	32220	DECORTICATION PULMONARY (SEPARAT	10/1/2005	\$209.26	3	NO
8	32225	DECORTICATION PULMONARY (SEPARAT	10/1/2005	\$122.28	3	NO
8	32310	PLEURECTOMY, PARIETAL (SEPARATE	10/1/2005	\$117.97	3	NO
8	32320	DECORTICATION AND PARIETAL PLEUR	10/1/2005	\$205.01	3	NO
8	32402	BIOPSY PLEURA; OPEN	10/1/2005	\$71.10	3	NO
8	32440	REMOVAL OF LUNG, TOTAL PNEUMONEC	10/1/2005	\$214.92	3	NO
8	32442	REMOVALK OF LUNG, WITH RESECTION	10/1/2005	\$232.36	3	NO
8	32445	REMOVAL OF LUNG, TOTAL PNEUMONEC	10/1/2005	\$221.77	3	NO
8	32480	REMOVAL OF LUNG, OTHER THAN TOTA	10/1/2005	\$203.19	3	NO
8	32482	REMOVAL OF LUNG, OTHER THAN TOTA	10/1/2005	\$214.87	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	32484	REMOVAL OF LUNG, OTHER THAN TOTA	10/1/2005	\$181.55	3	NO
8	32486	REMOVAL OF LUNG, WITH CIRCUMFERE	10/1/2005	\$210.71	3	NO
8	32488	REMOVAL OF LUNG, ALL REMAINING L	10/1/2005	\$223.74	3	NO
8	32500	REMOVAL OF LUNG, OTHER THAN TOTA	10/1/2005	\$194.42	3	NO
8	32501	RESECTION AND REPAIR OF PORTION	10/1/2005	\$35.66	3	NO
8	32503	RESECTION OF APICAL LUNG TUMOR,	1/1/2006	\$256.80	3	NO
8	32504	RESECTION OF APICAL LUNG TUMOR,	1/1/2006	\$293.70	3	NO
8	32520	RESECTION OF LUNG WITH RESECTION	1/1/2006	INVALID	N	NO
8	32522	RESECTION OF LUNG; WITH RECONSTR	1/1/2006	INVALID	N	NO
8	32525	RESECTION OF LUNG; WITH MAJOR RE	1/1/2006	INVALID	N	NO
8	32540	EXTRAPLEURAL ENUCLEATION OF EMPY	10/1/2005	\$136.45	3	NO
8	32650	THORACOSCOPY, SURGICAL; WITH PLE	10/1/2005	\$98.56	3	NO
8	32651	THORACOSCOPY, SURGICAL; WITH PAR	10/1/2005	\$113.87	3	NO
8	32652	THORACOSCOPY, SURGICAL; WITH TOT	10/1/2005	\$162.81	3	NO
8	32653	THORACOSCOPY, SURGICAL; WITH REM	10/1/2005	\$112.16	3	NO
8	32654	THORACOSCOPY, SURGICAL; WITH CON	10/1/2005	\$111.95	3	NO
8	32655	THORACOSCOPY, SURGICAL; WITH EXC	10/1/2005	\$114.91	3	NO
8	32656	THORACOSCOPY, SURGICAL; WITH PAR	10/1/2005	\$117.55	3	NO
8	32657	THORACOSCOPY, SURGICAL; WITH WED	10/1/2005	\$120.67	3	NO
8	32658	THORACOSCOPY, SURGICAL; WITH REM	10/1/2005	\$106.81	3	NO
8	32659	THORACOSCOPY, SURGICAL; WITH CRE	10/1/2005	\$107.07	3	NO
8	32660	THORACOSCOPY, SURGICAL; WITH TOT	10/1/2005	\$150.20	3	NO
8	32661	THORACOSCOPY, SURGICAL; WITH EXC	10/1/2005	\$118.54	3	NO
8	32662	THORACOSCOPY, SURGICAL; WITH EXC	10/1/2005	\$142.21	3	NO
8	32663	THORACOSCOPY, SURGICAL; WITH LOB	10/1/2005	\$165.35	3	NO
8	32664	THORACOSCOPY, SURGICAL; WITH THO	10/1/2005	\$125.29	3	NO
8	32665	THORACOSCOPY, SURGICAL; WITH ESO	10/1/2005	\$133.80	3	NO
8	32800	REPAIR LUNG HERNIA THROUGH CHEST	10/1/2005	\$119.06	3	NO
8	32810	CLOSURE OF CHEST WALL FOLLOWING	10/1/2005	\$116.36	3	NO
8	32815	OPEN CLOSURE OF MAJOR BRONCHIAL	10/1/2005	\$193.69	3	NO
8	32820	MAJOR RECONSTRUCTION CHEST WALL	10/1/2005	\$187.46	3	NO
8	32851	LUNG TRANSPLANT, SINGLE; WITHOUT	10/1/2005	\$371.50	3	YES
8	32852	LUNG TRANSPLANT, SINGLE; WITH CA	10/1/2005	\$419.66	3	YES
8	32853	LUNG TRANSPLANT, DOUBLE; WITHOUT	10/1/2005	\$448.10	3	YES
8	32854	LUNG TRANSPLANT, DOUBLE; WITH CA	10/1/2005	\$481.58	3	YES
8	32855	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
8	32856	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
8	32900	RESECTION OF RIBS EXTRAPLEURAL A	10/1/2005	\$171.32	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	32905	THORACOPLASTY SCHEDE TYPE OR EXT	10/1/2005	\$175.84	3	NO
8	32906	THORACOPLASTY SCHEDE TYPE OR EXT	10/1/2005	\$221.15	3	NO
8	32940	PNEUMONOLYSIS EXTRAPERIOSTEAL IN	10/1/2005	\$164.11	3	NO
8	32999	UNLISTED PROCEDURE LUNGS AND PLE	2/1/1994	\$0.01	5	NO
8	33020	PERICARDIOTOMY FOR REMOVAL OF CL	10/1/2005	\$109.56	3	NO
8	33025	CREATION OR PERICARDIAL WINDOW O	10/1/2005	\$104.53	3	NO
8	33030	PERICARDIECTOMY, SUBTOTAL OR COM	10/1/2005	\$160.53	3	NO
8	33031	PERICARDIECTOMY, SUBTOTAL OR COM	10/1/2005	\$181.08	3	NO
8	33050	EXCISION OF PERICARDIAL CYST OR	10/1/2005	\$125.91	3	NO
8	33120	EXCISION OF INTRACARDIAC TUMOR R	10/1/2005	\$205.89	3	NO
8	33130	RESECTION OF EXTERNAL CARDIAC TU	10/1/2005	\$178.22	3	NO
8	33141	TRANSMYOCARDIAL LASER REVASCULAR	10/1/2005	\$36.85	3	NO
8	33200	INSERTION OF PERMANENT PACEMAKER	10/1/2005	\$108.83	3	NO
8	33201	INSERTION OF PERMANENT PACEMAKER	10/1/2005	\$93.84	3	NO
8	33238	REMOVAL OF PERMANENT TRANSVENOUS	10/1/2005	\$131.57	3	NO
8	33243	REMOVAL OF IMPLANTABLE CARDIOVER	10/1/2005	\$187.72	3	NO
8	33245	IMPLANTATION OR REPLACEMENT OF I	10/1/2005	\$125.39	3	NO
8	33246	IMPLANT/REPLACE. OF IMPLANT. CAR	10/1/2005	\$174.12	3	NO
8	33250	OPER ABLATION OF SUPRAVENTRICULA	10/1/2005	\$186.32	3	NO
8	33251	OPER ABLATION OF SUPRAVENTRICULA	10/1/2005	\$207.55	3	NO
8	33253	OPERATIVE INCISIONS AND RECONSTR	10/1/2005	\$255.76	3	NO
8	33261	OPERATIVE ABLATION OF VENTRICULA	10/1/2005	\$207.55	3	NO
8	33300	REPAIR OF CARDIAC WOUND WITHOUT	10/1/2005	\$154.04	3	NO
8	33305	REPAIR OF CARDIAC WOUND; WITH CA	10/1/2005	\$182.12	3	NO
8	33310	CARDIOTOMY EXPLORATORY (INCLUDES	10/1/2005	\$158.92	3	NO
8	33315	CARDIOTOMY EXPLORATORY (INCLUDES	10/1/2005	\$189.18	3	NO
8	33320	SUTURE REPAIR OF AORTA OR GREAT	10/1/2005	\$140.18	3	NO
8	33321	SUTURE REPAIR OF AORTA OR GREAT	10/1/2005	\$170.34	3	NO
8	33322	SUTURE REPAIR OF AORTA OR GREAT	10/1/2005	\$175.16	3	NO
8	33330	INSERTION OF GRAFT, AORTA OR GRE	10/1/2005	\$178.48	3	NO
8	33332	INSERTION OF GRAFT, AORTA OR GRE	10/1/2005	\$194.21	3	NO
8	33335	INSERTION OF GRAFT; WITH CARDIOP	10/1/2005	\$246.42	3	NO
8	33400	VALVULOPLASTY, AORTIC VALVE, OPE	10/1/2005	\$249.95	3	NO
8	33401	VALVULOPLASTY, AORTIC VALVE; OPE	10/1/2005	\$212.27	3	NO
8	33403	VALVULOPLASTY, AORTIC VALVE; USI	10/1/2005	\$221.41	3	NO
8	33404	CONSTRUCTION OF APICAL-AORTIC CO	10/1/2005	\$245.64	3	NO
8	33405	REPLACEMENT, AORTIC VALVE, WITH	10/1/2005	\$302.73	3	NO
8	33406	REPLACEMENT, AORTIC VALVE; WITH	10/1/2005	\$321.47	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	33410	REPLACEMENT, AORTIC VALVE, W/CAR	10/1/2005	\$278.18	3	NO
8	33411	REPLACEMENT AORTIC VALVE WITH AO	10/1/2005	\$312.59	3	NO
8	33412	REPLACEMENT AORTIC VALVE WITH TR	10/1/2005	\$356.19	3	NO
8	33413	REPLACEMENT, AORTIC VALVE; BY TR	10/1/2005	\$366.93	3	NO
8	33414	REPAIR OF LEFT VENTRICULAR OUTFL	10/1/2005	\$253.69	3	NO
8	33415	RESECTION OR INCISION OF SUBVALV	10/1/2005	\$222.81	3	NO
8	33416	VENTRICULOMYOTOMY (-MYECTOMY) FO	10/1/2005	\$250.47	3	NO
8	33417	AORTOPLASTY (GUSSET) FOR SUPRAVA	10/1/2005	\$239.52	3	NO
8	33420	VALVOTOMY MITRAL VALVE; CLOSED H	10/1/2005	\$176.72	3	NO
8	33422	VALVOTOMY MITRAL VALVE; OPEN HEA	10/1/2005	\$224.78	3	NO
8	33425	VALVULOPLASTY, MITRAL VALVE, WIT	10/1/2005	\$227.94	3	NO
8	33426	VALVULOPLASTY, MITRAL VALVE, WIT	10/1/2005	\$284.67	3	NO
8	33427	VALVULOPLASTY, MITRAL VALVE, WIT	10/1/2005	\$337.97	3	NO
8	33430	REPLACEMENT, MITRAL VALVE, WITH	10/1/2005	\$288.51	3	NO
8	33460	VALVECTOMY, TRICUSPID VALVE, WIT	10/1/2005	\$198.52	3	NO
8	33463	VALVULOPLASTY, TRICUSPID VALVE;	10/1/2005	\$219.02	3	NO
8	33464	VALVULOPLASTY, TRICUSPID VALVE;	10/1/2005	\$232.36	3	NO
8	33465	REPLACEMENT, TRICUSPID VALVE, WI	10/1/2005	\$238.17	3	NO
8	33468	TRICUSPID VALVE REPOSITIONING AN	10/1/2005	\$247.82	3	NO
8	33470	VALVOTOMY, PULMONARY VALVE, CLOS	10/1/2005	\$168.68	3	NO
8	33471	VALVOTOMY, PULMONARY VALVE, CLOS	10/1/2005	\$183.31	3	NO
8	33472	VALVOTOMY, PULMONARY VALVE, OPEN	10/1/2005	\$195.14	3	NO
8	33474	VALVOTOMY PULMONARY VALVE (COMMI	10/1/2005	\$192.39	3	NO
8	33475	REPLACEMENT, PULMONARY VALVE	10/1/2005	\$275.49	3	NO
8	33476	RIGHT VENTRICULAR RESECTION FOR	10/1/2005	\$208.02	3	NO
8	33478	OUTFLOW TRACT AUGMENTATION (GUSS	10/1/2005	\$226.28	3	NO
8	33496	REPAIR OF NON-STRUCTURAL PROSTHE	10/1/2005	\$228.15	3	NO
8	33500	REPAIR OF CORONARY ARTERIOVENOUS	10/1/2005	\$210.87	3	NO
8	33501	REPAIR OF CORONARY ARTERIOVENOUS	10/1/2005	\$144.65	3	NO
8	33502	REPAIR OF ANOMALOUS CORONARY ART	10/1/2005	\$181.86	3	NO
8	33503	ANOMALOUS CORONARY ARTERY; GRAFT	10/1/2005	\$173.03	3	NO
8	33504	ANOMALOUS CORONARY ARTERY; GRAFT	10/1/2005	\$206.30	3	NO
8	33505	REPAIR OF ANOMALOUS CORONARY ART	10/1/2005	\$217.31	3	NO
8	33506	REPAIR OF ANOMALOUS CORONARY ART	10/1/2005	\$283.53	3	NO
8	33507	REPAIR OF ANOMALOUS AORTIC ORIGI	1/1/2006	\$247.72	3	NO
8	33508	ENDOSCOPY, SURGICAL, INCLUDING V	10/1/2005	\$2.34	3	NO
8	33510	CORONARY ARTERY BYPASS, VEIN ONL	10/1/2005	\$256.80	3	NO
8	33511	CORONARY ARTERY BYPASS, VEIN ONL	10/1/2005	\$266.71	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	33512	CORONARY ARTERY BYPASS, VEIN ONL	10/1/2005	\$279.95	3	NO
8	33513	CORONARY ARTERY BYPASS, VEIN ONL	10/1/2005	\$282.13	3	NO
8	33514	CORONARY ARTERY BYPASS, VEIN ONL	10/1/2005	\$287.68	3	NO
8	33516	CORONARY ARTERY BYPASS, VEIN ONL	10/1/2005	\$305.02	3	NO
8	33517	CORONARY ARTERY BYPASS, USING VE	10/1/2005	\$19.62	3	NO
8	33518	CORONARY ARTERY BYPASS, USING VE	10/1/2005	\$36.95	3	NO
8	33519	CORONARY ARTERY BYPASS, USING VE	10/1/2005	\$54.29	3	NO
8	33521	CORONARY ARTERY BYPASS, USING VE	10/1/2005	\$71.67	3	NO
8	33522	CORONARY ARTERY BYPASS, USING VE	10/1/2005	\$89.01	3	NO
8	33523	CORONARY ARTERY BYPASS, USING VE	10/1/2005	\$106.50	3	NO
8	33530	REOPERATION, CORONARY ARTERY BYP	10/1/2005	\$44.69	3	NO
8	33533	CORONARY ARTERY BYPASS, USING AR	10/1/2005	\$263.39	3	NO
8	33534	CORONARY ARTERY BYPASS, USING AR	10/1/2005	\$282.28	3	NO
8	33535	CORONARY ARTERY BYPASS, USING AR	10/1/2005	\$298.53	3	NO
8	33536	CORONARY ARTERY BYPASS, USING AR	10/1/2005	\$316.59	3	NO
8	33542	MYOCARDIAL RESECTION (EG VENTRIC	10/1/2005	\$238.64	3	NO
8	33545	REPAIR OF POSTINFARCTION VENTRIC	10/1/2005	\$298.27	3	NO
8	33548	SURGICAL VENTRICULAR RESTORATION	1/1/2006	\$326.09	3	NO
8	33572	CORONARY ENDARTERECTOMY, OPEN, A	10/1/2005	\$33.89	3	NO
8	33600	CLOSURE OF ATRIOVENTRICULAR VALV	10/1/2005	\$240.61	3	NO
8	33602	CLOSURE OF SEMILUNAR VALVE (AORT	10/1/2005	\$232.10	3	NO
8	33606	ANASTOMOSIS OF PULMONARY ARTERY	10/1/2005	\$252.91	3	NO
8	33608	REPAIR OF COMPLEX CARDIAC ANOMAL	10/1/2005	\$258.62	3	NO
8	33610	REPAIR OF COMPLEX CARDIAC ANOMAL	10/1/2005	\$252.65	3	NO
8	33611	REPAIR OF DOUBLE OUTLET RIGHT VE	10/1/2005	\$272.01	3	NO
8	33612	REPAIR OF DOUBLE OUTLET RIGHT VE	10/1/2005	\$287.16	3	NO
8	33615	REPAIR OF COMPLEX CARDIAC ANOMAL	10/1/2005	\$266.51	3	NO
8	33617	REPAIR OF COMPLEX CARDIAC ANOMAL	10/1/2005	\$303.72	3	NO
8	33619	REPAIR OF SINGLE VENTRICLE WITH	10/1/2005	\$374.30	3	NO
8	33641	REPAIR ATRIAL SEPTAL DEFECT, SEC	10/1/2005	\$176.62	3	NO
8	33645	DIRECT OR PATCH CLOSURE SINUS VE	10/1/2005	\$208.53	3	NO
8	33647	REPAIR OF ATRIAL SEPTAL DEFECT A	10/1/2005	\$237.08	3	NO
8	33660	REPAIR OF INCOMPLETE OR PARTIAL	10/1/2005	\$248.55	3	NO
8	33665	REPAIR OF INTERMEDIATE OR TRANSI	10/1/2005	\$240.56	3	NO
8	33670	REPAIR OF COMPLETE ATRIOVENTRICU	10/1/2005	\$273.67	3	NO
8	33681	CLOSURE OF VENTRICULAR SEPTAL DE	10/1/2005	\$257.58	3	NO
8	33684	CLO;SURE VENTRICULAR SEPTAL DEFE	10/1/2005	\$242.32	3	NO
8	33688	CLOSURE VENTRICULAR SEPTAL DEFEC	10/1/2005	\$237.34	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	33690	BANDING OF PULMONARY ARTERY	10/1/2005	\$164.11	3	NO
8	33692	COMPLETE REPAIR TETRALOGY OF FAL	10/1/2005	\$255.19	3	NO
8	33694	COMPLETE REPAIR TETRALOGY OF FAL	10/1/2005	\$277.04	3	NO
8	33697	COMPLETE REPAIR TETRALOGY OF FAL	10/1/2005	\$284.78	3	NO
8	33702	REPAIR SINUS OF VALSALVA FISTULA	10/1/2005	\$221.61	3	NO
8	33710	REPAIR SINUS OF VALSALVA FISTULA	10/1/2005	\$249.17	3	NO
8	33720	REPAIR SINUS OF VALSALVA ANEURYS	10/1/2005	\$220.89	3	NO
8	33722	CLOSURE OF AORTICO-LEFT VENTRICU	10/1/2005	\$225.87	3	NO
8	33730	COMPLETE REPAIR OF ANOMALOUS VEN	10/1/2005	\$276.52	3	NO
8	33732	REPAIR OF COR TRIATRIATUM OR SUP	10/1/2005	\$234.28	3	NO
8	33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	10/1/2005	\$167.12	3	NO
8	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	10/1/2005	\$199.19	3	NO
8	33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	10/1/2005	\$186.17	3	NO
8	33750	SHUNT SUBCLAVIAN TO PULMONARY AR	10/1/2005	\$169.97	3	NO
8	33755	SHUNT; ASCENDING AORTA TO PULMON	10/1/2005	\$175.32	3	NO
8	33762	SHUNT; DESCENDING AORTA TO PULMO	10/1/2005	\$181.70	3	NO
8	33764	SHUNT CENTRAL WITH PROSTHETIC GR	10/1/2005	\$181.39	3	NO
8	33766	SHUNT; SUPERIOR VENA CAVA TO PUL	10/1/2005	\$197.58	3	NO
8	33767	SHUNT; SUPERIOR VENA CAVA TO PUL	10/1/2005	\$207.44	3	NO
8	33768	ANASTOMOSIS, CAVOPULMONARY, SECO	1/1/2006	\$61.55	3	NO
8	33770	REPAIR OF TRANSPOSITION OF THE G	10/1/2005	\$297.34	3	NO
8	33771	REPAIR OF TRANSPOSITION OF THE G	10/1/2005	\$273.05	3	NO
8	33774	REPAIR OF TRANSPOSITION OF THE G	10/1/2005	\$261.26	3	NO
8	33775	REP OF TRANSPOSITION OF THE GREA	10/1/2005	\$270.30	3	NO
8	33776	REP OF TRANSPOSITION OF THE GREA	10/1/2005	\$284.46	3	NO
8	33777	REP OF TRANSPOSITION OF THE GREA	10/1/2005	\$282.65	3	NO
8	33778	REPAIR OF TRANSPOSITION OF THE G	10/1/2005	\$326.76	3	NO
8	33779	REP OF TRANSPOSITION OF THE GREA	10/1/2005	\$282.44	3	NO
8	33780	REP OF TRANSPOSITION OF THE GREA	10/1/2005	\$334.29	3	NO
8	33781	REP OF TRANSPOSITION OF THE GREA	10/1/2005	\$288.82	3	NO
8	33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	10/1/2005	\$318.20	3	NO
8	33788	REIMPLANTATION OF AN ANOMALOUS P	10/1/2005	\$220.73	3	NO
8	33800	AORTIC SUSPENSION FOR TRACHEAL D	10/1/2005	\$138.88	3	NO
8	33802	DIVISION OF ABERRANT VESSEL (VAS	10/1/2005	\$150.98	3	NO
8	33803	DIVISION OF ABERRANT VESSEL (VAS	10/1/2005	\$168.68	3	NO
8	33813	OBLITERATION OF AORTOPULMONARY S	10/1/2005	\$179.68	3	NO
8	33814	OBLITERATION OF AORTOPULMONARY S	10/1/2005	\$218.86	3	NO
8	33820	REPAIR OF PATENT DUCTUS ARTERIOS	10/1/2005	\$140.18	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	33822	PATENT DUCTUS ARTERIOSUS; DIVISI	10/1/2005	\$149.99	3	NO
8	33824	PATENT DUCTUS ARTERIOSUS; DIVISI	10/1/2005	\$167.79	3	NO
8	33840	EXCISION OF COARCTATION OF AORTA	10/1/2005	\$171.43	3	NO
8	33845	EXCISION OF COARCTATION OF AORTA	10/1/2005	\$190.06	3	NO
8	33851	EXCIS OF COARCTATION OF AORTA,W/	10/1/2005	\$181.96	3	NO
8	33852	REPAIR OF HYPOPLASTIC OR INTERRU	10/1/2005	\$192.86	3	NO
8	33853	REPAIR OF HYPOPLASTIC OR INTERRU	10/1/2005	\$264.22	3	NO
8	33860	ASCENDING AORTA GRAFT, W/CARDIOP	10/1/2005	\$310.98	3	NO
8	33861	ASCENDING AORTA GRAFT, WITH CARI	10/1/2005	\$341.09	3	NO
8	33863	ASCENDING AORTA GRAFT WITH CARDI	10/1/2005	\$363.77	3	NO
8	33870	TRANSVERSE ARCH GRAFT, WITH CARD	10/1/2005	\$355.98	3	NO
8	33875	DESCENDING THORACIC AORTA GRAFT	10/1/2005	\$269.00	3	NO
8	33877	REPAIR OF THORACOABDOMINAL AORTI	10/1/2005	\$335.38	3	NO
8	33880	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	\$255.61	3	NO
8	33881	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	\$219.59	3	NO
8	33883	PLACEMENT OF PROXIMAL EXTENSION	1/1/2006	\$162.50	3	NO
8	33884	PLACEMENT OF PROXIMAL EXTENSION	1/1/2006	\$60.41	3	NO
8	33886	PLACEMENT OF DISTAL EXTENSION PR	1/1/2006	\$140.34	3	NO
8	33889	OPEN SUBCLAVIAN TO CAROTID ARTER	1/1/2006	\$120.82	3	NO
8	33891	BYPASS GRAFT, W/OTHER THAN VEIN,	1/1/2006	\$154.14	3	NO
8	33910	PULMONARY ARTERY EMBOLECTOMY; WI	10/1/2005	\$205.52	3	NO
8	33915	PULMONARY ARTERY EMBOLECTOMY; WI	10/1/2005	\$167.53	3	NO
8	33916	PULMONARY ENDARTERECTOMY WITH OR	10/1/2005	\$211.60	3	NO
8	33917	REPAIR OF PULMONARY ARTERY STENO	10/1/2005	\$209.16	3	NO
8	33918	REPAIR OF PULMONARY ATRESIA WITH	1/1/2006	INVALID	N	NO
8	33919	REPAIR OF PULMONARY ATRESIA WITH	1/1/2006	INVALID	N	NO
8	33920	REPAIR OF PULMONARY ATRESIA WITH	10/1/2005	\$259.86	3	NO
8	33922	TRANSECTION OF PULMONARY ARTERY	10/1/2005	\$194.31	3	NO
8	33924	LIGATION AND TAKEDOWN OF A SYSTE	10/1/2005	\$42.30	3	NO
8	33925	REPAIR OF PULMONARY ARTERY ARBOR	1/1/2006	\$253.27	3	NO
8	33926	REPAIR OF PULMONARY ARTERY ARBOR	1/1/2006	\$342.18	3	NO
8	33930	DONOR CARDIECTOMY-PNEUMONECTOMY	8/1/1986	NC	9	NO
8	33933	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
8	33935	HEART LUNG TRANSPLANT WITH RECIP	10/1/2005	\$511.68	3	YES
8	33940	DONOR CARDIECTOMY (INCLUDING COL	7/17/1987	NC	9	NO
8	33944	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
8	33945	HEART TRANSPLANT WITH OR WITHOUT	10/1/2005	\$360.76	3	YES
8	33968	REMOVAL OF INTRA-AORTIC BALLOON	10/1/2005	\$4.88	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	33970	INSERTION OF INTRA-AORTIC BALLOO	10/1/2005	\$51.07	3	NO
8	33973	INSERTION OF INTRA-AORTIC BALLOO	10/1/2005	\$74.11	3	NO
8	33975	INSERTION OF VENTRICULAR ASSIST	10/1/2005	\$156.95	3	NO
8	33976	INSERTION OF VENTRICULAR ASSIST	10/1/2005	\$175.01	3	NO
8	33977	REMOVAL OF VENTRICULAR ASSIST DE	10/1/2005	\$171.79	3	NO
8	33978	REMOVAL OF VENTRICULAR ASSIST DE	10/1/2005	\$190.21	3	NO
8	33999	UNLISTED PROCEDURE CARDIAC SURGE	4/1/1982	\$0.01	5	NO
8	34001	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$110.91	3	NO
8	34051	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$130.53	3	NO
8	34101	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$86.78	3	NO
8	34111	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$86.62	3	NO
8	34151	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$201.53	3	NO
8	34201	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$87.40	3	NO
8	34203	EMBOLECTOMY OR THROMBECTOMY WITH	10/1/2005	\$139.35	3	NO
8	34401	THROMBECTOMY DIRECT OR WITH CATH	10/1/2005	\$200.13	3	NO
8	34421	THROMBECTOMY DIRECT OR WITH CATH	10/1/2005	\$102.81	3	NO
8	34451	THROMBECTOMY DIRECT OR WITH CATH	10/1/2005	\$218.50	3	NO
8	34471	THROMBECTOMY DIRECT OR WITH CATH	10/1/2005	\$86.15	3	NO
8	34490	THROMBECTOMY DIRECT OR WITH CATH	10/1/2005	\$86.15	3	NO
8	34501	VALVULOPLASTY FEMORAL VEIN	10/1/2005	\$138.37	3	NO
8	34502	RECONSTRUCTION OF VENA CAVA, ANY	10/1/2005	\$221.98	3	NO
8	34510	VENOUS VALVE TRANSPOSITION ANY V	10/1/2005	\$158.81	3	NO
8	34520	CROSS-OVER VEIN GRAFT TO VENOUS	10/1/2005	\$148.17	3	NO
8	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSI	10/1/2005	\$139.82	3	NO
8	34800	ENDOVASCULAR REPAIR OF INTRARENA	10/1/2005	\$167.01	3	NO
8	34802	ENDOVASCULAR REPAIR OF INTRARENA	10/1/2005	\$181.65	3	NO
8	34803	ENDOVASCULAR REPAIR OF INFRARENA	10/1/2005	\$187.88	3	NO
8	34804	ENDOVASCULAR REPAIR OF INTRARENA	10/1/2005	\$181.65	3	NO
8	34805	ENDOVASCULAR REPAIR OF INFRARENA	10/1/2005	\$173.76	3	NO
8	34808	ENDOVASCULAR PLACEMENT OF ILIAC	10/1/2005	\$31.24	3	NO
8	34812	OPEN FEMORAL ARTERY EXPOSURE FOR	10/1/2005	\$52.52	3	NO
8	34813	PLACEMENT OF FEMORAL-FEMORAL PRO	10/1/2005	\$36.33	3	NO
8	34820	OPEN ILIAC ARTERY EXPOSURE FOR D	10/1/2005	\$74.63	3	NO
8	34825	PLACEMENT OF PROXIMAL OR DISTAL	10/1/2005	\$100.58	3	NO
8	34826	PLACEMENT OF PROXIMAL OR DISTAL	10/1/2005	\$30.72	3	NO
8	34830	OPEN REPAIR OF INFRARENAL AORTIC	10/1/2005	\$263.39	3	NO
8	34831	OPEN REPAIR OF INFRERENAL AORTIC	10/1/2005	\$267.86	3	NO
8	34832	OPEN REPAIR OF INFRARENAL AORTIC	10/1/2005	\$283.37	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	34833	OPEN ILIAC ARTERY EXPOSURE W/CRE	10/1/2005	\$93.63	3	NO
8	34834	OPEN BRACHIAL ARTERY EXPOSURE TO	10/1/2005	\$42.97	3	NO
8	34900	ENDOVASCULAR GRAFT REPLACEMENT F	10/1/2005	\$134.11	3	NO
8	35001	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$165.51	3	NO
8	35002	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$174.70	3	NO
8	35005	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$148.85	3	NO
8	35011	DIRECT REPAIR OF ANEURYSM, FALSE	10/1/2005	\$147.55	3	NO
8	35013	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$179.99	3	NO
8	35021	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$164.99	3	NO
8	35022	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$187.51	3	NO
8	35045	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$142.47	3	NO
8	35081	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$224.93	3	NO
8	35082	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$306.47	3	NO
8	35091	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$280.00	3	NO
8	35092	DIR. REPAIR OF ANEURYSM/EXCISION	10/1/2005	\$356.97	3	NO
8	35102	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$246.27	3	NO
8	35103	DIR. REPAIR OF ANEURYSM/EXCISION	10/1/2005	\$321.62	3	NO
8	35111	DIRECT REPAIR OF ANEURYSM, PSEUD	10/1/2005	\$201.27	3	NO
8	35112	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$238.53	3	NO
8	35121	DIRECT REPAIR OF ANEURYSM, PSEU	10/1/2005	\$241.49	3	NO
8	35122	DIRECT REPAIR OF ANEURYSM/EXCISI	10/1/2005	\$277.35	3	NO
8	35131	DIRECT REPAIR OF ANEURYSM, PSEU	10/1/2005	\$204.49	3	NO
8	35132	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$241.85	3	NO
8	35141	DIRECT REPAIR OF ANEURYSM, PSEU	10/1/2005	\$164.52	3	NO
8	35142	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$191.56	3	NO
8	35151	DIRECT REPAIR OF ANEURYSM, PSEU	10/1/2005	\$185.65	3	NO
8	35152	DIRECT REPAIR OF ANEURYSM OR EXC	10/1/2005	\$210.20	3	NO
8	35161	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2005	INVALID	N	NO
8	35162	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2005	INVALID	N	NO
8	35180	REPAIR CONGENITAL ARTERIOVENOUS	10/1/2005	\$111.79	3	NO
8	35182	REPAIR CONGENITAL ARTERIOVENOUS	10/1/2005	\$244.24	3	NO
8	35184	REPAIR CONGENITAL ARTERIOVENOUS	10/1/2005	\$149.21	3	NO
8	35188	REPAIR ACQUIRED OR TRAUMATIC ART	10/1/2005	\$124.66	3	NO
8	35189	REPAIR ACQUIRED OR TRAUMATIC ART	10/1/2005	\$227.48	3	NO
8	35190	REPAIR ACQUIRED OR TRAUMATIC ART	10/1/2005	\$108.78	3	NO
8	35201	REPAIR BLOOD VESSEL DIRECT NECK	10/1/2005	\$136.86	3	NO
8	35206	REPAIR BLOOD VESSELS OR A-V FIST	10/1/2005	\$112.21	3	NO
8	35207	REPAIR BLOOD VESSELS OR A-V FIST	10/1/2005	\$98.19	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	35211	REPAIR BLOOD VESSELS OR A-V FIST	10/1/2005	\$186.06	3	NO
8	35216	REPAIR BLOOD VESSELS OR A-V FIST	10/1/2005	\$157.26	3	NO
8	35221	REPAIR BLOOD VESSELS OR A-V FIST	10/1/2005	\$194.88	3	NO
8	35226	REPAIR BLOOD VESSELS OR A-V FIST	10/1/2005	\$123.99	3	NO
8	35231	REPAIR BLOOD VESSEL WITH VEIN GR	10/1/2005	\$168.73	3	NO
8	35236	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$142.00	3	NO
8	35241	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$195.51	3	NO
8	35246	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$215.49	3	NO
8	35251	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$238.69	3	NO
8	35256	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$151.91	3	NO
8	35261	REPAIR BLOOD VESSEL WITH GRAFT O	10/1/2005	\$146.98	3	NO
8	35266	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$124.25	3	NO
8	35271	REPAIR BLOOD VESSEL OR A-V FISUT	10/1/2005	\$185.39	3	NO
8	35276	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$201.22	3	NO
8	35281	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$226.02	3	NO
8	35286	REPAIR BLOOD VESSEL OR A-V FISTU	10/1/2005	\$137.48	3	NO
8	35301	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$154.56	3	NO
8	35311	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$218.40	3	NO
8	35321	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$132.76	3	NO
8	35331	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$213.36	3	NO
8	35341	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$205.73	3	NO
8	35351	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$186.11	3	NO
8	35355	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$151.44	3	NO
8	35361	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$227.43	3	NO
8	35363	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$243.93	3	NO
8	35371	THROMBOENDARTERECTOMY, WITH OR W	10/1/2005	\$123.16	3	NO
8	35372	THROMBOENDARTERECTOMY, WITH OR W	10/1/2005	\$148.43	3	NO
8	35381	THROMBOENDARTERECTOMY WITH OR WI	10/1/2005	\$133.80	3	NO
8	35390	REOPERATION, CAROTID, THROMBOEND	10/1/2005	\$24.39	3	NO
8	35450	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$77.07	3	NO
8	35452	TRANSLUMINAL ANGIOPLASTY, INTRAO	10/1/2005	\$53.98	3	NO
8	35454	TRANSLUMINAL ANGIOPLASTY, INTRAO	10/1/2005	\$47.64	3	NO
8	35456	TRANSLUMINAL ANGIOPLASTY, INTRAO	10/1/2005	\$57.66	3	NO
8	35458	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$73.59	3	NO
8	35459	TRANSLUMINAL ANGIOPLASTY, OPEN;	10/1/2005	\$67.26	3	NO
8	35460	TRANSLUMINAL ANGIOPLASTY, OPEN;	10/1/2005	\$47.33	3	NO
8	35470	TRANSLUMINAL BALLOON ANGIOPLASTY	10/1/2005	\$65.86	3	NO
8	35471	TRANSLUMINAL ANGIOPLASTY, PERCUT	10/1/2005	\$76.34	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	35472	TRANSLUMINAL ANGIOPLASTY, PERCUT	10/1/2005	\$53.15	3	NO
8	35473	TRANSLUMINAL ANGIOPLASTY, PERCUT	10/1/2005	\$46.55	3	NO
8	35474	TRANSLUMINAL ANGIOPLASTY, PERCUT	10/1/2005	\$56.21	3	NO
8	35475	TRANSLUMINAL ANGIOPLASTY, PERCUT	10/1/2005	\$71.05	3	NO
8	35476	TRANSLUMINAL ANGIOPLASTY, PERCUT	10/1/2005	\$45.52	3	NO
8	35480	TRANSLUMINAL PERIPHERAL ATHERECT	10/1/2005	\$85.01	3	NO
8	35481	TRANSLUMINAL PERIPHERAL ATHERECT	10/1/2005	\$60.05	3	NO
8	35482	TRANSLUMINAL PERIPHERAL ATHERECT	10/1/2005	\$52.37	3	NO
8	35483	TRANSLUMINAL PERIPHERAL ATHERECT	10/1/2005	\$63.42	3	NO
8	35484	TRANSLUMINAL PERIPHERAL ATHERECT	10/1/2005	\$80.29	3	NO
8	35485	TRANSLUMINAL PERIPHERAL ATHERECT	10/1/2005	\$74.32	3	NO
8	35500	HARVEST OF UPPER EXTREMITY VEIN,	10/1/2005	\$48.58	3	NO
8	35501	BYPASS GRAFT VEIN CAROTID	10/1/2005	\$157.41	3	NO
8	35506	BYPASS GRAFT VEIN; CAROTID SUB-C	10/1/2005	\$165.46	3	NO
8	35507	BYPASS GRAFT VEIN; SUBCLAVIAN-CA	10/1/2005	\$165.51	3	NO
8	35508	BYPASS GRAFT WITH VEIN CAROTID-V	10/1/2005	\$160.32	3	NO
8	35509	BYPASS GRAFT VEIN; CAROTID-CAROT	10/1/2005	\$152.64	3	NO
8	35510	BYPASS GRAFT, WITH VEIN; CAROTID	10/1/2005	\$182.90	3	NO
8	35511	BYPASS GRAFT VEIN; SUBCLAVIAN-SU	10/1/2005	\$172.93	3	NO
8	35512	BYPASS GRAFT, WITH VEIN; SUBCLAV	10/1/2005	\$179.42	3	NO
8	35515	BYPASS GRAFT WITH VEIN SUBCLAVIA	10/1/2005	\$159.02	3	NO
8	35516	BYPASS GRAFT VEIN; SUBCLAVIAN-AX	10/1/2005	\$131.93	3	NO
8	35518	BYPASS GRAFT WITH VEIN AXILLARY-	10/1/2005	\$171.74	3	NO
8	35521	BYPASSA GRAFT VEIN; AXILLARY-FEM	10/1/2005	\$181.81	3	NO
8	35522	BYPASS GRAFT, WITH VEIN; AXILLAR	10/1/2005	\$174.28	3	NO
8	35525	BYPASS GRAFT, WITH VEIN; BRACHIA	10/1/2005	\$166.44	3	NO
8	35526	BYPASS GRAFT VEIN; AORTOSUBCLAVI	10/1/2005	\$238.74	3	NO
8	35531	BYPASS GRAFT WITH VEIN AORTOCELI	10/1/2005	\$288.77	3	NO
8	35533	BYPASS GRAFT WITH VEIN AXILLARY-	10/1/2005	\$225.14	3	NO
8	35536	BYPASS GRAFT VEIN; SPLENORENAL	10/1/2005	\$254.52	3	NO
8	35541	BYPASS GRAFT, WITH VEIN; AORTOIL	10/1/2005	\$210.56	3	NO
8	35546	BYPASS GRAFT WITH VEIN AORTOFEMO	10/1/2005	\$207.44	3	NO
8	35548	BYPASS GRAFT VEIN; AORTOILIOFEMO	10/1/2005	\$175.94	3	NO
8	35549	BYPASS GRAFT VEIN; AORTOILIOFEMO	10/1/2005	\$191.72	3	NO
8	35551	BYPASS GRAFT VEIN; AORTOFEMORAL-	10/1/2005	\$216.22	3	NO
8	35556	BYPASS GRAFT VEIN; FEMORAL-POPLI	10/1/2005	\$179.00	3	NO
8	35558	BYPASS GRAFT VEIN; FEMORAL-FEMOR	10/1/2005	\$174.54	3	NO
8	35560	BYPASS GRAFT WITH VEIN AORTORENA	10/1/2005	\$259.08	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	35563	BYPASS GRAFT VEIN; ILOILIAC	10/1/2005	\$197.64	3	NO
8	35565	BYPASS GRAFT VEIN; ILIOFEMORAL	10/1/2005	\$189.64	3	NO
8	35566	BYPASS GRAFT, W/VEIN;FEMORAL-ANT	10/1/2005	\$218.19	3	NO
8	35571	BYPASS GRAFT, W/VEIN; POPLITEAL-	10/1/2005	\$198.52	3	NO
8	35572	HARVEST OF FEMOROPOPLITEAL VEIN,	10/1/2005	\$52.06	3	NO
8	35582	IN-SITU VEIN BYPASS; AORTOFEMORA	1/1/2005	INVALID	N	NO
8	35583	IN-SITU VEIN BYPASS; FEMORAL POP	10/1/2005	\$184.87	3	NO
8	35585	IN-SITU VEIN BYPASS; FEMORAL-ANT	10/1/2005	\$231.11	3	NO
8	35587	IN-SITU VEIN BYPASS; POPLITEAL-T	10/1/2005	\$205.63	3	NO
8	35600	HARVEST OF UPPER EXTREMITY ARTER	4/1/2005	\$37.78	3	NO
8	35601	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$148.49	3	NO
8	35606	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$148.49	3	NO
8	35612	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$133.12	3	NO
8	35616	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$134.47	3	NO
8	35621	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$163.49	3	NO
8	35623	BYPASS GRAFT, WITH OTHER THAN VE	10/1/2005	\$196.60	3	NO
8	35626	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$226.39	3	NO
8	35631	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$273.20	3	NO
8	35636	BYPASS GRAFT, WITH OTHER THAN VE	10/1/2005	\$237.75	3	NO
8	35641	BYPASS GRAFT, WITH OTHER THAN VE	10/1/2005	\$202.62	3	NO
8	35642	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$149.89	3	NO
8	35645	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$146.25	3	NO
8	35646	BYPASS GRAFT, WITH OTHER THAN VE	10/1/2005	\$251.20	3	NO
8	35647	BYPASS GRAFT, WITH OTHER THAN VE	10/1/2005	\$226.49	3	NO
8	35650	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$155.65	3	NO
8	35651	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$202.10	3	NO
8	35654	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$202.88	3	NO
8	35656	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$160.01	3	NO
8	35661	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$158.55	3	NO
8	35663	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$181.65	3	NO
8	35665	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$173.19	3	NO
8	35666	BYPASS GRAFT WITH OTHER THAN VEI	10/1/2005	\$186.37	3	NO
8	35671	BYPASS GRAFT, WITH OTHER THAN VE	10/1/2005	\$162.86	3	NO
8	35681	BYPASS GRAFT COMPOSITE	10/1/2005	\$12.20	3	NO
8	35682	BYPASS GRAFT; AUTOGENOUS COMPOSI	10/1/2005	\$54.96	3	NO
8	35683	BYPASS GRAFT; AUTOGENOUS COMPOSI	10/1/2005	\$64.93	3	NO
8	35691	TRANSPOSITION AND/OR REIMPLANTAT	10/1/2005	\$150.61	3	NO
8	35693	TRANSPOSITION AND/OR REIMPLANTAT	10/1/2005	\$131.10	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	35694	TRANSPOSITION AND/OR REIMPLANTAT	10/1/2005	\$157.78	3	NO
8	35695	TRANSPOSITION AND/OR REIMPLANTAT	10/1/2005	\$157.72	3	NO
8	35700	REOPERATION, FEMORAL-POPLITEAL O	10/1/2005	\$23.51	3	NO
8	35701	EXPLORATION (NOT FOLL BY SURG RE	10/1/2005	\$76.55	3	NO
8	35721	EXPLORATION; FEMORAL ARTERY	10/1/2005	\$65.50	3	NO
8	35741	EXPLORATION; POPLITEAL ARTERY	10/1/2005	\$71.31	3	NO
8	35761	EXPLORATION; OTHER VESSELS	10/1/2005	\$52.47	3	NO
8	35800	EXPLORATION FOR POSTOPERATIVE HE	10/1/2005	\$65.45	3	NO
8	35820	EXPLORATION FOR POSTOPERATIVE HE	10/1/2005	\$113.76	3	NO
8	35840	EXPLORATION FOR POSTOPERATIVE HE	10/1/2005	\$84.86	3	NO
8	35860	EXPLORATION FOR POSTOPERATIVE HE	10/1/2005	\$53.66	3	NO
8	35870	REPAIR OF GRAFT-ENTERIC FISTULA	10/1/2005	\$180.72	3	NO
8	35875	THROMBECTOMY OF ARTERIAL OR VENO	10/1/2005	\$86.52	3	NO
8	35876	THROMBECTOMY OF ARTERIAL OR VENO	10/1/2005	\$139.30	3	NO
8	35879	REVISION, LOWER EXTREMITY ARTERI	10/1/2005	\$134.58	3	NO
8	35881	REVISION, LOWER EXTREMITY ARTERI	10/1/2005	\$151.34	3	NO
8	35901	EXCISION OF INFECTED GRAFT; NECK	10/1/2005	\$75.88	3	NO
8	35903	EXCISION OF INFECTED GRAFT; EXTR	10/1/2005	\$87.30	3	NO
8	35905	EXCISION OF INFECTED GRAFT; THOR	10/1/2005	\$253.01	3	NO
8	35907	EXCISION OF INFECTED GRAFT; ABDO	10/1/2005	\$280.00	3	NO
8	36261	REVISION OF IMPLANTED INFUSION P	10/1/2005	\$50.86	3	NO
8	36455	EXCHANGE TRANSFUSION; OTHER THAN	10/1/2005	\$18.68	3	NO
8	36460	TRANSFUSION INTRAUTERINE FETAL	10/1/2005	\$49.88	3	NO
8	36470	INJECTION OF SCLEROSING SOLUTION	2/1/1984	NC	9	NO
8	36471	INJECTION OF SCLEROSING SOLUTION	2/1/1984	NC	9	NO
8	36490	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	NC	9	NO
8	36491	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	NC	9	NO
8	36520	THERAPEUTIC APHERESIS (PLASMA AN	7/1/2003	INVALID	N	NO
8	36521	THERAPEUTIC APHERESIS; W/EXTRACO	7/1/2003	INVALID	N	NO
8	36530	INSERTION OF IMPLANTABLE INTRAVE	4/1/2004	INVALID	N	NO
8	36531	REVISION OF IMPLANTABLE INTRAVEN	4/1/2004	INVALID	N	NO
8	36532	REMOVAL OF IMPLANTABLE INTRAVENO	4/1/2004	INVALID	N	NO
8	36533	INSERTION OF IMPLANTABLE VENOUS	4/1/2004	INVALID	N	NO
8	36534	REVISION OF IMPLANTABLE VENOUS A	4/1/2004	INVALID	N	NO
8	36535	REMOVAL OF IMPLANTABLE VENOUS AC	4/1/2004	INVALID	N	NO
8	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN;	10/1/2005	\$100.84	3	NO
8	36819	ARTERIOVENOUS ANASTOMOSIS, OPEN;	10/1/2005	\$115.58	3	NO
8	36821	ARTERIOVENOUS ANASTOMOSIS, DIREC	10/1/2005	\$76.71	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	36825	CREATION OF ARTERIOVENOUS FISTUL	10/1/2005	\$84.13	3	NO
8	36830	CREATION OF ARTERIOVENOUS FISTUL	10/1/2005	\$97.83	3	NO
8	36831	THROMBECTOMY, OPEN, ARTERIOVENOU	10/1/2005	\$67.52	3	NO
8	36832	REVISION, OPEN, ARTERIOVENOUS FI	10/1/2005	\$86.31	3	NO
8	36833	REVISION, ARTERIOVENOUS FISTULA;	10/1/2005	\$97.42	3	NO
8	36834	PLASTIC REPAIR OF ARTERIOVENOUS	10/1/2005	\$83.40	3	NO
8	36838	DISTAL REVASCULARIZATION AND INT	10/1/2005	\$171.11	3	NO
8	37145	VENOUS ANASTOMOSIS; RENOPORTAL	10/1/2005	\$200.59	3	NO
8	37160	VENOUS ANASTOMOSIS; CAVAL-MESENT	10/1/2005	\$174.38	3	NO
8	37180	VENOUS ANASTOMOSIS; SPLENORENAL,	10/1/2005	\$198.10	3	NO
8	37181	ANASTOMOSIS SPLENORENAL DISTAL (	10/1/2005	\$212.84	3	NO
8	37182	INSERTION OF TRANSVENOUS INTRAHE	10/1/2005	\$124.72	3	NO
8	37183	REVISION OF TRANSVENOUS INTRAHEP	10/1/2005	\$59.58	3	NO
8	37215	TRANSCATHETER PLACEMENT OF INTRA	10/1/2005	\$149.94	3	NO
8	37216	TRANSCATHETER PLACEMENT OF INTRA	10/1/2005	\$144.44	3	NO
8	37600	LIGATION EXTERNAL CAROTIDARTERY	10/1/2005	\$100.01	3	NO
8	37605	LIGATION; INTERNAL OR COMMON CAR	10/1/2005	\$113.82	3	NO
8	37606	LIGATION INTERNAL OR COMMON CARO	10/1/2005	\$62.59	3	NO
8	37615	LIGATION MAJOR ARTERY (EG POST-T	10/1/2005	\$54.65	3	NO
8	37616	LIGATION MAJOR ARTERY (EG POST-T	10/1/2005	\$139.30	3	NO
8	37617	LIGATION MAJOR ARTERY (EG POST-T	10/1/2005	\$177.13	3	NO
8	37618	LIGATION MAJOR ARTERY (EG POST-T	10/1/2005	\$47.23	3	NO
8	37660	LIGATION OF COMMON ILIAC VEIN	10/1/2005	\$168.57	3	NO
8	37720	LIGATION AND DIVISION AND COMPLE	1/1/2006	INVALID	N	NO
8	37730	LIGATION AND DIVISION AND COMPLE	1/1/2006	INVALID	N	NO
8	37735	LIGATION & DIV & COMP STRIP OF L	10/1/2005	\$90.77	3	NO
8	37760	LIGATION OF PERFORATOR VEINS, SU	10/1/2005	\$89.16	3	NO
8	37785	LIGATION, DIVISION, AND/OR EXCIS	10/1/2005	\$49.46	3	NO
8	37788	PENILE REVASCULARIZATION, ARTERY	3/1/1992	NC	9	NO
8	38100	SPLENECTOMY; TOTAL, EN BLOC	10/1/2005	\$116.93	3	NO
8	38101	SPLENECTOMY (SEPARATE PROCEDURE)	10/1/2005	\$123.37	3	NO
8	38102	SPLENECTOMY; TOTAL, EN BLOC FOR	10/1/2005	\$36.59	3	NO
8	38115	REPAIR OF RUPTURED SPLEEN (SPLEN	10/1/2005	\$126.84	3	NO
8	38120	LAPAROSCOPY, SURGICAL, SPLENECTO	10/1/2005	\$137.85	3	NO
8	38231	BLOOD-DERIVED PERIPHERAL STEM CE	7/1/2003	INVALID	N	NO
8	38308	LYMPHANGIOTOMY OR OTHER OPERATIO	10/1/2005	\$57.25	3	NO
8	38380	SUTURE AND/OR LIGATION OF THORAC	10/1/2005	\$72.30	3	NO
8	38381	SUTURE AND/OR LIGATION OF THORAC	10/1/2005	\$111.95	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	38382	SUTURE AND/OR LIGATION OF THORAC	10/1/2005	\$89.16	3	NO
8	38530	BIOPSY OR EXCISION OF LYMPH NODE	10/1/2005	\$69.86	3	NO
8	38542	DISSECTION DEEP JUGULAR NODE(S)	10/1/2005	\$57.09	3	NO
8	38550	EXCISION OF CYSTIC HYGROMA, AXIL	10/1/2005	\$60.67	3	NO
8	38555	EXCISION OF CYSTIC HYGROMA, AXIL	10/1/2005	\$126.79	3	NO
8	38562	LIMITED LYMPHADENECTOMY FOR STAG	10/1/2005	\$90.57	3	NO
8	38564	LIMITED LYMPHADENECTOMY FOR STAG	10/1/2005	\$90.15	3	NO
8	38570	LAPAROSCOPY, SURGICAL; W/RETROPE	10/1/2005	\$74.42	3	NO
8	38571	LAPAROSCOPY, SURGICAL; WITH BILA	10/1/2005	\$111.38	3	NO
8	38572	LAPAROSCOPY, SURGICAL; W/BILATER	10/1/2005	\$132.50	3	NO
8	38700	SUPRAHYOID LYMPHADENECTOMY	10/1/2005	\$78.99	3	NO
8	38720	CERVICAL LYMPHADENECTOMY (COMPLE	10/1/2005	\$125.55	3	NO
8	38724	CERVICAL LYMPHADENECTOMY (MODIFI	10/1/2005	\$133.18	3	NO
8	38740	AXILLARY LYMPHADENECTOMY SUPERFI	10/1/2005	\$84.39	3	NO
8	38745	AXILLARY LYMPHADENECTOMY; COMPLE	10/1/2005	\$108.26	3	NO
8	38746	THORACIC LYMPHADENECTOMY, REGION	10/1/2005	\$37.32	3	NO
8	38747	ABDOMINAL LYMPHADENECTOMY, REGIO	10/1/2005	\$37.26	3	NO
8	38760	INGUINOFEMORAL LYMPHADENECTOMY,	10/1/2005	\$107.59	3	NO
8	38765	INGUINOFEMORAL LYMPHADENECTOMY,S	10/1/2005	\$161.98	3	NO
8	38770	PELVIC LYMPHADENECTOMY, INCLUDIN	10/1/2005	\$105.67	3	NO
8	38780	RETROPERITONEAL TRANSABDOMINAL L	10/1/2005	\$138.26	3	NO
8	38999	UNLISTED PROCEDURE HEMIC OR LYMP	2/1/1989	\$0.01	5	NO
8	39000	MEDIASTINOTOMY WITH EXPLORATION,	10/1/2005	\$60.15	3	NO
8	39010	MEDIASTINOTOMY WITH EXPLORATION,	10/1/2005	\$108.89	3	NO
8	39200	EXCISION OF MEDIASTINAL CYST	10/1/2005	\$119.58	3	NO
8	39220	EXCISION OF MEDIASTINAL TUMOR	10/1/2005	\$151.18	3	NO
8	39499	UNLISTED PROCEDURE MEDIASTINUM	2/1/1994	\$0.01	5	NO
8	39501	REPAIR, LACERATION OF DIAPHRAGM,	10/1/2005	\$110.81	3	NO
8	39502	REPAIR PARAESOPHAGEAL HIATUS HER	10/1/2005	\$132.81	3	NO
8	39503	REPAIR, NEONATAL DIAPHRAGMATIC H	10/1/2005	\$721.93	3	NO
8	39520	REPAIR DIAPHRAGMATIC HERNIA (ESO	10/1/2005	\$136.60	3	NO
8	39530	REPAIR DIAPHRAGMATIC HERNIA (ESO	10/1/2005	\$127.67	3	NO
8	39531	REPAIR DIAPHRAGMATIC HERNIA (ESO	10/1/2005	\$134.78	3	NO
8	39540	REPAIR DIAPHRAGMATIC HERNIA (OTH	10/1/2005	\$110.39	3	NO
8	39541	REPAIR DIAPHRAGMATIC HERNIA (OTH	10/1/2005	\$118.70	3	NO
8	39545	IMBRICATION OF DIAPHRAGM FOR EVE	10/1/2005	\$117.81	3	NO
8	39560	RESECTION, DIAPHRAGM; WITH SIMP	10/1/2005	\$102.81	3	NO
8	39561	RESECTION, DIAPHRAGM; WITH COMPL	10/1/2005	\$151.34	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	39599	UNLISTED PROCEDURE DIAPHRAGM	2/1/1994	\$0.01	5	NO
8	40701	PLASTIC REPAIR OF CLEFT LIP; PRI	10/1/2005	\$149.47	3	NO
8	40702	PLASTIC REPAIR OF CLEFT LIP; PRI	10/1/2005	\$116.83	3	NO
8	40761	PLASTIC REPAIR OF CLEFT LIP WITH	10/1/2005	\$139.51	3	NO
8	40799	UNLISTED PROCEDURE LIPS	4/1/1982	\$0.01	5	NO
8	40840	VESTIBULOPLASTY ANTERIOR	10/1/2005	\$101.46	3	NO
8	40843	VESTIBULOPLASTY; POSTERIOR BILAT	10/1/2005	\$131.88	3	NO
8	40844	VESTIBULOPLASTY; ENTIRE ARCH	10/1/2005	\$175.01	3	NO
8	41120	GLOSSECTOMY LESS THAN ONE-HALF T	10/1/2005	\$134.42	3	NO
8	41130	GLOSSECTOMY; HEMIGLOSSECTOMY	10/1/2005	\$146.83	3	NO
8	41135	GLOSSECTOMY; PARTIAL WITH UNILAT	10/1/2005	\$250.42	3	NO
8	41140	GLOSSECTOMY COMPLETE OR TOTAL WI	10/1/2005	\$282.18	3	NO
8	41145	GLOSSECTOMY COMPLETE OR TOTAL WI	10/1/2005	\$327.64	3	NO
8	41150	GLOSSECTOMY COMPOSITE PROCEDURE	10/1/2005	\$258.10	3	NO
8	41153	GLOSSECTOMY COMPOSITE PROCEDURE	10/1/2005	\$263.76	3	NO
8	41155	GLOSSECTOMY COMPOSITE PROCEDURE	10/1/2005	\$295.31	3	NO
8	41870	PERIODONTAL MUCOSAL GRAFTING	1/1/1993	NC	9	NO
8	41872	GINGIVOPLASTY, EACH QUADRANT (SP	1/1/1993	NC	9	NO
8	41874	ALVEOLOPLASTY, EACH QUADRANT (S	2/1/1993	NC	9	NO
8	41899	UNLISTED PROCEDURE DENTOALVEOLAR	9/20/1993	\$0.01	5	NO
8	42120	RESECTION PALATE OR EXTENSIVE RE	10/1/2005	\$95.86	3	NO
8	42200	PALATOPLASTY FOR CLEFT PALATE SO	10/1/2005	\$121.76	3	NO
8	42205	PALATOPLASTY FOR CLEFT PALATE WI	10/1/2005	\$129.23	3	NO
8	42210	PALATOPLASTY FOR CLEFT PALATE WI	10/1/2005	\$145.74	3	NO
8	42215	PALATOPLASTY FOR CLEFT PALATE MA	10/1/2005	\$99.54	3	NO
8	42220	PALATOPLASTY FOR CLEFT PALATE; S	10/1/2005	\$75.31	3	NO
8	42225	PALATOPLASTY FOR CLEFT PALATE; A	10/1/2005	\$142.62	3	NO
8	42226	LENGTHENING OF PALATE, AND PHARY	10/1/2005	\$133.38	3	NO
8	42227	LENGTHENING OF PALATE, WITH ISLA	10/1/2005	\$135.10	3	NO
8	42235	REPAIR ANTERIOR PALATE INCLUDING	10/1/2005	\$106.08	3	NO
8	42260	REPAIR NASOLABIAL FISTULA	10/1/2005	\$110.18	3	NO
8	42299	UNLISTED PROCEDURE PALATE UVULA	4/1/1982	\$0.01	5	NO
8	42325	FISTULIZATION SUBLINGUAL SALIVAR	1/1/2006	INVALID	N	NO
8	42326	FISTULIZATION SUBLINGUAL SALIVAR	1/1/2006	INVALID	N	NO
8	42409	MARSUPIALIZATION SUBLINGUAL SALI	10/1/2005	\$39.44	3	NO
8	42410	EXCISION PAROTID TUMOR OR PAROTI	10/1/2005	\$85.43	3	NO
8	42415	EXCISION PAROTID TUMOR OR PAROTI	10/1/2005	\$151.44	3	NO
8	42420	EXCISION PAROTID TUMOR OR PAROTI	10/1/2005	\$174.38	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	42425	EXCISION PAROTID TUMOR OR PAROTI	10/1/2005	\$118.02	3	NO
8	42426	EXCISION PAROTID TUMOR OR PAROTI	10/1/2005	\$187.31	3	NO
8	42440	EXCISION SUBMANDIBULAR (SUBMAXIL	10/1/2005	\$64.10	3	NO
8	42507	PAROTID DUCT DIVERSION BILATERAL	10/1/2005	\$68.09	3	NO
8	42508	PAROTID DUCT DIVERSION BILATERAL	10/1/2005	\$95.86	3	NO
8	42510	PAROTID DUCT DIVERSION BILATERAL	10/1/2005	\$86.10	3	NO
8	42699	UNLISTED PROCEDURE SALIVARY GLAN	4/1/1982	\$0.01	5	NO
8	42725	INCISION AND DRAINAGE ABSCESS RE	10/1/2005	\$103.18	3	NO
8	42810	EXCISION BRANCHIAL CLEFT CYST OR	10/1/2005	\$48.06	3	NO
8	42815	EXCISION BRANCHIAL CLEFT CYST, V	10/1/2005	\$73.13	3	NO
8	42844	RADICAL RESECTION OF TONSIL TONS	10/1/2005	\$164.57	3	NO
8	42845	RADICAL RESECTION OF TONSIL TONS	10/1/2005	\$256.85	3	NO
8	42890	LIMITED PHARYNGECTOMY WITHOUT RA	10/1/2005	\$146.15	3	NO
8	42892	RESECTION OF LATERAL PHARYNGEAL	10/1/2005	\$178.17	3	NO
8	42894	RESECTION OF PHARYNGEAL WALL REQ	10/1/2005	\$242.79	3	NO
8	42950	PHARYNGOPLASTY (PLASTIC OR RECON	10/1/2005	\$107.33	3	NO
8	42953	PHARYNGOESOPHAGEAL REPAIR	10/1/2005	\$141.06	3	NO
8	42955	PHARYNGOSTOMY (FISTULIZATION OF	10/1/2005	\$97.83	3	NO
8	42961	CONTROL OROPHARYNGEAL HEMORRHAGE	10/1/2005	\$57.09	3	NO
8	42962	CONTROL OROPHARYNGEAL HEMORRHAGE	10/1/2005	\$70.74	3	NO
8	42971	CONTROL OF NASOPHARYNGEAL HEMORR	10/1/2005	\$61.40	3	NO
8	42972	CONTROL OF NASOPHARYNGEAL HEMORR	10/1/2005	\$70.12	3	NO
8	43020	ESOPHAGOTOMY CERVICAL APPROACH;	10/1/2005	\$74.58	3	NO
8	43030	CRICOPHARYNGEAL MYOTOMY	10/1/2005	\$71.99	3	NO
8	43045	ESOPHAGOTOMY, THORACIC APPROACH,	10/1/2005	\$173.09	3	NO
8	43100	EXCISION OF LESION, ESOPHAGUS, W	10/1/2005	\$84.70	3	NO
8	43101	EXCISION OF LESION, ESOPHAGUS, W	10/1/2005	\$136.65	3	NO
8	43107	TOTAL OR NEAR TOTAL ESOPHAGECTOM	10/1/2005	\$328.11	3	NO
8	43108	TOTAL OR NEAR TOTAL ESOPHAGECTOM	10/1/2005	\$271.39	3	NO
8	43112	TOTAL OR NEAR TOTAL ESOPHAGECTOM	10/1/2005	\$355.26	3	NO
8	43113	TOTAL OR NEAR TOTAL ESOPHAGECTOM	10/1/2005	\$283.94	3	NO
8	43116	PARTIAL ESOPHAGECTOMY, CERVICAL,	10/1/2005	\$264.07	3	NO
8	43117	PARTIAL ESOPHAGECTOMY, DISTAL TW	10/1/2005	\$323.23	3	NO
8	43118	PARTIAL ESOPHAGECTOMY, DISTAL TW	10/1/2005	\$264.69	3	NO
8	43121	PARTIAL ESOPHAGECTOMY, DISTAL TW	10/1/2005	\$242.27	3	NO
8	43122	PARTIAL ESOPHAGECTOMY, THORACOAB	10/1/2005	\$324.79	3	NO
8	43123	PARTIAL ESOPHAGECTOMY, THORACOAB	10/1/2005	\$266.82	3	NO
8	43124	TOTAL OR PARTIAL ESOPHAGECTOMY,	10/1/2005	\$228.52	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	43130	DIVERTICULECTOMY HYPOPHARYNX OR	10/1/2005	\$106.24	3	NO
8	43135	DIVERTICULECTOMY HYPOPHARYNX OR	10/1/2005	\$137.22	3	NO
8	43280	LAPAROSCOPY, SURGICAL, ESOPHAGOG	10/1/2005	\$138.78	3	NO
8	43289	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
8	43300	ESOPHAGOPLASTY (PLASTIC REPAIR O	10/1/2005	\$86.00	3	NO
8	43305	ESOPHAGOPLASTY (PLASTIC REPAIR O	10/1/2005	\$153.78	3	NO
8	43310	ESOPHAGOPLASTY (PLASTIC REPAIR O	10/1/2005	\$206.56	3	NO
8	43312	ESOPHAGOPLASTY (PLASTIC REPAIR O	10/1/2005	\$229.55	3	NO
8	43320	ESOPHAGOGASTROSTOMY (CARDIOPLAST	10/1/2005	\$164.16	3	NO
8	43324	ESOPHAGOGASTRIC FUNDOPLASTY (EG	10/1/2005	\$166.18	3	NO
8	43325	ESOPHAGOGASTRIC FUNDOPLASTY WITH	10/1/2005	\$162.97	3	NO
8	43326	ESOPHAGOGASTRIC FUNDOPLASTY; WIT	10/1/2005	\$164.94	3	NO
8	43330	ESOPHAGOMYOTOMY (HELLER TYPE); A	10/1/2005	\$160.11	3	NO
8	43331	ESOPHAGOMYOTOMY ((HELLER TYPE) W	10/1/2005	\$169.76	3	NO
8	43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOT	10/1/2005	\$160.84	3	NO
8	43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOT	10/1/2005	\$174.95	3	NO
8	43350	ESOPHAGOSTOMY FISTULIZATION OF E	10/1/2005	\$132.92	3	NO
8	43351	ESOPHAGOSTOMY FISTULIZATION OF E	10/1/2005	\$158.55	3	NO
8	43352	ESOPHAGOSTOMY FISTULIZATION OF E	10/1/2005	\$132.81	3	NO
8	43360	GASTROINTESTINAL RECONSTRUCTION	10/1/2005	\$288.30	3	NO
8	43361	GASTROINTESTINAL RECONSTRUCTION	10/1/2005	\$320.48	3	NO
8	43400	LIGATION DIRECT ESOPHAGEAL VARIC	10/1/2005	\$168.73	3	NO
8	43401	TRANSECTION OF ESOPHAGUS WITH RE	10/1/2005	\$179.31	3	NO
8	43405	LIGATION OR STAPLING AT GASTROES	10/1/2005	\$167.74	3	NO
8	43410	SUTURE ESOPHAGEAL WOUND OR INJUR	10/1/2005	\$118.49	3	NO
8	43415	SUTURE OF ESOPHAGEAL WOUND OR IN	10/1/2005	\$208.07	3	NO
8	43425	CLOSURE OF ESOPHAGOSTOMY OR FIST	10/1/2005	\$175.89	3	NO
8	43496	FREE JEJUNUM TRANSFER WITH MICRO	1/1/1997	\$0.01	5	NO
8	43499	UNLISTED PROCEDURE ESOPHAGUS	4/1/1982	\$0.01	5	NO
8	43500	GASTROTOMY WITH EXPLORATION OR F	10/1/2005	\$90.36	3	NO
8	43501	GASTROTOMY; WITH SUTURE REPAIR O	10/1/2005	\$160.53	3	NO
8	43502	GASTROTOMY; WITH SUTURE REPAIR O	10/1/2005	\$184.82	3	NO
8	43510	GASTROTOMY; WITH ESOPHAGEAL DILA	10/1/2005	\$109.51	3	NO
8	43520	PYLOROMYOTOMY CUTTING OF PYLORIC	10/1/2005	\$85.89	3	NO
8	43605	BIOPSY OF STOMACH; BY LAPAROTOMY	10/1/2005	\$97.62	3	NO
8	43610	EXCISION, LOCAL; ULCER OR BENIGN	10/1/2005	\$117.40	3	NO
8	43611	EXCISION, LOCAL; MALIGNANT TUMOR	10/1/2005	\$143.71	3	NO
8	43620	GASTRECTOMY, TOTAL; WITH ESOPHAG	10/1/2005	\$237.13	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	43621	GASTRECTOMY, TOTAL; WITH ROUX-EN	10/1/2005	\$242.11	3	NO
8	43622	GASTRECTOMY, TOTAL; WITH FORMATI	10/1/2005	\$255.92	3	NO
8	43631	GASTRECTOMY, PARTIAL, DISTAL; WI	10/1/2005	\$179.83	3	YES
8	43632	GASTRECTOMY, PARTIAL, DISTAL; WI	10/1/2005	\$179.83	3	YES
8	43633	GASTRECTOMY, PARTIAL, DISTAL; WI	10/1/2005	\$183.78	3	YES
8	43634	GASTRECTOMY, PARTIAL, DISTAL; WI	10/1/2005	\$199.61	3	YES
8	43635	VAGOTOMY W/PARTIAL DISTAL GASTRE	10/1/2005	\$15.73	3	NO
8	43638	GASTRECTOMY, PARTIAL, PROXIMAL,	1/1/2006	INVALID	N	NO
8	43639	GASTRECTOMY, PARTIAL, PROXIMAL;	1/1/2006	INVALID	N	NO
8	43640	VAGOTOMY INCLUDING PYLOROPLASTY	10/1/2005	\$137.33	3	NO
8	43641	VAGOTOMY INCLUDING PYLOROPLASTY	10/1/2005	\$138.99	3	NO
8	43651	LAPAROSCOPY, SURGICAL; TRANSECTI	10/1/2005	\$84.18	3	NO
8	43652	LAPAROSCOPY, SURGICAL; TRANSECTI	10/1/2005	\$100.79	3	NO
8	43653	LAPAROSCOPY, SURGICAL; GASTROSTO	10/1/2005	\$66.95	3	NO
8	43659	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
8	43800	PYLOROPLASTY	10/1/2005	\$110.75	3	NO
8	43810	GASTRODUODENOSTOMY	10/1/2005	\$117.86	3	NO
8	43820	GASTROJEJUNOSTOMY; WITHOUT VAGOT	10/1/2005	\$123.26	3	NO
8	43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY	10/1/2005	\$154.25	3	NO
8	43830	GASTROSTOMY TEMPORARY (TUBE RUBB	10/1/2005	\$80.76	3	NO
8	43831	GASTROSTOMY TEMPORARY (TUBE RUBB	10/1/2005	\$69.18	3	NO
8	43832	GASTROSTOMY PERMANENT WITH CONST	10/1/2005	\$126.38	3	NO
8	43840	GASTRORRHAPHY SUTURE OF PERFORAT	10/1/2005	\$126.22	3	NO
8	43842	GASTRIC RESTRICTIVE PROCEDURE, W	10/1/2005	\$148.69	3	NO
8	43843	GASTRIC RESTRICTIVE PROC, W/OUT	10/1/2005	\$149.52	3	NO
8	43846	GASTRIC RESTRICTIVE PROC, W/GAST	10/1/2005	\$192.86	3	NO
8	43847	GASTRIC RESTRICTIVE PROCEDURE, W	1/1/2002	NC	9	NO
8	43850	REVISION OF GASTRODUODENAL ANAST	10/1/2005	\$195.51	3	NO
8	43855	REVISION OF GASTRODUODENAL ANAST	10/1/2005	\$206.93	3	NO
8	43860	REVISION OF GASTROJEJUNAL ANASTO	10/1/2005	\$198.10	3	NO
8	43865	REVISION OF GASTROJEJUNAL ANASTO	10/1/2005	\$209.78	3	NO
8	43870	CLOSURE OF GASTROSTOMY SURGICAL	10/1/2005	\$80.03	3	NO
8	43880	CLOSURE OF GASTROCOLIC FISTULA	10/1/2005	\$195.56	3	NO
8	44005	ENTEROLYSIS (FREEING OF INTESTIN	10/1/2005	\$129.75	3	NO
8	44010	DUODENOTOMY, FOR EXPLORATION, BI	10/1/2005	\$101.41	3	NO
8	44015	TUBE OR NEEDLE CATHETER JEJUNOST	10/1/2005	\$19.93	3	NO
8	44020	ENTEROTOMY, SMALL INTESTINE, OTH	10/1/2005	\$112.57	3	NO
8	44021	ENTEROTOMY SMALL BOWELL OTHER TH	10/1/2005	\$113.19	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	44025	COLOTOMY, FOR EXPLORATION, BIOPS	10/1/2005	\$114.54	3	NO
8	44050	REDUCTION OF VOLVULUS INTUSSUSCE	10/1/2005	\$112.99	3	NO
8	44055	CORRECTION OF MALROTATION BY LYS	10/1/2005	\$173.87	3	NO
8	44110	EXCISION OF ONE OR MORE LESIONS	10/1/2005	\$96.12	3	NO
8	44111	EXCISION OF ONE OR MORE LESIONS	10/1/2005	\$115.22	3	NO
8	44120	ENTERECTOMY, RESECTION OF SMALL	10/1/2005	\$136.13	3	NO
8	44121	ENTERECTOMY, RESECTION OF SMALL	10/1/2005	\$33.89	3	NO
8	44125	ENTERECTOMY, RESECTION OF SMALL	10/1/2005	\$140.08	3	NO
8	44130	ENTEROENTEROSTOMY, ANASTOMOSIS O	10/1/2005	\$116.88	3	NO
8	44132	DONOR ENTERECTOMY (INCLUDING COL	10/1/2005	NC	9	NO
8	44133	DONOR ENTERECTOMY (INCLUDING COL	10/1/2005	NC	9	NO
8	44135	INTESTINAL ALLOTRANSPLANTATION;	1/1/2005	\$0.01	5	NO
8	44136	INTESTINAL ALLOTRANSPLANTATION;	10/1/2005	NC	9	NO
8	44137	REMOVAL OF TRANSPLANTED INTESTIN	1/1/2005	\$0.01	5	NO
8	44139	MOBILIZATION (TAKE-DOWN) OF SPLE	10/1/2005	\$16.97	3	NO
8	44140	COLECTOMY PARTIAL WITH ANASTOMOS	10/1/2005	\$167.53	3	NO
8	44141	COLECTOMY PARTIAL; WITH SKIN LEV	10/1/2005	\$166.13	3	NO
8	44143	COLECTOMY PARTIAL; WITH END COLO	10/1/2005	\$189.90	3	NO
8	44144	COLECTOMY PARTIAL; WITH RESECTIO	10/1/2005	\$175.84	3	NO
8	44145	COLECTOMY PARTIAL; WITH COLOPROC	10/1/2005	\$209.78	3	NO
8	44146	COLECTOMY PARTIAL; WITH COLOPROC	10/1/2005	\$226.91	3	NO
8	44147	COLECTOMY PARTIAL ABDOMINAL AND	10/1/2005	\$165.41	3	NO
8	44150	COLECTOMY TOTAL ABDOMINAL WITHOU	10/1/2005	\$202.05	3	NO
8	44151	COLECTOMY TOTAL ABDOMINAL WITHOU	10/1/2005	\$226.65	3	NO
8	44152	COLECTOMY, TOTAL, ABDOMINAL, W/O PR	10/1/2005	\$222.39	3	NO
8	44153	COLECTOMY, TOTAL, ABDOM, W/O PROCTE	10/1/2005	\$251.35	3	NO
8	44155	COLECTOMY TOTAL ABDOMINAL WITH P	10/1/2005	\$230.23	3	NO
8	44156	COLECTOMY TOTAL ABDOMINAL WITH P	10/1/2005	\$257.99	3	NO
8	44160	COLECTOMY, PARTIAL, WITH REMOVAL	10/1/2005	\$148.75	3	NO
8	44180	LAPAROSCOPY, SURGICAL, ENTEROLYSI	1/1/2006	\$116.88	3	NO
8	44186	LAPAROSCOPY, SURGICAL; JEJUNOSTO	1/1/2006	\$82.21	3	NO
8	44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY	1/1/2006	\$135.82	3	NO
8	44188	LAPAROSCOPY, SURGICAL, COLOSTOMY	1/1/2006	\$149.08	3	NO
8	44200	LAPAROSCOPY, SURGICAL; ENTEROLYS	1/1/2006	INVALID	N	NO
8	44201	LAPAROSCOPY, SURGICAL; JEJUNOSTO	1/1/2006	INVALID	N	NO
8	44202	LAPAROSCOPY, SURGICAL; ENTERECTO	10/1/2005	\$175.11	3	NO
8	44203	LAPAROSCOPY, SURGICAL; EACH ADDI	10/1/2005	\$33.79	3	NO
8	44204	LAPAROSCOPY, SURGICAL; COLECTOMY	10/1/2005	\$197.53	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	44205	LAPAROSCOPY, SURGICAL; COLECTOMY	10/1/2005	\$175.16	3	NO
8	44206	LAPAROSCOPY, SURGICAL; COLECTOMY	10/1/2005	\$216.01	3	NO
8	44207	LAPAROSCOPY, SURGICAL; COLECTOMY	10/1/2005	\$233.91	3	NO
8	44208	LAPAROSCOPY, SURGICAL; COLECTOMY	10/1/2005	\$253.89	3	NO
8	44209	UNLISTED LAPAROSCOPY PROCEDURE,	7/1/2003	INVALID	N	NO
8	44210	LAPAROSCOPY, SURGICAL; COLECTOMY	10/1/2005	\$224.31	3	NO
8	44211	LAPAROSCOPY, SURGICAL; COLECTOMY	10/1/2005	\$279.01	3	NO
8	44212	LAPAROSCOPY, SURGICAL; COLECTOMY	10/1/2005	\$258.41	3	NO
8	44213	LAPAROSCOPY, SURGICAL, MOBILIZAT	1/1/2006	\$26.78	3	NO
8	44227	LAPAROSCOPY, SURGICAL, CLOSURE O	1/1/2006	\$210.30	3	NO
8	44238	UNLISTED LAPAROSCOPY PROCEDURE,	1/1/2003	\$0.01	5	NO
8	44239	UNLISTED LAPAROSCOPY PROCEDURE,	1/1/2006	INVALID	N	NO
8	44300	ENTEROSTOMY OR CECOSTOMY, TUBE (	10/1/2005	\$99.28	3	NO
8	44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TU	10/1/2005	\$127.52	3	NO
8	44312	REVISION OF ILEOSTOMY;SIMPLE (RE	10/1/2005	\$67.11	3	NO
8	44314	REVISION OF ILEOSTOMY;COMPLICATE	10/1/2005	\$120.98	3	NO
8	44316	CONTINENT ILEOSTOMY (KOCK PROCED	10/1/2005	\$165.87	3	NO
8	44320	COLOSTOMY OR SKIN LEVEL CECOSTOM	10/1/2005	\$142.67	3	NO
8	44322	COLOSTOMY OR SKIN LEVEL CECOSTOM	10/1/2005	\$114.49	3	NO
8	44340	REVISION OF COLOSTOMY;SIMPLE (RE	10/1/2005	\$67.21	3	NO
8	44345	REVISION OF COLOSTOMY;COMPLICATE	10/1/2005	\$125.75	3	NO
8	44346	REVISION OF COLOSTOMY;W/REPAIR O	10/1/2005	\$137.17	3	NO
8	44602	SUTURE OF SMALL INTESTINE FOR PE	10/1/2005	\$126.90	3	NO
8	44603	SUTURE OF SMALL INTESTINE FOR PE	10/1/2005	\$146.77	3	NO
8	44604	SUTURE OF LARGE INTESTINE FOR PE	10/1/2005	\$127.16	3	NO
8	44605	SUTURE OF INTESTINE (ENTERORRHAP	10/1/2005	\$157.62	3	NO
8	44615	INTESTINAL STRICTUROPLASTY WITH	10/1/2005	\$127.62	3	NO
8	44620	CLOSURE OF ENTEROSTOMY LARGE OR	10/1/2005	\$98.66	3	NO
8	44625	CLOSURE OF ENTEROSTOMY LARGE OR	10/1/2005	\$120.20	3	NO
8	44626	CLOSURE OF ENTEROSTOMY, LARGE OR	10/1/2005	\$199.04	3	NO
8	44640	CLOSURE OF INTESTINAL CUTANEOUS	10/1/2005	\$170.80	3	NO
8	44650	CLOSURE OF ENTEROENTERIC OR ENTE	10/1/2005	\$177.81	3	NO
8	44660	CLOSURE OF ENTEROVESICAL FISTULA	10/1/2005	\$164.99	3	NO
8	44661	CLOSURE OF ENTEROVESICAL FISTULA	10/1/2005	\$192.60	3	NO
8	44680	INTESTINAL PPLICATION (SEPARATE P	10/1/2005	\$123.05	3	NO
8	44700	EXCLUSION OF SMALL INTESTINE FRO	10/1/2005	\$127.41	3	NO
8	44701	INTRAOPERATIVE COLONIC LAVAGE (L	10/1/2005	\$23.51	3	NO
8	44799	UNLISTED PROCEDURE INTESTINE	4/1/1982	\$0.01	5	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	44800	EXCISION OF MECKELS DIVERTICULUM	10/1/2005	\$93.47	3	NO
8	44820	EXCISION OF LESION OF MESENTERY	10/1/2005	\$99.03	3	NO
8	44850	SUTURE OF MESENTERY (SEPARATE PR	10/1/2005	\$88.70	3	NO
8	44899	UNLISTED PROCEDURE MECKELS DIVER	2/1/1989	\$0.01	5	NO
8	44900	INCISION AND DRAINAGE OF APPENDI	10/1/2005	\$83.56	3	NO
8	44901	INCISION AND DRAINAGE OF APPENDI	10/1/2005	\$24.44	3	NO
8	44950	APPENDECTOMY	10/1/2005	\$80.96	3	NO
8	44955	APPENDECTOMY WHEN DONE FOR INDIC	10/1/2005	\$11.73	3	NO
8	44960	APPENDECTOMY FOR RUPTURED APPEND	10/1/2005	\$99.96	3	NO
8	44970	LAPAROSCOPY, SURGICAL; APPENDECT	10/1/2005	\$72.14	3	NO
8	44979	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
8	45000	TRANSRECTAL DRAINAGE OF PELVIC A	10/1/2005	\$41.42	3	NO
8	45108	ANORECTAL MYOMECTOMY	10/1/2005	\$42.04	3	NO
8	45110	PROCTECTOMY; COMPLETE, COMBINED	10/1/2005	\$226.65	3	NO
8	45111	PROCTECTOMY; PARTIAL RESECTION O	10/1/2005	\$133.18	3	NO
8	45112	PROCTECTOMY, COMBINED ABDOMINOPE	10/1/2005	\$236.82	3	NO
8	45113	PROCTECTOMY, PARTIAL, WITH RECTA	10/1/2005	\$241.28	3	NO
8	45114	PROCTECTOMY, PARTIAL, WITH ANAST	10/1/2005	\$215.18	3	NO
8	45116	PROCTECTOMY PARTIAL WITH ANASTOM	10/1/2005	\$194.47	3	NO
8	45119	PROCTECTOMY, COMBINED ABDOMINOPE	10/1/2005	\$241.59	3	NO
8	45120	PROCTECTOMY, COMPLETE, ABDOMINAL	10/1/2005	\$194.83	3	NO
8	45121	PROCTECTOMY, COMPLETE, ABDOMINAL	10/1/2005	\$214.40	3	NO
8	45123	PROCTECTOMY, PARTIAL, WITHOUT AN	10/1/2005	\$131.62	3	NO
8	45126	PELVIC EXENTERATION FOR COLORECT	10/1/2005	\$355.83	3	NO
8	45130	EXCISION OF RECTAL PROCIDENTIA W	10/1/2005	\$129.44	3	NO
8	45135	EXCISION OF RECTAL PROCIDENTIA W	10/1/2005	\$155.70	3	NO
8	45160	EXCISION OF RECTAL TUMOR BY PROC	10/1/2005	\$122.48	3	NO
8	45170	EXCISION OF RECTAL TUMOR, TRANSA	10/1/2005	\$93.63	3	NO
8	45395	LAPAROSCOPY, SURGICAL; PROCTECTO	1/1/2006	\$248.24	3	NO
8	45397	LAPAROSCOPY, SURGICAL; PROCTECTO	1/1/2006	\$269.67	3	NO
8	45400	LAPAROSCOPY, SURGICAL; PROCTOPEX	1/1/2006	\$144.96	3	NO
8	45402	LAPAROSCOPY, SURGICAL; PROCTOPEX	1/1/2006	\$196.49	3	NO
8	45499	UNLISTED LAPAROSCOPY PROCEDURE,	1/1/2006	\$0.01	5	NO
8	45540	PROCTOPEXY (EG, FOR PROLAPSE); A	10/1/2005	\$129.02	3	NO
8	45541	PROCTOPEXY FOR PROLAPSE; PERINEA	10/1/2005	\$108.32	3	NO
8	45550	PROCTOPEXY (EG, FOR PROLAPSE); W	10/1/2005	\$180.40	3	NO
8	45560	REPAIR OF RECTOCELE (SEPARATE PR	10/1/2005	\$86.88	3	NO
8	45562	EXPLORATION, REPAIR, AND PRESACR	10/1/2005	\$125.34	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	45563	EXPLORATION, REPAIR, AND PRESACR	10/1/2005	\$191.93	3	NO
8	45800	CLOSURE OF RECTOVESICAL FISTULA	10/1/2005	\$140.08	3	NO
8	45805	CLOSURE OF RECTOVESICAL FISTULA;	10/1/2005	\$167.69	3	NO
8	45820	CLOSURE OF RECTOURETHRAL FISTULA	10/1/2005	\$143.56	3	NO
8	45825	CLOSURE OF RECTOURETHRAL FISTULA	10/1/2005	\$172.93	3	NO
8	45999	UNLISTED PROCEDURE RECTUM	2/1/1989	\$0.01	5	NO
8	46285	FISTULECTOMY; SECOND STAGE	10/1/2005	\$42.92	3	NO
8	46705	ANOPLASTY PLASTIC OPERATION FOR	10/1/2005	\$59.53	3	NO
8	46710	REPAIR OF ILEONAL POUCH FISTULA/	1/1/2006	\$130.53	3	NO
8	46712	REPAIR OF ILEONAL POUCH FISTULA/	1/1/2006	\$273.72	3	NO
8	46715	REPAIR OF LOW IMPERFORATE ANUS;	10/1/2005	\$60.62	3	NO
8	46716	REPAIR OF LOW IMPERFORATE ANUS;	10/1/2005	\$127.62	3	NO
8	46730	REPAIR OF HIGH IMPERFORATE ANUS	10/1/2005	\$213.72	3	NO
8	46735	REPAIR OF HIGH IMPERFORATE ANUS	10/1/2005	\$253.48	3	NO
8	46740	CONSTRUCTION OF ANUS FOR CONGENI	10/1/2005	\$236.56	3	NO
8	46742	REPAIR OF HIGH IMPERFORATE ANUS	10/1/2005	\$292.20	3	NO
8	46744	REPAIR OF CLOACAL ANOMALY BY ANO	10/1/2005	\$415.15	3	NO
8	46746	REPAIR OF CLOACAL ANOMALY BY ANO	10/1/2005	\$471.72	3	NO
8	46748	REPAIR OF CLOACAL ANOMALY WITH V	10/1/2005	\$472.71	3	NO
8	46750	SPHINCTEROPLASTY ANAL FOR INCONT	10/1/2005	\$84.96	3	NO
8	46751	SPHINCTEROPLASTY ANAL FOR INCONT	10/1/2005	\$78.42	3	NO
8	46760	SPHINCTEROPLASTY ANAL FOR INCONT	10/1/2005	\$119.63	3	NO
8	46761	SPHINCTEROPLASTY, ANAL, FOR INCO	10/1/2005	\$110.18	3	NO
8	46762	SPHINCTEROPLASTY, ANAL, FOR INCO	10/1/2005	\$100.84	3	NO
8	47001	BIOPSY OF LIVER, NEEDLE; WHEN DO	10/1/2005	\$14.48	3	NO
8	47010	HEPATOTOMY FOR DRAINAGE OF ABSCE	10/1/2005	\$135.72	3	NO
8	47011	HEPATOTOMY; FOR PERCUTANEOUS DRA	10/1/2005	\$26.57	3	NO
8	47015	LAPAROTOMY, WITH ASPIRATION AND/	10/1/2005	\$126.43	3	NO
8	47100	BIOPSY OF LIVER, WEDGE	10/1/2005	\$99.54	3	NO
8	47120	HEPATECTOMY RESECTION OF LIVER P	10/1/2005	\$286.12	3	NO
8	47122	HEPATECTOMY, RESECTION OF LIVER;	10/1/2005	\$433.83	3	NO
8	47125	HEPATECTOMY RESECTION OF LIVER;	10/1/2005	\$388.16	3	NO
8	47130	HEPATECTOMY RESECTION OF LIVER;	10/1/2005	\$420.34	3	NO
8	47133	DONOR HEPATECTOMY (INCLUDING COL	7/17/1987	NC	9	NO
8	47134	DONOR HEPATECTOMY, WITH PREPARAT	4/1/2004	INVALID	N	NO
8	47135	LIVER ALLOTRANSPLANTATION; ORTHO	10/1/2005	\$636.03	3	YES
8	47136	LIVER ALLOTRANSPLANTATION; METER	10/1/2005	\$539.09	3	NO
8	47140	DONOR HEPATECTOMY (INCLUDING COL	10/1/2005	\$427.24	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	47141	DONOR HEPATECTOMY (INCLUDING COL	10/1/2005	\$516.04	3	YES
8	47142	DONOR HEPATECTOMY (INCLUDING COL	10/1/2005	\$568.20	3	YES
8	47143	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
8	47144	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
8	47145	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
8	47146	BACKBENCH RECONSTRUCTION OF CADA	10/1/2005	\$46.09	3	YES
8	47147	BACKBENCH RECONSTRUCTION OF CADA	10/1/2005	\$53.77	3	YES
8	47300	MARSUPIALIZATION OF CYST OR ABSC	10/1/2005	\$125.60	3	NO
8	47350	MANAGEMENT OF LIVER HEMORRHAGE;	10/1/2005	\$160.37	3	NO
8	47360	MANAGEMENT OF LIVER HEMORRHAGE;	10/1/2005	\$216.73	3	NO
8	47361	MANAGEMENT OF LIVER HEMORRHAGE;	10/1/2005	\$370.31	3	NO
8	47362	MANAGEMENT OF LIVER HEMORRHAGE;	10/1/2005	\$153.52	3	NO
8	47379	UNLISTED LAPAROSCOPIC PROCEDURE,	8/19/2002	\$0.01	5	NO
8	47399	UNLISTED PROCEDURE LIVER	2/1/1994	\$0.01	5	NO
8	47400	HEPATOCOTOMY OR HEPATICOSTOMY WI	10/1/2005	\$254.21	3	NO
8	47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOM	10/1/2005	\$161.88	3	NO
8	47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOM	10/1/2005	\$161.77	3	NO
8	47460	TRANSDUODENAL SPHINCTEROTOMY OR	10/1/2005	\$147.76	3	NO
8	47480	CHOLECYSTOTOMY OR CHOLECYCSTOSOM	10/1/2005	\$93.89	3	NO
8	47550	BILIARY ENDOSCOPY, INTRAOPERATIV	10/1/2005	\$22.99	3	NO
8	47560	LAPAROSCOPY, SURGICAL; WITH GUID	10/1/2005	\$37.32	3	NO
8	47561	LAPAROSCOPY, SURGICAL; WITH GUID	10/1/2005	\$40.07	3	NO
8	47562	LAPAROSCOPY, SURGICAL; CHOLECYST	10/1/2005	\$90.77	3	NO
8	47563	LAPAROSCOPY, SURGICAL; CHOLEYSTE	10/1/2005	\$97.42	3	NO
8	47564	LAPAROSCOPY, SURGICAL; CHOLECYST	10/1/2005	\$114.23	3	NO
8	47570	LAPAROSCOPY, SURGICAL; CHOLECYST	10/1/2005	\$101.46	3	NO
8	47579	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
8	47600	CHOLECYSTECTOMY	10/1/2005	\$111.33	3	NO
8	47605	CHOLECYSTECTOMY; WITH CHOLANGIOG	10/1/2005	\$119.79	3	NO
8	47610	CHOLECYSTECTOMY WITH EXPLORATION	10/1/2005	\$151.34	3	NO
8	47612	CHOLECYSTECTOMY WITH EXPLORATION	10/1/2005	\$150.93	3	NO
8	47620	CHOLECYSTECTOMY WITH EXPLORATION	10/1/2005	\$165.15	3	NO
8	47630	BILIARY DUCT STONE EXTRACTION PE	10/1/2005	\$75.93	3	NO
8	47700	EXPLORATION FOR CONGENITAL ATRES	10/1/2005	\$129.85	3	NO
8	47701	PORTOENTEROSTOMY (EG, KASAI PROC	10/1/2005	\$222.55	3	NO
8	47711	EXCISION OF BILE DUCT TUMOR, WIT	10/1/2005	\$186.42	3	NO
8	47712	EXCISION OF BILE DUCT TUMOR, WIT	10/1/2005	\$241.13	3	NO
8	47715	EXCISION OF CHOLEDOCHAL CYST	10/1/2005	\$153.83	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	47716	ANASTOMOSIS, CHOLEDOCHAL CYST, W	10/1/2005	\$136.76	3	NO
8	47720	CHOLECYSTOENTEROSTOMY DIRECT	10/1/2005	\$131.98	3	NO
8	47721	CHOLECYSTOENTEROSTOMY; WITH GAST	10/1/2005	\$156.32	3	NO
8	47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	10/1/2005	\$151.34	3	NO
8	47741	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	10/1/2005	\$173.29	3	NO
8	47760	ANASTOMOSIS, OF EXTRAHEPATIC BIL	10/1/2005	\$207.65	3	NO
8	47765	ANASTOMOSIS, OF INTRAHEPATIC DUC	10/1/2005	\$201.68	3	NO
8	47780	ANASTOMOSIS ROUX-EN-Y OF EXTRAHE	10/1/2005	\$213.21	3	NO
8	47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRA	10/1/2005	\$249.17	3	NO
8	47800	RECONSTRUCTION PLASTIC OF EXTRAH	10/1/2005	\$188.35	3	NO
8	47801	PLACEMENT OF CHOLEDOCHAL STENT	10/1/2005	\$126.90	3	NO
8	47802	U-TUBE HEPATICOENTEROSTOMY	10/1/2005	\$176.41	3	NO
8	47900	SUTURE OF EXTRAHEPATIC BILIARY D	10/1/2005	\$162.71	3	NO
8	47999	UNLISTED PROCEDURE BILIARY TRACT	4/1/1982	\$0.01	5	NO
8	48000	PLACEMENT OF DRAINS, PERIPANCREA	10/1/2005	\$222.60	3	NO
8	48001	PLACEMENT OF DRAINS, PERIPANCREA	10/1/2005	\$279.53	3	NO
8	48005	RESECTION OR DEBRIDEMENT OF PANC	10/1/2005	\$332.68	3	NO
8	48020	REMOVAL OF PANCREATIC CALCULUS	10/1/2005	\$130.11	3	NO
8	48100	BIOPSY OF PANCREAS, OPEN (EG, FI	10/1/2005	\$100.43	3	NO
8	48120	EXCISION OF LESION OF PANCREAS (	10/1/2005	\$128.35	3	NO
8	48140	PANCREATECTOMY, DISTAL SUBTOTAL,	10/1/2005	\$183.73	3	NO
8	48145	PANCREATECTOMY DISTAL SUBTOTAL W	10/1/2005	\$191.72	3	NO
8	48146	PANCREATECTOMY, DISTAL, NEAR-TOT	10/1/2005	\$216.84	3	NO
8	48148	EXCISION AMPULLA OF VATER	10/1/2005	\$140.75	3	NO
8	48150	PANCREATECTOMY PROXIMAL SUBTOTAL	10/1/2005	\$382.19	3	NO
8	48152	PANCREATECTOMY, PROXIMAL SUBTOTA	10/1/2005	\$351.00	3	NO
8	48153	PANCREATECTOMY, PROXIMAL SUBTOTA	10/1/2005	\$381.98	3	NO
8	48154	PANCREATECTOMY, PROX SUBTOTAL WI	10/1/2005	\$352.97	3	NO
8	48155	PANCREATECTOMY TOTAL	10/1/2005	\$204.75	3	NO
8	48160	PANCREATECTOMY, TOTAL OR SUBTOTA	4/1/1990	\$0.01	5	YES
8	48180	PANCREATICOJEJUNOSTOMY, SIDE-T0-	10/1/2005	\$197.43	3	NO
8	48500	MARSUPIALIZATION OF PANCREATIC C	10/1/2005	\$127.57	3	NO
8	48510	EXTERNAL DRAINAGE, PSEUDOCYST OF	10/1/2005	\$121.97	3	NO
8	48511	EXTERNAL DRAINAGE, PSEUDOCYST OF	10/1/2005	\$28.75	3	NO
8	48520	INTERNAL ANASTOMOSIS OF PANCREAT	10/1/2005	\$126.01	3	NO
8	48540	INTERNAL ANASTOMOSIS OF PANCREAT	10/1/2005	\$157.36	3	NO
8	48545	PANCREATORRHAPHY FOR INJURY	10/1/2005	\$147.60	3	NO
8	48547	DUODENAL EXCLUSION WITH GASTROJE	10/1/2005	\$205.47	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	48551	BACKBENCH STANDARD PREP OF CADA	1/1/2005	\$0.01	5	YES
8	48552	BACKBENCH RECONSTRUCTION OF CADA	10/1/2005	\$31.50	3	YES
8	48554	TRANSPLANTATION OF PANCREATIC AL	10/1/2005	\$293.24	3	YES
8	48556	REMOVAL OF TRANSPLANTED PANCREAT	10/1/2005	\$133.64	3	YES
8	48999	UNLISTED PROCEDURE PANCREAS	4/1/1982	\$0.01	5	NO
8	49000	EXPLORATORY LAPAROTOMY, EXPLORAT	10/1/2005	\$96.07	3	YES
8	49002	REOPENING OF RECENT LAPAROTOMY	10/1/2005	\$87.30	3	NO
8	49010	EXPLORATION, RETROPERITONEAL ARE	10/1/2005	\$102.04	3	NO
8	49020	DRAINAGE OF PERITONEAL ABSCESS O	10/1/2005	\$185.49	3	NO
8	49021	DRAINAGE OF PERITONEAL ABSCESS O	10/1/2005	\$24.29	3	NO
8	49040	DRAINAGE OF SUBDIAPHRAGMATIC OR	10/1/2005	\$111.90	3	NO
8	49041	DRAINAGE OF SUBDIAPHRAGMATIC OR	10/1/2005	\$28.75	3	NO
8	49060	DRAINAGE OF RETROPERITONEAL ABSC	10/1/2005	\$129.80	3	NO
8	49061	DRAINAGE OF RETROPERITONEAL ABSC	10/1/2005	\$26.57	3	NO
8	49062	DRAINAGE OF EXTRAPERITONEAL LYMP	10/1/2005	\$94.25	3	NO
8	49085	REMOVAL OF PERITONEAL FOREIGN BO	10/1/2005	\$99.44	3	NO
8	49200	EXCISION OR DESTRUCTION, OPEN, I	10/1/2005	\$85.38	3	NO
8	49201	EXCISION OR DESTRUCTION BY ANY M	10/1/2005	\$122.54	3	NO
8	49215	EXCISION OF PRESACRAL OR SACROCO	10/1/2005	\$268.48	3	NO
8	49220	STAGING LAPAROTOMY FOR HODGKINS	10/1/2005	\$121.24	3	NO
8	49250	UMBILECTOMY OMPHALECTOMY EXCISIO	10/1/2005	\$70.95	3	NO
8	49255	OMENTECTOMY EPIPLOECTOMY RESECTI	10/1/2005	\$94.04	3	NO
8	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM	10/1/2005	\$43.34	3	YES
8	49321	LAPAROSCOPY, SURGICAL; WITH BIOP	10/1/2005	\$45.26	3	NO
8	49322	LAPAROSCOPY, SURGICAL, ABDOMEN,	10/1/2005	\$48.73	3	NO
8	49323	LAPAROSCOPY, SURGICAL, ABDOMEN,	10/1/2005	\$78.58	3	NO
8	49329	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	YES
8	49425	INSERTION OF PERITONEAL-VENOUS S	10/1/2005	\$95.70	3	NO
8	49426	REVISION OF PERITONEAL-VENOUS SH	10/1/2005	\$81.12	3	NO
8	49491	REPAIR, INITIAL INGUINAL HERNIA,	10/1/2005	\$91.14	3	NO
8	49492	REPAIR, INITIAL INGUINAL HERNIA,	10/1/2005	\$113.61	3	NO
8	49495	REPAIR, INITIAL INGUINAL HERNIA,	10/1/2005	\$49.62	3	NO
8	49496	REPAIR INITIAL INGUINAL HERNIA,	10/1/2005	\$73.28	3	NO
8	49500	REPAIR INITIAL INGUINAL HERNIA,	10/1/2005	\$48.22	3	NO
8	49501	REPAIR INITIAL INGUINAL HERNIA,	10/1/2005	\$73.44	3	NO
8	49505	REPAIR INITIAL INGUINAL HERNIA,	10/1/2005	\$64.04	3	NO
8	49507	REPAIR INITIAL INGUINAL HERNIA,	10/1/2005	\$79.20	3	NO
8	49520	REPAIR RECURRENT INGUINAL HERNIA	10/1/2005	\$79.51	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	49521	REPAIR RECURRENT INGUINAL HERNIA	10/1/2005	\$97.26	3	NO
8	49525	REPAIR INGUINAL HERNIA, SLIDING,	10/1/2005	\$71.31	3	NO
8	49540	REPAIR LUMBAR HERNIA	10/1/2005	\$85.48	3	NO
8	49550	REPAIR INITIAL FEMORAL HERNIA, A	10/1/2005	\$71.99	3	NO
8	49553	REPAIR INITIAL FEMORAL HERNIA, A	10/1/2005	\$78.21	3	NO
8	49555	REPAIR RECURRENT FEMORAL HERNIA;	10/1/2005	\$75.05	3	NO
8	49557	REPAIR RECURRENT FEMORAL HERNIA;	10/1/2005	\$91.19	3	NO
8	49560	REPAIR INITIAL INCISIONAL HERNIA	10/1/2005	\$94.41	3	NO
8	49561	REPAIR INITIAL INCISIONAL HERNIA	10/1/2005	\$114.85	3	NO
8	49565	REPAIR RECURRENT INCISIONAL HERN	10/1/2005	\$94.82	3	NO
8	49566	REPAIR RECURRENT INCISIONAL HERN	10/1/2005	\$116.10	3	NO
8	49568	IMPLANTATION OF MESH OR OTHER PR	10/1/2005	\$37.32	3	NO
8	49570	REPAIR EPIGASTRIC HERNIA (EG, PR	10/1/2005	\$49.72	3	NO
8	49572	REPAIR EPIGASTRIC HERNIA; INCARC	10/1/2005	\$57.40	3	NO
8	49580	REPAIR UMBILICAL HERNIA, UNDER A	10/1/2005	\$37.32	3	NO
8	49582	REPAIR UMBILICAL HERNIA, UNDER A	10/1/2005	\$56.99	3	NO
8	49585	REPAIR UMBILICAL HERNIA, AGE 5 Y	10/1/2005	\$53.56	3	NO
8	49587	REPAIR UMBILICAL HERNIA, AGE 5 Y	10/1/2005	\$63.63	3	NO
8	49590	REPAIR SPIGELIAN HERNIA	10/1/2005	\$71.21	3	NO
8	49600	REPAIR OF SMALL OMPHALOCELE, WIT	10/1/2005	\$91.24	3	NO
8	49605	REPAIR OF LARGE OMPHALOCELE OR G	10/1/2005	\$590.00	3	NO
8	49606	REPAIR OF OMPHALOCELE WITH STAGE	10/1/2005	\$148.80	3	NO
8	49610	REPAIR OF OMPHALOCELE (GROSS TYP	10/1/2005	\$86.88	3	NO
8	49611	REPAIR OF OMPHALOCELE (GROSS TYP	10/1/2005	\$86.47	3	NO
8	49650	LAPASROSCOPY, SURGICAL; REPAIR I	10/1/2005	\$53.82	3	NO
8	49651	LAPAROSCOPY, SURGICAL; REPAIR RE	10/1/2005	\$69.55	3	NO
8	49659	UNLISTED LAPAROSCOPY PROCEDURE,	4/1/2002	\$0.01	5	NO
8	49900	SUTURE SECONDARY OF ABDOMINAL WA	10/1/2005	\$103.96	3	NO
8	49904	OMENTAL FLAP, EXTRA-ABDOMINAL (E	10/1/2005	\$196.23	3	NO
8	49905	OMENTAL FLAP, INTRA-ABDOMINAL (L	10/1/2005	\$49.82	3	NO
8	49906	FREE OMENTAL FLAP WITH MICROVASC	1/1/1997	\$0.01	5	NO
8	49999	UNLISTED PROCEDURE ABDOMEN PERIT	4/1/1982	\$0.01	5	NO
8	50010	RENAL EXPLORATION, NOT NECESSITA	10/1/2005	\$88.80	3	NO
8	50020	DRAINAGE OF PERIRENAL OR RENAL A	10/1/2005	\$122.80	3	NO
8	50021	DRAINAGE OF PERIRENAL OR RENAL A	10/1/2005	\$24.24	3	NO
8	50040	NEPHROSTOMY NEPHROTOMY WITH DRAI	10/1/2005	\$118.28	3	NO
8	50045	NEPHROTOMY WITH EXPLORATION	10/1/2005	\$120.88	3	NO
8	50060	NEPHROLITHOTOMY REMOVAL OF CALCU	10/1/2005	\$147.66	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	50065	NEPHROLITHOTOMY; SECONDARY SURGI	10/1/2005	\$147.45	3	NO
8	50070	NEPHROLITHOTOMY; COMPLICATED BY	10/1/2005	\$155.34	3	NO
8	50075	NEPHROLITHOTOMY REMOVAL OF LARGE	10/1/2005	\$191.98	3	NO
8	50081	PERCUTANEOUS NEPHROSTOLITHOTOMY	10/1/2005	\$166.39	3	NO
8	50100	TRANSECTION OR REPOSITIONING OF	10/1/2005	\$134.27	3	NO
8	50120	PYELOTOMY WITH EXPLORATION	10/1/2005	\$123.89	3	NO
8	50125	PYELOTOMY; WITH DRAINAGE PYELOST	10/1/2005	\$129.18	3	NO
8	50130	PYELOTOMY WITH REMOVAL OF CALCUL	10/1/2005	\$133.07	3	NO
8	50135	PYELOTOMY COMPLICATED (EG SECOND	10/1/2005	\$146.83	3	NO
8	50205	RENAL BIOPSY PERCUTANEOUS; BY SU	10/1/2005	\$91.34	3	NO
8	50220	NEPHRECTOMY, INCLUDING PARTIAL U	10/1/2005	\$133.54	3	NO
8	50225	NEPHRECTOMY COMPLICATED BECAUSE	10/1/2005	\$154.87	3	NO
8	50230	NEPHRECTOMY, INCLUDING PARTIAL UR	10/1/2005	\$167.12	3	NO
8	50234	NEPHRECTOMY WITH TOTAL URETERECT	10/1/2005	\$170.23	3	NO
8	50236	NEPHRECTOMY WITH TOTAL URETERECT	10/1/2005	\$191.04	3	NO
8	50240	NEPHRECTOMY PARTIAL	10/1/2005	\$168.99	3	NO
8	50280	EXCISION OR UNROOFING OF CYSTS O	10/1/2005	\$122.07	3	NO
8	50290	EXCISION OF PERINEPHRIC CYST	10/1/2005	\$117.03	3	NO
8	50320	DONOR NEPHRECTOMY (INCLUDING COL	10/1/2005	\$182.64	3	NO
8	50323	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	NO
8	50325	BACKBENCH STANDARD PREP OF LIVIN	1/1/2005	\$0.01	5	NO
8	50327	BACKBENCH RECONSTRUCTION OF CADA	10/1/2005	\$29.27	3	NO
8	50328	BACKBENCH RECONSTRUCTION OF CADA	10/1/2005	\$25.64	3	NO
8	50329	BACKBENCH RECONSTRUCTION OF CADA	10/1/2005	\$24.50	3	NO
8	50340	RECIPIENT NEPHRECTOMY (SEPARATE	10/1/2005	\$105.15	3	NO
8	50360	RENAL ALLOTRANSPLANTATION, IMPLA	10/1/2005	\$263.29	3	NO
8	50365	RENAL HOMOTRANSPLANTATION, IMPLA	10/1/2005	\$307.92	3	NO
8	50370	REMOVAL OF TRANSPLANTED RENAL AL	10/1/2005	\$116.72	3	NO
8	50380	RENAL AUTOTRANSPLANTATION REIMPL	10/1/2005	\$182.48	3	NO
8	50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY	10/1/2005	\$149.16	3	NO
8	50405	PYELOPLASTY COMPLICATED (CONGENI	10/1/2005	\$179.94	3	NO
8	50500	NEPHRORRHAPHY SUTURE OF KIDNEY W	10/1/2005	\$155.28	3	NO
8	50520	CLOSURE OF NEPHROCUTANEOUS OR PY	10/1/2005	\$135.51	3	NO
8	50525	CLOSURE OF NEPHROVISCERAL FISTUL	10/1/2005	\$171.53	3	NO
8	50526	CLOSURE OF NEPHROVISCERAL FISTUL	10/1/2005	\$185.70	3	NO
8	50540	SYMPHYSIOTOMY FOR HORSESHOE KIDN	10/1/2005	\$153.47	3	NO
8	50541	LAPAROSCOPY, SURGICAL; ABLATION	10/1/2005	\$122.54	3	NO
8	50542	LAPAROSCOPY, SURGICAL; ABLATION	10/1/2005	\$153.05	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	50543	LAPAROSCOPY, SURGICAL; PARTIAL N	10/1/2005	\$194.57	3	NO
8	50544	LAPAROSCOPY, SURGICAL; PYELOPLAS	10/1/2005	\$168.47	3	NO
8	50545	LAPAROSCOPY, SURGICAL; RADICAL N	10/1/2005	\$181.03	3	NO
8	50546	LAPAROSCOPY, SURGICAL; NEPHRECTO	10/1/2005	\$157.62	3	NO
8	50547	LAPAROSCOPY, SURGICAL; DONOR NEP	10/1/2005	\$203.97	3	NO
8	50548	LAPAROSCOPY, SURGICAL; NEPHRECTO	10/1/2005	\$183.05	3	NO
8	50549	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
8	50559	RENAL ENDOSCOPY THROUGH ESTABLIS	1/1/2005	INVALID	N	NO
8	50562	RENAL ENDOSCOPY THROUGH ESTABLIS	10/1/2005	\$82.88	3	NO
8	50578	RENAL ENDOSCOPY THROUGH NEPHROTO	1/1/2005	INVALID	N	NO
8	50600	URETEROTOMY WITH EXPLORATION OR	10/1/2005	\$122.95	3	NO
8	50605	URETEROTOMY FOR INSERTION OF IND	10/1/2005	\$122.64	3	NO
8	50610	URETEROLITHOTOMY UPPER ONE-THIRD	10/1/2005	\$125.81	3	NO
8	50620	URETEROLITHOTOMY; MIDDLE ONE-THI	10/1/2005	\$117.09	3	NO
8	50630	URETEROLITHOTOMY; LOWER ONE-THIR	10/1/2005	\$115.74	3	NO
8	50650	URETERECTOMY WITH BLADDER CUFF (	10/1/2005	\$134.21	3	NO
8	50660	URETERECTOMY TOTAL ECTOPIC URETE	10/1/2005	\$149.99	3	NO
8	50700	URETEROPLASTY PLASTIC OPERATION	10/1/2005	\$122.38	3	NO
8	50715	URETEROLYSIS, WITH OR WITHOUT RE	10/1/2005	\$154.19	3	NO
8	50722	URETEROLYSIS FOR OVARIAN VEIN SY	10/1/2005	\$134.99	3	NO
8	50725	URETEROLYSIS FOR RETROCAVAL URET	10/1/2005	\$145.37	3	NO
8	50727	REVISION OF URINARY-CUTANEOUS AN	10/1/2005	\$67.78	3	NO
8	50728	REVISION OF URINARY-CUTANEOUS AN	10/1/2005	\$96.33	3	NO
8	50740	URETEROPYELOSTOMY ANASTOMOSIS OF	10/1/2005	\$145.74	3	NO
8	50750	URETEROCALYCOSTOMY ANASTOMOSIS O	10/1/2005	\$149.68	3	NO
8	50760	URETEROURETEROSTOMY	10/1/2005	\$143.45	3	NO
8	50770	TRANSURETEROURETEROSTOMY ANASTOM	10/1/2005	\$150.15	3	NO
8	50780	URETERONEOCYSTOSTOMY; ANASTOMOSI	10/1/2005	\$142.41	3	NO
8	50782	URETERONEOCYSTOSTOMY; ANASTOMOSI	10/1/2005	\$154.92	3	NO
8	50783	URETERONEOCYSTOSTOMY; WITH EXTEN	10/1/2005	\$159.33	3	NO
8	50785	URETERONEOCYSTOSTOMY; WITH VESIC	10/1/2005	\$157.46	3	NO
8	50800	URETEROENTEROSTOMY, DIRECT ANAST	10/1/2005	\$115.01	3	NO
8	50810	URETEROSIGMOIDOSTOMY, W/CREATION	10/1/2005	\$162.97	3	NO
8	50815	URETEROCOLON CONDUIT, INCLUDING	10/1/2005	\$155.39	3	NO
8	50820	URETEROILEAL CONDUIT (ILEAL BLAD	10/1/2005	\$168.00	3	NO
8	50825	CONTINENT DIVERSION, INC INTESTI	10/1/2005	\$214.55	3	NO
8	50830	URINARY UNDIVERSION (EG TAKING D	10/1/2005	\$237.34	3	NO
8	50840	REPLACEMENT OF ALL OR PART OF UR	10/1/2005	\$155.18	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	50845	CUTANEOUS APPENDICO-VESICOSTOMY	10/1/2005	\$162.34	3	NO
8	50860	URETEROSTOMY, TRANSPLANTATION OF	10/1/2005	\$120.67	3	NO
8	50900	URETERORRHAPHY SUTURE OF URETER	10/1/2005	\$108.47	3	NO
8	50920	CLOSURE OF URETEROCUTANEOUS FIST	10/1/2005	\$113.56	3	NO
8	50930	CLOSURE OF URETEROVISCERAL FISTU	10/1/2005	\$144.96	3	NO
8	50940	DELIGATION OF URETER	10/1/2005	\$114.91	3	NO
8	50945	LAPAROSCOPY, SURGICAL, URETEROLI	10/1/2005	\$131.62	3	NO
8	50947	LAPAROSCOPY, SURGICAL; URETERONE	10/1/2005	\$188.29	3	NO
8	50948	LAPAROSOCOPY, SURGICAL; URETERONE	10/1/2005	\$170.44	3	NO
8	50959	URETERAL ENDOSCOPY THROUGH ESTAB	1/1/2005	INVALID	N	NO
8	50978	URETERAL ENDOSCOPY THROUGH URETE	1/1/2005	INVALID	N	NO
8	51020	CYSTOTOMY OR CYSTOSTOMY WITH FUL	10/1/2005	\$57.30	3	NO
8	51030	CYSTOTOMY OR CYSTOSTOMY; WITH CR	10/1/2005	\$58.70	3	NO
8	51040	CYSTOSTOMY CYSTOTOMY WITH DRAINA	10/1/2005	\$38.77	3	NO
8	51045	CYSTOTOMY, WITH INSERTION OF URE	10/1/2005	\$58.28	3	NO
8	51050	CYSTOLITHOTOMY CYSTOTOMY WITH RE	10/1/2005	\$57.30	3	NO
8	51060	TRANSVESICAL URETEROLITHOTOMY	10/1/2005	\$72.40	3	NO
8	51080	DRAINAGE OF PERIVESICAL OR PREVE	10/1/2005	\$51.54	3	NO
8	51500	EXCISION OF URACHAL CYST OR SINU	10/1/2005	\$83.82	3	NO
8	51520	CYSTOTOMY FOR SIMPLE EXCISION OF	10/1/2005	\$75.98	3	NO
8	51525	CYSTOTOMY; FOR EXCISION OF BLADD	10/1/2005	\$109.41	3	NO
8	51530	CYSTOTOMY; FOR EXCISION OF BLADD	10/1/2005	\$99.44	3	NO
8	51535	CYSTOTOMY FOR EXCISION, INCISION	10/1/2005	\$103.07	3	NO
8	51550	CYSTECTOMY PARTIAL SIMPLE	10/1/2005	\$123.00	3	NO
8	51555	CYSTECTOMY PARTIAL COMPLICATED (	10/1/2005	\$163.85	3	NO
8	51565	CYSTECTOMY PARTIAL WITH REIMPLAN	10/1/2005	\$167.12	3	NO
8	51570	CYSTECTOMY COMPLETE (SEPARATE PR	10/1/2005	\$185.65	3	NO
8	51575	CYSTECTOMY COMPLETE WITH BILATER	10/1/2005	\$231.37	3	NO
8	51580	CYSTECTOMY COMPLETE WITH URETERO	10/1/2005	\$237.34	3	NO
8	51585	CYSTECTOMY COMPLETE WITH URETERO	10/1/2005	\$266.51	3	NO
8	51590	CYSTECTOMY, COMPLETE, W/URETEROI	10/1/2005	\$246.68	3	NO
8	51595	CYSTECTOMY COMPLETE WITH URETERO	10/1/2005	\$279.33	3	NO
8	51596	CYSTECTOMY, COMPLETE, W/CONTINEN	10/1/2005	\$298.22	3	NO
8	51597	PELVIC EXENTERATION COMPLETE FOR	10/1/2005	\$290.33	3	NO
8	51800	CYSTOPLASTY OR CYSTOURETHROPLAST	10/1/2005	\$136.50	3	NO
8	51820	CYSTOURETHROPLASTY WITH UNILATER	10/1/2005	\$144.65	3	NO
8	51840	ANTERIOR VESICOURETHROPEXY, OR U	10/1/2005	\$89.89	3	YES
8	51841	ANTERIOR VESICOURETHROPEXY OR UR	10/1/2005	\$107.12	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	51845	ABDOMINO-VAGINAL VESICAL NECK SU	10/1/2005	\$79.20	3	YES
8	51860	CYSTORRHAPHY SUTURE OF BLADDER W	10/1/2005	\$98.14	3	NO
8	51865	CYSTORRHAPHY SUTURE OF BLADDER W	10/1/2005	\$119.11	3	NO
8	51880	CLOSURE OF CYSTOSTOMY (SEPARATE	10/1/2005	\$63.94	3	NO
8	51900	CLOSURE OF VESICOVAGINAL FISTULA	10/1/2005	\$104.94	3	NO
8	51920	CLOSURE OF VESICOUTERINE FISTULA	10/1/2005	\$96.53	3	NO
8	51925	CLOSURE OF VESICOUTERINE FISTULA	10/1/2005	\$135.93	3	NO
8	51940	CLOSURE, EXSTROPHY OF BLADDER	10/1/2005	\$220.99	3	NO
8	51960	ENTEROCYSTOPLASTY, INCLUDING INT	10/1/2005	\$177.81	3	NO
8	51980	CUTANEOUS VESICOSTOMY	10/1/2005	\$91.19	3	NO
8	51990	LAPAROSCOPY, SURGICAL; URETHRAL	10/1/2005	\$103.90	3	NO
8	51992	LAPAROSCOPY, SURGICAL; SLING OPE	10/1/2005	\$112.05	3	NO
8	51999	UNLISTED LAPAROSCOPY PROCEDURE,	1/1/2006	\$0.01	5	NO
8	53060	DRAINAGE OF SKENES GLAND ABSCESS	10/1/2005	\$25.85	3	NO
8	53080	DRAINAGE OF PERINEAL URINARY EXT	10/1/2005	\$66.17	3	NO
8	53085	DRAINAGE OF PERINEAL URINARY EXT	10/1/2005	\$96.33	3	NO
8	53210	URETHRECTOMY TOTAL INCLUDING CYS	10/1/2005	\$100.22	3	NO
8	53215	URETHRECTOMY TOTAL INCLUDING CYS	10/1/2005	\$120.88	3	NO
8	53230	EXCISION OF URETHRAL DIVERTICULU	10/1/2005	\$77.90	3	NO
8	53235	EXCISION OF URETHRAL DIVERTICULU	10/1/2005	\$81.74	3	NO
8	53240	MARSUPIALIZATION OF URETHRAL DIV	10/1/2005	\$54.44	3	NO
8	53250	EXCISION OF BULBOURETHRAL GLAND	10/1/2005	\$50.14	3	NO
8	53400	URETHROPLASTY FIRST STAGE FOR FI	10/1/2005	\$102.61	3	NO
8	53405	URETHROPLASTY; SECOND STAGE (FOR	10/1/2005	\$113.45	3	NO
8	53410	URETHROPLASTY ONE-STAGE RECONSTR	10/1/2005	\$127.99	3	NO
8	53415	URETHROPLASTY, TRANSPUBIC OR PER	10/1/2005	\$145.79	3	NO
8	53420	URETHROPLASTY TWO-STAGE RECONSTR	10/1/2005	\$110.81	3	NO
8	53425	URETHROPLASTY TWO-STAGE RECONSTR	10/1/2005	\$124.40	3	NO
8	53430	URETHROPLASTY RECONSTRUCTION OF	10/1/2005	\$127.21	3	NO
8	53440	SLING OPERATION FOR CORRECTION O	10/1/2005	\$106.60	3	NO
8	53442	REMOVAL OR REVISION OF SLING FOR	10/1/2005	\$92.43	3	NO
8	53443	URETHROPLASTY WITH TUBULARIZATIO	4/1/2002	INVALID	N	NO
8	53445	INSERTION OF INFLATABLE URETHRAL	10/1/2005	\$114.80	3	NO
8	53447	REMOVAL AND REPLACEMENT OF INFLA	10/1/2005	\$108.16	3	NO
8	53449	REPAIR OF INFLATABLE URETHRAL/BL	10/1/2005	\$78.37	3	NO
8	53500	URETHROLYSIS, TRANSVAGINAL, SECO	10/1/2005	\$100.17	3	NO
8	53502	URETHRORRHAPHY SUTURE OF URETHRA	10/1/2005	\$63.47	3	NO
8	53505	URETHRORRHAPHY SUTURE OF URETHRA	10/1/2005	\$62.38	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	53510	URETHRORRHAPHY SUTURE OF URETHRA	10/1/2005	\$83.14	3	NO
8	53515	URETHRORRPAPHY SUTURE OF URETHRA	10/1/2005	\$105.15	3	NO
8	53520	CLOSURE OF URETHROSTOMY OR URETH	10/1/2005	\$71.47	3	NO
8	53670	CATHETERIZATION, URETHRA; SIMPLE	7/1/2003	INVALID	N	NO
8	53675	CATHETERIZATION; COMPLICATED (MA	7/1/2003	INVALID	N	NO
8	53850	TRANSURETHRAL DESTRUCTION OF PRO	11/1/1998	NC	9	NO
8	53852	TRANSURETHRAL DESTRUCTION OF PRO	10/1/2005	\$515.57	3	NO
8	53899	UNLISTED PROCEDURE URINARY SYSTE	2/1/1994	\$0.01	5	NO
8	54110	EXCISION OF PENILE PLAQUE (PEYRO	10/1/2005	\$80.96	3	NO
8	54111	EXCISION OF PENILE PLAQUE (PEYRO	10/1/2005	\$105.25	3	NO
8	54112	EXCISION OF PENILE PLAQUE (PEYRO	10/1/2005	\$123.26	3	NO
8	54115	REMOVAL FOREIGN BODY FROM DEEP P	10/1/2005	\$56.88	3	NO
8	54120	AMPUTATION OF PENIS PARTIAL	10/1/2005	\$79.46	3	NO
8	54125	AMPUTATION OF PENIS; COMPLETE	10/1/2005	\$105.41	3	NO
8	54130	AMPUTATION OF PENIS RADICAL WITH	10/1/2005	\$154.61	3	NO
8	54135	AMPUTATION OF PENIS RADICAL IN C	10/1/2005	\$198.98	3	NO
8	54160	CIRCUMCISION, SURGICAL EXCISION	10/1/2005	\$35.34	3	NO
8	54205	INJECTION PROCEDURE FOR PEYRONIE	10/1/2005	\$68.30	3	NO
8	54300	PLASTIC OPERATION OF PENIS FOR S	10/1/2005	\$86.72	3	NO
8	54304	PLASTIC OPERATION ON PENIS FOR C	10/1/2005	\$102.04	3	NO
8	54308	URETHROPLASTY FOR SECOND STAGE H	10/1/2005	\$96.53	3	NO
8	54312	URETHROPLASTY FOR SECOND STAGE H	10/1/2005	\$112.93	3	NO
8	54316	URETHROPLASTY FOR SECOND STAGE H	10/1/2005	\$134.63	3	NO
8	54318	URETHROPLASTY FOR THIRD STAGE HY	10/1/2005	\$95.50	3	NO
8	54322	ONE STAGE DISTAL HYPOSPADIAS REP	10/1/2005	\$105.67	3	NO
8	54324	ONE STAGE DISTAL HYPOSPADIAS REP	10/1/2005	\$131.67	3	NO
8	54326	ONE STAGE DISTAL HYPOSPADIAS REP	10/1/2005	\$127.57	3	NO
8	54328	ONE STAGE DISTAL HYPOSPADIAS REP	10/1/2005	\$123.73	3	NO
8	54332	ONE STAGE PROXIMAL PENILE OR PEN	10/1/2005	\$134.78	3	NO
8	54336	ONE STAGE PERINEAL HYPOSPADIAS R	10/1/2005	\$168.57	3	NO
8	54340	REPAIR OF HYPOSPADIAS COMPLICATI	10/1/2005	\$75.57	3	NO
8	54344	REPAIR OF HYPOSPADIAS COMPLICATI	10/1/2005	\$130.74	3	NO
8	54348	REPAIR OF HYPOSPADIAS COMPLICATI	10/1/2005	\$138.52	3	NO
8	54352	REPAIR OF HYPOSPADIAS CRIPPLE RE	10/1/2005	\$197.69	3	NO
8	54360	PLASTIC OPERATION ON PENIS TO CO	10/1/2005	\$97.47	3	YES
8	54380	PLASTIC OPERATION ON PENIS FOR E	10/1/2005	\$107.38	3	NO
8	54385	PLASTIC OPERATION ON PENIS FOR E	10/1/2005	\$127.05	3	NO
8	54390	PLASTIC OPERATION ON PENIS FOR E	10/1/2005	\$168.78	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	54400	INSERTION OF PENILE PROSTHESIS;	10/1/2005	\$72.45	3	YES
8	54401	INSERTION OF PENILE PROSTHESIS;	10/1/2005	\$86.72	3	YES
8	54402	REMOVAL OR REPLACEMENT OF NON-IN	4/1/2002	INVALID	N	NO
8	54405	INSERTION OF MULTI-COMPONENT, IN	10/1/2005	\$105.20	3	YES
8	54407	REMOVAL, REPAIR, OR REPLACEMENT	4/1/2002	INVALID	N	NO
8	54409	SURGICAL CORRECTION OF HYDRAULIC	4/1/2002	INVALID	N	NO
8	54420	CORPORA CAVERNOSA-SAPHENOUS VEIN	10/1/2005	\$92.17	3	NO
8	54430	CORPORA CAVERNOSA-CORPUS SPONGIO	10/1/2005	\$82.78	3	NO
8	54435	CORPORA CAVERNOSA-GLANS PENIS FI	10/1/2005	\$52.73	3	NO
8	54440	PLASTIC OPERATION OF PENIS FOR I	10/1/2000	\$104.69	3	NO
8	54510	EXCISION OF LOCAL LESION OF TEST	4/1/2002	INVALID	N	NO
8	54530	ORCHIECTOMY RADICAL FOR TUMOR IN	10/1/2005	\$69.86	3	NO
8	54535	ORCHIECTOMY RADICAL FOR TUMOR; W	10/1/2005	\$96.79	3	NO
8	54550	EXPLORATION FOR UNDESCENDED TEST	10/1/2005	\$63.11	3	NO
8	54560	EXPLORATION FOR UNDESCENDED TEST	10/1/2005	\$89.06	3	NO
8	54600	REDUCTION OF TORSION OF TESTIS S	10/1/2005	\$57.40	3	NO
8	54620	FIXATION OF CONTRALATERAL TESTIS	10/1/2005	\$39.91	3	NO
8	54640	ORCHIOPEXY, INGUINAL APPROACH, W	10/1/2005	\$58.39	3	NO
8	54650	ORCHIOPEXY, ABDOMINAL APPROACH,	10/1/2005	\$93.26	3	NO
8	54660	INSERTION OF TESTICULAR PROSTHES	4/1/1982	NC	9	NO
8	54680	TRANSPLANTATION OF TESTIS(ES) TO	10/1/2005	\$103.44	3	NO
8	54690	LAPAROSCOPY, SURGICAL; ORCHIECTO	10/1/2005	\$87.61	3	NO
8	54692	LAPAROSCOPY, SURGICAL; ORCHIOPEX	10/1/2005	\$101.62	3	NO
8	54900	EPIDIDYMOVASOSTOMY ANASTOMOSIS O	7/1/1982	NC	9	NO
8	54901	EPIDIDYMOVASOSTOMY ANASTOMOSIS O	7/1/1982	NC	9	NO
8	55150	RESECTION OF SCROTUM	10/1/2005	\$60.26	3	NO
8	55300	VASOTOMY FOR VASOGRAMS SEMINAL V	7/1/1982	NC	9	NO
8	55400	VASOVASOSTOMY, VASOVASORRHAPHY	7/1/1982	NC	9	NO
8	55520	EXCISION OF LESION OF SPERMATIC	10/1/2005	\$51.90	3	NO
8	55530	EXCISION OF VARICOCELE OR LIGATI	10/1/2005	\$47.23	3	NO
8	55535	EXCISION OF VARICOCELE OR LIGATI	10/1/2005	\$54.13	3	NO
8	55540	EXCISION OF VARICOCELE OR LIGATI	10/1/2005	\$64.30	3	NO
8	55550	LAPAROSCOPY, SURGICAL, WITH LIGA	10/1/2005	\$54.08	3	NO
8	55650	VESICULECTOMY, ANY APPROACH	10/1/2005	\$93.42	3	NO
8	55720	PROSTATOTOMY EXTERNAL DRAINAGE O	10/1/2005	\$64.25	3	NO
8	55725	PROSTATOTOMY EXTERNAL DRAINAGE O	10/1/2005	\$71.88	3	NO
8	55801	PROSTATECTOMY, PERINEAL, SUBTOTA	10/1/2005	\$138.62	3	NO
8	55810	PROSTATECTOMY, PERINEAL RADICAL;	10/1/2005	\$171.58	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	55812	PROSTATECTOMY PERINEAL RADICAL;	10/1/2005	\$209.99	3	NO
8	55815	PROSTATECTOMY PERINEAL RADICAL W	10/1/2005	\$230.64	3	NO
8	55821	PROSTATECTOMY (INCLUDING CONTROL	10/1/2005	\$111.22	3	NO
8	55831	PROSTATECTOMY RETROPUBIC SUBTOTA	10/1/2005	\$121.19	3	NO
8	55840	PROSTATECTOMY, RETROPUBIC RADICA	10/1/2005	\$174.02	3	NO
8	55842	PROSTATECTOMY RETROPUBIC RADICAL	10/1/2005	\$186.11	3	NO
8	55845	PROSTATECTOMY RETROPUBIC RADICAL	10/1/2005	\$215.07	3	NO
8	55859	TRANSPERINEAL PLACEMENT OF NEEDL	10/1/2005	\$99.65	3	NO
8	55862	EXPOSURE OF PROSTATE ANY APPROAC	10/1/2005	\$143.61	3	NO
8	55865	EXPOSURE OF PROSTATE ANY APPROAC	10/1/2005	\$174.85	3	NO
8	55866	LAPAROSCOPY, SURGICAL PROSTATECT	10/1/2005	\$231.16	3	NO
8	55899	UNLISTED PROCEDURE MALE GENITAL	4/1/1982	\$0.01	5	NO
8	55970	INTERSEX SURGERY MALE TO FEMALE	4/1/1982	NC	9	NO
8	55980	INTERSEX SURGERY; FEMALE TO MALE	4/1/1982	NC	9	NO
8	56620	VULVECTOMY SIMPLE; PARTIAL	10/1/2005	\$68.20	3	NO
8	56625	VULVECTOMY SIMPLE; COMPLETE	10/1/2005	\$76.29	3	NO
8	56630	VULVECTOMY RADICAL WITHOUT SKIN	10/1/2005	\$107.12	3	NO
8	56631	VULVECTOMY, RADICAL, PARTIAL; WI	10/1/2005	\$139.61	3	NO
8	56632	VULVECTOMY,RADICAL,PARTIAL;WITH	10/1/2005	\$166.60	3	NO
8	56633	VULVECTOMY, RADICAL, COMPELTE	10/1/2005	\$139.97	3	NO
8	56634	VULVECTOMY, RADICAL, COMPLETE; W	10/1/2005	\$152.64	3	NO
8	56637	VULVECTOMY, RADICAL, COMPLETE; W	10/1/2005	\$184.45	3	NO
8	56640	VULVECTOMY, RADICAL, COMPLETE, W	10/1/2005	\$184.50	3	NO
8	56700	PARTIAL HYMENECTOMY OR REVISION	10/1/2005	\$24.13	3	NO
8	56800	PLASTIC REPAIR OF INTROITUS	10/1/2005	\$33.79	3	NO
8	56805	CLITOROPLASTY FOR INTERSEX STATE	10/1/2005	\$157.62	3	YES
8	57106	VAGINECTOMY, PARTIAL REMOVAL OF	10/1/2005	\$58.44	3	NO
8	57107	VAGINECTOMY, PARTIAL REMOVAL OF	10/1/2005	\$187.26	3	NO
8	57109	VAGINECTOMY, PARTIAL REMOVAL OF	10/1/2005	\$214.55	3	NO
8	57110	COLPECTOMY OBLITERATION OF VAGIN	10/1/2005	\$120.56	3	NO
8	57111	VAGINECTOMY, COMPLETE REMOVAL OF	10/1/2005	\$221.77	3	NO
8	57112	VAGINECTOMY, COMPLETE REMOVAL OF	10/1/2005	\$228.83	3	NO
8	57120	COLPOCLEISIS (LE FORT TYPE)	10/1/2005	\$66.80	3	NO
8	57130	EXCISION OF VAGINAL SEPTUM	10/1/2005	\$25.28	3	NO
8	57200	COLPORRHAPHY SUTURE OF INJURY OF	10/1/2005	\$37.73	3	NO
8	57210	COLPOPERINEORRHAPHY SUTURE OF IN	10/1/2005	\$47.75	3	NO
8	57220	PLASTIC OPERATION ON URETHRAL SP	10/1/2005	\$41.00	3	NO
8	57230	PLASTIC REPAIR OF URETHROCELE	10/1/2005	\$49.72	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	57240	ANTERIOR COLPORRHAPHY, REPAIR OF	10/1/2005	\$54.44	3	NO
8	57250	POSTERIOR COLPORRHAPHY, REPAIR O	10/1/2005	\$50.55	3	NO
8	57260	COMBINED ANTEROPOSTERIOR COLPORR	10/1/2005	\$72.97	3	NO
8	57265	COMBINED ANTEROPOSTERIOR COLPORR	10/1/2005	\$96.90	3	NO
8	57267	INSERTION OF MESH OR OTHER PROST	10/1/2005	\$38.87	3	YES
8	57268	REPAIR OF ENTEROCELE VAGINAL APP	10/1/2005	\$60.83	3	NO
8	57270	REPAIR OF ENTEROCELE ABDOMINAL A	10/1/2005	\$102.45	3	NO
8	57280	COLPOPEXY ABDOMINAL APPROACH	10/1/2005	\$124.77	3	NO
8	57282	COLPOPEXY, VAGINAL; EXTRA-PERITO	10/1/2005	\$64.25	3	NO
8	57283	COLPOPEXY, VAGINAL; INTRA-PERITO	10/1/2005	\$92.23	3	YES
8	57284	PARAVAGINAL DEFECT REPAIR (INCL	10/1/2005	\$110.18	3	NO
8	57287	REMOVAL OR REVISION OF SLING FOR	10/1/2005	\$88.59	3	NO
8	57288	SLING OPERATION FOR STRESS INCON	10/1/2005	\$103.90	3	YES
8	57289	PEREYRA PROCEDURE INCLUDING ANTE	10/1/2005	\$97.57	3	NO
8	57291	CONSTRUCTION OF ARTIFICIAL VAGIN	10/1/2005	\$71.57	3	YES
8	57292	CONSTRUCTION OF ARTIFICIAL VAGIN	10/1/2005	\$111.90	3	YES
8	57295	REVISION (INCLUDING REMOVAL) OF	1/1/2006	\$66.43	3	NO
8	57300	CLOSURE OF RECTOVAGINAL FISTULA;	10/1/2005	\$66.12	3	NO
8	57305	CLOSURE OF RECTOVAGINAL FISTULA;	10/1/2005	\$112.62	3	NO
8	57307	CLOSURE OF RECTOVAGINAL FISTULA;	10/1/2005	\$128.82	3	NO
8	57308	CLOSURE OF RECTOVAGINAL FISTULA;	10/1/2005	\$83.82	3	NO
8	57310	CLOSURE OF URETHROVAGINAL FISTUL	10/1/2005	\$57.82	3	NO
8	57311	CLOSURE OF URETHROVAGINAL FISTUL	10/1/2005	\$66.07	3	NO
8	57320	CLOSURE OF VESICOVAGINAL FISTULA	10/1/2005	\$67.68	3	NO
8	57330	CLOSURE OF VESICOVAGINAL FISTULA	10/1/2005	\$99.08	3	NO
8	57335	VAGINOPLASTY FOR INTERSEX STATE	10/1/2005	\$153.68	3	YES
8	57425	LAPAROSCOPY, SURGICAL, COLPOPEXY	10/1/2005	\$125.08	3	NO
8	57530	TRACHELECTOMY (CERVICECTOMY) AMP	10/1/2005	\$45.36	3	NO
8	57531	RADICAL TRACHELECTOMY, WITH BILA	10/1/2005	\$230.59	3	NO
8	57540	EXCISION OF CERVICAL STUMP ABDOM	10/1/2005	\$103.33	3	NO
8	57545	EXCISION OF CERVICAL STUMP ABDOM	10/1/2005	\$109.98	3	NO
8	57550	EXCISION OF CERVICAL STUMP VAGIN	10/1/2005	\$51.90	3	NO
8	57555	EXCISION OF CERVICAL STUMP VAGIN	10/1/2005	\$78.32	3	NO
8	57556	EXCISION OF CERVICAL STUMP VAGIN	10/1/2005	\$73.39	3	NO
8	57720	TRACHELORRHAPHY PLASTIC REPAIR O	10/1/2005	\$39.96	3	NO
8	58140	MYOMECTOMY, EXCISION OF FIBROID	10/1/2005	\$121.76	3	NO
8	58145	MYOMECTOMY EXCISION OF FIBROID T	10/1/2005	\$71.52	3	NO
8	58146	MYOMECTOMY, EXCISION OF FIBROID	10/1/2005	\$156.95	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	58150	TOTAL ABDOMINAL HYSTERECTOMY(COR	10/1/2005	\$127.21	3	YES
8	58152	TOT HYSTERECTOMY (CORPUS & CERVI	10/1/2005	\$170.39	3	YES
8	58180	SUPRACERVICAL ABDOMINAL HYSTEREC	10/1/2005	\$126.43	3	YES
8	58200	TOTAL ABDOMINAL HYSTERECTOMY, IN	10/1/2005	\$176.67	3	NO
8	58210	RADICAL ABDOMINAL HYSTERECTOMY,	10/1/2005	\$235.11	3	NO
8	58240	PELVIC EXENTERATION FOR GYNECOLO	10/1/2005	\$311.87	3	NO
8	58260	VAGINAL HYSTERECTOMY, FOR UTERUS	10/1/2005	\$110.03	3	YES
8	58262	VAGINAL HYSTERECTOMY; WITH REMOV	10/1/2005	\$124.04	3	YES
8	58263	VAGINAL HYSTERECTOMY; WITH REMOV	10/1/2005	\$134.11	3	NO
8	58267	VAGINAL HYSTERECTOMY; WITH COLPO	10/1/2005	\$142.31	3	YES
8	58270	VAGINAL HYSTERECTOMY; WITH REPAI	10/1/2005	\$119.37	3	YES
8	58275	VAGINAL HYSTERECTOMY, WITH TOTAL	10/1/2005	\$131.67	3	YES
8	58280	VAGINAL HYSTERECTOMY WITH TOTAL	10/1/2005	\$141.27	3	YES
8	58285	VAGINAL HYSTERECTOMY RADICAL (SC	10/1/2005	\$180.87	3	YES
8	58290	VAGINAL HYSTERECTOMY, FOR UTERUS	10/1/2005	\$157.62	3	YES
8	58291	VAGINAL HYSTERECTOMY, FOR UTERUS	10/1/2005	\$171.84	3	YES
8	58292	VAGINAL HYSTERECTOMY, FOR UTERUS	10/1/2005	\$182.07	3	YES
8	58293	VAGINAL HYSTERECTOMY, FOR UTERUS	10/1/2005	\$189.07	3	YES
8	58294	VAGINAL HYSTERECTOMY, FOR UTERUS	10/1/2005	\$166.70	3	YES
8	58350	CHROMOTUBATION OF OVIDUCT, INCLU	4/1/1982	NC	9	NO
8	58400	UTERINE SUSPENSION WITH OR WITHO	10/1/2005	\$57.19	3	YES
8	58410	UTERINE SUSPENSION WITH/OUT SHOR	10/1/2005	\$106.86	3	YES
8	58520	HYSTERORRHAPHY REPAIR OF RUPTURE	10/1/2005	\$100.69	3	NO
8	58540	HYSTEROPLASTY REPAIR OF UTERINE	10/1/2005	\$121.08	3	NO
8	58545	LAPAROSCOPY, SURGICAL,MYOMECTOMY	10/1/2005	\$122.07	3	NO
8	58546	LAPAROSCOPY, SURGICAL, MYOMECTOM	10/1/2005	\$156.53	3	NO
8	58550	LAPAROSCOPY, SURGICAL, WITH VAGI	10/1/2005	\$120.20	3	YES
8	58551	LAPAROSCOPY, SURGICAL; WITH REMO	7/1/2003	INVALID	N	NO
8	58552	LAPAROSCOPY, SURGICAL, WITH VAGI	10/1/2005	\$133.33	3	YES
8	58553	LAPAROSCOPY, SURGICAL, WITH VAGI	10/1/2005	\$156.58	3	YES
8	58554	LAPAROSCOPY, SURGICAL, WITH VAGI	10/1/2005	\$179.57	3	YES
8	58578	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
8	58579	UNLISTED HYSTEROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
8	58600	LIGATION OR TRANSECTION OF FALLO	10/1/2005	\$49.67	3	NO
8	58605	LIGATION OR TRANSECTION OF FALLO	10/1/2005	\$45.10	3	NO
8	58611	LIGATION OR TRANSECTION OF FALLO	10/1/2005	\$11.37	3	NO
8	58615	OCCCLUSION OF FALLOPIAN TUBES BY	10/1/2005	\$36.64	3	NO
8	58660	LAPAROSCOPY, SURGICAL; WITH LYSI	10/1/2005	\$92.90	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	58661	LAPAROSCOPY, SURGICAL; WITH REMO	10/1/2005	\$90.72	3	YES
8	58662	LAPAROSCOPY, SURGICAL; WITH FULG	10/1/2005	\$98.45	3	NO
8	58670	LAPAROSCOPY, SURGICAL; WITH FULG	10/1/2005	\$49.46	3	NO
8	58671	LAPAROSCOPY, SURGICAL; WITH OCCL	10/1/2005	\$49.46	3	NO
8	58672	LAPAROSCOPY, SURGICAL; WITH FIMB	10/1/2005	\$107.02	3	YES
8	58673	LAPAROSCOPY, SURGICAL; WITH SALP	10/1/2005	\$113.92	3	YES
8	58700	SALPINGETOMY COMPLETE OR PARTIAL	10/1/2005	\$101.26	3	NO
8	58720	SALPINGO-OOPHORECTOMY COMPLETE O	10/1/2005	\$95.91	3	YES
8	58740	LYSIS OF ADHESIONS (SALPINGOLYSI	4/1/1982	NC	9	NO
8	58750	TOBOTUBAL ANASTOMOSIS	4/1/1982	NC	9	NO
8	58752	TUBOUTERINE IMPLANTATION	10/1/1984	NC	9	NO
8	58760	FIMBRIOPLASTY	4/1/1982	NC	9	NO
8	58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	10/1/1984	NC	9	NO
8	58800	DRAINAGE OF OVARIAN CYSTS UNILAT	10/1/2005	\$42.51	3	NO
8	58805	DRAINAGE OF OVARIAN CYST(S) UNIL	10/1/2005	\$52.06	3	NO
8	58820	DRAINAGE OF OVARIAN ABSCESS VAGI	10/1/2005	\$41.62	3	NO
8	58822	DRAINAGE OF OVARIAN ABSCESS; ABD	10/1/2005	\$85.48	3	NO
8	58823	DRAINAGE OF PELVIC ABSDCESS, TRA	10/1/2005	\$24.60	3	NO
8	58825	TRANSPOSITION, OVARY(S)	10/1/2005	\$93.78	3	NO
8	58900	BIOPSY OF OVARY UNILATERAL OR BI	10/1/2005	\$53.09	3	NO
8	58920	WEDGE RESECTION OR BISECTION OF	10/1/2005	\$95.08	3	NO
8	58925	OVARIAN CYSTECTOMY UNILATERAL OR	10/1/2005	\$95.55	3	NO
8	58940	OOPHORECTOMY PARTIAL OR TOTAL UN	10/1/2005	\$63.68	3	YES
8	58943	OOPHORECTOMY, PARTIAL OR TOTAL,	10/1/2005	\$151.76	3	NO
8	58950	RSECTION OF OVARIAN, TUBAL OR PR	10/1/2005	\$141.74	3	NO
8	58951	RESECTION OF OVARIAN MALIGNANCY	10/1/2005	\$183.62	3	NO
8	58952	RESECTION OF OVARIAN, TUBAL OR P	10/1/2005	\$205.94	3	NO
8	58953	BILATERAL SALPINGO-OOPHORECTOMY	10/1/2005	\$260.75	3	NO
8	58954	BILATERAL SALPINGO-OOPHORECTOMY	10/1/2005	\$284.20	3	NO
8	58956	BILATERAL SALPINGO-OOPHORECTOMY	10/1/2005	\$182.01	3	NO
8	58960	LAPAROTOMY, FOR STAGING OR RESTA	10/1/2005	\$123.21	3	NO
8	58999	UNLISTED PROCEDURE FEMALE GENITA	2/1/1994	\$0.01	5	NO
8	59100	HYSTEROTOMY, ABDOMINAL (EG, FOR	10/1/2005	\$112.57	3	NO
8	59120	SURG TREAT OF ECTOPIC PREG;TUB O	10/1/2005	\$105.72	3	NO
8	59121	SURGICAL TREATMENT OF ECTOPIC PR	10/1/2005	\$107.54	3	NO
8	59130	SURGICAL TREATMENT OF ECTOPIC PR	10/1/2005	\$115.94	3	NO
8	59135	SURGICAL TREATMENT OF ECTOPIC PR	10/1/2005	\$126.38	3	NO
8	59136	SURGICAL TREATMENT OF ECTOPIC PR	10/1/2005	\$118.70	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	59140	SURGICAL TREATMENT OF ECTOPIC PR	10/1/2005	\$46.45	3	NO
8	59150	LAPAROSCOPIC TREATMENT OF ECTOPI	10/1/2005	\$105.82	3	NO
8	59151	LAPAROSCOPIC TREATMENT OF ECTOPI	10/1/2005	\$104.99	3	NO
8	59350	HYSTERORRHAPHY OF RUPTURED UTERU	10/1/2005	\$41.42	3	NO
8	59409	VAGINAL DELIVERY ONLY (WITH OR W	10/1/2005	\$170.41	3	NO
8	59514	CAESAREAN DELIVERY ONLY	10/1/2005	\$201.14	3	NO
8	59525	SUBTOTAL OR TOTAL HYSTERECTOMY A	10/1/2005	\$106.78	3	NO
8	59612	VAGINAL DELIVERY ONLY, AFTER PRE	10/1/2005	\$191.21	3	NO
8	59620	CESAREAN DELIVERY ONLY, FOLLOWIN	10/1/2005	\$220.31	3	NO
8	59870	UTERINE EVACUATION AND CURETTAGE	10/1/2005	\$61.76	3	NO
8	59898	UNLISTED LAPAROSCOPY PROCEDURE,	10/1/2001	\$0.01	5	NO
8	60200	EXCISION OF CYST OR ADENOMA OF T	10/1/2005	\$85.79	3	NO
8	60210	PARTIAL THYROID LOBECTOMY, UNILA	10/1/2005	\$91.97	3	NO
8	60212	PARTIAL THYROID LOBECTOMY, UNILA	10/1/2005	\$132.86	3	NO
8	60220	TOTAL THYROID LOBECTOMY, UNILATE	10/1/2005	\$100.43	3	NO
8	60225	TOTAL THYROID LOBECTOMY, UNILATE	10/1/2005	\$120.41	3	NO
8	60240	THYROIDECTOMY TOTAL OR COMPLETE	10/1/2005	\$132.19	3	NO
8	60252	THYROIDECTOMY TOTAL OR SUBTOTAL	10/1/2005	\$170.96	3	NO
8	60254	THYROIDECTOMY TOTAL OR SUBTOTAL	10/1/2005	\$226.91	3	NO
8	60260	THYROIDECTOMY, REMOVAL OF ALL RE	10/1/2005	\$145.42	3	NO
8	60270	THYROIDECTOMY, INCL SUBSTERNAL T	10/1/2005	\$171.11	3	NO
8	60271	THYROIDECTOMY, INC SUBSTERNAL TH	10/1/2005	\$141.01	3	NO
8	60280	EXCISION OF THYROGLOSSAL DUCT CY	10/1/2005	\$57.40	3	NO
8	60281	EXCISION OF THYROGLOSSAL DUCT CY	10/1/2005	\$78.27	3	NO
8	60500	PARATHYROIDECTOMY OR EXPLORATION	10/1/2005	\$132.92	3	NO
8	60502	PARATHYROIDECTOMY OR EXPLORATION	10/1/2005	\$167.01	3	NO
8	60505	PARATHYROIDECTOMY OR EXPLORATION	10/1/2005	\$181.65	3	NO
8	60512	PARATHYROID AUTOTRANSPLANTATION	10/1/2005	\$34.25	3	NO
8	60520	THYMECTOMY, PARTIAL OR TOTAL; TR	10/1/2005	\$141.27	3	NO
8	60521	THYMECTOMY, PARTIAL OR TOTAL; ST	10/1/2005	\$161.56	3	NO
8	60522	THYMECTOMY, PARTIAL OR TOTAL; ST	10/1/2005	\$194.83	3	NO
8	60540	ADRENALECTOMY, PART OR COMP, OR	10/1/2005	\$136.70	3	NO
8	60545	ADRENALECTOMY PARTIAL/COMPLETE W	10/1/2005	\$158.14	3	NO
8	60600	EXCISION OF CAROTID BODY TUMOR W	10/1/2005	\$161.15	3	NO
8	60605	EXCISION OF CAROTID BODY TUMOR W	10/1/2005	\$181.23	3	NO
8	60650	LAPAROSCOPY, SURGICAL, WITH ADRE	10/1/2005	\$156.84	3	NO
8	60659	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
8	60699	UNLISTED PROCEDURE ENDOCRINE SYS	4/1/1982	\$0.01	5	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	61001	SUBDURAL TAP THROUGH FONTANELLE	10/1/2005	\$14.06	3	NO
8	61140	BURR HOLES OR TREPHINE WITH BIOP	10/1/2005	\$154.61	3	NO
8	61150	BURR HOLE(S) OR TREPHINE WITH DR	10/1/2005	\$167.07	3	NO
8	61151	BURR HOLE(S) OR TREPHINE WITH SU	10/1/2005	\$120.30	3	NO
8	61154	BURR HOLE(S) WITH EVACUATION AND	10/1/2005	\$148.02	3	NO
8	61156	BURR HOLE(S) WITH ASPIRATION OF	10/1/2005	\$156.63	3	NO
8	61210	BURR HOLE(S); FOR IMPLANTING VEN	10/1/2005	\$52.89	3	NO
8	61215	INSERTION OF SUBCUTANEOUS RESERV	10/1/2005	\$52.32	3	NO
8	61250	BURR HOLE(S) OR TREPHINE, SUPRAT	10/1/2005	\$103.70	3	NO
8	61253	BURR HOLES OR TREPHINE INFRATENT	10/1/2005	\$117.55	3	NO
8	61304	CRANIECTOMY OR CRANIOTOMY EXPLOR	10/1/2005	\$207.34	3	NO
8	61305	CRANIECTOMY OR CRANIOTOMY EXPLOR	10/1/2005	\$247.36	3	NO
8	61312	CRANIECTOMY OR CRANIOTOMY FOR EV	10/1/2005	\$237.23	3	NO
8	61313	CRANIECTOMY OR CRANIOTOMY FOR EV	10/1/2005	\$238.48	3	NO
8	61314	CRANIECTOMY OR CRANIOTOMY FOR EV	10/1/2005	\$224.93	3	NO
8	61315	CRANIECTOMY OR CRANIOTOMY FOR EV	10/1/2005	\$262.41	3	NO
8	61320	CRANIECTOMY OR CRANIOTOMY DRAINA	10/1/2005	\$241.70	3	NO
8	61321	CRANIECTOMY OR CRANIOTOMY DRAINA	10/1/2005	\$267.29	3	NO
8	61322	CRANIECTOMY OR CRANIOTOMY, DECOM	10/1/2005	\$271.85	3	NO
8	61323	CRANIECTOMY OR CRANIOTOMY, DECOM	10/1/2005	\$284.62	3	NO
8	61330	DECOMPRESSION OF ORBIT ONLY, TRA	10/1/2005	\$204.23	3	NO
8	61332	EXPLORATION OF ORBIT (TRANSCRANI	10/1/2005	\$246.21	3	NO
8	61333	EXPLORATION OF ORBIT (TRANSCRANI	10/1/2005	\$245.44	3	NO
8	61334	EXPLORATION OF ORBIT (TRANSCRANI	10/1/2005	\$158.81	3	NO
8	61340	SUBTEMPORAL CRANIAL DECOMPRESSION	10/1/2005	\$178.22	3	NO
8	61343	CRANIECTOMY, SUBOCCIPITAL W/CERV	10/1/2005	\$279.90	3	NO
8	61345	OTHER CRANIAL DECOMPRESSION POST	10/1/2005	\$255.50	3	NO
8	61440	CRANIOTOMY FOR SECTION OF TENTOR	10/1/2005	\$247.15	3	NO
8	61450	CRANIECTOMY, SUBTEMPORAL, FOR SE	10/1/2005	\$238.32	3	NO
8	61458	CRANIECTOMY SUBOCCIPITAL FOR EXP	10/1/2005	\$256.80	3	NO
8	61460	CRANIECTOMY SUBOCCIPITAL; FOR SE	10/1/2005	\$262.82	3	NO
8	61470	CRANIECTOMY SUBOCCIPITAL; FOR ME	10/1/2005	\$237.18	3	NO
8	61480	CRANIECTOMY SUBOCCIPITAL; FOR ME	10/1/2005	\$251.20	3	NO
8	61490	CRANIOTOMY FOR LOBOTOMY, INCLUDI	10/1/2005	\$242.84	3	NO
8	61500	CRANIECTOMY; WITH EXCISION OF TU	10/1/2005	\$169.30	3	NO
8	61501	CRANIECTOMY; FOR OSTEOMYELITIS	10/1/2005	\$140.29	3	NO
8	61510	CRANIECTOMY, TREPHINATION, BONE	10/1/2005	\$270.87	3	NO
8	61512	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$329.41	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	61514	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$238.27	3	NO
8	61516	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$233.65	3	NO
8	61518	CRANIECTOMY FOR EXCISION OF BRAI	10/1/2005	\$351.10	3	NO
8	61519	CRANIECTOMY FOR EXCISION OF BRAI	10/1/2005	\$384.42	3	NO
8	61520	CRANIECTOMY FOR EXCISION OF BRAI	10/1/2005	\$497.20	3	NO
8	61521	CRANIECTOMY FOR EXCISION OF BRAI	10/1/2005	\$410.74	3	NO
8	61522	CRANIECTOMY INFRATENTORIAL OR PO	10/1/2005	\$276.37	3	NO
8	61524	CRANIECTOMY INFRATENTORIAL OR PO	10/1/2005	\$260.23	3	NO
8	61526	CRANIECTOMY BONE FLAP CRANIOTOMY	10/1/2005	\$458.74	3	NO
8	61530	CRANIECTOMY BONE FLAP CRANIOTOMY	10/1/2005	\$388.42	3	NO
8	61531	SUBDURAL IMPLANTATION OF STRIP E	10/1/2005	\$142.41	3	NO
8	61533	CRANIOTOMY WITH ELEVATION OF BON	10/1/2005	\$187.51	3	NO
8	61534	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$199.04	3	NO
8	61535	CRANIECTOMY, TREPHINATION, BONE FL	10/1/2005	\$113.92	3	NO
8	61536	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$331.80	3	NO
8	61537	CRANIOTOMY WITH ELEVATION OF BON	10/1/2005	\$241.08	3	NO
8	61538	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$253.43	3	NO
8	61539	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$301.07	3	NO
8	61540	CRANIOTOMY W/ELEVATION OF BONE F	10/1/2005	\$287.63	3	NO
8	61541	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$267.49	3	NO
8	61542	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$294.48	3	NO
8	61543	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$275.33	3	NO
8	61544	CRANIECTOMY TREPHINATION BONE FL	10/1/2005	\$234.59	3	NO
8	61545	CRANIECTOMY, TREPHINATION, BONE	10/1/2005	\$404.09	3	NO
8	61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR	10/1/2005	\$291.73	3	NO
8	61548	HYPOPHYSECTOMY OR EXCISION OF PI	10/1/2005	\$195.25	3	NO
8	61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS	10/1/2005	\$116.98	3	NO
8	61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS	10/1/2005	\$154.14	3	NO
8	61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS;	10/1/2005	\$198.21	3	NO
8	61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS;	10/1/2005	\$216.47	3	NO
8	61558	EXTENSIVE CRANIECTOMY FOR MULTIP	10/1/2005	\$213.21	3	NO
8	61559	EXTENSIVE CRANIECTOMY FOR MULTIP	10/1/2005	\$313.74	3	NO
8	61563	EXCISION, INTRA AND EXTRACRANIAL	10/1/2005	\$244.66	3	NO
8	61564	EXCISION, INTRA AND EXTRACRANIAL	10/1/2005	\$315.19	3	NO
8	61566	CRANIOTOMY WITH ELEVATION OF BON	10/1/2005	\$287.89	3	NO
8	61567	CRANIOTOMY WITH ELEVATION OF BON	10/1/2005	\$324.95	3	NO
8	61570	CRANIECTOMY OR CRANIOTOMY;W/EXCI	10/1/2005	\$227.27	3	NO
8	61571	CRANIECTOMY OR CRANIOTOMY WITH T	10/1/2005	\$250.21	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	61575	TRANSORAL APPROACH TO SKULL BASE	10/1/2005	\$306.42	3	NO
8	61576	TRANSORAL APP TO SKULL BASE,DECO	10/1/2005	\$480.54	3	NO
8	61580	CRANIOFACIAL APPROACH TO ANTERIO	10/1/2005	\$307.30	3	NO
8	61581	CRANIOFACIAL APPROACH TO ANTERIO	10/1/2005	\$321.05	3	NO
8	61582	CRANIOFACIAL APPROACH TO ANTERIO	10/1/2005	\$341.61	3	NO
8	61583	CRANIOFACIAL APPROACH TO ANTERIO	10/1/2005	\$361.17	3	NO
8	61584	ORBITOCRANIAL APPROACH TO ANTERI	10/1/2005	\$346.74	3	NO
8	61585	ORBITOCRANIAL APPROACH TO ANTERI	10/1/2005	\$373.68	3	NO
8	61586	BICORONAL, TRANSZYGOMATIC AND/OR	10/1/2005	\$269.67	3	NO
8	61590	INFRA TEMPORAL PRE-AURICULAR APPR	10/1/2005	\$391.95	3	NO
8	61591	INFRA TEMPORAL POST-AURICULAR APP	10/1/2005	\$407.99	3	NO
8	61592	ORBITOCRANIAL ZYGOMATIC APPROACH	10/1/2005	\$391.27	3	NO
8	61595	TRANSTEMPORAL APPROACH TO POSTER	10/1/2005	\$289.29	3	NO
8	61596	TRANSCOCHLEAR APPROACH TO POSTER	10/1/2005	\$328.94	3	NO
8	61597	TRANSCONDYLAR APPROACH TO POST C	10/1/2005	\$359.15	3	NO
8	61598	TRANSPETROSAL APPROACH TO POST C	10/1/2005	\$322.40	3	NO
8	61600	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$255.35	3	NO
8	61601	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$283.79	3	NO
8	61605	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$280.57	3	NO
8	61606	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$376.22	3	NO
8	61607	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$346.12	3	NO
8	61608	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$407.67	3	NO
8	61609	TRANSECTION OR LIGATION,CAROTID	10/1/2005	\$89.58	3	NO
8	61610	TRANSECTION OR LIGATION,CAROTID	10/1/2005	\$261.42	3	NO
8	61611	TRANSECTION OR LIGATION, CAROTID	10/1/2005	\$67.99	3	NO
8	61612	TRANSECTION OR LIGATION,CAROTID	10/1/2005	\$235.78	3	NO
8	61613	OBLITERATION OF CAROTID ANEURYSM	10/1/2005	\$391.33	3	NO
8	61615	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$308.23	3	NO
8	61616	RESECTION OR EXCISION OF NEOPLAS	10/1/2005	\$414.21	3	NO
8	61618	SECONDARY REPAIR OF DURA FOR CER	10/1/2005	\$160.99	3	NO
8	61619	2ND REPAIR OF DURA FOR CSF LEAK,	10/1/2005	\$191.04	3	NO
8	61680	SURGERY OF INTRACRANIAL ARTERIOV	10/1/2005	\$289.03	3	NO
8	61682	SURGERY OF INTRACRANIAL ARTERIOV	10/1/2005	\$566.70	3	NO
8	61684	SURGERY OF INTRACRANIAL ARTERIOV	10/1/2005	\$373.42	3	NO
8	61686	SURGERY OF INTRACRANIAL ARTERIOV	10/1/2005	\$598.20	3	NO
8	61690	SURGERY OF INTRACRANIAL ARTERIOV	10/1/2005	\$274.34	3	NO
8	61692	SURGERY OF INTRACRANIAL ARTERIOV	10/1/2005	\$480.33	3	NO
8	61697	SURGERY OF COMPLEX INTRACRANIAL	10/1/2005	\$471.72	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	61698	SURGERY OF COMPLEX INTRACRANIAL	10/1/2005	\$452.10	3	NO
8	61700	SURGERY OF SIMPLE INTRACRANIAL A	10/1/2005	\$471.41	3	NO
8	61702	SURGERY OF INTRACRANIAL ANEURYSM	10/1/2005	\$439.54	3	NO
8	61703	SURGERY OF INTRACRANIAL ANEURYSM	10/1/2005	\$165.25	3	NO
8	61705	SURGERY OF ANEURYSN VASCULAR MAL	10/1/2005	\$332.99	3	NO
8	61708	SURGERY OF ANEURYSM VASCULAR MAL	10/1/2005	\$274.50	3	NO
8	61711	ANASTOMOSIS ARTERIAL EXTRACRANIA	10/1/2005	\$338.60	3	NO
8	61850	TWIST DRILL OR BURR HOLE(S) FOR	10/1/2005	\$120.51	3	NO
8	61860	CRANIECTOMY OR CRANIOTOMY FOR IM	10/1/2005	\$196.18	3	NO
8	61862	TWIST DRILL, BURR HOLE, CRANIOTO	4/1/2004	INVALID	N	NO
8	61863	TWIST DRILL, BURR HOLE, CRANIOTO	10/1/2005	\$186.58	3	NO
8	61864	TWIST DRILL, BURR HOLE, CRANIOTO	10/1/2005	\$62.18	3	NO
8	61867	TWIST DRILL, BURR HOLE, CRANIOTO	10/1/2005	\$282.96	3	NO
8	61868	TWIST DRILL, BURR HOLE, CRANIOTO	10/1/2005	\$88.90	3	NO
8	61870	CRANIECTOMY FOR IMPLANTATION OF	10/1/2005	\$147.66	3	NO
8	61875	CRANIECTOMY FOR IMPLANTATION OF	10/1/2005	\$137.69	3	NO
8	61880	REVISION OR REMOVAL OF INTRACRAN	10/1/2005	\$64.51	3	NO
8	62005	ELEVATION OF DEPRESSED SKULL FRA	10/1/2005	\$148.85	3	NO
8	62010	ELEVATION OF DEPRESSED SKULL FRA	10/1/2005	\$188.35	3	NO
8	62100	CRANIOTOMY FOR REPAIR OF DURAL/C	10/1/2005	\$204.95	3	NO
8	62115	REDUCTION OF CRANIOMEGALIC SKULL	10/1/2005	\$201.01	3	NO
8	62116	REDUCTION OF CRANIOMEGALIC SKULL	10/1/2005	\$222.96	3	NO
8	62117	REDUCTION OF CRANIOMEGALIC SKULL	10/1/2005	\$240.87	3	NO
8	62120	REPAIR OF ENCEPHALOCELE,SKULL VA	10/1/2005	\$232.25	3	NO
8	62121	CRANIOTOMY WITH REPAIR OF ENCEPH	10/1/2005	\$213.21	3	NO
8	62140	CRANIOPLASTY FOR SKULL DEFECT UP	10/1/2005	\$129.91	3	NO
8	62141	CRANIOPLASTY FOR SKULL DEFECT; L	10/1/2005	\$142.31	3	NO
8	62142	REMOVAL OF BONE FLAP OR PROSTHET	10/1/2005	\$105.41	3	NO
8	62143	REPLACEMENT OF BONE FLAP OR PROS	10/1/2005	\$125.86	3	NO
8	62145	CRANIOPLASTY FOR SKULL DEFECT WI	10/1/2005	\$176.36	3	NO
8	62146	CRANIOPLASTY WITH AUTOGRAFT (INC	10/1/2005	\$151.81	3	NO
8	62147	CRANIOPLASTY WITH AUTOGRAFT (INC	10/1/2005	\$180.66	3	NO
8	62161	NEUROENDOSCOPY, INTRACRANIAL; WI	10/1/2005	\$192.45	3	NO
8	62162	NEUROENDOSCOPY, INTRACRANIAL; WI	10/1/2005	\$238.27	3	NO
8	62163	NEUROENDOSCOPY, INTRACRANIAL; WI	10/1/2005	\$152.43	3	NO
8	62164	NEUROENDOSCOPY, INTRACRANIAL; WI	10/1/2005	\$247.67	3	NO
8	62165	NEUROENDOSOCOPY, INTRACRANIAL; WI	10/1/2005	\$198.78	3	NO
8	62180	VENTRICULOCISTERNOSTOMY (TORKILD	10/1/2005	\$197.64	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	62192	CREATION OF SHUNT; SUBARACHNOID/	10/1/2005	\$118.23	3	NO
8	62200	VENTRICULOCISTERNOSTOMY THIRD VE	10/1/2005	\$174.49	3	NO
8	62220	CREATION OF SHUNT VENTRICULO-ATR	10/1/2005	\$124.66	3	NO
8	62223	CREATION OF SHUNT; VENTRICULO-PE	10/1/2005	\$125.13	3	NO
8	62230	REPLACEMENT OR REVISION OF CEREB	10/1/2005	\$101.41	3	NO
8	62256	REMOVAL OF COMPLETE CEREBROSPINA	10/1/2005	\$67.11	3	NO
8	62258	REMOVAL OF COMPLETE SHUNT SYSTEM	10/1/2005	\$139.04	3	NO
8	62351	IMPLANTATION, REVISION OR REPOSI	10/1/2005	\$100.06	3	YES
8	63001	LAMINECTOMY W/EXPL AND/OR DECOMP	10/1/2005	\$150.30	3	YES
8	63003	LAMINECTOMY FOR DECOMPRESSION OF	10/1/2005	\$152.69	3	YES
8	63005	LAMINECTOMY FOR DECOMPRESSION OF	10/1/2005	\$146.05	3	YES
8	63011	LAMINECTOMY FOR DECOMPRESSION OF	10/1/2005	\$135.36	3	YES
8	63012	LAMINECTOMY WITH REMOVAL OF ABNO	10/1/2005	\$150.04	3	YES
8	63015	LAMINECTOMY W/EXPL AND/OR DECOMP	10/1/2005	\$185.96	3	YES
8	63016	LAMINECTOMY FOR DECOMPRESSION OF	10/1/2005	\$183.73	3	YES
8	63017	LAMINECTOMY FOR DECOMPRESSION OF	10/1/2005	\$155.03	3	YES
8	63020	LAMINOTOMY(HEMILAMINECTOMY),W/DE	10/1/2005	\$145.63	3	YES
8	63030	LAMINOTOMY, FOR DECOMPRESSION OF	10/1/2005	\$120.98	3	YES
8	63035	LAMINOTOMY(HEMILAMINECTOMY),W/DE	10/1/2005	\$28.60	3	YES
8	63040	LAMINOTOMY(HEMILAMINECTOMY),W/DE	10/1/2005	\$180.46	3	YES
8	63042	LAMINOTOMY, WITH DECOMPRESSION O	10/1/2005	\$170.54	3	YES
8	63043	LAMINOTOMY, WITH DECOMPRESSION O	1/1/2003	\$27.77	3	YES
8	63044	LAMINOTOMY, WITH DECOMPRESSION O	4/1/2004	\$27.77	3	YES
8	63045	LAMINECTOMY,FACETECTOMY & FORAMI	10/1/2005	\$159.44	3	YES
8	63046	LAMINECTOMY, INC UNI/BI COMP FAC	10/1/2005	\$152.74	3	YES
8	63047	LAMINECTOMY, INC UNI OR BI COMP	10/1/2005	\$143.40	3	YES
8	63048	LAMINECTOMY,INC UNI/BI COMP FACE	10/1/2005	\$29.22	3	YES
8	63050	LAMINOPLASTY, CERVICAL, W/DECOMP	10/1/2005	\$193.22	3	YES
8	63051	LAMINOPLASTY, CERVICAL, W/DECOMP	10/1/2005	\$219.85	3	YES
8	63055	TRANSPEDICULAR APPROACH W/DECOMP	10/1/2005	\$208.74	3	YES
8	63056	TRANSPEDICULAR APPROACH FOR DECO	10/1/2005	\$194.42	3	YES
8	63057	TRANSPEDICULAR APPR FOR DECOMP O	10/1/2005	\$47.02	3	YES
8	63064	COSTOVERTEBRAL APPROACH W/DECOMP	10/1/2005	\$230.64	3	YES
8	63066	COSTOVERTEBRAL APPROACH FOR DECO	10/1/2005	\$29.01	3	YES
8	63075	DISKECTOMY,ANTERIOR,W/DECOMPRESS	10/1/2005	\$186.58	3	YES
8	63076	DISKECTOMY ANTERIOR FOR DECOMPRE	10/1/2005	\$36.43	3	YES
8	63077	DISKECTOMY, ANTR, FOR DECOMP OF	10/1/2005	\$508.10	3	YES
8	63078	DISKECTOMY,ANT, FOR DECOMP OF SPI	10/1/2005	\$28.80	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	63081	VERTEBRAL CORPECTOMY(VERTEBRAL B	10/1/2005	\$225.09	3	YES
8	63082	VERTEBRAL CORPECTOMY,PART/COMP,A	10/1/2005	\$39.34	3	YES
8	63085	VERTEBRAL CORPECTOMY(VERTEBRAL B	10/1/2005	\$241.49	3	YES
8	63086	VERTEBRAL CORPECTOMY,PART/COMP,T	10/1/2005	\$27.66	3	YES
8	63087	VERTEBRAL CORPECTOMY(VERTEBRAL B	10/1/2005	\$314.62	3	YES
8	63088	VERTEBRAL CORPECTOMY,PART/COMP,C	10/1/2005	\$37.73	3	YES
8	63090	VERTEBRAL CORPECTOMY(VERTEBRAL B	10/1/2005	\$250.21	3	YES
8	63091	VERTEBRAL CORPECTOMY,PART/COMP,T	10/1/2005	\$25.74	3	YES
8	63101	VERTEBRAL CORPECTOMY, PARTIAL OR	10/1/2005	\$294.12	3	YES
8	63102	VERTEBRAL CORPECTOMY, PARTIAL OR	10/1/2005	\$294.12	3	YES
8	63103	VERTEBRAL CORPECTOMY, PARTIAL OR	10/1/2005	\$41.47	3	YES
8	63170	LAMINECTOMY W/MYELOTOMY(EG,BISCH	10/1/2005	\$189.28	3	YES
8	63172	LAMINECTOMY W/DRAINAGE OF INTRAM	10/1/2005	\$169.40	3	YES
8	63173	LAMINECTOMY FOR DRAINAGE OF INTR	10/1/2005	\$209.68	3	YES
8	63180	LAMINECTOMY AND SECTION OF DENTA	10/1/2005	\$172.00	3	YES
8	63182	LAMINECTOMY AND SECTION OF DENTA	10/1/2005	\$190.32	3	YES
8	63185	LAMINECTOMY W/RHIZOTOMY; ONE OR	10/1/2005	\$133.75	3	YES
8	63190	LAMINECTOMY FOR RHIZOTOMY; MORE	10/1/2005	\$159.64	3	YES
8	63191	LAMINECTOMY W/SECTION OF SPINAL	10/1/2005	\$177.86	3	YES
8	63194	LAMINECTOMY W/CORDOTOMY, W/SECTI	10/1/2005	\$176.98	3	YES
8	63195	LAMINECTOMY FOR CORDOTOMY, WITH	10/1/2005	\$179.99	3	YES
8	63196	LAMINECTOMY W/CORDOTOMY,W/SECTIO	10/1/2005	\$214.71	3	YES
8	63197	LAMINECTOMY FOR CORDOTOMY, WITH	10/1/2005	\$200.39	3	YES
8	63198	LAMINECTOMY W/CORDOTOMY W/SECTIO	10/1/2005	\$208.48	3	YES
8	63199	LAMINECTOMY FOR CORDOTOMY WITH S	10/1/2005	\$224.62	3	YES
8	63200	LAMINECTOMY, W/RELEASE OF TETHER	10/1/2005	\$182.53	3	YES
8	63250	LAMINECTOMY FOR EXCISION OF OCCL	10/1/2005	\$360.96	3	YES
8	63251	LAMINECTOMY FOR EXCISION OR OCCL	10/1/2005	\$382.19	3	YES
8	63252	LAMINECTOMY FOR EXCISION OF OCCL	10/1/2005	\$381.10	3	YES
8	63265	LAMINECTOMY FOR EXCISION OR EVAC	10/1/2005	\$205.37	3	YES
8	63266	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$211.80	3	YES
8	63267	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$172.57	3	YES
8	63268	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$168.47	3	YES
8	63270	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$253.17	3	YES
8	63271	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$253.84	3	YES
8	63272	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$238.74	3	YES
8	63273	LAMINECTOMY FOR EXCISION OF INTR	10/1/2005	\$229.76	3	YES
8	63275	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$223.22	3	YES

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	63276	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$221.51	3	YES
8	63277	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$198.10	3	YES
8	63278	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$193.64	3	YES
8	63280	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$267.91	3	YES
8	63281	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$265.05	3	YES
8	63282	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$249.48	3	YES
8	63283	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$237.86	3	YES
8	63285	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$336.62	3	YES
8	63286	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$333.92	3	YES
8	63287	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$341.81	3	YES
8	63290	LAMINECTOMY FOR BIOPSY/EXCISION	10/1/2005	\$345.86	3	YES
8	63295	OSTEOPLASTIC RECONSTRUCTION OF D	10/1/2005	\$43.70	3	YES
8	63300	VERTEBRAL CORPECTOMY, PART/COMP,	10/1/2005	\$229.61	3	YES
8	63301	VERT CORPECT, PART/COMP, FOR EXC	10/1/2005	\$249.17	3	YES
8	63302	VERT CORP, PART/COMP, FOR EXCIS	10/1/2005	\$253.43	3	YES
8	63303	VERT CORP,PART/COMP,FOR EXCIS OF	10/1/2005	\$269.05	3	YES
8	63304	VERTEBRAL CORPECTOMY, PART/COMP,	10/1/2005	\$279.74	3	YES
8	63305	VERT CORPECT, PART/COMP, FOR EXC	10/1/2005	\$288.98	3	YES
8	63306	VERT CORP, PART/COMP, FOR EXCISI	10/1/2005	\$302.16	3	YES
8	63307	VERT CORP,PART/COMP,FOR EXCIS OF	10/1/2005	\$274.08	3	YES
8	63308	VERTEBRAL CORPECTOMY, PART/COMP,	10/1/2005	\$47.23	3	YES
8	63655	LAMINECTOMY FOR IMPLANTATION OF	10/1/2005	\$101.15	3	NO
8	63685	INSERTION OR REPLACE OF SPINAL N	10/1/2005	\$63.27	3	NO
8	63700	REPAIR OF MENINGOCELE LESS THAN	10/1/2005	\$156.89	3	NO
8	63702	REPAIR OF MENINGOCELE; LARGER TH	10/1/2005	\$174.23	3	NO
8	63704	REPAIR OF MYELOMENINGOCELE LESS	10/1/2005	\$200.33	3	NO
8	63706	REPAIR OF MYELOMENINGOCELE; LARG	10/1/2005	\$227.43	3	NO
8	63707	REPAIR OF DURAL/CEREBROSPINAL FL	10/1/2005	\$110.81	3	NO
8	63709	REPAIR OF DURAL/CEREBROSPINAL FL	10/1/2005	\$138.62	3	NO
8	63710	DURAL GRAFT SPINAL	10/1/2005	\$137.12	3	NO
8	63740	CREATION OF SHUNT,LUMBAR,SUBARAC	10/1/2005	\$110.86	3	NO
8	63741	CREATION OF SHUNT, LUMBAR, SUBAR	10/1/2005	\$75.67	3	NO
8	63744	REPLACEMENT IRRIGATION OR REVISI	10/1/2005	\$78.37	3	NO
8	64580	INCISION FOR IMPLANTATION OF NEU	10/1/2005	\$41.62	3	NO
8	64585	REVISION OR REMOVAL OF PERIPHERA	10/1/2005	\$70.27	3	NO
8	64590	INCISION & SUBCUTANEOUS PLACE OF	10/1/2005	\$50.60	3	NO
8	64704	NEUROLYSIS; NERVE OF HAND OR FOO	10/1/2005	\$44.01	3	NO
8	64708	NEUROPLASTY, MAJOR PERIPHERAL NE	10/1/2005	\$61.81	3	NO



# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	64712	NEUROLYSIS MAJOR PERIPHERAL NERV	10/1/2005	\$71.05	3	NO
8	64713	NEUROLYSIS MAJOR PERIPHERAL NERV	10/1/2005	\$96.48	3	NO
8	64714	NEUROLYSIS MAJOR PERIPHERAL NERV	10/1/2005	\$81.48	3	NO
8	64716	NEUROPLASTY AND/OR TRANSPOSITION	10/1/2005	\$67.05	3	NO
8	64722	DECOMPRESSION UNSPECIFIED NERVES	10/1/2005	\$42.82	3	NO
8	64732	TRANSECTION OR AVULSION OF SUPRA	10/1/2005	\$45.88	3	NO
8	64736	TRANSECTION OR AVULSION OF; MENT	10/1/2005	\$47.38	3	NO
8	64738	TRANSECTION OR AVULSION OF; INFE	10/1/2005	\$59.17	3	NO
8	64740	TRANSECTION OR AVULSION OF; LING	10/1/2005	\$59.11	3	NO
8	64742	TRANSECTION OR AVULSION OF; FACI	10/1/2005	\$60.41	3	NO
8	64746	TRANSECTION OR AVULSION OF; PHRE	10/1/2005	\$58.34	3	NO
8	64752	TRANSECTION OR AVULSION OF; VAGU	10/1/2005	\$63.58	3	NO
8	64755	TRANSECTION OR AVULSION OF; VAGU	10/1/2005	\$108.68	3	NO
8	64760	TRANSECTION OR AVULSION OF; VAGU	10/1/2005	\$58.02	3	NO
8	64761	TRANSECTION OR AVULSION OF; PUDE	10/1/2005	\$54.24	3	NO
8	64763	TRANSECTION OR AVULSION OF OBTUR	10/1/2005	\$67.73	3	NO
8	64766	TRANSECTION OR AVULSION OF OBTUR	10/1/2005	\$77.64	3	NO
8	64771	TRANSECTION OR AVULSION OF OTHER	10/1/2005	\$73.23	3	NO
8	64772	TRANSECTION OR AVULSION OF OTHER	10/1/2005	\$69.60	3	NO
8	64786	EXCISION OF NEUROMA; SCIATIC NER	10/1/2005	\$144.28	3	NO
8	64792	EXCISION OF NEUROFIBROMA OR NEUR	10/1/2005	\$135.36	3	NO
8	64802	SYMPATHECTOMY, CERVICAL	10/1/2005	\$80.70	3	NO
8	64804	SYMPATHECTOMY, CERVICOTHORACIC	10/1/2005	\$123.89	3	NO
8	64809	SYMPATHECTOMY, THORACOLUMBAR	10/1/2005	\$108.52	3	NO
8	64818	SYMPATHECTOMY, LUMBAR	10/1/2005	\$87.61	3	NO
8	64835	SUTURE OF ONE NERVE HAND OR FOOT	10/1/2005	\$105.25	3	NO
8	64836	SUTURE OF ONE NERVE HAND OR FOOT	10/1/2005	\$105.05	3	NO
8	64837	SUTURE OF EACH ADDITIONAL NERVE	10/1/2005	\$54.18	3	NO
8	64840	SUTURE OF POSTERIOR TIBIAL NERVE	10/1/2005	\$117.35	3	NO
8	64857	SUTURE OF MAJOR PERIPHERAL NERVE	10/1/2005	\$136.60	3	NO
8	64858	SUTURE OF SCIATIC NERVE	10/1/2005	\$158.50	3	NO
8	64859	SUTURE OF EACH ADDITIONAL MAJOR	10/1/2005	\$36.90	3	NO
8	64861	SUTURE OF BRACHIAL PLEXIS	10/1/2005	\$181.81	3	NO
8	64862	SUTURE OF; LUMBAR PLEXUS	10/1/2005	\$184.87	3	NO
8	64864	SUTURE OF FACIAL NERVE EXTRACRAN	10/1/2005	\$117.24	3	NO
8	64865	SUTURE OF FACIAL NERVE; INTRATEM	10/1/2005	\$157.21	3	NO
8	64866	ANASTOMOSIS FACIAL-SPINAL ACCESS	10/1/2005	\$160.42	3	NO
8	64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	10/1/2005	\$139.51	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	64870	ANASTOMOSIS; FACIAL-PHRENIC	10/1/2005	\$134.89	3	NO
8	64872	SUTURE OF NERVE REQUIRING SECOND	10/1/2005	\$17.44	3	NO
8	64874	SUTURE OF NERVE; REQUIRING EXTEN	10/1/2005	\$25.59	3	NO
8	64876	SUTURE OF NERVE REQUIRING SHORTE	10/1/2005	\$28.96	3	NO
8	64885	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$159.70	3	NO
8	64886	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$188.71	3	NO
8	64890	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$142.21	3	NO
8	64891	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$131.41	3	NO
8	64892	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$134.63	3	NO
8	64893	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$145.53	3	NO
8	64895	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$163.07	3	NO
8	64896	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$179.42	3	NO
8	64897	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$163.07	3	NO
8	64898	NERVE GRAFT (INCLUDES OBTAINING	10/1/2005	\$176.46	3	NO
8	64901	NERVE GRAFT EACH ADDITIONAL NERV	10/1/2005	\$87.35	3	NO
8	64902	NERVE GRAFT EACH ADDITIONAL NERV	10/1/2005	\$100.22	3	NO
8	64905	NERVE PEDICLE TRANSFER FIRST STA	10/1/2005	\$127.00	3	NO
8	64907	NERVE PEDICLE TRANSFER; SECOND S	10/1/2005	\$178.80	3	NO
8	64999	UNLISTED PROCEDURE NERVOUS SYSTE	11/1/2004	\$0.01	5	NO
8	65105	ENUCLEATION OF EYE; WITH IMPLANT	10/1/2005	\$100.53	3	NO
8	65110	EXENTERATION OF ORBIT (DOES NOT	10/1/2005	\$147.60	3	NO
8	65112	EXENTERATION OF ORBIT (DOES NOT	10/1/2005	\$175.79	3	NO
8	65114	EXENTERATION OF ORBIT, REMOVAL O	10/1/2005	\$180.92	3	NO
8	65130	INSERTION OF OCULAR IMPLANT SECO	10/1/2005	\$86.41	3	NO
8	65135	INSERTION OF OCULAR IMPLANT SECO	10/1/2005	\$88.28	3	NO
8	65140	INSERTION OF OCULAR IMPLANT SECO	10/1/2005	\$95.03	3	NO
8	65155	REINSERTION OF OCULAR IMPLANT WI	10/1/2005	\$101.88	3	NO
8	65175	REMOVAL OF OCULAR IMPLANT (FOR O	10/1/2005	\$78.32	3	NO
8	65260	REMOVAL OF FOREIGN BODY INTRAOCU	10/1/2005	\$109.82	3	NO
8	65265	REMOVAL OF FOREIGN BODY INTRAOCU	10/1/2005	\$123.63	3	NO
8	65272	REPAIR OF LACERATION; CONJUNCTIV	10/1/2005	\$60.83	3	NO
8	65273	REPAIR OF LACERATION; CONJUNCTIV	10/1/2005	\$42.30	3	NO
8	65285	REPAIR OF LACERATION; CORNEA AND	10/1/2005	\$117.97	3	NO
8	65290	REPAIR OF WOUND, EXTRAOCULAR MUS	10/1/2005	\$54.29	3	NO
8	65710	KERATOPLASTY (CORNEAL TRANSPLANT	10/1/2005	\$125.23	3	NO
8	65730	KERATOPLASTY (CORNEAL TRANSPLANT	10/1/2005	\$139.87	3	NO
8	65750	KERATOPLASTY (CORNEAL TRANSPLANT	10/1/2005	\$143.71	3	NO
8	65755	KERATOPLASTY (CORNEAL TRANSPLANT	10/1/2005	\$142.67	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

April 2006

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	65770	KERATOPROSTHESIS	10/1/2005	\$163.95	3	NO
8	65771	RADIAL KERATOTOMY	1/1/1991	NC	9	NO
8	65780	OCULAR SURFACE RECONSTRUCTION; A	10/1/2005	\$108.78	3	NO
8	65781	OCULAR SURFACE RECONSTRUCTION; I	10/1/2005	\$164.78	3	NO
8	65782	OCULAR SURFACE RECONSTRUCTION; L	10/1/2005	\$142.26	3	NO
8	65865	SEVERING ADHESIONS OF ANTERIOR S	10/1/2005	\$59.63	3	NO
8	65870	SEVERING ADHESIONS OF ANTERIOR S	10/1/2005	\$67.37	3	NO
8	65875	SEVERING ADHESIONS OF ANTERIOR S	10/1/2005	\$70.79	3	NO
8	65880	SEVERING ADHESIONS OF ANTERIOR S	10/1/2005	\$75.05	3	NO
8	65900	REMOVAL OF EPITHELIAL DOWNGROWTH	10/1/2005	\$112.78	3	NO
8	65920	REMOVAL OF IMPLANTED MATERIAL, A	10/1/2005	\$88.07	3	NO
8	66150	FISTULIZATION OF SCLERA FOR GLAU	10/1/2005	\$94.20	3	NO
8	66160	FISTULIZATION OF SCLERA FOR GLAU	10/1/2005	\$108.16	3	NO
8	66165	FISTULIZATION OF SCLERA FOR GLAU	10/1/2005	\$91.55	3	NO
8	66170	FISTULIZATION OF SCLEAR FOR GLAU	10/1/2005	\$129.49	3	NO
8	66172	FISTULIZATION OF SCLERA FOR GLAU	10/1/2005	\$160.68	3	NO
8	66180	AQUEOUS SHUNT TO EXTRAOCULAR RES	10/1/2005	\$134.94	3	NO
8	66185	REVISION OF AQUEOUS SHUNT TO EXT	10/1/2005	\$82.57	3	NO
8	66220	REPAIR OF SCLERAL STAPHYLOMA; WI	10/1/2005	\$79.30	3	NO
8	66225	REPAIR OF SCLERAL STAPHYLOMA; WI	10/1/2005	\$105.36	3	NO
8	66250	REVISION OR REPAIR OF OPERATIVE	10/1/2005	\$93.21	3	NO
8	66500	IRIDOTOMY BY STAB INCISION (SEPA	10/1/2005	\$44.22	3	NO
8	66505	IRIDOTOMY BY STAB INCISION (SEPA	10/1/2005	\$48.06	3	NO
8	66605	IRIDECTOMY WITH CORNEOSCLERAL OR	10/1/2005	\$122.28	3	NO
8	66680	REPAIR OF IRIS CILIARY BODY (AS	10/1/2005	\$56.93	3	NO
8	66682	SUTURE OF IRIS CILIARY BODY (SEP	10/1/2005	\$68.09	3	NO
8	66986	EXCHANGE OF INTRAOCULAR LENS	10/1/2005	\$114.28	3	NO
8	67005	REMOVAL OF VITREOUS ANTERIOR APP	10/1/2005	\$56.21	3	NO
8	67010	REMOVAL OF VITREOUS, ANTERIOR AP	10/1/2005	\$65.45	3	NO
8	67015	ASPIRATION OR RELEASE OF VITREOU	10/1/2005	\$71.10	3	NO
8	67025	INJECTION OF VITREOUS SUBSTITUTE	10/1/2005	\$85.06	3	NO
8	67030	DISCISSION OF VITREOUS STRANDS (	10/1/2005	\$56.67	3	NO
8	67036	VITRECTOMY, MECHANICAL, PARS PLA	10/1/2005	\$111.95	3	NO
8	67038	VITRECTOMY, MECHANICAL, PARS PLA	10/1/2005	\$195.87	3	NO
8	67039	VITRECTOMY, MECHANICAL, PARS PLA	10/1/2005	\$142.15	3	NO
8	67040	VITRECTOMY, MECHANICAL, PARS PLA	10/1/2005	\$164.68	3	NO
8	67107	REPAIR OF RETINAL DETACHMENT; SC	10/1/2005	\$139.35	3	NO
8	67108	REPAIR OF RETINAL DETACHMENT; W/	10/1/2005	\$188.03	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	67112	REPAIR OF RETINAL DETACHMENT; BY	10/1/2005	\$152.95	3	NO
8	67115	RELEASE OF ENCIRCLING MATERIAL (	10/1/2005	\$53.51	3	NO
8	67120	REMOVAL OF IMPLANTED MATERIAL, P	10/1/2005	\$77.07	3	NO
8	67121	REMOVAL OF IMPLANTED MATERIAL PO	10/1/2005	\$102.29	3	NO
8	67218	DESTRUCTION OF LOCALIZED LESION	10/1/2005	\$163.85	3	NO
8	67250	SCLERAL REINFORCEMENT (SEPARATE	10/1/2005	\$94.93	3	NO
8	67255	SCLERAL REINFORCEMENT (SEPARATE	10/1/2005	\$99.75	3	NO
8	67314	STRABISMUS SURGERY, RECESSION OR	10/1/2005	\$75.00	3	YES
8	67316	STRABISMUS SURGERY, RECESSION OR	10/1/2005	\$91.55	3	YES
8	67318	STRABISMUS SURGERY, ANY METHOD (	10/1/2005	\$78.78	3	YES
8	67320	TRANSPOSITION PROC(EG,FOR PARETI	10/1/2005	\$33.74	3	YES
8	67331	STRABISMUS SURG ON PATIENT W/PRE	10/1/2005	\$31.61	3	YES
8	67332	STRABISMUS SURG ON PATIENT W/SCA	10/1/2005	\$34.98	3	YES
8	67334	STRABISMUS SURGERY BY POSTERIOR	10/1/2005	\$30.93	3	YES
8	67340	STRABISMUS SURGERY INVOLVING EXP	10/1/2005	\$38.25	3	YES
8	67343	RELEASE OF EXTENSIVE SCAR TISSUE	10/1/2005	\$73.80	3	NO
8	67399	UNLISTED PROCEDURE OCULAR MUSCLE	2/1/1994	\$0.01	5	NO
8	67400	ORBITOTOMY W/OUT BONE FLAP (FRON	10/1/2005	\$112.00	3	NO
8	67405	ORBITOTOMY WITHOUT BONE FLAP (FR	10/1/2005	\$94.20	3	NO
8	67412	ORBITOTOMY WITHOUT BONE FLAP (FR	10/1/2005	\$108.73	3	NO
8	67413	ORBITOTOMY WITHOUT BONE FLAP (FR	10/1/2005	\$110.55	3	NO
8	67414	ORBITOTOMY W/OUT BONE FLAP; W/RE	10/1/2005	\$123.57	3	NO
8	67420	ORBITOTOMY WITH BONE FLAP OR WIN	10/1/2005	\$200.54	3	NO
8	67430	ORBITOTOMY WITH BONE FLAP LATERA	10/1/2005	\$151.39	3	NO
8	67440	ORBITOTOMY WITH BONE FLAP OR WIN	10/1/2005	\$145.84	3	NO
8	67445	ORBITOTOMY W/BONE FLAP OR WINDOW	10/1/2005	\$151.76	3	NO
8	67450	ORBITOTOMY WITH BONE FLAP LATERA	10/1/2005	\$150.04	3	NO
8	67550	ORBITAL IMPLANT (IMPLANT OUTSIDE	10/1/2005	\$115.22	3	NO
8	67560	ORBITAL IMPLANT (IMPLANT OUTSIDE	10/1/2005	\$116.98	3	NO
8	67570	OPTIC NERVE DECOMPRESSION (EG, I	10/1/2005	\$144.96	3	NO
8	67599	UNLISTED PROCEDURE ORBIT	4/1/1982	\$0.01	5	NO
8	67901	REPAIR OF BLEPHAROPTOSIS; FRONTA	10/1/2005	\$66.80	3	YES
8	67902	REPAIR OF BLEPHAROPTOSIS; FRONTA	10/1/2005	\$67.11	3	YES
8	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO	10/1/2005	\$85.06	3	YES
8	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO	10/1/2005	\$84.55	3	YES
8	67906	REPAIR OF BLEPHAROPTOSIS; SUPERI	10/1/2005	\$65.45	3	YES
8	67908	REPAIR OF BLEPHAROPTOSIS; CONJUN	10/1/2005	\$62.49	3	YES
8	67950	CANTHOPLASTY (RECONSTRUCTION OF	10/1/2005	\$76.81	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	67961	EXCISION & REP OF EYELID INVOLVI	10/1/2005	\$76.24	3	NO
8	67966	EXCISION AND REPAIR OF EYELID IN	10/1/2005	\$83.35	3	NO
8	67971	RECONSTRUCTION OF EYELID, FULL T	10/1/2005	\$91.29	3	NO
8	67973	RECONSTRUCTION OF EYELID FULL TH	10/1/2005	\$118.90	3	NO
8	67974	RECONSTRUCTION OF EYELID FULL TH	10/1/2005	\$118.33	3	NO
8	68320	CONJUNCTIVOPLASTY WITH CONJUNCTI	10/1/2005	\$87.81	3	NO
8	68325	CONJUNCTIVOPLASTY; WITH BUCCAL M	10/1/2005	\$74.37	3	NO
8	68326	CONJUNCTIVOPLASTY RECONSTRUCTION	10/1/2005	\$72.30	3	NO
8	68335	REPAIR OF SYMBLEPHARON; WITH FRE	10/1/2005	\$72.24	3	NO
8	68362	CONJUNCTIVAL FLAP; TOTAL (SUCH A	10/1/2005	\$73.13	3	NO
8	68500	EXCISION OF LACRIMAL GLAND (DACR	10/1/2005	\$110.44	3	NO
8	68505	EXCISION OF LACRIMAL GLAND (DACR	10/1/2005	\$114.91	3	NO
8	68540	EXCISION OF LACRIMAL GLAND TUMOR	10/1/2005	\$106.81	3	NO
8	68550	EXCISION OF LACRIMAL GLAND TUMOR	10/1/2005	\$131.72	3	NO
8	68720	DACRYOCYSTORHINOSTOMY (FISTULIZA	10/1/2005	\$89.79	3	NO
8	68745	CONJUNCTIVORHINOSTOMY (FISTULIZA	10/1/2005	\$88.18	3	NO
8	68750	CONJUNCTIVORHINOSTOMY (FISTULIZA	10/1/2005	\$90.25	3	NO
8	69090	EAR PIERCING	4/1/1982	NC	9	NO
8	69150	RADICAL EXCISION EXTERNAL AUDITO	10/1/2005	\$145.63	3	NO
8	69155	RADICAL EXCISION EXTERNAL AUDITO	10/1/2005	\$219.49	3	NO
8	69320	RECONSTRUCTION EXTERNAL AUDITORY	10/1/2005	\$208.48	3	NO
8	69410	FOCAL APPLICATION OF PHASE CONTR	1/1/2006	INVALID	N	NO
8	69501	TRANSMASTOID ANTROTOMY (SIMPLE M	10/1/2005	\$97.73	3	NO
8	69530	PETROUS APICECTOMY INCLUDING RAD	10/1/2005	\$219.59	3	NO
8	69535	RESECTION TEMPORAL BONE EXTERNAL	10/1/2005	\$368.02	3	NO
8	69550	EXCISION AURAL GLOMUS TUMOR TRAN	10/1/2005	\$138.73	3	NO
8	69552	EXCISION AURAL GLOMUS TUMOR; TRA	10/1/2005	\$216.27	3	NO
8	69554	EXCISION AURAL GLOMUS TUMOR; EXT	10/1/2005	\$448.05	3	NO
8	69604	REVISION MASTOIDECTOMY; RESULTIN	10/1/2005	\$149.52	3	NO
8	69605	REVISION MASTOIDECTOMY; WITH API	10/1/2005	\$212.27	3	NO
8	69650	STAPES MOBILIZATION	10/1/2005	\$105.56	3	NO
8	69670	MASTOID OBLITERATION (SEPARATE P	10/1/2005	\$125.18	3	NO
8	69676	TYMPANIC NEURECTOMY	10/1/2005	\$109.30	3	NO
8	69700	CLOSURE POSTAURICULAR FISTULA MA	10/1/2005	\$94.09	3	NO
8	69711	REMOVAL OR REPAIR OF ELECTROMAGN	10/1/2005	\$114.39	3	NO
8	69720	DECOMPRESSION FACIAL NERVE INTRA	10/1/2005	\$156.01	3	NO
8	69725	DECOMPRESSION FACIAL NERVE INTRA	10/1/2005	\$248.55	3	NO
8	69740	SUTURE FACIAL NERVE INTRATEMPORA	10/1/2005	\$158.92	3	NO

# OMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	69745	SUTURE FACIAL NERVE INTRATEMPORA	10/1/2005	\$170.08	3	NO
8	69802	LABYRINTHOTOMY WITH OR WITHOUT C	10/1/2005	\$137.33	3	NO
8	69805	ENDOLYMPHATIC SAC OPERATION WITH	10/1/2005	\$139.09	3	NO
8	69820	FENESTRATION SEMICIRCULAR CANAL	10/1/2005	\$116.46	3	NO
8	69840	REVISION FENESTRATION OPERATION	10/1/2005	\$125.60	3	NO
8	69905	LABYRINTHECTOMY TRANSCANAL	10/1/2005	\$121.71	3	NO
8	69915	VESTIBULAR NERVE SECTION TRANSLA	10/1/2005	\$204.12	3	NO
8	69930	COCHLEAR DEVICE IMPLANTATION WIT	9/21/1998	\$0.01	5	NO
8	69950	VESTIBULAR NERVE SECTION TRANSCR	10/1/2005	\$242.68	3	NO
8	69955	TOTAL FACIAL NERVE DECOMPRESSION	10/1/2005	\$263.86	3	NO
8	69960	DECOMPRESSION INTERNAL AUDITORY	10/1/2005	\$255.35	3	NO
8	69970	REMOVAL OF TUMOR	10/1/2005	\$289.86	3	NO
8	69990	MICROSURGICAL TEFHNIQUES, REQUIR	10/1/2005	\$31.56	3	NO