

Facility Scoring Methodology

This document on Facility-based Tiering Methodology describes the method used by BCBSNC for the Tiered Network product for 2013 and is provided for informational purposes only.

Designation Overview

BCBSNC will base its quality designation network on quality and efficiency

- Any facility that does not meet the quality criteria will not be designated
- Any practice that meets the quality criteria will also be assessed on efficiency criteria to determine designation

Designation is made at the facility level.

- Designation only includes In-network facilities contracted with BCBSNC.
- The initial driver of eligibility is being able to meet the quality standards set forth in BCBSNC's facility/hospital-level standards for the tiered network.
 - Facilities unable to meet the quality standard for the network are designated with a Tier 2 status
- Efficiency standards are leveraged against the quality-designated population to determine if the organization meets the standards for Tier 1 status
 - Facilities that meet both the quality and efficiency standards are designated with a Tier 1 status
 - Facilities that meet the quality standard, but do not attain the efficiency standard, are designated with a Tier 2 status

Tiered Network Product Quality Thresholds for Facilities

For Hospitals/Facilities, BCBSNC has introduced a methodology that utilizes the Optimal Care Scores and Mortality Rates published by the Centers for Medicare and Medicaid Services (CMS).

Leveraging the NC Center for Hospital Quality and Patient Safety's website that reports on the CMS measures (www.nchospitalquality.org – "Quality Dashboard"), each hospital was examined for their quality performance across the four optimal care scores and three mortality rate metrics. Optimal care scores were examined for the time period of April 2011 – September 2011, and mortality rates were examined for the time period of July 2007 – June 2010.

Every time a hospital was at the bottom quartile of performance in one of the measures, that hospital was flagged as having one instance of lower quality performance when compared to the hospital's peers across the state of North Carolina.

A final score was tabulated that is the sum of the number of instances where the hospital was found to be in the bottom quartile across the seven total measures.

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Hospitals with a score of 3 or greater will remain in Tier 2 for this product for one year. Hospitals with a score less than 3 (0, 1 or 2) are deemed eligible to be considered for Tier 1 status.

BCBSNC will examine quality scores on an annual basis to determine if a facility's tier designation should be reclassified based on updated quality information.

Tiered Network Product Efficiency Threshold for Facilities

The following efficiency-based approach is used to stratify the quality-eligible facility population into the final Tier 1 and Tier 2 designations.

First each facility is separated into statewide peer groups based on bed size:

Facility Peer Group	Classification Factor
Peer Group 1	Tertiary Hospitals
Peer Group 2	Non-Tertiary Hospitals with more than 199 beds
Peer Group 3	Between 100- 199 Beds
Peer Group 4	Less than 100 beds

Next, a market basket summary of unit costs across common Inpatient and Outpatient treatment categories is created for each facility in each peer group. In order to accomplish this, the following steps are undertaken:

1. For Inpatient costs, common AP-DRGs within a peer group are determined, with each facility's individual AP-DRG allowed amount delineated across all common AP-DRGs. A final summary of all individual AP-DRG amounts per facility are then created to form the Inpatient portion of the facility's market basket.
 - a. Please refer to the Appendix "Inpatient AP-DRG Codes for Market Basket Calculations by Peer Group" for more details about the composition and structure of the AP-DRGs that were leveraged for this analysis.
2. For Outpatient costs, common CPT values within a peer group are determined, with each facility's individual CPT allowed amount delineated across all common CPTs. A final summary of all individual CPT amounts per facility are then created to form the Outpatient portion of the facility's market basket.
 - a. Please refer to the Appendix "Outpatient CPT Codes for Market Basket Calculations by Peer Group" for more details about the composition and structure of the CPTs that were leveraged for this analysis.
3. For facilities that do not perform services in the chosen treatment categories within the peer groups (both in Inpatient and Outpatient), a peer group average unit cost is substituted for the blank unit cost value as a means to normalize the information across the peer group.

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- a. A straight unit cost average was used because it neither helps nor hinders the facility that did not perform that particular service.
4. Both Inpatient and Outpatient costs are forward-adjusted to reflect each facility's new fee schedule increases for the next calendar year once the final summary amounts are tabulated.
 - a. For example, if a facility has a \$100,000 Inpatient basket based on calendar year 2011 data, and has a 4% fee schedule increase effective 1/1/2012, then the Inpatient basket amount for that facility is increased to \$104,000 for comparison purposes.
 - i. Note: Increases are prorated to reflect when the increase went into effect during the calendar year.

With the Inpatient and Outpatient summaries created, they are then each ranked against each other within a peer group to create Inpatient index values and Outpatient index values per facility. Index values are calculated by comparing the individual facility's Inpatient or Outpatient market basket amount against a composite average of Inpatient or Outpatient market basket results within a peer group that have been normalized against the total Inpatient or Outpatient costs per facility.

For example, if the normalized composite average of Inpatient market basket costs was \$2,000,000, and an individual facility's Inpatient costs had rendered \$2,200,000, then the Inpatient index value for that facility would be 1.10 reflecting Inpatient costs that were 10% higher than the peer group average.

Once the Inpatient and Outpatient index values are finalized per peer group, they are then blended to reflect the relative amount of spending per category within a peer group. As an example, if the Inpatient and Outpatient composition of spending averages to about a 50/50 split between categories within the peer group, and a facility has an Inpatient index score of 1.2, and an Outpatient index score of .8, the combination of the two index values will net a final combined index score of 1.0.

The final combined index scores per peer group are then examined to find the bottom 20% of a peer group. Those facilities that fell at or below the bottom 20% mark of a peer group are deemed to be Tier 1, and all other facilities are designated Tier 2.

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Appendix

Inpatient AP-DRG Codes for Market Basket Calculations by Peer Group

The following AP-DRG codes were used in calculating the Inpatient portion of the market basket of hospital costs per facility, and were based on the following constructs:

- Dates of Service: January 2011 – December 2011
- Lines of Business: Blue Options (Group Underwritten, ASO, State Health Plan, CDHP), Blue Advantage (Individual, CDHP)
 - Excludes: Denials, Medicare crossovers, COB, State Health Plan retirees
- Includes Inpatient allowed facility costs only (i.e. no professional or ancillary costs)
- AP-DRG Based: Limited to those AP-DRGs performed at least once at the majority of hospitals within each peer group
 - Majority Peer 1 – 85% of hospitals
 - Majority Peer 2 – 75% of hospitals
 - Majority Peer 3 – 65% of hospitals
- Any hospital not doing at least one AP-DRG in the market basket are given the average AP-DRG allowed value across all other hospitals within peer group

AP-DRG Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
001	CRANIOTOMY AGE >17 W CC	X		
002	CRANIOTOMY AGE >17 W/O CC	X		
010	NERVOUS SYSTEM NEOPLASMS W CC	X		
011	NERVOUS SYSTEM NEOPLASMS W/O CC	X		
014	STROKE W INFARCT	X	X	X
020	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS	X		
021	VIRAL MENINGITIS	X		
024	SEIZURE & HEADACHE AGE >17 W CC	X		
025	SEIZURE & HEADACHE AGE >17 W/O CC	X		
034	OTHER DISORDERS OF NERVOUS SYSTEM W CC	X		
035	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	X		
073	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17	X		
075	MAJOR CHEST PROCEDURES	X		

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AP-DRG Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
078	PULMONARY EMBOLISM	X	X	X
079	RESPIRATORY INFECTIONS & INFLAMMATIONS EXC SIMPLE PNEUMONIA AGE >17 W CC	X		
082	RESPIRATORY NEOPLASMS	X		
083	MAJOR CHEST TRAUMA W CC	X		
088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	X	X	X
089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	X	X	X
090	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	X		
095	PNEUMOTHORAX W/O CC	X		
096	BRONCHITIS & ASTHMA AGE >17 W CC		X	
097	BRONCHITIS & ASTHMA AGE >17 W/O CC	X		
105	CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC W/O CARDIAC CATH	X		
107	CORONARY BYPASS W/O PTCA W CARDIAC CATH	X		
109	CORONARY BYPASS W/O PTCA W/O CARDIAC CATH	X		
110	MAJOR CARDIOVASCULAR PROCEDURES W CC	X		
111	MAJOR CARDIOVASCULAR PROCEDURES W/O CC	X		
112	PERCUTANEOUS CARDIOVASCULAR PROC W/O AMI, HEART FAILURE OR SHOCK	X		
116	OTHER PERMANENT CARDIAC PACEMAKER IMPLANT	X		
121	CIRCULATORY DISORDERS W AMI & MAJOR COMP, DISCHARGED ALIVE	X		
122	CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALIVE	X	X	
124	CIRCULATORY DISORD EXCEPT AMI, W CARD CATH & COMPLEX DIAG	X	X	
125	CIRCULATORY DISORD EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	X	X	
127	HEART FAILURE & SHOCK	X		X
130	PERIPHERAL VASCULAR DISORDERS W CC	X	X	
134	HYPERTENSION	X	X	
138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	X	X	X

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AP-DRG Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	X	X	X
141	SYNCOPE & COLLAPSE W CC	X		
142	SYNCOPE & COLLAPSE W/O CC	X		
143	CHEST PAIN	X	X	X
144	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	X		
148	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	X	X	X
149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC	X	X	X
150	PERITONEAL ADHESIOLYSIS W CC	X		
151	PERITONEAL ADHESIOLYSIS W/O CC	X		
154	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC	X		
155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC	X		
159	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC	X		
160	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC	X		
172	DIGESTIVE MALIGNANCY W CC	X		
174	G.I. HEMORRHAGE W CC	X	X	X
175	G.I. HEMORRHAGE W/O CC	X	X	X
179	INFLAMMATORY BOWEL DISEASE	X		
180	G.I. OBSTRUCTION W CC	X		
181	G.I. OBSTRUCTION W/O CC	X	X	
182	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORD AGE >17 W CC	X	X	X
183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORD AGE >17 W/O CC	X	X	X
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	X	X	
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC	X		
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	X		
202	CIRRHOSIS & ALCOHOLIC HEPATITIS	X		

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AP-DRG Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
203	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS	X		
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	X	X	X
205	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	X		
206	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC	X		
209	MAJ JOINT & LIMB REATTACH PROC OF LOW EXT, EXC HIP, EXC FOR COMP	X	X	X
210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	X		
211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC	X		
218	LOWER EXTREM & HUMER PROC EXC HIP,FOOT,FEMUR AGE >17 W CC	X		
219	LOWER EXTREM & HUMER PROC EXC HIP,FOOT,FEMUR AGE >17 W/O CC	X	X	X
223	MAJOR SHOULDER/ELBOW PROC, OR OTH UPPER EXTREMITY PROC W CC	X		
243	MEDICAL BACK PROBLEMS	X	X	
248	TENDONITIS, MYOSITIS & BURSITIS	X		
269	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	X		
277	CELLULITIS AGE >17 W CC	X	X	X
278	CELLULITIS AGE >17 W/O CC	X	X	X
286	ADRENAL & PITUITARY PROCEDURES	X		
294	DIABETES AGE >35	X	X	X
295	DIABETES AGE <36	X	X	
296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	X	X	
297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC	X	X	
300	ENDOCRINE DISORDERS W CC	X		
303	KIDNEY,URETER & MAJ BLADDER PROC FOR NEOPLASM	X		
304	KIDNEY,URETER & MAJ BLADDER PROC FOR NON-NEOPLASM W CC	X		
316	RENAL FAILURE	X	X	
320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	X	X	

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AP-DRG Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC	X		
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	X		
335	MAJOR MALE PELVIC PROCEDURES W/O CC	X		
353	PELVIC EVISCERATION,RADICAL HYSTERECT & RADICAL VULVECTOMY	X		
355	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIGNANCY W/O CC	X		
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	X		
358	UTERINE & ADNEXA PROC FOR CA IN SITU & NON-MALIGNANCY W CC	X	X	
359	UTERINE & ADNEXA PROC FOR CA IN SITU & NON-MALIGNANCY W/O CC	X	X	X
361	LAPAROSCOPY OR INCISIONAL TUBAL INTERRUPTION	X		
366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM, W CC	X		
369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	X		
370	CESAREAN SECTION W CC	X	X	X
371	CESAREAN SECTION W/O CC	X	X	X
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	X	X	X
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	X	X	X
374	VAGINAL DELIVERY W STERILIZATION &/OR D&C			X
376	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	X		
379	THREATENED ABORTION	X		
380	ABORTION W/O D&C	X		
395	RED BLOOD CELL DISORDERS AGE >17	X		
397	COAGULATION DISORDERS	X		
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	X	X	
410	CHEMOTHERAPY	X		
415	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES	X	X	
416	SEPTICEMIA AGE >17	X	X	X

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AP-DRG Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	X		
419	FEVER OF UNKNOWN ORIGIN AGE >17 W CC	X		
422	VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE <18	X		
423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES	X		
425	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	X		
430	PSYCHOSES	X		
442	OTHER O.R. PROCEDURES FOR INJURIES W CC	X		
443	OTHER O.R. PROCEDURES FOR INJURIES W/O CC	X		
449	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	X		
450	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	X		
452	COMPLICATIONS OF TREATMENT W CC	X		
453	COMPLICATIONS OF TREATMENT W/O CC	X		
463	SIGNS & SYMPTOMS W CC	X		
464	SIGNS & SYMPTOMS W/O CC	X		
468	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	X	X	
477	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	X		
478	OTHER VASCULAR PROCEDURES W CC	X		
479	OTHER VASCULAR PROCEDURES W/O CC	X		
491	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY	X	X	
493	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	X	X	X
494	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC	X	X	X
530	CRANIOTOMY W MAJOR CC	X		
531	NERVOUS SYSTEM PROCEDURES EXCEPT CRANIOTOMY W MAJOR CC	X		
533	OTHER NERVOUS SYSTEM DISORD EXCEPT TIA, SEIZURE & HEADACHE W MAJOR CC	X	X	
538	MAJOR CHEST PROCEDURES W MAJOR CC	X		

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AP-DRG Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
539	RESPIRATORY PROCEDURES EXCEPT MAJOR CHEST W MAJOR CC	X		
540	RESPIRATORY INFECTIONS & INFLAMMATIONS EXC SIMPLE PNEUMONIA W MAJOR CC	X		
541	SIMPLE PNEUMONIA & OTH RESPIRATORY DISORD EXC BRONCHITIS, ASTHMA W MAJOR CC	X	X	X
543	CIRC DISORDERS EXCEPT AMI, ENDOCARDITIS, CHF & ARRHYTHMIA W MAJOR CC	X	X	X
544	CHF & CARDIAC ARRHYTHMIA W MAJOR CC	X	X	X
545	CARDIAC VALVE PROCEDURE W MAJOR CC	X		
546	CORONARY BYPASS W MAJOR CC	X		
549	MAJOR CARDIOVASCULAR PROCEDURES W MAJOR CC	X		
550	OTHER VASCULAR PROCEDURES W MAJOR CC	X	X	
551	ESOPHAGITIS, GASTROENTERITIS & UNCOMPLICATED ULCERS W MAJOR CC	X	X	
552	DIGEST SYST DISORD EXCEPT ESOPH, GASTROENT & UNCOMPL ULCERS W MAJOR CC	X	X	
553	DIGEST SYST PROC EXC HERNIA & MAJOR STOMACH OR BOWEL PROC W MAJOR CC	X		
556	CHOLECYSTECTOMY AND OTHER HEPATOBILIARY PROCEDURES W MAJOR CC	X		
557	HEPATOBILIARY AND PANCREAS DISORDERS W MAJOR CC	X	X	
558	MAJOR MUSCULOSKELETAL PROCEDURES W MAJOR CC	X	X	
559	NON-MAJOR MUSCULOSKELETAL PROCEDURES W MAJOR CC	X		
560	MUSCULOSKEL DISORD EXC OSTEO, SEPTIC ARTH & CONN TISSUE DIS W MAJOR CC	X		
561	OSTEOMYELITIS, SEPTIC ARTHRITIS & CONN TISSUE DISORDER W MAJOR CC	X		
563	OTHER SKIN DISORDERS W MAJOR CC	X		
564	SKIN & BREAST PROCEDURES W MAJOR CC	X		
565	ENDOCRINE, NUTRIT & METAB PROC EXCEPT LOWER LIMB AMPUTAT W MAJOR CC	X		
566	ENDOCRINE, NUTRIT & METAB DISORD EXC EATING DISORDER OR CF W MAJOR CC	X	X	X
567	KIDNEY & URINARY TRACT PROCEDURES EXCEPT KIDNEY TRANSPLANT W MAJOR CC	X		

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AP-DRG Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
568	RENAL FAILURE W MAJOR CC	X	X	
569	KIDNEY & URINARY TRACT DISORDERS EXCEPT RENAL FAILURE W MAJOR CC	X	X	
574	BLOOD, BLOOD FORMING ORGANS & IMMUNOLOGICAL DISORDERS W MAJOR CC	X		
580	SYSTEMIC INFECTIONS & PARASITIC DISORD EXCEPT SEPTICEMIA W MAJOR CC	X		
581	SYSTEMIC INFECTIONS & PARASITIC DISORDER PROCEDURES W MAJOR CC	X	X	
582	INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS EXC MULTIPLE TRAUMA W MAJOR CC	X	X	X
583	PROCEDURES FOR INJURIES EXCEPT MULTIPLE TRAUMA W MAJOR CC	X		
584	SEPTICEMIA W MAJOR CC	X	X	X
585	MAJOR STOMACH,ESOPHAGEAL,DUODENAL,SMALL & LARGE BOWEL PROC W MAJOR CC	X	X	X
588	BRONCHITIS & ASTHMA AGE >17 W MAJOR CC	X		
629	NEONATE, BWT >2499G, W/O SIGNIF O.R. PROC, W NORMAL NEWBORN DIAG		X	X
650	HIGH RISK CESAREAN SECTION W CC	X	X	
651	HIGH RISK CESAREAN SECTION W/O CC	X	X	X
750	ALCOHOL ABUSE OR DEPENDENCE, W CC	X		
755	SPINAL FUSION W CC	X		
756	SPINAL FUSION W/O CC	X		
758	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC	X		
761	TRAUMATIC STUPOR & COMA, COMA >1 HR	X		
789	KNEE REVISION OR MAJ JOINT & LIMB REATTACH PROC OF LOW EXT, EXC HIP, FOR COMP	X		
808	PERCUTANEOUS CARDIOVASCULAR PROC W AMI, HEART FAILURE OR SHOCK	X		
810	INTRACRANIAL HEMORRHAGE	X		
813	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W CC	X	X	X
814	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W/O CC	X	X	X

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AP-DRG Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
818	HIP REPLACEMENT EXCEPT FOR COMPLICATIONS	X	X	X
832	TRANSIENT ISCHEMIA	X		
837	SPINAL PROCEDURES W/O CC	X		
839	EXTRACRANIAL PROCEDURES W/O CC	X		
851	CARDIAC DEFIBRILLATOR W/O CARDIAC CATHETER	X		
852	PERCUTANEOUS CARDIOVASCULAR PROCEDURE W NON-DRUG ELUTING STENT W/O AMI	X		
853	PERCUTANEOUS CARDIOVASCULAR PROCEDURE W DRUG-ELUTING STENT W AMI	X		
854	PERCUTANEOUS CARDIOVASCULAR PROCEDURE W DRUG-ELUTING STENT W/O AMI	X		
864	CERVICAL SPINAL FUSION W CC	X		
865	CERVICAL SPINAL FUSION W/O CC	X		
877	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	X		
878	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	X		
881	RESPIRATORY SYSTEM DIAGNOSIS W MV 96+ HRS	X		
882	RESPIRATORY SYSTEM DIAGNOSIS W MV <96 HRS	X		
883	LAPAROSCOPIC APPENDECTOMY	X	X	X
884	SPINAL FUSION EXC CERV W CURVATURE OF THE SPINE OR MALIGNANCY	X		
885	OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE	X		
886	OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE	X	X	X

Outpatient CPT Codes for Market Basket Calculations by Peer Group

The following CPT codes were used in calculating the Outpatient portion of the market basket of hospital costs per facility, and were based on the following constructs:

- Dates of Service: January 2011 – December 2011
- Lines of Business: Blue Options (Group Underwritten, ASO, State Health Plan, CDHP), Blue Advantage (Individual, CDHP)
 - Excludes: Denials, Medicare crossovers, COB, State Health Plan retirees
- Includes Outpatient allowed facility costs (POS=22, POS=23) only (i.e. no professional or ancillary costs)

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- CPT Based:
 - CPTs were limited to those CPTs where CPT is required by distributed BCBSNC policy titled *“Provider Update: Effective April 10, 2012 – BCBSNC Requires CPT and HCPCS Codes to be Included on UB-04 Claim Submissions”*
 - Excluded those CPTs associated with the following revenue code groupings:
 - Pharmacy
 - IV Therapy
 - Laboratory
 - Laboratory Pathology
 - Blood and Blood Components
 - Administration, Processing, and Storage for Blood and Blood Components
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy - Language Pathology
 - Free-Standing Clinic
 - Hemodialysis - Outpatient or Home
 - Peritoneal Dialysis - Outpatient or Home
 - Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home
 - Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home
 - Miscellaneous Dialysis
 - Other Therapeutic Services
 - Further limited to those CPTs performed at least 30 times across all hospitals within a peer group
 - CPTs further limited to those CPTs performed at least once at the majority of hospitals within each peer group
 - Majority of hospitals within each peer group had to do at least one CPT claim line in order for the CPT to be included in the market basket
 - Majority Peer 1 – 85% of hospitals
 - Majority Peer 2 – 75% of hospitals
 - Majority Peer 3 – 65% of hospitals
- Any hospital not doing at least one CPT in the market basket are given the average CPT allowed value across all other hospitals within peer group
- Due to individual billing practices at some facilities, any claim line with an allowed amount less than the 5th percentile for that CPT were given the average allowed CPT value across all other hospitals within each peer group

CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
10021	FINE NEEDLE ASPIRATION; W/OUT IMAGING GUIDANCE	X		
10022	FINE NEEDLE ASPIRATION; W/IMAGING GUIDANCE	X	X	

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CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
10060	*INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE,SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUSABSCESS, CYST, FURUNCLE, OR PARONYCHIA); SIMPLE OR SINGLE	X	X	X
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVEHIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); COMPLICATED OR MULTIPLE	X	X	X
10120	*INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES;SIMPLE *INCISION AND REMOVAL OF FOREIGNBODY, SUBCUTANEOUS TISSUES;	X	X	X
10140	*INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUIDCOLLECTION	X		
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED); FIRST 20 SQ CM OR LESS	X	X	X
11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS TISSUE, IF PERFORMED); FIRST 20 SQ CM OR LESS	X		
11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR FASCIA, IF PERFORMED); FIRST 20 SQ CM OR LESS	X		
11200	*REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANYAREA; UP TO AND INCLUDING 15 LESIONS *REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY	X		
11401	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTEDELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	X		
11402	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTEDELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	X		
11403	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTEDELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	X		
11404	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTEDELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	X		
11406	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTEDELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM	X	X	
11420	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTEDELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	X		
11422	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTEDELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA;	X		

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	LESION DIAMETER 1.1 TO 2.0 CM			
11426	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTEDELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	X		
11730	*AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE		X	
12001	*SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.5 CM OR LESS	X	X	X
12002	*SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM	X	X	X
12004	*SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM	X	X	X
12011	*SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	X	X	X
12013	*SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	X	X	X
12031	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS	X		
12032	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM	X	X	X
12034	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM	X		
12042	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM	X		
12051	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	X		X
12052	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	X		
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	X		
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	X		

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14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	X		
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
16020	*DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, OFFICE OR HOSPITAL, SMALL *DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT;		X	
19101	BIOPSY OF BREAST; INCISIONAL	X		
19102	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, USING IMAGING GUIDANCE		X	X
19103	BIOPSY OF BREAST; PERCUTANEOUS, AUTOMATED VACUUM ASSISTED OR ROTATING BIOPSY DEVICE, USING IMAGING GUIDANCE		X	
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BREAST TISSUE, DUCT LESION, NIPPLE OR AREOLAR LESION (EXCEPT 19300), OPEN, MALE OR FEMALE, 1 OR MORE LESIONS	X	X	X
19125	EXCISION OF BREAST LESION IDENTIFIED BY PRE-OPERATIVE PLACEMENT OF RADIOLOGICAL MARKER; SINGLE LESION	X		X
19290	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST;	X	X	X
19295	IMAGE GUIDED PLACEMENT, METALLIC LOCALIZATION CLIP, PERCUTANEOUS, DURING BREAST BIOPSY/ASPIRATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		X	
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	X	X	X
19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY); WITH AXILLARY LYMPHADENECTOMY	X		
19303	MASTECTOMY, SIMPLE, COMPLETE	X		
19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PECTORALIS MINOR MUSCLE, BUT EXCLUDING PECTORALIS MAJOR MUSCLE	X	X	
19318	REDUCTION MAMMAPLASTY	X		
19340	IMMEDIATE INSERTION OF BREAST PROsthESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION IMMEDIATE INSERTION OF BREAST PROsthESIS FOLLOWING	X		
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	X		

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20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (VERTEBRAL BODY,FEMUR) BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (VERTEBRAL BODY,	X		
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
20610	*ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE JOINT, SUBACROMIAL BURSA) *ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR	X	X	X
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METALBAND, NAIL, ROD OR PLATE) REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL	X	X	X
20926	TISSUE GRAFTS, OTHER (E.G., PARATENON, FAR, DERMIS)	X		
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	X		
20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	X		
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	X		
22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST	X		
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMALDISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	X		
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS	X		
22851	APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE(S), METHYLMETHACRYLATE) TO VERTEBRAL DEFECT OR INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	X		
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY	X	X	
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNAL FIXATION WHEN PERFORMED	X		
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION;	X	X	
24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION	X		
24640	*CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, "NURSEMAID ELBOW", WITH MANIPULATION *CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD,	X		

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CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)	X		
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	X		
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOUT FRACTURE OF ULNAR STYLOID; WITH MANIPULATION	X	X	X
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION, WITH INTERNAL FIXATION	X	X	
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 3 OR MORE FRAGMENTS	X		
26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)	X		X
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION WHEN PERFORMED, EACH BONE	X		
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (E.G., LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR MEDIAL AND POSTERIOR MALLEOLI), INCLUDES INTERNAL FIXATION WHEN PERFORMED	X		X
28285	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL PHALANGECTOMY)			X
28296	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG, MITCHELL, CHEVRON, OR CONCENTRIC TYPE PROCEDURES)			X
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)		X	X
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	X	X	X
29130	APPLICATION OF FINGER SPLINT; STATIC	X	X	X
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	X	X	X
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPY	X		
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	X	X	
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	X		

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29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY W/ARTICULAR SURFACE	X	X	
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITHCORACOACROMIAL LIGAMENT (IE, ARCH) RELEASE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR	X	X	X
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
29827	ARTHROSCOPY, SHOULDER, SURGICAL; W/ROTATOR CUFF REPAIR	X	X	X
29873	ARTHROSCOPY, KNEE, SURGICAL; W/LATERAL RELEASE	X		
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICAOR SHELF RESECTION) (SEPARATE PROCEDURE)	X		
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, 2OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)	X		
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OFARTICULAR CARTILAGE (CHONDROPLASTY)	X	X	X
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY(INCLUDESCHONDROPLASTY WHERE NECESSARY) OR MULTIP LE DRILLING		X	X
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S	X	X	X
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S)	X	X	X
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENTREPAIR/AUGMENTATION OR RECONSTRUCTION	X	X	X
29999	UNLISTED PROC, ARTHROSCOPY	X	X	
30140	SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE, ANYMETHOD	X	X	
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUTCARTILAGE SCORING, CONTOURING OR REPLACEMENT WITHGRAFT	X	X	
30901	*CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERYAND/OR PACKING) ANY METHOD	X	X	X
31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL(ANTERIOR)	X		
31255	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL(ANTERIOR AND POSTERIOR)	X		
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS	X		

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31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUSEXPLORATION, WITH OR SINUS	X		
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	X		
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITHREMOVAL OF TISSUE FROM THE SPHENOID SINUS	X		
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	X	X	X
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	X		
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	X		
31620	ENDOBONCHIAL ULTRASOUND (EBUS) DURING BRONCHOSCOPIC DIAGNOSTIC OR THERAPEUTIC INTERVENTION(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE(S))	X		
31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	X		
31623	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRUSHING OR PROTECTED BRUSHINGS	X		
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL ALVEOLAR LAVAGE	X		
31625	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL OR ENDOBONCHIAL BIOPSY(S), SINGLE OR MULTIPLE SITES	X		
31628	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRANSBRONCHIAL LUNG BIOPSY(S), SINGLE LOBE		X	
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY(S), TRACHEA, MAIN STEM AND/OR LOBAR BRONCHUS(I)	X		
32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	X		
32421	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT	X		
33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL AND VENTRICULAR	X		
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR ONLY	X		

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33240	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD	X		
33241	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSEGENERATOR ONLY	X		
33249	INSERTION OR REPLACEMENT OF PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH TRANSVENOUS LEAD(S), SINGLE OR DUAL CHAMBER	X		
35476	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; VENOUS	X		
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
36005	INJECTION PROCEDURE FOR CONTRAST VENOGRAPHY (INCLUDINGINTRODUCTION OF NEEDLE OR INTRACATHETER)	X		
36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	X		
36200	INTRODUCTION OF CATHETER, AORTA	X		
36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRSTORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	X		
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIALSECOND ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	X		
36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRDDORDER OR MORE SELECTIVE THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR FAMILY	X		
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	X	X	
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	X		
36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITHIN A VASCULAR FAMILY	X		
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP;AGE 5 YEARS OR OLDER	X		
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER	X	X	X
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCUTANEOUS PORT OR PUMP; AGE 5 YEARS OR OLDER	X	X	X
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE WITH SUBCUTANEOUS PORT OR PUMP CENTRAL OR	X		

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	PERIPHERAL INSERTION			
36598	CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCESS DEVICE, INCLUDING FLUOROSCOPY, IMAGE DOCUMENTATION AND REPORT	X		
36600	*ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	X		
36821	ARTERIOVENOUS ANASTOMOSIS, DIRECT, ANY SITE (EG, CIMINOTYPE) (SEPARATE ARTERIOVENOUS ANASTOMOSIS, DIRECT, ANY SITE (EG, CIMINO	X		
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
37203	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETER)	X		
37204	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCULAR MALFORMATION), PERCUTANEOUS, ANY METHOD, NON-CENTRAL NERVOUS	X		
37205	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT CORONARY, CAROTID, VERTEBRAL, ILIAC, AND LOWER EXTREMITY ARTERIES), PERCUTANEOUS; INITIAL VESSEL	X		
37210	UTERINE FIBROID EMBOLIZATION (UFE, EMBOLIZATION OF THE UTERINE ARTERIES TO TREAT UTERINE FIBROIDS, LEIOMYOMATA), PERCUTANEOUS APPROACH INCLUSIVE OF VASCULAR ACCESS, VESSEL SELECTION, EMBOLIZATION, AND	X		
37221	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED	X		
37226	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED		X	
38220	BONE MARROW ASPIRATION	X		
38221	BONE MARROW BX. NEEDLE/TROCAR	X		
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); SUPERFICIAL (SEPARATE PROCEDURE)	X		
38510	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S)	X		
38525	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP AXILLARY NODE(S)	X	X	
38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE	X		
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	X	X	

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42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	X	X	X
42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	X		
42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12	X		
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	X	X	X
42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12	X		X
43200	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; DIAGNOSTIC, WITHORWITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING O R WASHING (SEPARATE PROCEDURE)	X		
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
43235	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUMAS APPROPRIATE; DIAGNOSTIC, WITH OR WITHOUT COLL ECTION OF	X	X	X
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUMAS APPROPRIATE; WITH BIOPSY, SINGLE OR MULTIPLE	X	X	X
43244	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUMAS APPROPRIATE; WITH BAND LIGATION OF ESOPHAGEAL AND/OR GASTRIC	X		
43247	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUMAS APPROPRIATE; WITH REMOVAL OF FOREIGN BODY	X	X	X
43248	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUMAS APPROPRIATE; WITH INSERTION OF GUIDE WIRE FOL LOWED BY	X		
43249	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUMAS APPROPRIATE; WITH BALLOON DILATION OF ESOPHAG US (LESS THAN	X		
43258	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUMAS APPROPRIATE; WITH ABLATION OF TUMOR(S), POLYP (S), OR OTHER	X		
43259	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUMAS APPROPRIATE; WITH ENDOSCOPIC ULTRASOUND EXAMI NATION	X		
43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP);DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S), BY BRUSHING OR WASHING (SEPARATE	X		

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	PROCEDURE)			
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH SPHINCTEROTOMY/PAPILLOTOMY	X		
43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE REMOVAL OF STONE(S) FROM BILIARY AND/OR PANCREATIC DUCTS	X		
43269	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE REMOVAL OF FOREIGNBODY AND/OR CHANGE OF TUBE OR STENT	X		
43271	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE BALLOON DILATION OF AMPULLA, BILIARY AND/OR PANCREATIC DUCT(S)	X		
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
43760	CHANGE OF GASTROSTOMY TUBE, PERCUTANEOUS, WITHOUT IMAGING OR ENDOSCOPIC GUIDANCE	X		
44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)	X	X	
44970	LAPAROSCOPY, SURGICAL; APPENDECTOMY	X	X	X
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING(SEPARATE PROCEDURE)	X		
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	X		
45341	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR W/OUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE) WITH ENDOSCOPIC ULTRASOUND EXAMINATION.	X		
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE;DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WITH OR WITHOUT COLON DECOMPRESSION	X	X	X
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR MULTIPLE COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH	X	X	X
45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; W/DIRECTED SUBMUCOSA INJECTION(S), ANY SUBSTANCE	X	X	
45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY			X
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE	X	X	X

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46270	SURGICAL TREATMENT OF ANAL FISTULA(FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS	X		
47000	*BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS	X	X	
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	X	X	X
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	X	X	X
49080	*PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEALLAVAGE (DIAGNOSTIC OR THERAPEUTIC); INITIAL	X	X	
49180	*BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUSNEEDLE	X		
49320	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC , WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)	X	X	X
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
49321	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH BIOPSY (SINGLE OR MULTIPLE)	X		
49329	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	X	X	
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5YEARS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE	X		
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER;REDUCIBLE	X	X	X
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	X	X	X
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF DEBRIDEMENT FOR NECROTIZING SOFT TISSUE INFECTION (LIST SEPARATELY IN ADDITION TO CODE FOR	X	X	
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	X	X	X
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATEDOR STRANGULATED	X	X	X
49650	LAPAROSCOPY, SURGICAL; REPAIR INTIAL INQUINAL HERNIA	X	X	
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INQUINAL HERNIA	X		
49652	LAPAROSCOPY, SURGICAL REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE	X	X	
49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE		X	
50200	*RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	X		

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50394	INJECTION PROCEDURE FOR PYELOGRAPHY (AS NEPHROSTOGRAM, PYELOSTOGRAM, ANTEGRADE PYELOURETEROGRAMS) THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING URETERAL	X		
50398	*CHANGE OF NEPHROSTOMY OR PYELOSTOMY TUBE	X		
51600	*INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	X	X	X
51702	INSERTION, TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE	X	X	X
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE) CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	X	X	X
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;	X		X
52204	CYSTOURETHROSCOPY, WITH BIOPSY(S)	X		
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(S) (2.0 TO 5.0 CM)	X		
52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS, WITH OR WITHOUT MEATOTOMY, WITH OR WITHOUT INJECTION PROCEDURE FOR CYSTOGRAPHY, MALE OR	X		
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE) CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL	X	X	X
52351	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC	X	X	
52352	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR MANIPULATION OR CALCULUS (URETERAL CATHETERIZATION IS INCLUDED)	X	X	X
52353	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHROTIPSY (URETERAL CATHETERIZATION IS INCLUDED)	X	X	X
55040	EXCISION OF HYDROCELE; UNILATERAL		X	
52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL	X		
53899	UNLISTED PROCEDURE, URINARY SYSTEM UNLISTED PROCEDURE, URINARY SYSTEM	X		
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP,	X		

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	DEVICE OR DORSAL SLIT; OLDER THAN 28 DAYS OF AGE			
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT	X	X	
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT	X	X	
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	X	X	
57267	INSERT MESH/PELVIC FLR ADDON	X		
57282	SACROSPINOUS LIGAMENT FIXATION FOR PROLAPSE OF VAGINA	X		
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC) SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR	X	X	X
57520	COIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; COLD KNIFE OR LASER	X		
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	X	X	X
58260	VAGINAL HYSTERECTOMY;	X	X	X
58262	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	X		
58300	*INSERTION OF INTRAUTERINE DEVICE (IUD)*INSERTION OF INTRAUTERINE DEVICE (IUD)	X		
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)REMOVAL OF INTRAUTERINE DEVICE (IUD)	X		
58340	*CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR HYSTEROSONOGRAPHY OR HYSTEROSALPINGOGRAPHY	X	X	
58350	*CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS	X	X	
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	X		
58545	LAPAROSCOPY, SURG, MYOMECTOMY; 1-4 INTRAMURAL MYOMAS, TOTAL WT 250 GMS, &/OR REMOVE SURFACE MYOMAS	X		
58550	LAPAROSCOPY, SURGICAL; WITH VAGINAL HYSTERECTOMY WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF OVARY(S) (LAPAROSCOPIC ASSISTED VAGINAL HYSTERECTOMY)	X	X	
58552	LAPAROSCOPY, SURG, W/VAGINAL HYSTERECTOMY, UTERUS 250 GMS/<; W/REMOVAL TUBE(S) &/OR OVARY(S)	X	X	

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58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	X		
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D & C	X	X	X
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	X		
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (ANY METHOD)	X	X	X
58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	X		
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	X		
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	X		
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND/OR SALPINGECTOMY)	X	X	X
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL SURFACE BY ANY METHOD	X	X	X
58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)	X	X	X
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG. BAND, CLIP, OR FALLOPE RING)	X		X
59025	FETAL NON-STRESS TEST	X		
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR OOPHORECTOMY	X		
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	X	X	X
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER	X	X	X
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMOSECTOMY	X		
60240	THYROIDECTOMY, TOTAL OR COMPLETE	X		
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	X		
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	X		
61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LIST SEPARATELY IN	X		

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	ADDITION TO CODE FOR PRIMARY PROCEDURE)			
62270	*SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	X	X	X
62273	*INJECTION, LUMBAR EPIDURAL, OF BLOOD OR CLOT PATCH*INJECTION, LUMBAR EPIDURAL, OF BLOOD OR CLOT PATCH	X	X	
62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY, SPINAL (OTHER THAN C1-C2 AND POSTERIOR FOSSA)	X		
62310	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEM	X		
62311	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEM	X	X	X
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	X	X	
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR	X		
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL ORBILATERAL WITH DECOMPRESSION OF SPINAL CORD,CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL O R LATERAL RECESS	X		
63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESIONOTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	X		
64450	*INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE ORBRANCH	X	X	
64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	X	X	
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOWNEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	X		
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPALTUNNEL	X	X	X
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULARLENS PROSTHESIS (ONE STAGE PROCEDURE),			X

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	MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR			
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	X		
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL;WITHOUTGENERAL ANESTHESIA		X	X
69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONEOR BOTHEARS	X		
69424	VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHERPHYSICIAN	X		
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE),GENERAL ANESTHESIA	X	X	X
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITHOUT OSSICULAR CHAIN RECONSTRUCTION	X		
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OFTHREE VIEWS RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF		X	
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF 3 VIEWS		X	X
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE,MINIMUM OF THREE VIEWS	X	X	
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH ORWITHOUT STEREO RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR	X	X	
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	X	X	X
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUTCONTRAST MATERIAL	X	X	X
70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHCONTRAST MATERIAL(S)	X		
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUTCONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	X	X	X
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIORFOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	X	X	X
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIORFOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST MATERIAL(S)	X		
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA;WITHOUTCONTRAST MATERIAL	X	X	X
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA;WITHCONTRAST MATERIAL(S)	X	X	X

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70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	X		
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	X	X	X
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED AND IMAGE POSTPROCESSING	X	X	
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGE, IF PERFORMED, AND IMAGE POSTPROCESSING	X	X	
70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	X	X	X
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	X	X	X
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	X		
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	X	X	X
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	X	X	X
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	X	X	X
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	X	X	X
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	X		
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	X	X	X
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	X		X
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS		X	
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	X	X	X
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	X	X	X
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE	X	X	X

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	POSTPROCESSING			
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S) FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	X		
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	X	X	
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	X	X	X
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	X	X	X
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES		X	
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL	X	X	X
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL	X		
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	X	X	X
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS	X	X	X
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	X	X	X
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	X		
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	X	X	X
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	X	X	X
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	X		
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	X	X	X
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	X	X	X
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	X	X	X
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	X	X	X
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	X	X	X

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72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	X	X	X
72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	X	X	X
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	X		
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	X	X	X
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	X	X	X
72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING; PELVIS; WITHOUT CONTRAST MATERIAL(S)	X	X	
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING; PELVIS; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	X	X	X
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	X	X	X
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	X		
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	X	X	X
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	X	X	X
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	X	X	X
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	X	X	X
73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	X	X	X
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	X	X	X
73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL	X	X	X
73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	X	X	X
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	X	X	X
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	X		
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	X	X	X
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS	X	X	X

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73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	X	X	X
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	X		X
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	X	X	
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	X	X	
73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, MINIMUM OF TWO VIEWS	X	X	X
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF PELVIS	X	X	X
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR AND LATERAL VIEWS	X	X	X
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	X	X	X
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	X	X	X
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	X	X	X
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	X	X	X
73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	X	X	X
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	X	X	X
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	X		X
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	X	X	X
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	X	X	X
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS	X	X	X
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	X	X	X
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING; LOWER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	X	X	X
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	X	X	X
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	X	X	X
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S),	X	X	

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	FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES			
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	X	X	X
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	X	X	X
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/OR DECUBITUS VIEWS, UPRIGHT PA CHEST	X	X	X
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	X	X	X
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	X	X	X
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	X	X	X
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	X	X	X
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	X	X	X
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	X	X	X
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	X	X	X
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN WITHOUT CONTRAST MATERIAL(S)	X	X	X
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	X	X	X
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	X	X	X
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	X	X	X
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	X		X
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	X		
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFERVESCENT AGENT, WITH OR WITHOUT GLUCAGON; WITH SMALL BOWEL		X	

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74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	X	X	X
74270	RADIOLOGIC EXAMINATION, COLON; CONTRAST (E.G., BARIUM) ENEMA, WITH OR WITHOUT KUB	X	X	X
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON	X		
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION			X
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB		X	X
74425	UROGRAPHY, ANTEGRADE, (PYELOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	X		
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	X	X	
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR INJECTION, PERCUTANEOUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	X		
74740	HYSTEOSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	X	X	X
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL;	X		
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES;	X		
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MO	X		
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	X	X	
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	X		
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	X		
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	X		
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	X		

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75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	X		
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	X	X	
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	X		
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR	X		
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	X		
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	X		
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	X		
75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION	X		
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS), RADIOLOGICAL SUPERVISION AND INTERPRETATION	X		
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (E.G., GENITOURINARY SYSTEM, ABSCESS), RADIOLOGICAL SUPERVISION AND INTERPRETATION	X		
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY), WITH PLACEMENT OF INDWELLING CATHETER,	X		
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034 (EG, CARDIAC FLUOROSCOPY)	X	X	X
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY, ERCP, BRONCHOSCOPY, TRANSBRONCHIAL BIOPSY)	X		
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN		X	X
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY;	X		

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	REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION			
76506	ECHOENCEPHALOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTRICULAR SIZE, DELINEATION OF CEREBRAL CONTENTS, AND DETECTION OF FLUID MASSES OR OTHER INTRACRANIAL ABNORM	X		
76536	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID) REAL TIME WITH IMAGE DOCUMENTATION	X	X	X
76645	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), REAL TIME WITH IMAGE DOCUMENTATION	X	X	X
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	X	X	X
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGEDOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT, FOLLOW-UP)	X	X	X
76770	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	X		X
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES),B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED	X		
76801	US,PREG UTER, REAL TIME W/IMAGE DOCUMENT, FETAL & MATERNAL, 1ST TRIMEST, TRANSABDOM SINGL/1ST GEST	X	X	X
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITHIMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MATERNAL EVALUATION)	X		X
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITHIMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART BEAT, PLACENTAL LOCATION, FETAL POSITION, OREMERGENCY IN THE	X	X	X
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITHIMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	X		
76817	US,PREGNANT UTERUS,REAL TIME W/IMAGE DOCUMENT TRANSVAGINAL	X	X	X
76830	ECHOGRAPHY, TRANSVAGINAL	X	X	X
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	X	X	X
76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIMEWITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG, FOR FOLLICLES)	X		

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76870	ECHOGRAPHY, SCROTUM AND CONTENTS	X	X	X
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE			X
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC		X	
76885	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (EG, REQUIRING MANIPULATION)	X		
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES, DOCUMENTATION OF SELECTED VESSEL PATENCY, CONCURRENT REALTIME ULTRASOUND VISUALIZATION OF VASCULAR NE	X	X	
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT(EG,BIOPSYASPIRATION, INJECTION,LOCALIZATION DEVICE) IMAGING SUPERVISION AND INTERPRETATION	X	X	X
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT (CATHETER ONLY OR COMPLETE), OR REMOVAL (INCLUDES FLUOROSCOPIC GUIDANCE FOR VASCULAR ACCESS AND CATHETER MANIPULATION, ANY	X	X	X
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE)	X	X	X
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL OR SUBARACHNOID)	X	X	X
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), RADIOLOGICAL SUPERVISION AND INTERPRETATION	X	X	X
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	X	X	
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT (EG, FOR WIRE LOCALIZATION OR FOR INJECTION), EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		X	
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST(EG, FOR WIRE LOCALIZATION OR FOR INJECTION), EACH LESION, RADIOLOGICAL SUPERVISION AND INTERPRETATION		X	X
77051	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR LESION DETECTION) WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION OF FILM RADIOGRAPHIC IM		X	X
77072	BONE AGE STUDIES	X		

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77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)		X	X
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE		X	
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING;COMPLEX		X	
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	X		
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING;THREE-DIMENSIONAL	X	X	
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTHDOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TISSUE INHOMOGENEITY FACTORS, AS REQUIREDDURING COURSE OF	X	X	
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTERCALCULATED); COMPLEX (MANTLE OR INVERTED Y, TANGENTIAL PORTS, THE USE OF WEDGES, COMPENSATORS, COMPLEX BLOCKING,		X	
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX(IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS,WEDGES, MOLDS OR CASTS)	X	X	
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDINGASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANCE OF DOSE DELIVERY, AND REVIEW OF PATIENT TREATMENT DOCUMENTATION		X	
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATETREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, SPECIAL PARTICLE BEAM (EG,		X	
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
77414	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATETREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES, ROTATIONAL BEAM, COMPENSATORS, SPECIAL PARTICLE BEAM (EG,		X	
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)		X	
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL OR ENDOCAVITARY IRRADIATION)		X	
78010	THYROID IMAGING; ONLY	X		
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	X		
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	X		

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78223	HEPATOBIILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT PHARMACOLOGIC INTERVENTION, WITH OR WITHOUT QUANTITATIVE MEASUREMENT OF GALLBLADDER FUNCTION	X	X	X
78264	GASTRIC EMPTYING STUDY	X	X	X
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	X	X	X
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	X	X	X
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICAT	X	X	X
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR,SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WALL MOTION STUDY PLUS EJECTIONFRACTION,	X		
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR; TOMOGRAPHIC(SPECT)	X		
78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH	X		
79005	NUCLEAR RX, ORAL ADMIN	X		
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	X	X	X
91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST, WITH ELECTRODE	X		
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRYAND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM	X		
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	X	X	X
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OFARRHYTHMIA, EXTERNAL	X	X	
92978	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURINGTHERAPEUTIC INTERVENTION INCLUDING IMAGINGSUPERVISION, INTERPRETATION AND REPORT; INITIAL VESSEL (LIST SEPARATELY	X		
92980	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S),PERCUTANEOUS, WITH OR WITHOUT OTHER THERAPEUTICINTERVENTION, ANY METHOD; SINGLE VESSEL	X		
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS;TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	X	X	X

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	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12LEADS;			
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMALTREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, AND/OR PHARMACOLOGICAL	X	X	X
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRAPHY,	X	X	X
93308	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, FOLLOW-UP OR LIMITED STUDY	X		
93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGEDOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING); INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION, INTERPRETATION	X	X	
93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVEWITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHIC IMAGING); COMPLETE	X		
93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVEWITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHIC IMAGING); FOLLOW-UP OR LIMITED STUDY	X		
93325	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LISTSEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY)	X		
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION;	X		
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION	X	X	
93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION	X	X	

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93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CA	X	X	
93567	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AN D REPORT; FOR SUPRAVALVULAR AORTOGRAPHY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	X	X	
93571	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVEDCORONARY FLOW RESERVE MEASUREMENT (CORONARY VESSEL OR GRAFT) DURING CORONARY ANGIOGRAPHY INCLUDING PHARMACOLOGICALLY	X		
93580	PERC TRANSCATHETER CLOSURE CONGENITAL INTERATRIAL COMMUNICATION W/IMPLANT	X		
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3- DIMENSIONAL MAPPING	X		
93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE CATHETERS WITH INDUCTION OR ATTEMPTED INDUCTION OF ARRHYTHMIA; WITH RIGHT ATRIAL PACING AND RECO	X		
93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHTATRIAL PACING AND RECORDING, RIGHT VENTRICULARPACING AND RECORDING, HIS BUNDLE RECORDING, INCL UDING INSERTION AND	X		
93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUGINFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	X		
93641	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR LEADS INCLUDING DEFIBRILLATION THRESHOLD EVALUATION (INDUCTION OF ARRHYTHMIA, EVALUATION OF SENSING AND PACING	X		
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
93651	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF SUPRAVENTRICULAR TACHYCARDIA BY ABLATION OF FAST OR SLOW ATRIOVENTRICULAR PATHWAYS, ACCESSORY ATRIOVENTRICULAR CONNECTIONS OR O	X		
93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOUS ECG MONITORING ANDINTERMITTENT BLOOD PRESSURE MONITORING, WITH OR W WITHOUT PHARMACOLOGICAL INTERVENTION	X		

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93662	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTION, INCLUDING IMAGING SUPERVISION AND INTERPRETATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	X		
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	X	X	X
93922	LIMITED BILATERAL NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, (EG, FOR LOWER EXTREMITY: ANKLE/BRACHIAL INDICES AT DISTAL POSTERIOR TIBIAL AND ANTERIOR TIBIAL/DORSALIS PEDIS A)	X	X	
93923	COMPLETE BILATERAL NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, 3 OR MORE LEVELS (EG, FOR LOWER EXTREMITY: ANKLE/BRACHIAL INDICES AT DISTAL POSTERIOR TIBIAL AND ANTERIOR TIBIA)	X	X	
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASSGRAFTS; UNILATERAL OR LIMITED STUDY	X		
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSE TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUDY	X	X	X
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSE TO COMPRESSION AND OTHER MANEUVERS; UNILATERAL OR LIMITED STUDY	X	X	X
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL CONTENTS AND/OR RETROPERITONEAL ORGANS; COMPLETE STUDY	X		
94002	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROLLED BREATHING; HOSPITAL INPATIENT/OBSERVATION, INITIAL DAY		X	
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S), WITH OR WITHOUT MAXIMAL VOLUNTARY VENTILATION	X	X	X
94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND AFTER BRONCHODILATOR (AEROSOL OR PARENTERAL)	X	X	X
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
94070	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MULTIPLE SPIROMETRIC DETERMINATIONS AFTER ANTIGEN, COLD AIR, METHACHOLINE OR OTHER CHEMICAL AGENT, WITH SUBSEQUENT	X		
94240	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME: HELIUM METHOD, NITROGEN OPEN CIRCUIT METHOD, OR OTHER METHOD	X	X	
94640	NONPRESSURIZED INHALATION TREATMENT FOR ACUTE	X	X	X

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	AIRWAYOBSTRUCTION NONPRESSURIZED INHALATION TREATMENTFOR ACUTE AIRWAY			
94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP),INITIATION AND MANAGEMENT	X	X	
94664	AEROSOL OR VAPOR INHALATIONS FOR SPUTUM MOBILIZATION,BRONCHODILATION, OR SPUTUM INDUCTION FOR DIAGNOSTIC PURPOSES; INITIAL DEMONSTRATION AND/OR EVALUATION	X	X	X
94720	CARBON MONOXIDE DIFFUSING CAPACITY, ANY METHOD	X	X	X
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION;SINGLE DETERMINATION	X		X
95810	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONALPARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST			X
95811	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONALPARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY			X
95816	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE ANDDROWSY, WITH HYPERVENTILATION AND/OR PHOTIC STIMULATION	X	X	
95819	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE ANDASLEEP, WITH HYPERVENTILATION AND/OR PHOTIC STIMULATION	X	X	
95904	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACHNERVE, ANY/ALL SITE(S) ALONG THE NERVE; SENSORY	X		
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION(SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	X		X
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION(SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG			X
96375	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION(SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF A NEW SUBSTANCE/DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	X		X
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
96376	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION(SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVEOUS PUSH OF THE SAME SUBSTANCE/DRUG PROVIDED IN A FACILITY (LIST SEPARATELY IN ADDITIO			X
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL	X	X	

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	SUBSTANCE/DRUG			
96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	X	X	
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN.	X	X	X
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS:	X	X	X
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS:	X	X	X
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS:	X	X	
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: - A PROBLEM FOCUSED HISTORY ;	X	X	X
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: - AN EXPANDED PROBLEM FOCUSED HISTORY;	X	X	X
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: - AN EXPANDED PROBLEM FOCUSED HISTORY;	X	X	X
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: - A DETAILED HISTORY;	X	X	X
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS WITHIN THE CONSTRAINTS IMPOSED BY THE URGENCY OF THE	X	X	X
99291	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE UNSTABLE CRITICALLY ILL OR UNSTABLE CRITICALLY INJURED PATIENT, REQUIRING THE CONSTANT ATTENDANCE OF THE PHYSICIAN; FIRST	X	X	X
CPT Code	Description	Peer Group 1	Peer Group 2	Peer Group 3
S2900	SURGICAL TECHNIQUES REQUIRING USE OF ROBOTICS SURGICAL SYSTEM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	X		
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE		X	
G0204	DIAGNOSTIC MAMMOGRAPHY, DIRECT DIGITAL IMAGE,			X

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	BILATERAL ALL VIEWS.			
G0206	DIAGNOSTIC MAMMOGRAPHY, DIRECT DIGITAL IMAGE, UNILATERAL ALL VIEWS.			X