



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

June 6, 2022

Elizabeth Runyon
elizabeth.runyon@unchealth.unc.edu

Exempt from Review – Replacement Equipment

Record #: 3912
Date of Request: June 1, 2022
Facility Name: University of North Carolina Medical Center
FID #: 923517
Business Name: University of North Carolina Hospitals at Chapel Hill
Business #: 1900
Project Description: Replace existing Vascular Interventional Radiology Unit
County: Orange

Dear Ms. Runyon:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(f). Therefore, you may proceed to acquire without a certificate of need the Siemens Artis Pheno vascular interventional radiology unit to replace the Siemens AXIOM Artis dTC/Dta Detector System. This determination is based on your representations that the existing unit will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Kim Meymandi
Project Analyst

Micheala Mitchell
Chief

cc: Radiation Protection Section, DHSR
Construction Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



June 1, 2022

VIA ELECTRONIC MAIL

Micheala Mitchell, Chief
Kim Meymandi, Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
NC Department of Health and Human Services
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

Re: UNC Hospitals / Main Campus Replacement Equipment Exemption for Vascular Interventional Radiology Unit / Orange County

Dear Ms. Mitchell and Ms. Meymandi:

UNC Hospitals (“UNCH”) intends to acquire a replacement Vascular Interventional Radiology Unit (“VIR”) on its main campus, and requests written confirmation that this project, as described in detail below, is exempt from CON review pursuant to the main campus replacement equipment exemption. UNCH provides this prior written notice of a project exemption from Certificate of Need (“CON”) review.

A. Acquisition of the Proposed Replacement Equipment on the Main Campus is Exempt from CON Review Pursuant to N.C. Gen. Stat. §131E-184(f).

UNCH is requesting confirmation that its purchase of the replacement equipment is exempt from CON review under the replacement equipment exemption provision contained in N.C. Gen. Stat. §131E-184(f), the Main Campus Replacement Equipment Exemption.

Under the provisions found at N.C. Gen. Stat. §131E-184(f)(1)-(3), the CON law provides:

- (f) The Department shall exempt from certificate of need review the purchase of any replacement equipment that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(22) if all of the following conditions are met:
 - (1) The equipment being replaced is located on the main campus.
 - (2) The Department has previously issued a certificate of need for the equipment being replaced. The subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
 - (3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with

supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

B. Cost of the Replacement Equipment

As an initial matter, the purchase price of the equipment as shown in the quote from the vendor provided in Exhibit 1 is approximately \$1,650,000. While the cost of the equipment itself is under the \$2 million cost threshold for “major medical equipment” in N.C. Gen. Stat. § 131E- 176(14o) and is thus potentially non-reviewable (i.e., does not require any level of CON approval), UNCH has taken a more conservative approach to identifying and including costs related to this equipment replacement.

Specifically, UNCH has also included costs for replacement equipment installation, necessary space renovations required for installation of the new equipment (including floor reinforcement to support the floor-mounted unit), modifications to the space to ensure appropriate power supply, and existing equipment removal. This more expansive approach to the costs associated with the replacement equipment represents a total capital cost of \$2,746,236 and is reflected in the capital cost estimate provided in Exhibit 2.¹

C. Equipment Being Replaced is Located on the Main Campus

The term “main campus” is defined by N.C. Gen. Stat. §131E-176(14n) as follows:

- (14n) “Main campus” means all of the following for the purposes of G.S. 131E-184(f) and (g) only:
- a. The site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building.
 - b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.

The existing equipment is currently located in Room 8 within the main building of the hospital, which is the main building from which UNCH provides clinical patient services and exercises financial and administrative control over the entire facility. The replacement equipment will be placed in the same location. Thus, the equipment being replaced is on UNCH’s Main campus.

D. The Equipment Being Replaced Did Not Require a CON When it was Acquired.

In accordance with Section (f)(2) of the Main Campus Replacement Equipment Exemption, a certificate of need was not required at the time the equipment being replaced was initially purchased by UNCH. The existing equipment was acquired in early 2007 pursuant to a replacement equipment exemption for equipment originally acquired in 1999. See Exhibit 3 for the October 12, 2006

¹ While it may not be necessary to include all of these costs for purposes of evaluating whether a replacement equipment exemption is necessary, UNCH does so in an abundance of caution and with the understanding that because replacement of this equipment complies with all of the exemption criteria in N.C. Gen. Stat. §131E-184(f), the acquisition does not require a CON regardless of cost.

replacement equipment exemption. As evidenced by the comparison chart contained in that exemption correspondence, the equipment acquired in 1999 cost only \$728,000 and thus did not require a CON. Likewise, the replacement equipment acquired in 2007 was exempt from CON review pursuant to the 2006 replacement equipment exemption, and also did not require a CON. Thus, Section (f)(2) of the Main Campus Replacement Equipment Exemption does not apply.

E. Comparable Equipment

In addition to the foregoing, the replacement equipment is comparable to the equipment it is replacing, and the old equipment will be sold or otherwise disposed of when replaced. The CON rule codified as 10A N.C.A.C 14C.0303 defines “comparable medical equipment” in subsection (c) as follows:

“Comparable medical equipment” means equipment which is functionally similar and which is used for the same diagnostic or treatment purposes.

UNCH intends to use the replacement equipment for substantially the same services for which the entity currently uses the existing equipment. The replacement equipment unit will perform all procedures currently performed on the existing equipment unit. Although it possess some expanded capabilities due to technological improvements, the replacement equipment will perform the same general range of procedures as the existing equipment unit, see Exhibit 4 Equipment Comparison Chart. The replacement equipment is therefore comparable medical equipment.

F. Disposition of Equipment

Finally, as part of the proposal to acquire the replacement equipment, Siemens will de-install and take possession of the existing equipment. The replacement equipment unit will not be re-sold or re-installed in North Carolina without any necessary CON regulatory approval.

In consideration of the above, UNCH understands that this project is exempt from CON review and requests written confirmation that the proposed replacement of the equipment, and related installation and renovation costs as described herein, are exempt from CON review pursuant to N.C. Gen. Stat. § 131E-184(f).

Please do not hesitate to contact me at elizabeth.runyon@unchealth.unc.edu if you require any additional information.

Sincerely,



Elizabeth Runyon
Executive Director of Regulatory Affairs & Special Counsel
UNC Health

Exhibit 1: Equipment Cost Quote - Siemens Medical Solutions USA, Inc.

Exhibit 2: Projected Capital Cost Form

Exhibit 3: 10/2006 - Request for Exemption/Replacement of One Vascular Interventional
Radiology Angiography System/UNC Hospitals

Exhibit 4: Equipment Comparison

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
Edwin Winicki - +1 (336) 688-0978
edwin.winicki@siemens-healthineers.com

PRELIMINARY PROPOSAL

Customer Number: 0000010805

Date: 03/11/2022

UNIV NORTH CAROLINA HEALTH CARE SYS
101 MANNING DR
CHAPEL HILL, NC 27514

Quote Nr. **CPQ-319896 Rev. 0**

ARTIS pheno VE2x IR

All items listed below are included for this system:

Qty	Part No.	Item Description
1	14465086	<p>ARTIS pheno IR</p> <p>Engineered to be truly patient-oriented, ARTIS pheno® is a unique floor mounted robotic C-arm system for individualized preprocedural planning, intraoperative guidance, and immediate checkup – regardless of patient condition or procedure complexity.</p> <p>ARTIS pheno is the latest generation of robotic imaging.</p> <p>Faster 3D imaging for patients with impaired kidney function.</p> <p>The unique robotic design allows the positioning of the C-arm in virtually any patient position thanks to the flexible isocenter.</p> <p>Simplified operation of ARTIS pheno with Touch2Move technology - functions that can be selected and invoked in a single step.</p> <p>The wide-space C-arm’s usable clearance of 95.5 cm (37.5”) grants more freedom during preparation and the procedure itself.</p> <p>CleanSurface: ARTIS pheno is sporting smooth surfaces; the seamless sealed covers protect against spills and simplify cleaning. A layer of antimicrobial paint stops bacteria in growing or staying for longer on the surface.</p> <p>CleanGuide, a comprehensive cleaning concept for ARTIS pheno.</p> <p>The complete CARE+OPTIQ package offers constant image quality at the lowest possible dose.</p> <p>StructureScout enables material-specific imaging – tuning the X-ray spectrum according to the material and providing dose savings.</p> <p>Disclaimer: The products/features (here mentioned) are not commercially available in all countries. Due to regulatory reasons their future availability cannot be guaranteed. Please contact your local Siemens organization for further details.</p>
1	14455542	<p>Laser crosshairs</p> <p>Laser cross for zen40HDR and as40HDR detector, integrated into the detector housing for simplified patient positioning and for syngo Needle Guidance marking preplanned puncture point and angle.</p>
1	14465043	<p>Imaging System</p> <p>Image system computer for control of system operation and image acquisition. Dual architecture</p>

PRELIMINARY PROPOSAL

In order to provide highest level system availability, the imaging system consists of two independent computer systems that manage central tasks such as real-time image processing during fluoroscopy or acquisition as well as post-processing and networking functionality separately from one another. This ensures the best possible system performance and availability.

Image storage capacity

100,000 images in 1k matrix with a size of 2 MB

25,000 images in 2k matrix with a size of 8MB

1 14432948

Automap

Automatic stand positioning depending on the selected reference image and automatic reference image selection depending on the stand positioning.

1 14465091

OPTIQ with as40HDR GIGALIX

OPTIQ image chain with the following tube, collimator, and flat detector configuration:

as40HDR detector and GIGALIX tube

The as40HDR flat detector is optimized for the requirements of radiology and surgery.

The GIGALIX X-ray tube concentrates high pulse power on small, square-shaped focal spots (flat emitter technology for all focal spots). This provides unprecedented image quality for confidence in challenging situations.

1 14465015

Multimodality Viewing

Supports the connection of external video sources such as Sensis/recording systems, PACS, HIS/RIS, Ultrasound, ECG, IVUS, OCT, external video, endoscope, mapping systems, and their visualization on the exam room display. Adapted to the local needs and depending on the availability of the cockpit option up to 24 external sources can be connected.

1 14455573

Large Display (rail mount)

Large color flat screen display (including cables) for the examination room, with a panel diagonal of 55". This large display version provides an excellent clinical image quality due to its new IPS panel technology.

The Large display is fixed on a ceiling-mounted, longitudinally movable, rotatable, and height-adjustable display holder in the examination room.

1 14465029

Control room display

Live images are displayed on a 24" color and gray scale image display.

1 14465045

ARTIS multi-tilt table

ARTIS multi-tilt table ensures optimal patient positioning regardless of the procedure and patient size. With an unprecedented level of material integrity, it is suitable for even the heaviest of patients.

- Maximum table load: 440 kg (970 lbs.) consisting of 280 kg (617 lbs.) for the patient, 100 kg (220 lbs.) for accessories, plus 60 kg (132 lbs.) for CPR

- Allows tilting in +15°/-20° and a +/-15° cradle

- The easy-float tabletop permits hassle-free positioning of the tabletop regardless of patient weight, mounted lower-body radiation protection and tableside modules

- Small table base allows upright and comfortable standing, close to the patient.

- The Siemens unique IsoTilt functionality keeps the C-arm projection during Trendelenburg tilting.

- Ball bearing mounted slidable accessory rails on both sides for easy positioning of control modules and accessories.

Note:

PRELIMINARY PROPOSAL

It is mandatory to provide UPS back up with this table option in order to comply with IEC 60601-2-43 CL. 201.15.101. Reason: In the event of power failure a neutral table position suitable for CPR must be reachable within 15 seconds. A suitable UPS from Siemens as required must be included in your order unless an existing / planned UPS provision for your installation site will satisfy the requirement.

1 14465054

Oper. contr. ARTIS table

For an ideal workflow, full system operation can be performed directly at the table side.

This includes complete system operation through modular control elements for controlling C-arm movements, patient table, and collimator.

The illuminated controls and touch display are easy to use – even when covered with drapes for sterile operation.

Pilot module

The pilot module provides comfortable and ergonomic operation of the system. It allows the control of system and table movements, imaging parameters, the selection of examination protocols, image acquisition and evaluation and many other functions. The touch screen can be configured to meet individual clinical requirements.

The Touch2Move technology allows intuitive activation of system movements.

Table control module (with ARTIS multi-tilt table)

The table operating module with panning knob for servo-assisted table movement enables virtually force-free movement of the patient regardless of table load and table inclination.

Table control module (with ARTIS standard table)

Table control module with panning knob for free-floating tabletop movement.

Collimator control module

The Collimator control module for controlling of all collimator functions, such as rectangular blade or wedge-shaped filters.

Hand switch

Multi-functional hand switch for acquisition control, switching acquisition frame rates and/or step movements. (This switch might not be available in all countries.)

1 14465124

Operation in the control room

Preparation for system operation from control room.

1 14465095

Op. ctrl. - handswitch (C-Room)

Additional handswitch for radiation release and additional control functions.

1 14455566

Injector connection (C-Room)

Interface in the control room for controlling the contrast medium injector.

Injectors can be offered by Siemens Healthcare Accessory Solutions.

1 14465056

Abdomen radiation prot. IR

This radiation shield protects the user from scattered radiation when standing at the table side. It can be attached to the accessory rails either on the right or on the left side of the patient positioning table.

It provides the user an additional accessory rail.

It includes a basic unit

(89 cm x 75 cm / 35" x 29.5" (l x h);

one lower body radiation protection pivot swivel element

(48 cm x 75 cm / 18.9" x 30.3" (l x h);

one flip down element 57 cm x 33cm / 22.4" x 12.99" (l x h), and two clip-on units

(27 cm x 33 cm / 10.6" x 12.99", and 27 cm x 25 cm / 10.6" x 9.8")

with a lead of 0.5 mm / 0.02" Pb.

PRELIMINARY PROPOSAL

The maximum load of the accessory rails is 20 kg (44.1 lb).

Intended only for use with ARTIS tables. It provides a distance of 7cm to prevent the collision with the table base in case of maximum penning.

1 14434157

Moveable upper body rad. protection

This radiation shield protects the user from scattered radiation.

It includes a ceiling rail (4 m / 157.5"), a ceiling mounted and movable stand (80 cm or 57 cm / 31.5" or 22.4"), a support arm (94 cm x 91 cm / 37" x 35.8") and an acrylic glass.

The shield is made of acrylic glass with lead equivalent of 0.5 mm (w x h: 61 cm x 76 cm / 24" x 29.9"), which can pivot and rotate around a fixed point with a range of 360 degrees.

The operation range is limited when used with Artis floor/biplane MN.

Max. weight: 18 kg / 39.68 lbs.

1 14432926

Card acq. mode w/high speed

Card Highspeed enables image acquisition with up to 30 frames per second and helps visualizing a moving heart.

1 14432947

Fluoro Loop

Storage and review of dynamic fluoroscopic sequences. This saves an additional acquisition and helps to reduce dose. The maximum storable fluoroscopic time is limited by the maximum DICOM file size of 4 Gbyte.

1 14465096

QVA Vascular analysis

Vessel analysis with determination of degree of stenosis, distance measurement and calibration.

1 14465077

syngo EVAR Guidance Engine

Application software for reconstruction, post-processing and handling of 3D information including applications for endovascular treatment of aortic aneurysms.

The package includes the following functionalities:

- 3D high-contrast and CT-like soft-tissue imaging (syngo DynaCT)
- 3D Wizard for expert step-by-step guidance in 3D acquisition
- 3D roadmap for dynamic overlay of planning data and 3D volumes on live fluoroscopy
- Fusion functionality for integration of pre-interventional 3D datasets also from other modalities into the Angio-room (syngo 3D/3D Fusion and syngo 2D/3D Fusion)
- Marking of points or lines on the 3D geometry or MPRs and overlay of these markings on live fluoroscopy
- In-room control for table-side operation of advanced applications
- Parallel patient processing capabilities,

syngo EVAR Guidance – a dedicated and optimized workflow facilitating the use of 3D image guidance during EVAR procedures.

1 14446029

syngo NeedleGuidance

PRELIMINARY PROPOSAL

A software module for planning and control of needle procedures.

The application enables the planning of one or multiple needle paths based on intraoperative syngo DynaCT images, or a preoperative 3D volume of a CT, PET/CT, or MR system, in combination with Fusion functionality. Optimal progression views for easy control during needle insertion are calculated and suggested by the system and the planned needle path is overlaid on the live 2D image for easy guidance. Interventions such as vertebroplasties, kyphoplasties, pedicle screwing, biopsies, drainages, and ablations can be performed on the angiography system with greater confidence.

1 14465134

syngo Embolization Guidance

syngo Embolization Guidance is an application for planning and performing embolizations.

By manually marking a proximal start- and one or multiple distal target vessel point(s) in a syngo DynaCT, CTA or MRA dataset, the algorithm determines the course of the vessel (tree) that connects the start with the target point(s). Functionality for tumor segmentation with automatic tumor volume computation is available in addition. Segmented structures can be overlaid with live 2D imaging for guidance during the procedure.

In combination with syngo DynaCT ($\geq 200^\circ$ acquisition) or CT dataset with intra-arterial injection, the easy one-click syngo Embolization Guidance application automatically detects and highlights tumor-feeding vessels for targeted embolization of the liver – supporting complete tumor embolization, which is important for an effective and safe treatment.

1 14440411

Intercom - Comfort

Intercom system for communication between examination room and control room. It includes

- a microphone with a control box for the control room
- a microphone with an adaptive acoustic filter for background noise suppression for the examination room
- a footswitch for conversation selection for the examination room

1 14465070

1st 4 pedal wireless footswitch

Wireless 4-pedal footswitch for release of fluoroscopy, acquisition, and tabletop brake (with ARTIS table), as well as configurable control function.

1 14465217

Large Display diagn. protection

The high quality laminated glass protective screen protects the panel of the monitor against mechanical damage and fluid ingress on the front.

It is suited for clinical image evaluation.

Features:

The laminated glass enforces high mechanical strength and resistivity against mechanical impact,

the special coating reduces reflections for a continuous image quality,

excellent spectral transmission of at least 98%,

can be added to existing Artis Large Display installations.

Weight: approx. 12kg (55") up to 16kg (60")

Note: Observe the maximum permissible load of the display suspension, a combination with other options mounted to the display suspension might be restricted.

1 14455543

Tabletop - wide

PRELIMINARY PROPOSAL

Patient positioning tabletop made of carbon fiber in wide, straight design for universal use. The tabletop is straight all the way to the head area.
Maximum patient weight: 280 kg / 617.3 lbs.
Weight: 12.7 kg / 28.0 lbs.
Length: 2287 ± 1 mm / 90.1" ± 0.04"
Width: 525 ± 0.5 mm / 20.7" ± 0.02"

Intended only for use with ARTIS tables.

1 14455548

Mattress - thick

Matching, special-foam mattress, 7 cm, incl. a latex-free cover.
This visco-elastic comfort mattress reacts to temperature and has the special property of adapting to the individual body shape under the influence of body weight and heat.

Mattress thickness: 70 ± 5 mm / 2.8" ± 0.2"

1 14440474

Body strap set

Can be used to secure patient to the patient table and to compress patient anatomy. It consists of two belts with Velcro straps (l x w: 185 cm x 10 cm / 72.8" x 3.94").

Intended only for use with Artis / ARTIS tables.

1 14440512

LED Exam Light

Ceiling-mounted, flexible positionable examination light with focusable light system. It is fully integrated into the ceiling-installed radiation protection mounting unit.

- Luminance: Min 60,000 Lux for 100 cm / 39.4" distance
- Working distance: 70 to 140 cm / 27.6" to 55.1"
- Color rendering index Ra at 4500 Kelvin: min. 95
- Color temperature: 4,100+-200 Kelvin
- Focusable light field: 14 to 25 cm / 5.5" to 9.8"
- Total input power: Max. 24 VA

1 14455902

ELEVATE bonus EOS (mono)

1 AXA_RIG_PHE
NO

Standard Rigging pheno

1 AXA_IRCA_CM_
BD_LV1

Essential Edu Package (AXA)(IRCA)(C/BP)

This Essential Interventional Radiology & Interventional Cardiology education package for ceiling-mounted and biplane systems includes: - Dedicated Siemens Education Consultant: partnering with your Education Coordinator to create a blended curriculum adapted to your facility's individual needs. - Blended Learning Curriculum: a combination of at least two (2) 28-hour onsite trainings, digital (immersive, online & virtual) education, and instructor-led classroom elevated by ASRT accreditation. Designed for your team to maximize their confidence and competence on your system. - On-site Customization: optimizing system hardware, software, workflow and operating safety consistent with the cleared use of the system. - Ongoing Educational Case Support: ability to request onsite case-support for advanced procedures. The education will be delivered in four (4) phases: 1) Pre-Installation: Customized Education Plan (CEP) tailored to your sites experience level and case types. Training needs assessed on hardware and software options, system positions, 2D/3D imaging, post-processing techniques and ongoing procedure support. 2) Pre-Go Live: blend of virtual courses & instructor-led classroom training. 3) Go Live: minimum of two (2) weeks of onsite clinical applications sessions, guiding staff members, reinforcing concepts and practices acquired during pre-training. 4) Warranty /Post-Go Live: continuation of the CEP

PRELIMINARY PROPOSAL

delivery. Ongoing case support on advanced request and subject to availability.
Parties will mutually agree on deliverables and scheduling of the requested training.
This educational offering must be utilized within 12 months following install end date. If this offering is not completed within the applicable time period, Siemens obligation to provide the training will expire without refund.

1 BART700TABL

Mark 7 Arterion, Table Mount Injector

The Arterion Mark 7 Table contrast medium injector allows for the remote installation of the system power supply and installation of the injector head onto a table bracket.

The injector system includes:

Power supply and injector head with corresponding cabling
An adjustable height table bracket for the injector head
A desk mounted user control console with large touch screen

Functions

Pressure limitation:
for 150 ml syringes 689 to 8273 kPa,
corresponds to 100 to 1200 psi. .

Flow rates for 150 ml syringes:
0.1 to 45 ml/s in increments of 0.1 ml/s
0.1 to 59.9 ml/min in increments of 0.1 ml/min
rise/fall: 0 to 9.9 s in increments of 0.1 seconds

Release delay for injection or radiation:
0 to 99.9 s in increments of 0.1 s.

Adjustable volume for 150 ml syringes:
1 ml to the max. syringe capacity in increments of 1 ml.

Fill rate:
Variable syringe filling speed 1-20ml/s.

Injection protocols:
Up to 40 injection protocols possible.

Parameters currently displayed on the touch screen display and on the head display:

Injection speed
Injection volume
Remaining volume
Injection duration
Applied pressure

Contrast medium heating:
Nominal 35°C (95°F)+-5°C (9°F)

Injection data memory
Up to 50 injection data items stored

Included in the scope of delivery
Injector standard configuration 150 ml
SIEMENS interface cable
Operator Manual

PRELIMINARY PROPOSAL

Service manual (English).

Power supply
200 V to 250 V; 50/60 Hz.

1 BINSART700R **Arterion Rack Mnt Install**

1 EPW935515UPS **Eaton Powerware 9355 15 kVA UPS**
Includes UPS, battery, maintenance bypass panel, and one year on-site parts and labor coverage (24x7) by Eaton Powerware. This UPS is recommended when protection and uninterruptible power is required for the Artis' C-arm and table. Emergency fluoroscopy is not available with this UPS. If emergency fluoroscopy is required, the 9390 - 160 kVA UPS is recommended for the full system. One UPS per lab.

Additional seismic brackets are required to make this system OSHPD approved.

1 AXA_ADDL_RIGGING **Additional Rigging AXA \$10,670**

1 AXA_BUDG_ADDL_RIG **Budgetary Add'l/Out of Scope Rigging (Air Freight) \$10,000**

System Total \$ 1,650,749

Siemens Medical Solutions USA, Inc.
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE
Edwin Winicki - +1 (336) 688-0978
edwin.winicki@siemens-healthineers.com

PRELIMINARY PROPOSAL

FINANCING: The equipment listed above may be financed through one of our financing partners. Ask us about our full range of financial products that can be tailored to meet your business and cash flow requirements. For further information, please contact your local Sales Representative.

Siemens Healthineers is pleased to submit this Preliminary Pricing Proposal. A Preliminary Pricing Proposal is provided for planning purposes only; it is not contractually binding. To receive a contractually binding proposal for the Products listed above, inclusive of Terms, Conditions, and Warranty coverage, please contact your Siemens Healthineers Sales Representative.

Siemens Healthineers
Edwin Winicki
+1 (336) 688-0978
edwin.winicki@siemens-healthineers.com

Exhibit 2

Projected Capital Cost Form

Building Purchase Price	\$
Purchase Price of Land	\$
Closing Costs	\$
Site Preparation	\$
Construction/Renovation Contract(s)	\$1,100,000
Landscaping	\$
Architect / Engineering Fees	\$170,000
Medical Equipment	\$1,476,236
Non-Medical Equipment	\$
Furniture	\$
Consultant Fees (specify)	\$
Financing Costs	\$
Interest during Construction	\$
Other	\$
Other	\$
Total Capital Cost	\$2,746,236

CERTIFICATION BY A LICENSED ARCHITECT OR ENGINEER

I certify that, to the best of my knowledge, the projected capital cost for the proposed project is complete and correct.


 Signature of Licensed Architect or Engineer

Date Signed: _____



CERTIFICATION BY AN OFFICER OR AGENT FOR THE PROPONENT

I certify that, to the best of my knowledge, the projected total capital cost for the proposed project is complete and correct and that it is our intent to carry out the proposed project as described.

 Signature of Officer/Agent

Date Signed: _____

 Title of Officer/Agent

Exhibit 3

October 12, 2006

Michael J. McKillip, Project Analyst
CON Section
DFS, DHHS
Mail Service Center 2704
Raleigh, NC 27699-2704

RE: Request for Exemption/Replacement of One Vascular Interventional Radiology Angiography system/UNC Hospitals

Dear Mr. McKillip:

UNC Hospitals is planning to replace one Angiography system that is used for Vascular Interventional Radiology procedures, and is requesting a determination that the replacement of this equipment is exempt from review pursuant to 131E-184(7). The angiography equipment to be replaced is located in the 2nd floor of the main hospital, as a part of the Department of Radiology's Vascular Interventional Radiology service. The interventional radiology service uses image-guided, minimally invasive diagnostic and therapeutic techniques to perform procedures that many times can replace the need for conventional surgery.

The studies most frequently performed in the Vascular Interventional Radiology Section at UNC Hospitals include: abdominal aortogram, aorto-femoral angiogram, arch aortogram, renal angiogram, pulmonary angiogram, visceral angiogram, neuro angiogram, venous catheter placement, drainage catheter placement, myelogram/lumbar puncture, thoracentesis, chest tube placement, stent placement, tumor ablation, vessel embolism, angioplasty, etc. The Vascular Interventional Radiology Section's Radiologists treat aneurysms, arteriovenous malformations, internal bleeding, blood clots (using clot dissolving thrombolytic therapy), vena cava filter insertions, chemoembolizations, renal hypertension, infections and abscesses, urinary tract obstructions, and many other conditions without using surgery.

UNC Hospitals is not proposing the replacement of equipment to perform cardiac catheterization procedures, as defined in 10 NCAC 3R .1613(5). At UNC Hospitals, the Cardiac Catheterization program, which is a part of the Division of Cardiology, is a distinct operationally separate department, program and service from the Department of Radiology's Vascular Interventional Radiology Section.

As part of this replacement, the replacement unit will be moved down the corridor, still within the Vascular Interventional Radiology department, to another room which will provide more support space for the replacement system. Furniture and equipment for this support space, other than the replacement angiography system components, already exists within the department. See line drawings contained in Exhibit 5. The final use of the existing room, that is to be vacated, has not been determined. However strong consideration is being given to that room being utilized for PICC (peripherally inserted central catheter) placement. Any equipment or furniture required for this use already exists, and no renovations would be required to use the vacated angiography room for PICC placement.

The following information is being supplied in the format that the CON Section has requested in the past as a part of its general information request for an equipment replacement.

1. A comparison of the existing and replacement equipment, using the format in the following table:

Equipment Comparison

	<i>Existing Equipment</i>	<i>Replacement Equipment</i>
<i>Type of Equipment (List each component)</i>	Angiography	Angiography
<i>Manufacturer of Equipment</i>	Siemens Medical Systems	Siemens Medical Systems
<i>Tesla Rating for MRIs</i>	NA	NA
<i>Model Number</i>	<i>Polystar T.O.P. Interventional</i>	<i>AXIOM Artis dTA</i>
<i>Serial number</i>	1976	<i>To be determined</i>
<i>Provider's Method of Identifying Equipment</i>	By model & serial #s	By model & serial #s
<i>Specify if Mobile or Fixed</i>	Fixed	Fixed
<i>Mobile Trailer Serial Number/VIN #</i>	NA	NA
<i>Mobile Tractor Serial Number/VIN #</i>	NA	NA
<i>Date of Acquisition of Each Component</i>	June 1999	Projected 2006
<i>Does Provider Hold Title to Equipment or Have a Capital Lease?</i>	UNC Hospitals owns the equipment	UNC Hospitals will own the equipment
<i>Specify if Equipment Was/Is New or Used When Acquired</i>	Was New	Will be New
<i>Total Capital Cost of Project (Including Construction, etc.) <Use Attached Form></i>	Approximately \$728,550	\$1,911,408
<i>Total Cost of Equipment</i>	Approximately \$728,550	\$1,200,000
<i>Fair Market Value of Equipment</i>	<i>NA (minimal trade-in value)</i>	\$1,200,000
<i>Net Purchase Price of Equipment</i>	Approximately \$728,550	\$1,200,000
<i>Locations Where Operated</i>	UNC Hospitals	UNC Hospitals
<i>Number of Days In Use/To be Used in N.C. Per Year</i>	365 days	365 days

Percent of Change in Patient Charges (by Procedure)	NA	No change
Percent of Change in Per Procedure Operating Expenses (by Procedure)	NA	No change
Type of Procedures Currently performed on Existing Equipment	Angiography, fluoroscopy guided procedures, GI, myelography, general fluoroscopy	Angiography, fluoroscopy guided procedures, GI, myelography, general fluoroscopy
Type of Procedures New Equipment is Capable of Performing	Angiography, fluoroscopy guided procedures, GI, myelography, general fluoroscopy	Angiography, fluoroscopy guided procedures, GI, myelography, general fluoroscopy

2. A description of the basic technology and functions of the existing and replacement equipment, including the diagnostic and treatment purposes for which the equipment is used or capable of being used.

Response: The machine to be replaced is a Siemens Polystar T.O.P. Interventional angiography system that was purchased in June 1999. UNC Hospitals plans to replace this unit with a Siemens AXIOM Artis dTA angiography system. The current equipment and the replacement equipment will perform the same basic functions. (See Exhibit 1 for a copy of the brochure for the proposed AXIOM Artis dTA angiography system. A listing of common specifications for the Siemens Polystar T.O.P unit is included as Exhibit 2, as we do not have a copy of the original brochure for the existing angiography system.)

3. Brochures or letters from the vendors describing the capabilities of the existing equipment and the replacement equipment.

Response: See Exhibit 1 for a copy of the brochure for the proposed angiography system, which is the Siemens AXIOM Artis dTA angiography system. A listing of common specifications for the Siemens Polystar T.O.P. system is attached as Exhibit 2.

4. A copy of the purchase order for the existing equipment, including all components and original purchase price.

Response: The original purchase order for the existing Siemens Polystar T.O.P. Interventional system is not available. Due to the large volume of purchasing by our facility, UNC Hospitals' fiscal services policy is to destroy purchase orders after five years. However, we believe that the existing Siemens Polystar T.O.P. Interventional system is similar to the specifications contained in Exhibit 2, and was purchased for approximately \$728,550.

5. A copy of the title, if any, for the existing equipment or the capital lease for the existing equipment.

Response: Not applicable. The equipment does not have a title and will not be leased.

6. *If the replacement equipment is to be leased, a copy of the proposed lease that transfers substantially all the benefits and risks inherent in the ownership of the equipment to the lessee of the equipment, in accordance with criteria in Generally Accepted Accounting Principles (GAAP).*

Response: Not applicable. The replacement equipment will not be leased.

7. *If the replacement equipment is to be purchased, a copy of the proposed purchase order or quotation, including the amount of the purchase price before discounts and trade-in allowance.*

Response: A copy of the quotation received from Siemens Medical Solutions USA, Inc. regarding the replacement angiography system is attached as Exhibit 3.

8. *A letter from the person taking possession of the existing equipment that acknowledges the existing equipment will be permanently removed from North Carolina, will no longer be exempt from requirements of the North Carolina Certificate of Need law, and will not be used in North Carolina without first obtaining a new certificate of need.*

Response: As a state agency, there are only a few options for the disposal of equipment. One option is by trade-in on the purchase of replacement equipment. However, due to the age and condition of the equipment, Siemens Medical Solutions USA, Inc. is not interested in taking possession of this equipment. The School of Medicine has approached us to use the de-installed, surplused equipment for research as the equipment is still useful for laboratory animal research. At this time, our intent is to surplus the existing equipment to the School of Medicine.

9. *Documentation that the existing equipment is currently in use and has not been taken out of service.*

Response: This equipment has been referenced in several documents submitted to the Division of Facility Services and is included in the response on page 10 "Special Procedures/Angiography (neuro & vascular but not including cardiac cath)" as identified in use in the 2006 Licensure Renewal Application form.

Also, enclosed as Exhibit 4 is a completed 'Proposed Total Capital Cost of Project' form which projects the total capital cost of this replacement project to be \$1,911,408.

Should you require any additional information regarding the replacement of this equipment, please do not hesitate to contact me at 919-966-1129.

Sincerely,

Dee Jay Zerman, Associate Director
Planning & Program Development

PROPOSED TOTAL CAPITAL COST OF PROJECT

A. <u>Site Costs</u>		
(1) Full purchase price of land	\$	0
Acres _____ Price per Acre \$ _____		
(2) Closing costs	\$	0
(3) Site Inspection and Survey	\$	0
(4) Legal fees and subsoil investigation	\$	0
(5) Site Preparation Costs		
Soil Borings	\$	0
Clearing - Earthwork	\$	0
Fine Grade for Slab	\$	0
Roads - Paving	\$	0
Concrete Sidewalks	\$	0
Water and Sewer	\$	0
Footing Excavation	\$	0
Footing Backfill	\$	0
Termite Treatment	\$	0
Other (Specify)	\$	0
Sub-Total Site Preparation Costs	\$	0
(6) Other (Specify)	\$	0
(7) Sub-Total Site Costs		\$ 0
B. <u>Construction Contract</u>		
(8) Cost of Materials		
General Requirements	\$	0
Concrete/Masonry	\$	0
Woods/Doors & Windows/Finishes	\$	0
Thermal & Moisture Protection	\$	0
Equipment/Specialty Items	\$	0
Mechanical/Electrical	\$	0
Other (Unit Strut Support)	\$	0
Sub-Total Cost of Materials	\$	0
(9) Cost of Labor	\$	0
(10) Other (Specify)	\$	0
Firestopping	\$	0
Asbestos Abatement	\$	0
Window Upgrade	\$	0
HVAC Upgrade	\$	0
(11) Sub-Total Construction Contract		\$ 0
C. <u>Miscellaneous Project Costs</u>		
(12) Building Purchase	\$	0
(13) Fixed Equipment Purchase	\$	0
(14) Movable Equipment Purchase	\$	0
(15) Furniture	\$	0
(16) Landscaping	\$	0
(17) Consultant Fees		
Architect and Engineering Fees	\$	0
Legal Fees	\$	0
Market Analysis	\$	0
Other (Structural fee)	\$	0
Other (Specify)	\$	0
Sub-Total Consultant Fees	\$	0
(18) Financing Costs (e.g. Bond, Loan, etc.)	\$	0
(19) Interest During Construction	\$	0
(20) Other (Specify)	\$	0
(21) Sub-Total Miscellaneous		\$ 0
(22) Total Capital Cost of Project (Sum A-C above)		\$ 0

I assure that, to the best of my knowledge, the above capital costs for the proposed project are complete and correct and that it is my intent to carry out the proposed project as described.

Ms. Marlene Rifkin
Senior VP, Professional and Support Services

Exhibit 4

EQUIPMENT COMPARISON

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type (e.g., Cardiac Catheterization, Gamma Knife®, Heart-lung bypass machine, Linear Accelerator, Lithotripter, MRI, PET, Simulator, CT Scanner, Other Major Medical Equipment)	Interventional Radiology Unit	Interventional Radiology Unit
Manufacturer	Siemens Medical Solutions	Siemens Medical Solutions
Model number	AXIOM Artis dTC / Dta Detector System	Artis Pheno
Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #)	53011	TBD
Is the equipment mobile or fixed?	Fixed	Fixed
Date of acquisition	March 30, 2007	TBD
Was the existing equipment new or used when acquired? / Is the replacement equipment new or used?	New	New
Total projected capital cost of the project <Attach a signed Projected Capital Cost form>	\$1,911,408	\$2,746,236
Total cost of the equipment	\$1,245,000	\$1,650,000
Location of the equipment <Attach a separate sheet for mobile equipment if necessary>	Room 8	Room 8
Document that the existing equipment is currently in use		
Will the replacement equipment result in any increase in the average charge per procedure ?	No	NA
If so, provide the increase as a percent of the current average charge per procedure	NA	NA
Will the replacement equipment result in any increase in the average operating expense per procedure ?	NA	No
If so, provide the increase as a percent of the current average operating expense per procedure	NA	NA
Type of procedures performed on the existing equipment <Attach a separate sheet if necessary>	See Attached	NA
Type of procedures the replacement equipment will perform <Attach a separate sheet if necessary>	NA	See Attached

Fiscal Year
Fiscal Month
Calendar Year

UNC Hospitals

Revenue & Usage Report by Service Code

Dept: 1000-223010 - Interventional Radiology

For February 2022

expansionpc

Department1000-223010 - Interventional Radiology|Charge Code|43610002|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|44700022|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|53610002|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|53610053|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|53610054|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|53610055|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|53610057|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|53610058|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|53610080|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|53610097|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|53610107|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|53610118|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|53610165|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|53610177|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|53610178|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|53610190|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|53610293|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|53610294|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|53610296|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|53610299|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|54500005|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|54500052|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|57610036|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|57610049|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|57610328|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|57610329|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|57610330|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|57610331|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|57610332|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|57610333|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|57610424|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|63610003|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|63610003|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|63610082|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|63610083|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|63610084|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|63610085|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|63610089|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|63610091|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|63610108|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|63610109|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|63610112|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|67500074|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|72550117|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|72550151|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|72550152|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|72550156|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|72550159|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|72550162|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|72550163|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|72550164|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|72550165|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|72550167|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|72550168|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|72550170|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|72550171|Statistic Type|Primary
 Department1000-223010 - Interventional Radiology|Charge Code|72550172|Statistic Type|Primary

Department	EPIC CDM Code	EPIC CDM Code Description	Stat Description
CDM Codes included in Dept Statistics			
1000-223010 - Interventional Radiology	43610002	HC MIDLINE INSERT OVER 3YRS	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
1000-223010 - Interventional Radiology	44700022	HC TRANSFUSION BLD BLD COMPONENTS	OP Department Statistics
1000-223010 - Interventional Radiology	53610002	HC INCISION AND DRAINAGE ABSCESS SIMPLE SINGLE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
1000-223010 - Interventional Radiology	53610053	HC SPIDER VEINS INJ SINGLE OR MULT LIMB OR TRUNK	OP Injection Non Chemo
1000-223010 - Interventional Radiology	53610054	HC INJ SCLEROSING SOLUTION SINGLE VEIN	OP Injection Non Chemo
1000-223010 - Interventional Radiology	53610055	HC INJ SCLEROSING SOLUTION MULT VEINS SAME LEG	OP Injection Non Chemo
1000-223010 - Interventional Radiology	53610057	HC DECLOT IMPLNTD VASC ACC DEV	OP Department Statistics
1000-223010 - Interventional Radiology	53610058	HC BIOPSY LIVER NEEDLE PERCUTAN	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
1000-223010 - Interventional Radiology	53610080	HC LUMBAR PUNCTURE THERAPY	IP Department Statistics,OP Department Statistics
1000-223010 - Interventional Radiology	53610097	HC INJ AA PUDENDAL NRV	OP Injection Non Chemo
1000-223010 - Interventional Radiology	53610107	HC INJECTION ANESTHETC AGENT L T PARAVERTEBRAL	OP Injection Non Chemo
1000-223010 - Interventional Radiology	53610118	HC DESTR SUPER HYPOGASTRIC PLEX	OP Surgical - Minor Procedures
1000-223010 - Interventional Radiology	53610165	HC INJECTION ANESTHETIC AGENT SUPERIOR HYPOGASTRIC PLEXUS	IP Injection Non Chemo,OP Injection Non Chemo
1000-223010 - Interventional Radiology	53610177	HC CHEMODNRVTN TRUNK 1 TO 5 MUSCLES	OP Injection Non Chemo
1000-223010 - Interventional Radiology	53610178	HC CHEMODNRVTN TRUNK 6 OR MORE MUSCLES	IP Injection Non Chemo,OP Injection Non Chemo
1000-223010 - Interventional Radiology	53610190	HC RF DENERV PUDENDAL NRV	OP Surgical - Minor Procedures
1000-223010 - Interventional Radiology	53610293	HC INJECTION ANESTHETIC AGENT AND OR STEROID INTERCOSTAL NERVE SINGLE LEVEL	OP Injection Non Chemo
1000-223010 - Interventional Radiology	53610294	HC INJECTION ANESTHETIC AGENT AND OR STEROID INTERCOSTAL NERVE EACH ADDL LEVEL	OP Injection Non Chemo
1000-223010 - Interventional Radiology	53610296	HC INJECTION ANESTHETIC AGENT AND OR STEROID PUDENDAL NERVE	OP Injection Non Chemo
1000-223010 - Interventional Radiology	53610299	HC INJECTION ANESTHETIC AGENT AND/OR STEROID OTHER PERIPHERAL NERVE BRANCH	OP Injection Non Chemo
1000-223010 - Interventional Radiology	54500005	HC DEBRIDEMENT TISSUE SKIN 1ST 20SQCM	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
1000-223010 - Interventional Radiology	54500052	HC MODERATE SEDATION INITIAL 15 MINUTES 5 YEARS OF AGE OR OLDER	IP Department Statistics,OP Department Statistics
1000-223010 - Interventional Radiology	57610036	HC INJECTION INTRALESIONAL = 7 LESION	OP Injection Non Chemo
1000-223010 - Interventional Radiology	57610049	HC INCISE AND REMOVE FOREIGN BODY SUBQ TISSUE SIMPLE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
1000-223010 - Interventional Radiology	57610328	HC DIALYSIS CIRCUIT INCLUDES INTRO NEEDLES CATH IMAGING RAD SUPERVISION AND INTERP	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
1000-223010 - Interventional Radiology	57610329	HC DIALYSIS CIRCUIT WITH TRANS ANGIO PERIPHERAL SEGMENT	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
1000-223010 - Interventional Radiology	57610330	HC DIALYSIS CIRCUIT WITH PLACEMENT OF STENT PERIPHERAL SEGMENT	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
1000-223010 - Interventional Radiology	57610331	HC MECHANICAL THROMBECTOMY INFUSION DIALYSIS CIRCUIT INCLUDES DIAG AGENT	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
1000-223010 - Interventional Radiology	57610332	HC MECHANICAL THROMBECTOMY INFUSION DIALYSIS CIRCUIT PERIPHERAL SEGMENT WITH PTA	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
1000-223010 - Interventional Radiology	57610333	HC MECHANICAL THROMBECTOMY INFUSION DIALYSIS CIRCUIT PERIPHERAL SEGMENT WITH STENT	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
1000-223010 - Interventional Radiology	57610424	HC STAB PHLEBECTOMY 1 EXTREMITY 10 - 20 STABS	OP Surgical - Minor Procedures
1000-223010 - Interventional Radiology	63610003	HC FNA WITH IMAGING - INACTIVE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
1000-223010 - Interventional Radiology	63610035	HC BIOPSY PROSTATE SINGLE MULT	OP Surgical - Minor Procedures
1000-223010 - Interventional Radiology	63610082	HC DRAIN CATH PLMT OTHER	IP Vascular IR Procedures,OP Vascular IR Procedures
1000-223010 - Interventional Radiology	63610083	HC IMAGE GUIDED FLUID COLLECTION DRAINAGE BY CATH VISCERAL	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
1000-223010 - Interventional Radiology	63610084	HC IMAGE GUIDED FLUID COLLECTION DRAINAGE BY CATH PERI RETRO	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
1000-223010 - Interventional Radiology	63610085	HC IMAGE GUIDED FLUID COLLECTION DRAINAGE BY CATH TRNSVAG REC	IP Surgical - Minor Procedures
1000-223010 - Interventional Radiology	63610089	HC EMBO TUMOR ISCHEMIA INFARCT - DO NOT USE	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
1000-223010 - Interventional Radiology	63610091	HC PROSTATIC ARTERY EMBOLIZATION INV	OP Surgical - Minor Procedures
1000-223010 - Interventional Radiology	63610108	HC FNA BX INCL US GUIDANCE 1ST LESION	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
1000-223010 - Interventional Radiology	63610109	HC FNA BX INCL US GUIDANCE EA ADDL LESION	OP Surgical - Minor Procedures
1000-223010 - Interventional Radiology	63610112	HC FNA BX INCL CT GUIDANCE 1ST LESION	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
1000-223010 - Interventional Radiology	67500074	HC DILATION OF ANAL STRICTURE SEPARATE PROCEDURE UNDER 4 OTHER THAN LOCAL	OP Surgical - Minor Procedures
1000-223010 - Interventional Radiology	72550117	HC PERITONEOGRAM S AND I	IP Imaging - Diagnostic,OP Imaging - Diagnostic
1000-223010 - Interventional Radiology	72550151	HC UROGRAPHY ANTEGRADE RADIOLOGICAL S AND I	IP Imaging - Diagnostic,OP Imaging - Diagnostic
1000-223010 - Interventional Radiology	72550152	HC CYSTOGRAPHY MIN 3 VWS	OP Imaging - Diagnostic
1000-223010 - Interventional Radiology	72550156	HC RENAL CYST STUDY TRANSLUMBAR	OP Imaging - Diagnostic
1000-223010 - Interventional Radiology	72550159	HC S AND I DILATION URETERS OR URETHRA	OP Imaging - Diagnostic
1000-223010 - Interventional Radiology	72550162	HC S AND I AORTOGRAM THORACIC BY SERIALOGRAPHY	IP Imaging - Diagnostic,OP Imaging - Diagnostic
1000-223010 - Interventional Radiology	72550163	HC S AND I AORTOGRAM ABDOMINAL BY SERIALOGRAPHY	IP Imaging - Diagnostic,OP Imaging - Diagnostic
1000-223010 - Interventional Radiology	72550164	HC S AND I AORTOGRAPHY ABD AND BIL ILIOFEM	IP Imaging - Diagnostic,OP Imaging - Diagnostic
1000-223010 - Interventional Radiology	72550165	HC S AND I LYMPHANGIO EXT ONLY UNIL	IP Imaging - Diagnostic
1000-223010 - Interventional Radiology	72550167	HC S AND I LYMPHANGIO PELVIC ABD UNIL	IP Imaging - Diagnostic,OP Imaging - Diagnostic
1000-223010 - Interventional Radiology	72550168	HC S AND I LYMPHANGIO PELVIC ABD BIL	IP Imaging - Diagnostic,OP Imaging - Diagnostic
1000-223010 - Interventional Radiology	72550170	HC S AND I SPLENOPORTOGRAM	IP Imaging - Diagnostic,OP Imaging - Diagnostic
1000-223010 - Interventional Radiology	72550171	HC S AND I VENOGRAPHY EXTREMITY UNIL	IP Imaging - Diagnostic,OP Imaging - Diagnostic
1000-223010 - Interventional Radiology	72550172	HC S AND I VENOGRAPHY EXTREMITY BILAT	IP Imaging - Diagnostic,OP Imaging - Diagnostic

Department1000-223010 - Interventional Radiology Charge Code 72550173 Statistic Type Primary	1000-223010 - Interventional Radiology	72550173	HC S AND I VENOGRAM CAVAL INFER SERIAL	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550174 Statistic Type Primary	1000-223010 - Interventional Radiology	72550174	HC S AND I VENOGRAM CAVAL SUPERIOR SERIAL	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550175 Statistic Type Primary	1000-223010 - Interventional Radiology	72550175	HC S AND I VENOGRAM RENAL UNIL SELECTIVE	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550176 Statistic Type Primary	1000-223010 - Interventional Radiology	72550176	HC S AND I RENAL VENOGRAM BIL SELECTIVE	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550177 Statistic Type Primary	1000-223010 - Interventional Radiology	72550177	HC S AND I VENOGRAM ADRENAL UNIL SELECTIVE	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550178 Statistic Type Primary	1000-223010 - Interventional Radiology	72550178	HC S AND I VENOGRAM ADRENAL BIL SELECTIVE	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550179 Statistic Type Primary	1000-223010 - Interventional Radiology	72550179	HC S AND I VENOGRAM JUG OR VENOUS SINU	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550180 Statistic Type Primary	1000-223010 - Interventional Radiology	72550180	HC S AND I VENOGRAM SUPERIOR SAGITTAL SINUS	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550181 Statistic Type Primary	1000-223010 - Interventional Radiology	72550181	HC S AND I TRANSHEPATIC PORTOG W HEM	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550182 Statistic Type Primary	1000-223010 - Interventional Radiology	72550182	HC S AND I TRANSHEPATIC PORTOG WO HEM	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550183 Statistic Type Primary	1000-223010 - Interventional Radiology	72550183	HC S AND I HEPATIC VENOGRAM WEDGE OR FREE W HEM	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550184 Statistic Type Primary	1000-223010 - Interventional Radiology	72550184	HC S AND I HEPATIC VENOGRAM WEDGE OR FREE WO HEM	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550185 Statistic Type Primary	1000-223010 - Interventional Radiology	72550185	HC S AND I VENOUS SAMPLING VIA CATH W WO ANGI	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550186 Statistic Type Primary	1000-223010 - Interventional Radiology	72550186	HC S AND I TRANSCATHETER EMBOLIZATION	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550188 Statistic Type Primary	1000-223010 - Interventional Radiology	72550188	HC ANGIO FOLLOW UP VIA EXIST CATHETER OTHER THAN THROMBOLYSIS	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550189 Statistic Type Primary	1000-223010 - Interventional Radiology	72550189	HC S AND I MECH REMVL PERICATH OBS MAT	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550190 Statistic Type Primary	1000-223010 - Interventional Radiology	72550190	HC S AND I MECH REMVL INTRALUMINI OBS	OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550193 Statistic Type Primary	1000-223010 - Interventional Radiology	72550193	HC SANDI ENDO VAS REP INFRA AAA OR DISSECTION-INACTIVE	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550194 Statistic Type Primary	1000-223010 - Interventional Radiology	72550194	HC SANDI PLACE OF PROSTH ENDO VAS REP INFRA AAA OR DISSECTION-INACTIVE	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550195 Statistic Type Primary	1000-223010 - Interventional Radiology	72550195	HC CARDIOLITE PER DOSE - INACTIVE	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550196 Statistic Type Primary	1000-223010 - Interventional Radiology	72550196	HC S AND I ENDOV REPAIR DTA INV LSA	IP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550197 Statistic Type Primary	1000-223010 - Interventional Radiology	72550197	HC S AND I ENDOV REP DTA NOT INV LSA	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550198 Statistic Type Primary	1000-223010 - Interventional Radiology	72550198	HC S AND I PLACE PROX EXT PROS EVRDTA	IP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550199 Statistic Type Primary	1000-223010 - Interventional Radiology	72550199	HC PLACE DIST EXT PROS DELAYD S AND I	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550201 Statistic Type Primary	1000-223010 - Interventional Radiology	72550201	HC I125 SODIUM IOTHALMAT PER10UCI - INACTIVE	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550203 Statistic Type Primary	1000-223010 - Interventional Radiology	72550203	HC SANDI PTA RENAL VISC ARTERY	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550205 Statistic Type Primary	1000-223010 - Interventional Radiology	72550205	HC S AND I TRANSCATHETER BIOPSY	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550206 Statistic Type Primary	1000-223010 - Interventional Radiology	72550206	HC SANDI PTA VENOUS-INACTIVE	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550209 Statistic Type Primary	1000-223010 - Interventional Radiology	72550209	HC S AND I CHANGE DRAIN CATH	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550210 Statistic Type Primary	1000-223010 - Interventional Radiology	72550210	HC S AND I DRAINAGE CATHETER PLACEMENT	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550211 Statistic Type Primary	1000-223010 - Interventional Radiology	72550211	HC FLUOROSCOPY UP TO 1 HR	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550212 Statistic Type Primary	1000-223010 - Interventional Radiology	72550212	HC FLUORO 1 HR - INACTIVE	OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550214 Statistic Type Primary	1000-223010 - Interventional Radiology	72550214	HC S AND I FISTULA SINUS STUDY	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550218 Statistic Type Primary	1000-223010 - Interventional Radiology	72550218	HC UNLISTED FLUOROSCOPIC	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550219 Statistic Type Primary	1000-223010 - Interventional Radiology	72550219	HC FLUORO GUIDE CVA DEV PLACEMENT	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550220 Statistic Type Primary	1000-223010 - Interventional Radiology	72550220	HC FLUORO GUIDANCE NEEDLE PLACEMENT	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550221 Statistic Type Primary	1000-223010 - Interventional Radiology	72550221	HC FLUORO GUIDANCE FOR NEEDLE PLACEMENT INE INJ	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550237 Statistic Type Primary	1000-223010 - Interventional Radiology	72550237	HC SANDI ANGIO BRACHIAL RETROGRADE-INACTIVE	OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550238 Statistic Type Primary	1000-223010 - Interventional Radiology	72550238	HC S AND I ANGIO SPINAL SELECTIVE	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550239 Statistic Type Primary	1000-223010 - Interventional Radiology	72550239	HC S AND I ANGIO ART EXTREMITY UNIL	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550240 Statistic Type Primary	1000-223010 - Interventional Radiology	72550240	HC S AND I ANGIO EXTREMITY BIL	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550241 Statistic Type Primary	1000-223010 - Interventional Radiology	72550241	HC S AND I ANGIO ART VISCERAL W OR WO FLUSH	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550242 Statistic Type Primary	1000-223010 - Interventional Radiology	72550242	HC S AND I ANGIO ADRENAL GLAND UNILATERAL SELECTIVE	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550244 Statistic Type Primary	1000-223010 - Interventional Radiology	72550244	HC S AND I PELVIC SUPRA SELECTIVE	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550245 Statistic Type Primary	1000-223010 - Interventional Radiology	72550245	HC S AND I ANGIO PULMONARY UNIL SELECTIVE	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550246 Statistic Type Primary	1000-223010 - Interventional Radiology	72550246	HC S AND I ANGIO PULMONARY BIL SELECTIVE	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550247 Statistic Type Primary	1000-223010 - Interventional Radiology	72550247	HC S AND I ANGIO PULM NON SELECTIVE CATH VE	IP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550248 Statistic Type Primary	1000-223010 - Interventional Radiology	72550248	HC S AND I ANGIO INTERNAL MAMMARY	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 72550249 Statistic Type Primary	1000-223010 - Interventional Radiology	72550249	HC S AND I ANGIO SELECT EACH ADDITIONAL VESSEL	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department1000-223010 - Interventional Radiology Charge Code 73200001 Statistic Type Primary	1000-223010 - Interventional Radiology	73200001	HC US CYST PUNCTURE	OP Imaging - Ultrasound
Department1000-223010 - Interventional Radiology Charge Code 73500012 Statistic Type Primary	1000-223010 - Interventional Radiology	73500012	HC CT GUIDE NEEDLE PLACEMENT	IP Imaging - CT Scan,OP Imaging - CT Scan
Department1000-223010 - Interventional Radiology Charge Code 73500013 Statistic Type Primary	1000-223010 - Interventional Radiology	73500013	HC CT GUID PARENCHYMAL TIS ABLATION	IP Imaging - CT Scan,OP Imaging - CT Scan
Department1000-223010 - Interventional Radiology Charge Code 73500016 Statistic Type Primary	1000-223010 - Interventional Radiology	73500016	HC CT HEAD OR BRAIN WO CONT	IP Imaging - CT Scan,OP Imaging - CT Scan
Department1000-223010 - Interventional Radiology Charge Code 73500030 Statistic Type Primary	1000-223010 - Interventional Radiology	73500030	HC CT THORAX DIAGNOSTIC WO CONT	IP Imaging - CT Scan,OP Imaging - CT Scan
Department1000-223010 - Interventional Radiology Charge Code 73500031 Statistic Type Primary	1000-223010 - Interventional Radiology	73500031	HC CT THORAX DIAGNOSTIC W CONT	OP Imaging - CT Scan
Department1000-223010 - Interventional Radiology Charge Code 73500040 Statistic Type Primary	1000-223010 - Interventional Radiology	73500040	HC CT LUMBAR WO CONT	OP Imaging - CT Scan
Department1000-223010 - Interventional Radiology Charge Code 73500044 Statistic Type Primary	1000-223010 - Interventional Radiology	73500044	HC CT PELVIS WO CONT	IP Imaging - CT Scan,OP Imaging - CT Scan
Department1000-223010 - Interventional Radiology Charge Code 73500045 Statistic Type Primary	1000-223010 - Interventional Radiology	73500045	HC CT PELVIS W CONT	IP Imaging - CT Scan
Department1000-223010 - Interventional Radiology Charge Code 73500055 Statistic Type Primary	1000-223010 - Interventional Radiology	73500055	HC CT ABDOMEN WO CONT	IP Imaging - CT Scan,OP Imaging - CT Scan
Department1000-223010 - Interventional Radiology Charge Code 73500056 Statistic Type Primary	1000-223010 - Interventional Radiology	73500056	HC CT ABDOMEN W CONT	OP Imaging - CT Scan
Department1000-223010 - Interventional Radiology Charge Code 73500057 Statistic Type Primary	1000-223010 - Interventional Radiology	73500057	HC CT ABDOMEN WO W CONT	IP Imaging - CT Scan,OP Imaging - CT Scan
Department1000-223010 - Interventional Radiology Charge Code 73500058 Statistic Type Primary	1000-223010 - Interventional Radiology	73500058	HC CTA ABD PELVIS W CONT W NON CONT	IP Imaging - CT Scan
Department1000-223010 - Interventional Radiology Charge Code 73500060 Statistic Type Primary	1000-223010 - Interventional Radiology	73500060	HC CT ABD PELVIS WO CONT	IP Imaging - CT Scan,OP Imaging - CT Scan
Department1000-223010 - Interventional Radiology Charge Code 73500061 Statistic Type Primary	1000-223010 - Interventional Radiology	73500061	HC CT ABD PELVIS W CONT	IP Imaging - CT Scan,OP Imaging - CT Scan
Department1000-223010 - Interventional Radiology Charge Code 73500063 Statistic Type Primary	1000-223010 - Interventional Radiology	73500063	HC CT LIMITED OR LOCALIZED FOLLOW UP	IP Imaging - CT Scan,OP Imaging - CT Scan

Department1000-223010 - Interventional Radiology Charge Code 73610001 Statistic Type Primary	1000-223010 - Interventional Radiology	73610001	HC ASPIR HEMATOMA ABCES BUL CYST	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610002 Statistic Type Primary	1000-223010 - Interventional Radiology	73610002	HC INJ TREATMENT OF PSEUDOANEURYSM EXT	IP Injection Non Chemo,OP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610003 Statistic Type Primary	1000-223010 - Interventional Radiology	73610003	HC THROMBECTOMY AV GRAFT	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610004 Statistic Type Primary	1000-223010 - Interventional Radiology	73610004	HC RF ABLATION LIVER TUMOR PERC	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610010 Statistic Type Primary	1000-223010 - Interventional Radiology	73610010	HC INJECTION PERITONEUM CONTRAST AIR	IP Injection Non Chemo,OP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610011 Statistic Type Primary	1000-223010 - Interventional Radiology	73610011	HC EXCHANGE DRAIN CATH ABS CYS	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610012 Statistic Type Primary	1000-223010 - Interventional Radiology	73610012	HC CONTRAST INJ FOR ASSESSMENT ABSCESS CYST EXIST CATH	IP Injection Non Chemo,OP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610013 Statistic Type Primary	1000-223010 - Interventional Radiology	73610013	HC REPLACEMENT OF G TUBE OR CECOSTOMY UNDER FLUORO	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610017 Statistic Type Primary	1000-223010 - Interventional Radiology	73610017	HC CHANGE URETERAL STENT ILEAL CONDUIT	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610019 Statistic Type Primary	1000-223010 - Interventional Radiology	73610019	HC PLACE OCCLUSIVE DEVICE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610021 Statistic Type Primary	1000-223010 - Interventional Radiology	73610021	HC BIOPSY SKIN SUBQ TISSUE SNGL - INACTIVE	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610028 Statistic Type Primary	1000-223010 - Interventional Radiology	73610028	HC ABLATION CRYO FIBRO W US GUIDE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610033 Statistic Type Primary	1000-223010 - Interventional Radiology	73610033	HC BX NEEDLE MUSCLE PERC	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610034 Statistic Type Primary	1000-223010 - Interventional Radiology	73610034	HC BX NDL BONE TROCER SUPERFICIAL	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610035 Statistic Type Primary	1000-223010 - Interventional Radiology	73610035	HC BX NDL BONE TROCER DEEP	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610036 Statistic Type Primary	1000-223010 - Interventional Radiology	73610036	HC INJECTION SINUS TRACT THERAPEUTIC	OP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610037 Statistic Type Primary	1000-223010 - Interventional Radiology	73610037	HC INJ SINUS TRACT DIAGNOSTIC	IP Injection Non Chemo,OP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610039 Statistic Type Primary	1000-223010 - Interventional Radiology	73610039	HC ARTHROCENTESIS ASPIR INJ INTERMEDIATE JNT OR BURSA WO US GUIDE	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610040 Statistic Type Primary	1000-223010 - Interventional Radiology	73610040	HC ARTHROCENTESIS A IR INJ MAJOR JNT OR BURSA W O US GUIDE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610041 Statistic Type Primary	1000-223010 - Interventional Radiology	73610041	HC RFA ABLAT BONE TUM W CONT	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610042 Statistic Type Primary	1000-223010 - Interventional Radiology	73610042	HC CRYOABL MUSCULOKELETAL	IP Vascular IR Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610067 Statistic Type Primary	1000-223010 - Interventional Radiology	73610067	HC AMPUTATION METATARSAL W TOE SGL	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610072 Statistic Type Primary	1000-223010 - Interventional Radiology	73610072	HC BIOPSY PLEURA PERC NEEDLE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610073 Statistic Type Primary	1000-223010 - Interventional Radiology	73610073	HC BX LUNG MEDIASTINUM PERC NDL-INACTIVE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610074 Statistic Type Primary	1000-223010 - Interventional Radiology	73610074	HC INSERT INDWELLING TUNNEL PLEURAL CATH W CUFF	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610075 Statistic Type Primary	1000-223010 - Interventional Radiology	73610075	HC REMOVAL TUNNELED PLEURAL CATH	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610076 Statistic Type Primary	1000-223010 - Interventional Radiology	73610076	HC PLACEMENT INTERSTITIAL DEVICE INTRATHORACIC	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610077 Statistic Type Primary	1000-223010 - Interventional Radiology	73610077	HC THORACENTESIS NLD CATH W IMAGE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610078 Statistic Type Primary	1000-223010 - Interventional Radiology	73610078	HC PLEURAL DRAIN W CATH W IMAGE GUIDANCE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610082 Statistic Type Primary	1000-223010 - Interventional Radiology	73610082	HC PTA RENAL VISCERAL	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610083 Statistic Type Primary	1000-223010 - Interventional Radiology	73610083	HC PTA AORTA	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610084 Statistic Type Primary	1000-223010 - Interventional Radiology	73610084	HC PTA BRACHIOCEPHALIC	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610085 Statistic Type Primary	1000-223010 - Interventional Radiology	73610085	HC PTA VENOUS	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610086 Statistic Type Primary	1000-223010 - Interventional Radiology	73610086	HC PIV VEIN INTRODUCTION NEEDLE OR INTRACATHETER	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610087 Statistic Type Primary	1000-223010 - Interventional Radiology	73610087	HC SELECTIVE VENOUS 1ST ORD	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department1000-223010 - Interventional Radiology Charge Code 73610088 Statistic Type Primary	1000-223010 - Interventional Radiology	73610088	HC CATHETER SELECTIVE PULM ART RT LT	IP Cardiac Cath Lab Procedures,OP Cardiac Cath Lab Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610089 Statistic Type Primary	1000-223010 - Interventional Radiology	73610089	HC CATHETER SEG SUBSEG P	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610090 Statistic Type Primary	1000-223010 - Interventional Radiology	73610090	HC NDL INTRACATH RETROGRD BR-INACTIVE	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610091 Statistic Type Primary	1000-223010 - Interventional Radiology	73610091	HC INTRO NEEDLE CATH EXT ART	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610092 Statistic Type Primary	1000-223010 - Interventional Radiology	73610092	HC AV SHUNT INITIAL ACCESS WFLUOR	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610093 Statistic Type Primary	1000-223010 - Interventional Radiology	73610093	HC AV SHUNT ADDTL ACCESS WFLUOR	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610094 Statistic Type Primary	1000-223010 - Interventional Radiology	73610094	HC NEEDLE CATH AORTA TRANSLUMBAR	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610095 Statistic Type Primary	1000-223010 - Interventional Radiology	73610095	HC INTRO CATHETER AORTA	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department1000-223010 - Interventional Radiology Charge Code 73610096 Statistic Type Primary	1000-223010 - Interventional Radiology	73610096	HC CATH EXTERNAL CAROTID UNILAT	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department1000-223010 - Interventional Radiology Charge Code 73610097 Statistic Type Primary	1000-223010 - Interventional Radiology	73610097	HC ABD PELVIC OR LE SEL 1ST ORD ART	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610098 Statistic Type Primary	1000-223010 - Interventional Radiology	73610098	HC ABD PELVIC OR LE SEL 2ND ORD ART	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610099 Statistic Type Primary	1000-223010 - Interventional Radiology	73610099	HC ABD PELVIC OR LE SEL 3RD ORD ART	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610100 Statistic Type Primary	1000-223010 - Interventional Radiology	73610100	HC ABD PELVIC OR LE SEL ADDL ORD ART	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610105 Statistic Type Primary	1000-223010 - Interventional Radiology	73610105	HC LASER ABLATION INCOMPETENT VEIN 1ST	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610106 Statistic Type Primary	1000-223010 - Interventional Radiology	73610106	HC LASER ABLATION INCOMPETENT VEIN EACH ADDITIONAL SAME EXTREMITY	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610107 Statistic Type Primary	1000-223010 - Interventional Radiology	73610107	HC PORTAL VEIN ACCESS	IP Department Statistics,OP Department Statistics
Department1000-223010 - Interventional Radiology Charge Code 73610108 Statistic Type Primary	1000-223010 - Interventional Radiology	73610108	HC VENOUS CATH ORGAN BLOOD SAMPLING	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610109 Statistic Type Primary	1000-223010 - Interventional Radiology	73610109	HC INSERT NON TUNNEL CVC UNDER 5YRS	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610110 Statistic Type Primary	1000-223010 - Interventional Radiology	73610110	HC INSERT TUNNEL CVC WO SUBQ PORT PUMP UNDER 5YRS	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610111 Statistic Type Primary	1000-223010 - Interventional Radiology	73610111	HC INSERT TUNNEL CVC WO SUBQ PORT PUMP 5YRS AND OLDER	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610112 Statistic Type Primary	1000-223010 - Interventional Radiology	73610112	HC INSERT TUNNEL CVC W SUBQ PORT UNDER 5 YRS	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610113 Statistic Type Primary	1000-223010 - Interventional Radiology	73610113	HC INSERT TUNNEL CVC W SUBQ PORT 5YRS AND OLDER	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610114 Statistic Type Primary	1000-223010 - Interventional Radiology	73610114	HC PICC LINE PLACEMENT WO IMAGING GUIDANCE UNDER 5YRS	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610115 Statistic Type Primary	1000-223010 - Interventional Radiology	73610115	HC PICC LINE PLACEMENT WO IMAGING GUIDANCE 5YRS AND OLDER	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610119 Statistic Type Primary	1000-223010 - Interventional Radiology	73610119	HC REPAIR TUNNEL OR NONTUNNEL CVC W PORT PUMP	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610121 Statistic Type Primary	1000-223010 - Interventional Radiology	73610121	HC REPLACE COMPLETE NONTUNNEL CVC WO SUBQ PORT PUMP	IP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610122 Statistic Type Primary	1000-223010 - Interventional Radiology	73610122	HC REPLACE COMPLETE TUNNEL CVC WO SUBQ PORT PUMP	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610123 Statistic Type Primary	1000-223010 - Interventional Radiology	73610123	HC REPLACE COMPLETE TUNNEL CVAD W SUBQ PUMP	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610124 Statistic Type Primary	1000-223010 - Interventional Radiology	73610124	HC REPLACE COMPLETE TUNNEL CVAD W SUBQ PORT	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610125 Statistic Type Primary	1000-223010 - Interventional Radiology	73610125	HC REPLACE COMPLETE PICC WO SUBQ PORT PUMP	IP Vascular IR Procedures,OP Vascular IR Procedures

Department1000-223010 - Interventional Radiology Charge Code 73610126 Statistic Type Primary	1000-223010 - Interventional Radiology	73610126	HC REPLACE COMPLETE PCVAD W SQ PORT	OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610127 Statistic Type Primary	1000-223010 - Interventional Radiology	73610127	HC REMOVAL TUNNEL CVC WO SUBQ PORT PUMP	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610128 Statistic Type Primary	1000-223010 - Interventional Radiology	73610128	HC REMOVAL TUNNEL CVAD W SUBQ PORT PUMP CENTRAL OR PERIPHERAL INSERTION	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610129 Statistic Type Primary	1000-223010 - Interventional Radiology	73610129	HC MECHANICAL REMOVAL PERICATH OBSTRUCTIVE MATERIAL	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610131 Statistic Type Primary	1000-223010 - Interventional Radiology	73610131	HC REPOSITION PREV CVC W FLUORO	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610132 Statistic Type Primary	1000-223010 - Interventional Radiology	73610132	HC CONTRAST INJ CVA DEVICE W FLUORO	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610133 Statistic Type Primary	1000-223010 - Interventional Radiology	73610133	HC INSERT TRAN INTRAH PORTO SHUNT	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610134 Statistic Type Primary	1000-223010 - Interventional Radiology	73610134	HC REV TRANS INTRAH PORTO SHUNT	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610135 Statistic Type Primary	1000-223010 - Interventional Radiology	73610135	HC PRIMARY PTMT NONCOR INTIAL W FLUORO GUIDANCE	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department1000-223010 - Interventional Radiology Charge Code 73610136 Statistic Type Primary	1000-223010 - Interventional Radiology	73610136	HC PRIMARY PTMT NONCOR 2 AND SUBQ FLUORO	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department1000-223010 - Interventional Radiology Charge Code 73610137 Statistic Type Primary	1000-223010 - Interventional Radiology	73610137	HC SECONDARY PTT NONCOR FLUORO GUIDE	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department1000-223010 - Interventional Radiology Charge Code 73610138 Statistic Type Primary	1000-223010 - Interventional Radiology	73610138	HC PTMT INCL INJ AND FLUORO GUIDANCE	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department1000-223010 - Interventional Radiology Charge Code 73610139 Statistic Type Primary	1000-223010 - Interventional Radiology	73610139	HC PTMT INJ AND FLUORO REPEAT TX	IP Invasive Vascular Procedure
Department1000-223010 - Interventional Radiology Charge Code 73610140 Statistic Type Primary	1000-223010 - Interventional Radiology	73610140	HC INSERT IVC FILTER W S AND I INCLD IMAGE GUIDANCE	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610142 Statistic Type Primary	1000-223010 - Interventional Radiology	73610142	HC RETRIEVAL IVC FILTER ENDOVASC APPROACH W S AND I INCLD IMAGE GUIDANCE	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610143 Statistic Type Primary	1000-223010 - Interventional Radiology	73610143	HC INTRAVASCULAR FOREIGN BODY RETRIEVAL	IP Cardiac Cath Lab Procedures,OP Cardiac Cath Lab Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610144 Statistic Type Primary	1000-223010 - Interventional Radiology	73610144	HC TRANSCATHETER BIOPSY VASCULAR	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610146 Statistic Type Primary	1000-223010 - Interventional Radiology	73610146	HC STENT PLACEMENT INITIAL ARTERY OTHER THAN LOWER EXT CAROTIDS VERT	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610147 Statistic Type Primary	1000-223010 - Interventional Radiology	73610147	HC STENT PLACEMENT EACH ADDITIONAL ARTERY OTHER THAN LOWER EXT CAROTIDS VERT	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610149 Statistic Type Primary	1000-223010 - Interventional Radiology	73610149	HC TRANSCTH THROMBOTHRPY ART INT	IP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610152 Statistic Type Primary	1000-223010 - Interventional Radiology	73610152	HC INJ PROC FOR SPLENOPTOGRAPHY	IP Injection Non Chemo,OP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610153 Statistic Type Primary	1000-223010 - Interventional Radiology	73610153	HC BONE MARROW BIOPSY	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610154 Statistic Type Primary	1000-223010 - Interventional Radiology	73610154	HC BIOPSY LYMPH NODE SUPERFICIAL	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610155 Statistic Type Primary	1000-223010 - Interventional Radiology	73610155	HC INJ LYMPHANGIOGRAPHY	IP Injection Non Chemo,OP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610157 Statistic Type Primary	1000-223010 - Interventional Radiology	73610157	HC ABLATION SCLEROTHERAPY HEMIC LYMPH	OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610162 Statistic Type Primary	1000-223010 - Interventional Radiology	73610162	HC PLACEMENT NG OR OG TUBE INCL FLUORO	IP Department Statistics,OP Department Statistics
Department1000-223010 - Interventional Radiology Charge Code 73610163 Statistic Type Primary	1000-223010 - Interventional Radiology	73610163	HC CHANGE GASTRO TUBE W O IMAGE - INACTIVE	IP Department Statistics,OP Department Statistics
Department1000-223010 - Interventional Radiology Charge Code 73610164 Statistic Type Primary	1000-223010 - Interventional Radiology	73610164	HC REPOSITION NG OR OG TUBE	IP Department Statistics
Department1000-223010 - Interventional Radiology Charge Code 73610166 Statistic Type Primary	1000-223010 - Interventional Radiology	73610166	HC ENTEROCUTANEOUS FISTULA REPAIR - INACTIVE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610169 Statistic Type Primary	1000-223010 - Interventional Radiology	73610169	HC REPAIR ANAL FISTULA W GLUE	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610173 Statistic Type Primary	1000-223010 - Interventional Radiology	73610173	HC PERC CHOLECYSTOSTOMY COMP INCL GUIDANCE	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610178 Statistic Type Primary	1000-223010 - Interventional Radiology	73610178	HC BIOPSY PANCREAS PERCUTANEOUS NEEDLE	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610183 Statistic Type Primary	1000-223010 - Interventional Radiology	73610183	HC ABD PARACENTESIS INCL IMAGING	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610184 Statistic Type Primary	1000-223010 - Interventional Radiology	73610184	HC BIOPSY ABD OR RETROPERITONEAL PERCUTANEOUS NEEDLE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610185 Statistic Type Primary	1000-223010 - Interventional Radiology	73610185	HC PLACEMENT INTERSTITIAL DEVICE PERC INTRA ABD PEL RETROPERI	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610186 Statistic Type Primary	1000-223010 - Interventional Radiology	73610186	HC INSERT TUNNEL INTRAPERITONEAL CATH INCL IMAGING	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610187 Statistic Type Primary	1000-223010 - Interventional Radiology	73610187	HC INSERT TUNLD INTRPR CATH W PORT	IP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610188 Statistic Type Primary	1000-223010 - Interventional Radiology	73610188	HC REMOVAL TUNNEL INTRAPERITONEAL CATH	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610190 Statistic Type Primary	1000-223010 - Interventional Radiology	73610190	HC PERC INSERT GASTROSTOMY TUBE INCL FLUORO GUIDANCE	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610191 Statistic Type Primary	1000-223010 - Interventional Radiology	73610191	HC PERCUTANEOUS INSERT JEJUN OR DUOD TUBE INCL FLUORO GUIDANCE	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610192 Statistic Type Primary	1000-223010 - Interventional Radiology	73610192	HC INSERT CECOST TUBE INCL GUIDE	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610193 Statistic Type Primary	1000-223010 - Interventional Radiology	73610193	HC CONVERSION G TUBE TO GJ TUBE INCL FLUORO GUIDANCE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610194 Statistic Type Primary	1000-223010 - Interventional Radiology	73610194	HC REPLACE D OR J TUBE INCL FLUORO GUIDANCE	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610195 Statistic Type Primary	1000-223010 - Interventional Radiology	73610195	HC REPLACE G OR J TUBE INCL FLUORO GUIDANCE	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610196 Statistic Type Primary	1000-223010 - Interventional Radiology	73610196	HC MECHANICAL REMOVAL OBSTRUCTIVE MATERIAL G OR J OR GJ INCL FLUORO GUIDANCE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610197 Statistic Type Primary	1000-223010 - Interventional Radiology	73610197	HC INJECTION EXISTING G OR J OR GJ INCL GUIDE	IP Injection Non Chemo,OP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610199 Statistic Type Primary	1000-223010 - Interventional Radiology	73610199	HC CRYOABL ABD PERI OMENTUM	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610201 Statistic Type Primary	1000-223010 - Interventional Radiology	73610201	HC BIOPSY RENAL PERC BY TROCAR OR NEEDLE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610202 Statistic Type Primary	1000-223010 - Interventional Radiology	73610202	HC REMOVE AND REPLACE INDWELL URETERAL STENT PERCUTANEOUS	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610203 Statistic Type Primary	1000-223010 - Interventional Radiology	73610203	HC REMOVE INDWELL URETERAL STENT PERC	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610206 Statistic Type Primary	1000-223010 - Interventional Radiology	73610206	HC REMOVE REPLACE EXT URETERAL STENT INCL FLUORO GUIDANCE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610207 Statistic Type Primary	1000-223010 - Interventional Radiology	73610207	HC REMOVE NEPHROSTOMY TUBE INCL FLUORO GUIDANCE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610208 Statistic Type Primary	1000-223010 - Interventional Radiology	73610208	HC INJECTION ASPIRATION RENAL PELVIC CYST BY PERCUTANEOUS NEEDLE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610211 Statistic Type Primary	1000-223010 - Interventional Radiology	73610211	HC NEPH DILAT RENAL PEL AND OR URET - INACTIVE	OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610213 Statistic Type Primary	1000-223010 - Interventional Radiology	73610213	HC RF ABLATION RENAL TUMOR UNIL PERC	IP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610214 Statistic Type Primary	1000-223010 - Interventional Radiology	73610214	HC CRYOABL RENAL TUMOR UNIL PERC	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610215 Statistic Type Primary	1000-223010 - Interventional Radiology	73610215	HC INJ FOR URETER EXIST CATH	OP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610216 Statistic Type Primary	1000-223010 - Interventional Radiology	73610216	HC INJECTION ILEAL CONDUIT	IP Injection Non Chemo,OP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610217 Statistic Type Primary	1000-223010 - Interventional Radiology	73610217	HC ASPIRATION BLADDER W NEEDLE	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610219 Statistic Type Primary	1000-223010 - Interventional Radiology	73610219	HC ASPIR BLADDER W SUPRAPUBIC CATH	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610220 Statistic Type Primary	1000-223010 - Interventional Radiology	73610220	HC INJECTION FOR CYSTOGRAPHY OR VOIDING	OP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610223 Statistic Type Primary	1000-223010 - Interventional Radiology	73610223	HC CHANGE CYSTOSTOMY TUBE SIMPLE	IP Department Statistics,OP Department Statistics
Department1000-223010 - Interventional Radiology Charge Code 73610224 Statistic Type Primary	1000-223010 - Interventional Radiology	73610224	HC CHANGE CYSTOSTOMY TUBE COMPLICATED	IP Department Statistics,OP Department Statistics
Department1000-223010 - Interventional Radiology Charge Code 73610238 Statistic Type Primary	1000-223010 - Interventional Radiology	73610238	HC BIOPSY NEEDLE THYROID CORE	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610239 Statistic Type Primary	1000-223010 - Interventional Radiology	73610239	HC C1 C2 PUNCTURE W INJECTION SUBARACH ACE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures

Department1000-223010 - Interventional Radiology Charge Code 73610240 Statistic Type Primary	1000-223010 - Interventional Radiology	73610240	HC ENDOVASC TEMP BALLOON ARTERIAL OCCLUSION HEAD NECK	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610241 Statistic Type Primary	1000-223010 - Interventional Radiology	73610241	HC EMBOLIZATION OCCLUSION INTRACRANIAL N	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department1000-223010 - Interventional Radiology Charge Code 73610242 Statistic Type Primary	1000-223010 - Interventional Radiology	73610242	HC EMBOLIZATION OCCLUSION EXTRACRANIAL INN	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department1000-223010 - Interventional Radiology Charge Code 73610243 Statistic Type Primary	1000-223010 - Interventional Radiology	73610243	HC BALLOON ANGIO INTRACRANIAL PER	IP Invasive Vascular Procedure
Department1000-223010 - Interventional Radiology Charge Code 73610244 Statistic Type Primary	1000-223010 - Interventional Radiology	73610244	HC TRANSCATH PLACE INTRAVAS STENT	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610245 Statistic Type Primary	1000-223010 - Interventional Radiology	73610245	HC BAL DIL INTRACR VASO INITIAL	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610247 Statistic Type Primary	1000-223010 - Interventional Radiology	73610247	HC BAL DIL INTRACR VASO DT EA ADD	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610249 Statistic Type Primary	1000-223010 - Interventional Radiology	73610249	HC LUMBAR PUNCTURE DIAGNOSTIC	IP Department Statistics,OP Department Statistics
Department1000-223010 - Interventional Radiology Charge Code 73610250 Statistic Type Primary	1000-223010 - Interventional Radiology	73610250	HC INJECTION SPINAL MYELOGRAM NOT C1 C2	IP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610255 Statistic Type Primary	1000-223010 - Interventional Radiology	73610255	HC INJECTION ANESTHETIC AGENT AND OR STEROID L S 1LVL W IMAGE GUIDANCE	OP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610258 Statistic Type Primary	1000-223010 - Interventional Radiology	73610258	HC INJECTION ANESTHETIC AGENT PV FACET L S SGL LVL	OP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610261 Statistic Type Primary	1000-223010 - Interventional Radiology	73610261	HC INJECTION ANESTHETIC AGENT CELIAC PLEXUS	IP Injection Non Chemo,OP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610265 Statistic Type Primary	1000-223010 - Interventional Radiology	73610265	HC DESTRUCTION NEUROLYTIC AGENT CELIAC PLEXUS	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610273 Statistic Type Primary	1000-223010 - Interventional Radiology	73610273	HC PERC AUGMENT SACRAL INJ UNIL 1 OR MORE NEEDLES W BIOPSY W IMAGE GUIDANCE	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610274 Statistic Type Primary	1000-223010 - Interventional Radiology	73610274	HC PERC AUGMENT SACRAL INJ BIL 2 OR MORE NEEDLES W BIOPSY W IMAGE GUIDANCE	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610334 Statistic Type Primary	1000-223010 - Interventional Radiology	73610334	HC CRYOABL PULM TUM INCLD GUID	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610444 Statistic Type Primary	1000-223010 - Interventional Radiology	73610444	HC STENT INTRAVASULAR OPEN EACH ADDITIONAL VEIN	IP Cardiac Cath Lab Procedures,OP Cardiac Cath Lab Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610445 Statistic Type Primary	1000-223010 - Interventional Radiology	73610445	HC EMBOLIZATION VENOUS NOT HEMORRHAGE	IP Cardiac Cath Lab Procedures,OP Cardiac Cath Lab Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610446 Statistic Type Primary	1000-223010 - Interventional Radiology	73610446	HC EMBOLIZATION ARTERIAL NOT HEMORRHAGE	IP Cardiac Cath Lab Procedures,OP Cardiac Cath Lab Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610447 Statistic Type Primary	1000-223010 - Interventional Radiology	73610447	HC EMBOLIZATION ARTERIAL OR VENOUS HEMORRHAGE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610450 Statistic Type Primary	1000-223010 - Interventional Radiology	73610450	HC PLACEMENT OF SETON	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610451 Statistic Type Primary	1000-223010 - Interventional Radiology	73610451	HC PERIPHERAL INSERTED CVAD W SUBQ PORT 5 YRS AND OLDER	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610453 Statistic Type Primary	1000-223010 - Interventional Radiology	73610453	HC REMOVAL OF FOREIGN BODY PERITONEAL CAVITY	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610456 Statistic Type Primary	1000-223010 - Interventional Radiology	73610456	HC ARTHROCENTESIS ASPIRATION INJECTION INTERMEDIATE JOINT OR BURSA W US GUIDANCE	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610457 Statistic Type Primary	1000-223010 - Interventional Radiology	73610457	HC ARTHROCENTESIS ASPIRATION INJECTION MAJOR JOINT OR BURSA W US GUIDANCE	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610459 Statistic Type Primary	1000-223010 - Interventional Radiology	73610459	HC PERC VERT 1 VERT BODY LUMBOSACRAL UNIL OR BIL W BIOPSY W IMAGE GUIDANCE	IP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610461 Statistic Type Primary	1000-223010 - Interventional Radiology	73610461	HC PERC VERT AUGMENT 1 VERT BODY THORACIC UNIL OR BIL W IMAGE GUIDANCE	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610462 Statistic Type Primary	1000-223010 - Interventional Radiology	73610462	HC PERC VERT AUGMENT 1 VERT BODY LUMBAR UNIL OR BIL W IMAGE GUIDANCE	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610463 Statistic Type Primary	1000-223010 - Interventional Radiology	73610463	HC PERC VERT AUGMENT EACH ADDITIONAL THOR LUM UNIL OR BIL W IMAGE GUIDANCE	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610466 Statistic Type Primary	1000-223010 - Interventional Radiology	73610466	HC CRYOABL BONE TUMOR PERCUT W IMAGE GUIDE	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610467 Statistic Type Primary	1000-223010 - Interventional Radiology	73610467	HC STENT PLCMNT INTRATHORACIC CAROTID W ANGIO W S AND I	IP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610470 Statistic Type Primary	1000-223010 - Interventional Radiology	73610470	HC UNC FEVAR VISCERAL AND INFRARENAL 4OR MORE ARTERY ENDOPROSTHESES	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610471 Statistic Type Primary	1000-223010 - Interventional Radiology	73610471	HC UNC FEVAR VISCERAL AND INFRARENAL 3 ARTERY ENDOPROSTHESES	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610472 Statistic Type Primary	1000-223010 - Interventional Radiology	73610472	HC UNC FEVAR VISCERAL AND INFRARENAL 2 ARTERY ENDOPROSTHESES	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610473 Statistic Type Primary	1000-223010 - Interventional Radiology	73610473	HC UNC FEVAR VISCERAL AND INFRARENAL 1 ARTERY ENDOPROSTHESIS	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610474 Statistic Type Primary	1000-223010 - Interventional Radiology	73610474	HC UNC FEVAR VISCERAL AORTA 4OR MORE VISCERAL ARTERY ENDOPROSTHESES	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610475 Statistic Type Primary	1000-223010 - Interventional Radiology	73610475	HC UNC FEVAR VISCERAL AORTA 3 VISCERAL ARTERY ENDOPROSTHESES	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610476 Statistic Type Primary	1000-223010 - Interventional Radiology	73610476	HC UNC FEVAR VISCERAL AORTA 2 VISCERAL ARTERY ENDOPROSTHESES	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610477 Statistic Type Primary	1000-223010 - Interventional Radiology	73610477	HC UNC FEVAR VISCERAL AORTA 1 VISCERAL ARTERY ENDOPROSTHESIS	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610478 Statistic Type Primary	1000-223010 - Interventional Radiology	73610478	HC UNC ENDOVASC REPAIR OF INFRARENAL AAA W TUBE PROSTHESIS-INACTIVE	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610479 Statistic Type Primary	1000-223010 - Interventional Radiology	73610479	HC UNC ENDOVASC REPAIR OF INFRARENAL AAA W 1 DOCKING LIMB- INACTIVE	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610480 Statistic Type Primary	1000-223010 - Interventional Radiology	73610480	HC KETAMINE LEVEL UA - INACTIVE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610481 Statistic Type Primary	1000-223010 - Interventional Radiology	73610481	HC OXYCODONE 100 100 UA - INACTIVE	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610484 Statistic Type Primary	1000-223010 - Interventional Radiology	73610484	HC UNC PLACEMENT OF PROXIMAL OR DISTAL EXTENSION DEVICE-INACTIVE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610485 Statistic Type Primary	1000-223010 - Interventional Radiology	73610485	HC PLACEMENT OF PROXIMAL OR DISTAL EXTENSION DEVICE ADTLT-INACTIVE	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610486 Statistic Type Primary	1000-223010 - Interventional Radiology	73610486	HC UNC ENDOVASC PLACEMENT OF ILIAC OCCLUSION DEVICE	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610487 Statistic Type Primary	1000-223010 - Interventional Radiology	73610487	HC UNC ENDOVASC REPAIR OF DESCENDING AORTA INVL SUBCLAVIAN ARTERY	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610488 Statistic Type Primary	1000-223010 - Interventional Radiology	73610488	HC UNC ENDOVASC REPAIR OF DESCENDING AORTA NOT INVL SUBCLAVIAN ARTERY	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610489 Statistic Type Primary	1000-223010 - Interventional Radiology	73610489	HC UNC PLACEMENT OF PROXIMAL EXTENSION DESCENDING THORACIC AORTA INITIAL	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610491 Statistic Type Primary	1000-223010 - Interventional Radiology	73610491	HC UNC PLACEMENT OF DISTAL EXTENSION DESCENDING THORACIC AORTA	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610492 Statistic Type Primary	1000-223010 - Interventional Radiology	73610492	HC OPEN FEMORAL ARTERY EXPOSURE	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610493 Statistic Type Primary	1000-223010 - Interventional Radiology	73610493	HC UNC OPEN ILIAC ARTERY EXPOSURE	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610494 Statistic Type Primary	1000-223010 - Interventional Radiology	73610494	HC UNC OPEN ILIAC ARTERY EXPOSURE WITH CONDUIT	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610495 Statistic Type Primary	1000-223010 - Interventional Radiology	73610495	HC OPEN BRACHIAL ARTERY EXPOSURE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610496 Statistic Type Primary	1000-223010 - Interventional Radiology	73610496	HC OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610499 Statistic Type Primary	1000-223010 - Interventional Radiology	73610499	HC CATHARTIC STOOL PREP 1 - INACTIVE	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610500 Statistic Type Primary	1000-223010 - Interventional Radiology	73610500	HC CATHARTIC STOOL PREP 2 - INACTIVE	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610501 Statistic Type Primary	1000-223010 - Interventional Radiology	73610501	HC CATHARTIC STOOL PREP 3 - INACTIVE	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610502 Statistic Type Primary	1000-223010 - Interventional Radiology	73610502	HC EMBOLECTOMY FEM POP	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610507 Statistic Type Primary	1000-223010 - Interventional Radiology	73610507	HC PLACE SOFT TISSUE MARKER 1ST LESION	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610509 Statistic Type Primary	1000-223010 - Interventional Radiology	73610509	HC IVUS NON CORONARY INITIAL VESSEL INCL S AND I	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610510 Statistic Type Primary	1000-223010 - Interventional Radiology	73610510	HC IVUS NON CORONARY EACH ADDITIONAL VESSEL INCL S AND I	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610511 Statistic Type Primary	1000-223010 - Interventional Radiology	73610511	HC INJECTION PROC FOR CHOLANGIO EXIST ACCESS INCL IMAGE S AND I	IP Injection Non Chemo,OP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610512 Statistic Type Primary	1000-223010 - Interventional Radiology	73610512	HC INJECTION PROC FOR CHOLANGIO NEW ACCESS INCL IMAGE S AND I	IP Injection Non Chemo,OP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610513 Statistic Type Primary	1000-223010 - Interventional Radiology	73610513	HC PLACE EXT BILIARY DRAIN CATH INCL CHOLANG WHEN PERFORMED IMAGE S AND I	IP Vascular IR Procedures,OP Vascular IR Procedures

Department1000-223010 - Interventional Radiology Charge Code 73610514 Statistic Type Primary	1000-223010 - Interventional Radiology	73610514	HC PLACE INT EXT BILIARY DRAIN CATH INCL CHOLANG WHEN PERFORMED IMAGE S AND I	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610515 Statistic Type Primary	1000-223010 - Interventional Radiology	73610515	HC CONVERT EXT BILIARY DRAIN TO INT EXT BIL DRAIN INCL CHOLANG WHEN PERFORMED IMAGE S AND I	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610516 Statistic Type Primary	1000-223010 - Interventional Radiology	73610516	HC EXCHANGE BILIARY DRAIN CATH INCL CHOLANG WHEN PERFORMED IMAGE S AND I	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610517 Statistic Type Primary	1000-223010 - Interventional Radiology	73610517	HC REMOVAL BILIARY DRAIN CATH REQ FLUIORIO INCL CHOLANG WHEN PERFORMED IMAGE S AND I	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610518 Statistic Type Primary	1000-223010 - Interventional Radiology	73610518	HC PLACE STENT BILE DUCT EXIST ACCESS	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610520 Statistic Type Primary	1000-223010 - Interventional Radiology	73610520	HC PLACE STENT BILE DUCT NEW ACCESS W PLC SEP BIL DRAIN CATH I	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610521 Statistic Type Primary	1000-223010 - Interventional Radiology	73610521	HC PLACE NEW ACCESS THRU BILIARY TREE INTO SM BOWL FOR ENDO PROC EG RENDEVOUS	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610522 Statistic Type Primary	1000-223010 - Interventional Radiology	73610522	HC BALLOON DILATION OF BILIARY DUCT INCLDS IMG SI	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610523 Statistic Type Primary	1000-223010 - Interventional Radiology	73610523	HC ENDOLUMINAL BIOPSY BILIARY TREE INCL IMAGE S AND I	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610524 Statistic Type Primary	1000-223010 - Interventional Radiology	73610524	HC REMOVAL OF CALCULI DEBRIS FROM BILIARY DUCT AND OR GB INCL DESTRUCT WHEN PERFORMED IMAGE S A	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610525 Statistic Type Primary	1000-223010 - Interventional Radiology	73610525	HC SCLERO FLUID COLLECT LYMPHOCELE CYST SEROMA INCL CONT INJ IMAGE S AND I WHEN PERFORMED	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610526 Statistic Type Primary	1000-223010 - Interventional Radiology	73610526	HC INJECTION PROCEDURE FOR NEPHROSTOGRAM AND OR URETEROGRAM NEW ACCESS INCL IMAGE S AND I	IP Injection Non Chemo,OP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610527 Statistic Type Primary	1000-223010 - Interventional Radiology	73610527	HC INJECTION PROCEDURE FOR NEPHROSTOGRAM AND OR URETEROGRAM EXIST ACCESS INCL IMAGE S AND I	IP Injection Non Chemo,OP Injection Non Chemo
Department1000-223010 - Interventional Radiology Charge Code 73610528 Statistic Type Primary	1000-223010 - Interventional Radiology	73610528	HC PLACE NEPHROSTOMY CATH INCL NEPHRO URETEROGRAM WHEN PERFORMED IMAGE S AND I	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610529 Statistic Type Primary	1000-223010 - Interventional Radiology	73610529	HC PLACE NEPHROURETERAL CATH NEW ACCESS INCL NEPHRO URETEROGRAM WHEN PERFORMED IMAGE S AND I	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610530 Statistic Type Primary	1000-223010 - Interventional Radiology	73610530	HC CONVERT NEPHROSTOMY CATH TO NEPHROURETERAL CATH VIA EXISTING NEPH TRACT	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610531 Statistic Type Primary	1000-223010 - Interventional Radiology	73610531	HC EXCHANGE NEPHROSTOMY CATH INCL NEPH URETEROGRAM WHEN PERFORMED IMAGE S AND I	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610532 Statistic Type Primary	1000-223010 - Interventional Radiology	73610532	HC ENDOLUMINAL BIOPSY URETER AND OR RENAL PELVIS NON ENDO INCL IMAGE S AND I	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610533 Statistic Type Primary	1000-223010 - Interventional Radiology	73610533	HC PLACE URETERAL STENT THRU PRE EXIST NEPHROSTOMY TRACT INCL NEPHR URETEROGRAM WHEN PERFORMED	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610534 Statistic Type Primary	1000-223010 - Interventional Radiology	73610534	HC PLACE URETERAL STENT NEW ACCESS WO SEP NEPHRO CATH INCL NEPH URETEROGRAM WHEN PERFORMED IMA	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610535 Statistic Type Primary	1000-223010 - Interventional Radiology	73610535	HC PLACE URETERAL STENT NEW ACCESS W SEP NEPHRO CATH INCL NEPH URETEROGRAM WHEN PERFORMED IMAG	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610536 Statistic Type Primary	1000-223010 - Interventional Radiology	73610536	HC BALLOON DILATION URETERAL STRICTURE INCL IMAGE S AND I	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610537 Statistic Type Primary	1000-223010 - Interventional Radiology	73610537	HC ARTERIAL TRANSLUM MECH THRMBCTMY AND OR INFUS THRM INTRCNL INCL ANGIO FLG CATH PLAC PHAR T	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610538 Statistic Type Primary	1000-223010 - Interventional Radiology	73610538	HC EV INTRCNL PRLNGD ADMIN PHARM AGENT NOT THROMBOLYSIS INITIAL INCL CATH PLACE IMAGE	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610539 Statistic Type Primary	1000-223010 - Interventional Radiology	73610539	HC EV INTRCNL PRLNGD ADMIN PHARM AGENT NOT THROMBOLYSIS EA ADD INCL CATH PLACE IMAGE	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610542 Statistic Type Primary	1000-223010 - Interventional Radiology	73610542	HC BIOPSY SALIVARY GLAND	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610543 Statistic Type Primary	1000-223010 - Interventional Radiology	73610543	HC NEO KIDNEY AUGMENT NKA	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610544 Statistic Type Primary	1000-223010 - Interventional Radiology	73610544	HC GENUCLULATE ARTERY EMBOLIZATION	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610545 Statistic Type Primary	1000-223010 - Interventional Radiology	73610545	HC TRANS BALLOON ANGIO CENTRAL DIALYSIS SEGMENT	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610552 Statistic Type Primary	1000-223010 - Interventional Radiology	73610552	HC TRANS BALLOON ANGIO EXCEPT LE PULMONARY CORONARY INTRACRANIAL DIALYSIS INITIAL ARTERY	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610553 Statistic Type Primary	1000-223010 - Interventional Radiology	73610553	HC TRANS BALLOON ANGIO EXCEPT LE PULMONARY CORONARY INTRACRANIAL DIALYSIS EACH ADDITIONAL ARTE	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610554 Statistic Type Primary	1000-223010 - Interventional Radiology	73610554	HC TRANS BALLOON ANGIO EXCEPT DIALYSIS CIRCUIT INITIAL VEIN	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610555 Statistic Type Primary	1000-223010 - Interventional Radiology	73610555	HC TRANS BALLOON ANGIO EXCEPT DIALYSIS CIRCUIT EACH ADDITIONAL VEIN	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610559 Statistic Type Primary	1000-223010 - Interventional Radiology	73610559	HC STENT PLACEMENT CENTRAL DIALYSIS SEGMENT	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610560 Statistic Type Primary	1000-223010 - Interventional Radiology	73610560	HC DIALYSIS CIRCUIT EMBOLIZATION OR OCCLUSION	IP Cardiac Cath Lab Procedures,OP Cardiac Cath Lab Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610564 Statistic Type Primary	1000-223010 - Interventional Radiology	73610564	HC PLCMT INTERSTITIAL DEVICE PERC PROSTATE - INACTIVE	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610566 Statistic Type Primary	1000-223010 - Interventional Radiology	73610566	HC MICROABLATION LYMPHATIC SPLEEN	OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610568 Statistic Type Primary	1000-223010 - Interventional Radiology	73610568	HC BONE MARROW BIOPSY AND ASPIRATION DIAGNOSTIC	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610569 Statistic Type Primary	1000-223010 - Interventional Radiology	73610569	HC UNC ENDOVASC REPAIR OF ILIAC ARTERY BIFURCATION INCL SANDI	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610570 Statistic Type Primary	1000-223010 - Interventional Radiology	73610570	HC ABLAT LUNG TUMOR RFA PERC UNIL INCL IMAGE GUID	OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610573 Statistic Type Primary	1000-223010 - Interventional Radiology	73610573	HC ENDOVASC REPAIR INFRARENAL AO W AORTIC TUBE OTHER THAN RUPTURE	IP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610575 Statistic Type Primary	1000-223010 - Interventional Radiology	73610575	HC ENDOVASC REPAIR INFRARENAL AO AND OR ILIAC W AORTO UNI ILIAC GRAFT OTHER THAN RUPTURE	IP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610577 Statistic Type Primary	1000-223010 - Interventional Radiology	73610577	HC ENDOVASC REPAIR INFRARENAL AO AND OR ILIAC W AORTO BI ILIAC GRAFT OTHER THAN RUPTURE	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610578 Statistic Type Primary	1000-223010 - Interventional Radiology	73610578	HC ENDOVASC REPAIR INFRARENAL AO AND OR ILIAC W AORTO BI ILIAC GRAFT FOR RUPTURE	IP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610579 Statistic Type Primary	1000-223010 - Interventional Radiology	73610579	HC ENDOVASC REPAIR ILIAC ARTERY W ILIO ILIAC ENDOGRAFT OTHER THAN RUPTURE	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610580 Statistic Type Primary	1000-223010 - Interventional Radiology	73610580	HC PLACEMENT OF PROXIMAL OR DISTAL EXTENSIONS FOR ENDOVASC REPAIR OF INFRARENAL ABD OR ILIAC AN	IP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610581 Statistic Type Primary	1000-223010 - Interventional Radiology	73610581	HC DELAYED PLACEMENT OF PROX OR DISTAL EXTENSION FOR ENDO REPAIR OF AO OR ILIAC ANEURYSM INITI	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610582 Statistic Type Primary	1000-223010 - Interventional Radiology	73610582	HC DELAYED PLACEMENT OF PROX OR DISTAL EXTENSION FOR ENDO REPAIR OF AO OR ILIAC ANEURYSM EACH	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610583 Statistic Type Primary	1000-223010 - Interventional Radiology	73610583	HC TRANSCATH DELIVERY OF FIXATION DEVICE TO ENDOGRAFT	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610584 Statistic Type Primary	1000-223010 - Interventional Radiology	73610584	HC PERC ACCESS AND CLOSURE OF FEMORAL ARTERY FOR DELIVERY OF GRAFT THROUGH 12F OR LARGER SHEAT	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610585 Statistic Type Primary	1000-223010 - Interventional Radiology	73610585	HC OPEN FEMORAL ARTERY WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASC PROSTHESIS	IP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610588 Statistic Type Primary	1000-223010 - Interventional Radiology	73610588	HC UNC ENDOVASCULAR REPAIR OF ASCENDING AORTA	IP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610589 Statistic Type Primary	1000-223010 - Interventional Radiology	73610589	HC URETERAL EMBOLIZATION	IP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610593 Statistic Type Primary	1000-223010 - Interventional Radiology	73610593	HC ENDOVASC REPAIR ILIAC ARTERY W ILIO ILIAC ENDOGRAFT RUPTURE	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610617 Statistic Type Primary	1000-223010 - Interventional Radiology	73610617	HC INSERT PICC WO PORT OR PUMP INCL GUIDANCE AND SUPERVISION INTERP YOUNGER THAN 5 YEARS OLD	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610618 Statistic Type Primary	1000-223010 - Interventional Radiology	73610618	HC INSERT PICC WO PORT OR PUMP INCL GUIDANCE AND SUPERVISION INTERP 5 YEARS AND OLDER	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610619 Statistic Type Primary	1000-223010 - Interventional Radiology	73610619	HC REPLACEMENT OF G TUBE PERC INCL REMOVAL WO IMAGE OR ENDO GUIDANCE NOT REQ REV G TRACT	IP Department Statistics,OP Department Statistics
Department1000-223010 - Interventional Radiology Charge Code 73610620 Statistic Type Primary	1000-223010 - Interventional Radiology	73610620	HC REPLACEMENT OF G TUBE PERC INCL REMOVAL WO IMAGE OR ENDO GUIDANCE W REV OF G TRACT	OP Department Statistics
Department1000-223010 - Interventional Radiology Charge Code 73610629 Statistic Type Primary	1000-223010 - Interventional Radiology	73610629	HC CRYOABLATION VASC MALFORM FAVA	OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610630 Statistic Type Primary	1000-223010 - Interventional Radiology	73610630	HC UNC ENDOVASC REPAIR ILIAC ART BY DEPLY ILIAC BRANCH END AT AORTO ILIAC ART ENDOGRAFT PLMT UN	IP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610631 Statistic Type Primary	1000-223010 - Interventional Radiology	73610631	HC UNC ENDOVASC REPAIR ILIAC ART BY DEPLY ILIAC BRANCH END AT ILIAC BRANCHED ENDOGRAFT PLMT UNI	IP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610632 Statistic Type Primary	1000-223010 - Interventional Radiology	73610632	HC ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610634 Statistic Type Primary	1000-223010 - Interventional Radiology	73610634	HC EXTERNAL CAROTID ARTERIOGRAM UNILATERAL	IP Vascular IR Procedures,OP Vascular IR Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610638 Statistic Type Primary	1000-223010 - Interventional Radiology	73610638	HC INSERT PERITONEAL VENOUS SHUNT	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures
Department1000-223010 - Interventional Radiology Charge Code 73610644 Statistic Type Primary	1000-223010 - Interventional Radiology	73610644	HC CORE NEEDLE BIOPSY LUNG MEDIASTINUM PERQ W IMG	IP Surgical - Minor Procedures,OP Surgical - Minor Procedures

Department!1000-223010 - Interventional Radiology Charge Code!74020006 Statistic Type!Primary	1000-223010 - Interventional Radiology	74020006	HC US CHEST	IP Imaging - Ultrasound,OP Imaging - Ultrasound
Department!1000-223010 - Interventional Radiology Charge Code!74020009 Statistic Type!Primary	1000-223010 - Interventional Radiology	74020009	HC US ABDOMINAL LIMITED	IP Imaging - Ultrasound,OP Imaging - Ultrasound
Department!1000-223010 - Interventional Radiology Charge Code!74020029 Statistic Type!Primary	1000-223010 - Interventional Radiology	74020029	HC US PELVIC NONOB LIMITED	OP Imaging - Ultrasound
Department!1000-223010 - Interventional Radiology Charge Code!74020033 Statistic Type!Primary	1000-223010 - Interventional Radiology	74020033	HC US EXTREMITY NV W IMAGE LIMITED	IP Imaging - Ultrasound,OP Imaging - Ultrasound
Department!1000-223010 - Interventional Radiology Charge Code!74020038 Statistic Type!Primary	1000-223010 - Interventional Radiology	74020038	HC US GUIDANCE VASCULAR ACCESS	IP Imaging - Ultrasound,OP Imaging - Ultrasound
Department!1000-223010 - Interventional Radiology Charge Code!74020039 Statistic Type!Primary	1000-223010 - Interventional Radiology	74020039	HC US GUID MONITOR LIVER ABLATN	OP Imaging - Ultrasound
Department!1000-223010 - Interventional Radiology Charge Code!74020040 Statistic Type!Primary	1000-223010 - Interventional Radiology	74020040	HC S AND I US GUIDANCE NEEDLE PLACEMENT	IP Imaging - Ultrasound,OP Imaging - Ultrasound
Department!1000-223010 - Interventional Radiology Charge Code!77610005 Statistic Type!Primary	1000-223010 - Interventional Radiology	77610005	HC DX LMBR SPINAL PUNCTURE W FLOURO OR CT GUIDANCE	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department!1000-223010 - Interventional Radiology Charge Code!77610007 Statistic Type!Primary	1000-223010 - Interventional Radiology	77610007	HC THERAPEUTIC SPINAL DRAIN CSF USING CATHETER INCLD CT FLUORO GUIDE	IP Imaging - Diagnostic,OP Imaging - Diagnostic
Department!1000-223010 - Interventional Radiology Charge Code!93600014 Statistic Type!Primary	1000-223010 - Interventional Radiology	93600014	HC THROMBOENDARTERECTOMY COMMON FEMORAL	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93600017 Statistic Type!Primary	1000-223010 - Interventional Radiology	93600017	HC RENAL ANGIO BIL SEL 1ST ORDER INCL S AND I	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93600018 Statistic Type!Primary	1000-223010 - Interventional Radiology	93600018	HC RENAL ANGIO UNIL SEL 2ND OR MORE ORDER INCL S AND I	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93600019 Statistic Type!Primary	1000-223010 - Interventional Radiology	93600019	HC RENAL ANGIO BIL SEL 2ND OR MORE ORDER INCL S AND I	OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610010 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610010	HC INJ EXTREMITY VENOGRAPHY	IP Injection Non Chemo,OP Injection Non Chemo
Department!1000-223010 - Interventional Radiology Charge Code!93610011 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610011	HC CATHETER INTO IVC OR SVC VEIN ATYPICAL	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610012 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610012	HC CATH 2ND OR MORE ORDER VENOUS	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610013 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610013	HC CATH RT HRT OR MAIN PULM ART	IP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610015 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610015	HC SELECTIVE CATH PLACEMENT EACH 1ST ORDER	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610016 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610016	HC SELECTIVE CATH PLACEMENT INITIAL 2ND ORDER	IP Vascular IR Procedures,OP Vascular IR Procedures
Department!1000-223010 - Interventional Radiology Charge Code!93610017 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610017	HC SELECTIVE CATH PLACEMENT INITIAL 3RD ORDER	IP Vascular IR Procedures,OP Vascular IR Procedures
Department!1000-223010 - Interventional Radiology Charge Code!93610018 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610018	HC SELECTIVE CATH PLACEMENT ADDITIONAL 2ND 3RD OR MORE ORDER	IP Vascular IR Procedures,OP Vascular IR Procedures
Department!1000-223010 - Interventional Radiology Charge Code!93610019 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610019	HC THORACIC ARTERY NON SEL CATH PLACEMENT W ANGIOGRAPHY INCL CAROTID VERT CEREB ARCH	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610020 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610020	HC COMMON CAROTID EXTRACRANIAL UNILAT	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610021 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610021	HC COMMON CAROTID INTRACRANIAL UNILAT	IP Vascular IR Procedures,OP Vascular IR Procedures
Department!1000-223010 - Interventional Radiology Charge Code!93610022 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610022	HC INTERNAL CAROTID ART UNILAT	IP Vascular IR Procedures,OP Vascular IR Procedures
Department!1000-223010 - Interventional Radiology Charge Code!93610023 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610023	HC SUBCLAVIAN OR INNOMINATE ARTERY SEL CATH PLACEMENT UNILATERAL W ANGIOGRAPHY	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610024 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610024	HC VERTEBRAL ART UNILATERAL	IP Vascular IR Procedures,OP Vascular IR Procedures
Department!1000-223010 - Interventional Radiology Charge Code!93610025 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610025	HC INTRACRAN ART UNILATERAL	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610026 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610026	HC RENAL ANGIO UNIL SEL 1ST ORDER INCL S AND I	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610027 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610027	HC INSERT NON TUNNELED CVC 5YRS OR OLDER	IP Vascular IR Procedures,OP Vascular IR Procedures
Department!1000-223010 - Interventional Radiology Charge Code!93610029 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610029	HC STENT INTRAVASCULAR INITIAL VESSEL OPEN	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610030 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610030	HC TRANSCATH THERAPY VENOUS LYSIS	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610031 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610031	HC TRANSCATH THERAPY FOLLOW UP LYSIS	IP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610032 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610032	HC TRANSCATH THERAPY FOLLOW UP LYSIS INCL CATH REMOVAL	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610033 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610033	HC STENT PLACEMENT CAROTID W DISTAL PROTECTION	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610034 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610034	HC STENT PLACEMENT CAROTID WO DISTAL PROTECTION	IP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610035 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610035	HC REVASC PTA ILIAC ARTERY INITIAL VESSEL UNIL	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610036 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610036	HC REVASC PTA ILIAC ARTERY W STENT INITIAL VESSEL UNIL	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610037 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610037	HC REVASC PTA ILIAC ARTERY EACH ADDITIONAL ILIAC VESSEL	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610038 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610038	HC REVASC PTA ILIAC ART W STENT INITIAL SAME VESSEL	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610039 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610039	HC REVASC PTA FEM POP UNIL	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610040 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610040	HC REVASC PTA FEM POP W ATHERECTOMY UNIL	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610041 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610041	HC REVASC PTA FEM POP W STENT SAME VESSEL UNIL	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610042 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610042	HC REVASC PTA FEM POP W STENT AND ATHERECTOMY SAME VESSEL UNIL	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610043 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610043	HC REVASC PTA TIBIAL PERONEAL INITIAL VESSEL UNIL	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610044 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610044	HC REVASC PTA TIBIAL PERONEAL W ATHERECTOMY SAME VESSEL UNIL	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610045 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610045	HC REVASC PTA TIBIAL PERONEAL W STENT SAME VESSEL UNIL	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610046 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610046	HC REVASC PTA TIBIAL PERONEAL W STENT AND ATHERECTOMY SAME VESSEL UNIL	IP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610047 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610047	HC REVASC PTA TIBIAL PERONEAL EACH ADDITIONAL VESSEL UNIL	IP Invasive Vascular Procedure,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610048 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610048	HC REVASC PTA TIBIAL PERONEAL W ATHERECTOMY EACH ADDITIONAL VESSEL UNIL	IP Surgical - Minor Procedures,OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610196 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610196	HC STENT ECV IT CAROTID W S AND I FIRST VESSEL	IP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610198 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610198	HC REVASC ATHERECTOMY ILIAC ARTERY INCLD S AND I EACH VESSEL	OP Invasive Vascular Procedure
Department!1000-223010 - Interventional Radiology Charge Code!93610327 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610327	HC PERICARDIAL DRAIN W INSERT CATH PERC INCLD FLUORO AND OR US GUIDE 6 YRS AND OLDER WO CONGEN	IP Cardiac Cath Lab Procedures
Department!1000-223010 - Interventional Radiology Charge Code!93610331 Statistic Type!Primary	1000-223010 - Interventional Radiology	93610331	HC INTRAVASCULAR LITHOTRIPSY LE ARTERY OTHER THAN TIBIAL PERONEAL INCL ANGIOPLASTY SAME VSL	IP Vascular IR Procedures,OP Vascular IR Procedures